

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update April 2019

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on Wednesday, 4/17/2019. Effective date for all changes is **Monday, 5/20/2019**.

SFHP formulary and prior authorization criteria can be accessed at <http://www.sfhp.org/providers/formulary/>. Generic criteria are linked in the searchable formulary preamble for each line of business, and drug- and drug-class specific criteria are linked to the formulary listing for each relevant drug.

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## Formulary Maintenance Items

### Endocrinology: Enzyme Therapy

**Formulary Update:** Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

### Endocrinology: Antidiuretic Hormone

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

**Prior Authorization Criteria Update:**

- Removed parenteral desmopressin (non-formulary) listing from criteria due to lack of utilization and availability through the medical benefit

**Drug Utilization Review Update:**

- No DUR changes made

### Dermatology: Atopic Dermatitis

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added Dupixent<sup>®</sup> (dupilumab) to formulary tier 4 with PA required and restricted to specialty network

**Prior Authorization Criteria Update:**

- Updated Atopic Dermatitis criteria to remove requirement of prior trial with Eucrisa<sup>®</sup> (crisaborole) for Dupixent<sup>®</sup> use, and include newly approved age group for Dupixent<sup>®</sup>

**Drug Utilization Review Update:**

- No DUR changes made

### Dermatology: Psoriasis

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed step requirement for calcipotriene (Dovonex<sup>®</sup>) 0.005% cream and ointment and maintained on formulary tier 1 with quantity limit #60 per 30 days
- Removed calcitriol (Vectical<sup>®</sup>) 3mcg/g ointment from formulary due to lack of utilization and cost-effective alternatives available

**Prior Authorization Criteria Update:**

- Retired Topical Vitamin D Analogs criteria

**Drug Utilization Review Update:**

- No DUR changes made

## Cardiology: Dyslipidemia

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

## Drug Class Reviews

### Nephrology: Lokelma™

**Formulary Update:** Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- Added Lokelma™ (Na zirconium cyclosilicate) to formulary tier 2 with quantity limit #35 per 30 days
- Removed Veltassa® (patiomer sorbitex calcium) from formulary and grandfathered any current users

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

### Rheumatology: Biologic and Non-Biologic DMARDs

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added Olumiant® to formulary tier 4 specialty with PA required to ensure appropriate diagnosis, preferred over Xeljanz® for rheumatoid arthritis based on relative cost-effectiveness and emerging safety data
- Added Orencia®, Kineret®, Otezla®, Cimzia®, Simponi®, Cosentyx®, and Stelara® to Healthy Workers HMO formulary tier 3 with prior authorization required to align with Medi-Cal and Healthy Kids HMO (specialty is not utilized for HW)

**Prior Authorization Criteria Update:**

- Updated Disease Modifying Biologics to include Ilumya® as non-formulary
- Updated Disease Modifying Biologics to include the following as non-preferred agents due to their expanded FDA-approved indications
  - Polyarticular and systemic juvenile idiopathic arthritis: Actemra®
  - Psoriatic arthritis: Taltz® and Xeljanz®
  - Plaque psoriasis: Cimzia®
  - Ulcerative colitis: Xeljanz®
- For the diagnosis of plaque psoriasis and psoriatic arthritis, moved Cosentyx® and Taltz® to parity with Humira® and Enbrel® due long-term safety and efficacy data and superior efficacy compared to older biologic agents
- For the diagnosis of plaque psoriasis, required light therapy unless contraindicated prior to biologic therapy
- For the diagnosis of ankylosing spondylitis, moved Cosentyx® to parity with Humira® and Enbrel® due to long-term safety and efficacy data
- Added criteria and dosing for Humira in hidradenitis suppurativa based on FDA indication

**Drug Utilization Review Update:**

- No DUR changes made

## Endocrinology: Osteoporosis

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added Tymlos<sup>®</sup> (abaloparatide) to formulary tier 3 with PA required to ensure appropriate diagnosis
- Removed Prolia<sup>®</sup> and Xgeva<sup>®</sup> (denosumab) injections from formulary as they require administration by a healthcare professional and should be provided via the medical benefit, and grandfathered any current users

**Prior Authorization Criteria Update:**

- Updated Forteo<sup>®</sup> (teriparatide) criteria to include Tymlos<sup>®</sup> and prefer over Forteo<sup>®</sup> for postmenopausal osteoporosis
- Updated Bisphosphonates criteria to reflect current ibandronate formulary status
- Retired Prolia<sup>®</sup> and Xgeva<sup>®</sup> (denosumab) criteria based on restriction to medical benefit

**Drug Utilization Review Update:**

- No DUR changes made

## Endocrinology: Systemic Corticosteroids

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

## Pulmonology: Asthma/COPD

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed Spiriva Handihaler<sup>®</sup> from formulary, to prefer Spiriva Respimat<sup>®</sup> (grandfathered current users)

**Prior Authorization Criteria Update:**

- Updated Inhaled Beta-Adrenergic and Glucocorticoid Combinations (ICS/LABA) PA criteria based on available generic inhalers

**Drug Utilization Review Update:**

- Consider developing provider education to optimize use of generic ICS/LABA inhalers where appropriate
- Consider evaluating member adherence with controller therapy compared to reliever therapy use via retrospective DUR for potential further member and/or provider education

## Pulmonology: Asthma Biologics

### **Formulary Update:** Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- Added Dupixent<sup>®</sup> to formulary tier 4 with PA required to ensure appropriate diagnosis and use of preferred therapies as appropriate
- Removed Xolair<sup>®</sup> (omalizumab) from formulary and removed PA due to preferred alternative and required administration by a healthcare professional (available through the medical benefit)

### **Prior Authorization Criteria Update:**

- Approved new criteria for Dupixent<sup>®</sup> in asthma requiring allergic or steroid-dependent asthma and documentation of inadequate control despite maximized inhaled therapy with appropriate adherence
- Updated Atopic Dermatitis criteria to include “For requests for Dupixent<sup>®</sup> for asthma diagnosis, refer to Pulmonary Biologics criteria”

### **Drug Utilization Review Update:**

- No DUR changes made

## Neurology: Tegsedi™

### **Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

### **Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

### **Drug Utilization Review Update:**

- No DUR changes made

## Immunology: Immunosuppressants

### **Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added the following drugs to formulary based on utilization and high approval rates:
  - Zortress<sup>®</sup> (everolimus) oral tablets (all strengths) to tier 2
  - sirolimus oral tablets (all strengths) to tier 1
- Added the following drugs to formulary with age limit based on limited alternatives and high approval limits:
  - Rapamune<sup>®</sup> (sirolimus) 1mg/mL oral solution to tier 2
  - cyclosporine modified 100mg/mL oral solution to tier 1
- Moved cyclosporine 25, 100 mg capsules from formulary with prior authorization to non-formulary due to lack of utilization and available alternatives

### **Prior Authorization Criteria Update:**

- Retired Immunosuppressants criteria based on formulary changes above (use blanket criteria for requests outside recommended age limits or for non-formulary drugs)

### **Drug Utilization Review Update:**

- No DUR changes made

## Obstetrics & Gynecology: Endometriosis

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added Orilissa™ (elagolix) oral tablet to formulary tier 3 due to limited alternatives available, with prior authorization required to ensure appropriate diagnosis
- Added Lupron® Depot (leuprolide) 3.75 (1-mo) and 11.25mg (3-mos) kits to Healthy Workers HMO formulary tier 3 prior authorization with required to ensure appropriate diagnosis, to align with other lines of business
- Removed Synarel® nasal spray from formulary due to lack of utilization or requests and cost-effective alternatives available

**Prior Authorization Criteria Update:**

- Updated Gonadotropin Releasing Hormone (GnRH) Agonists—Obstetric criteria to include Orilissa™

**Drug Utilization Review Update:**

- No DUR changes made

## Interim Prior Authorization Criteria Updates (12/29/18-4/15/19)

### New Criteria

The following blanket criteria were implemented in the interim since January 2019 P&T, effective April 1st. These criteria were adopted to support delegation of prior authorization review to the Pharmacy Benefits Manager, to provide guidance for any situation where a provider requests exemption to drug-specific criteria.

<b>PRIOR AUTHORIZATION EXCEPTION</b>
<p><b>Formulary Status:</b> Formulary, PA * Requests for exception to the drug's prior authorization criteria requirements</p>
<p><b>Coverage Duration:</b> 1 year</p>
<p><b>Diagnosis Considered for Coverage:</b></p> <ul style="list-style-type: none"> <li>• FDA approved indications</li> <li>• Off-label uses: medically accepted indications are defined using the following sources: American Hospital Formulary Service-Drug Information (AHFS-DI), Truven Health Analytics Micromedex DrugDEX (DrugDEX), National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Wolters Kluwer Lexi-Drugs, and Elsevier/Gold Standard Clinical Pharmacology and/or positive results from two peer-reviewed published studies</li> </ul>
<p><b>Prescribing Restriction:</b> N/A</p>
<p><b>Clinical Information Required for Review:</b></p> <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Previous therapy</li> <li>• Concurrent therapy</li> <li>• Dose and duration of therapy</li> <li>• Supporting documentation</li> </ul>
<p><b>Coverage Criteria:</b></p> <p><b>I. Initiation of Therapy:</b></p> <ul style="list-style-type: none"> <li>• The provider either verbally or in writing has submitted a medical or member-specific reason why prior authorization criteria all or in part is not applicable to the member <ul style="list-style-type: none"> <li>○ Medical reasons may include but are not limited to: <ul style="list-style-type: none"> <li>▪ Criteria requirements are not applicable to the member based on the uniqueness of the member's condition or other physical characteristics of the member's condition.</li> </ul> </li> </ul> </li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>○ Member-specific reasons may include but are not limited to:</li> </ul>

<b>PRIOR AUTHORIZATION EXCEPTION</b>	
<ul style="list-style-type: none"> <li>▪ Mental and/or physical characteristics of the member which may inhibit the provider from obtaining all necessary prior authorization criteria requirements.</li> </ul>	
<p><b>II. Continuation of Therapy for NEW Members</b> (within the last 6 months), approve if:</p> <ul style="list-style-type: none"> <li>• Prescriber attests that member has been on this medication continuously before joining SFHP AND</li> <li>• Request is for generic or single source brand AND</li> <li>• Documentation of medical or member-specific why prior authorization criteria all or in part is not applicable to the member (see details in section I above)</li> </ul>	
<p><b>III. Continuation of Therapy for EXISTING Members</b> (medication filled within the last 6 months or provider attestation on PA request that member is continuing the medication), approve if:</p> <ul style="list-style-type: none"> <li>• Medical justification for continuation of therapy</li> </ul>	
<b>References:</b> N/A	
Last review/revision date: 04/2019	
Update: new criteria	

## Revisions to Existing Criteria

In accordance with the National Committee for Quality Assurance (NCQA) health plan accreditation requirements, all criteria not yet evaluated by P&T within the last year were reviewed. Criteria were evaluated to check formulary status, review for clinical appropriateness and applicability as well as review for formatting and reference check. Criteria with recommended updates are included in the table above with effective date May 20th, 2019. Additionally, as part of the project to integrate prior authorization criteria into the online searchable formulary, a number of criteria are recommended for retirement with effective date April 1st, 2019.

Title	Date Effective	Revision Summary
Second-Generation Antihistamines	4/1/2019	Retired criteria due to multiple formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary antihistamines.
Intranasal Steroids	4/1/2019	Retired criteria due to multiple formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary intranasal steroids.
Non-Formulary ACE Inhibitors & Combinations	4/1/2019	Retired criteria due to multiple formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary ACE inhibitors/combinations.
Wilson Disease	4/1/2019	Retired criteria due to lack of use and non-formulary status; use blanket criteria for any requests.
Short-Acting and Rapid-Acting Insulins	4/1/2019	Retired criteria due to multiple formulary brands (tier 2) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary short- and rapid-acting insulins.



Title	Date Effective	Revision Summary
Metformin	4/1/2019	Retired criteria due to formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for metformin ER 1000mg strength and oral solution.
Thyroid Hormones	4/1/2019	Retired criteria due to multiple formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary thyroid hormones.
Digestive Enzymes	4/1/2019	Retired criteria due to multiple formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary pancreatic enzymes.
Rectal Mesalamine	4/1/2019	Retired criteria due to formulary generic (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary mesalamine enema kit.
Carafate	4/1/2019	Retired criteria due to formulary status (tier 1) of all formulations. Use blanket criteria for requests for oral suspension above age limit.
Anxiolytic Benzodiazepines	4/1/2019	Retired criteria due to multiple formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for non-formulary and formulary non-solid dosage form benzodiazepines.
Hydergine (ergoloid mesylates)	4/1/2019	Retired criteria due to non-formulary status and lack of utilization/clinical place in therapy. Use blanket criteria for any requests.
Short-Acting Beta- Adrenergic Agonist (SABA)	4/1/2019	Retired criteria due to formulary generics (tier 1) available and lack of PA-required (tier 3) drugs in the class. Use blanket criteria for step therapy levalbuterol, non-formulary oral albuterol, and brand-name albuterol inhaler requests.
Step Therapy Exception	4/1/2019	Extended the duration of approval to indefinite from 1 year. Clarified criteria for members who had prior trial/failure or contraindication to preferred step therapy versus exception from step therapy requirement.
Ophthalmic Anti- Inflammatory Immunomodulators	5/20/2019	Added newest formulation of cyclosporine eye-drop Cequa™ listed non-formulary and requirement to try Restasis® and Xiidra® as preferred alternatives.
Quantity Limit Exception	5/20/2019	Extended the duration of approval to indefinite from 1 year.

## Interim Formulary Changes (12/29/18 – 4/15/18)

A number of formulary changes occurring on April 1<sup>st</sup>, 2019, were part of a project to integrate prior authorization criteria into the online formulary. This further aligned the formularies between different lines of business as appropriate, removed obsolete and excluded drugs from formulary, in addition to some drugs with limited or no place in therapy, most of which had no utilization. Utilization was limited, identified for only two products, and was grandfathered.

Therapeutic class	Medication	Formulary Status	Comment
Insulins	Tresiba (insulin degludec) U-100 Insulin 100 unit/mL subcutaneous solution	Medi-Cal, HK, HW, HSF: T3-F/ST (Basaglar/Lantus) C-Wrap: X	New dosage form
Calcium Channel Blocking Agents	verapamil ER (Verelan PM) 100, 200, 300 mg cap pellet	Medi-Cal, HK, HW, HSF, C-Wrap: T1-F → X (w/grandfathering)	Price inflation; multiple alternatives available
Thrombopoietin Receptor Agonists	Promacta (eltrombopag) 12.5 mg powder packet for oral solution	Medi-Cal, HK, HW: T3-F/PA HSF, C-Wrap: X	New dosage form
Opioid Analgesics	levorphanol tartrate 3 mg tablet	Medi-Cal: T5-NF HK, HW, HSF, C-Wrap: X	New strength
Alzheimer's THX,NMDA Receptor Antag-Cholines Inhib	Namzaric (memantine/donepezil) 7 mg-10 mg, 14 mg-10 mg, 21 mg-10 mg, 28 mg-10 mg capsule	Medi-Cal, HK, HW, HSF, C-Wrap: T2-F → X (w/grandfathering)	Price inflation; multiple alternatives available
Alzheimer's THX,NMDA Receptor Antag-Cholines Inhib	Namzaric (memantine/donepezil) 7-10/14-10 mg capsule titration pack	Medi-Cal, HK, HW, HSF, C-Wrap: T2-F → X (w/grandfathering)	Price inflation; multiple alternatives available
Progestational Agents	Crinone (progesterone, micronized) 4 %, 8 % vaginal gel	Medi-Cal, HK, HW, HSF, C-Wrap: T2-F → X (w/grandfathering)	Excluded benefit (ART)
Leukocyte (WBC) Stimulants	Nivestym (filgrastim-aafi) 300 mcg/mL, 480 mcg/1.6 mL injection solution	Medi-Cal, HK, HW: T5-NF HSF, C-Wrap: X	Listed T5 to link to drug-specific criteria
Antiseborrheic Agents	Sodium sulfacetamide 10% cleansing gel	HK: NF-NL → T3-F/PA	Align with other lines of business
Metallic Poison, Agents to Treat	Chemet (succimer) 100 mg capsule	HK: T2-F → T3-F/PA	Align with other lines of business (no utilization)
Nutritional Tx, Phenylketonuria (PKU) Formulations	PKU Trio Powder (Nut tx for PKU with iron #48) oral powder (OTC)	HK: NF-NL → T3-F/PA	Align with other lines of business
Hepatitis B Treatment Agents	Lamivudine HBV 100 mg tablet	HK, HW: T3-F/PA → T1-F	Align with criteria
Pulmonary Antihypertensives, Prostacyclin-Type	Tyvaso (treprostinil) 1.74mg/2.9mL solution for nebulized inhalation	Medi-Cal, HK, HW: T4-F/PA HSF, C-Wrap: X	Align with other formulations
Leukocyte (WBC) Stimulants	Granix (tbo-filgrastim) 300 mcg/0.5 mL, 480 mcg/0.8 mL PF SC syringe	Medi-Cal, HK, HW: T3-F/PA HSF, C-Wrap: X	Align with other formulations
Immunomodulators	Actimmune (interferon gamma-1B) 100 mcg (2 million unit)/0.5 mL SC solution	Medi-Cal, HK: T4-F/PA → NF-NL HW: T3-F/PA → NF-NL	No criteria or place in therapy, no

Therapeutic class	Medication	Formulary Status	Comment
			utilization
Immunomodulators	Alferon (interferon) N 5 million unit/mL injection solution	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria or place in therapy, no utilization
Parasympathetic Agents	bethanechol (Urecholine) 5, 10, 25, 50 mg tablet	HK, HW: T3-F/PA → T1-F	Align with Medi-Cal
Follicle-Stimulating Hormone (FSH)	Bravelle (urofollitropin) 75 unit solution for injection	Medi-Cal, HK: T4-F/PA → NF-NL	Excluded benefit
Parenteral Amino Acid Solutions and Combinations	Clinimix (amino acids/dextrose) 4.25 % in 5 % dextrose Sulfite Free IV solution	Medi-Cal: T3-F/PA → T5-NF	Medical benefit
NSAID and Topical Irritant Counter-Irritant Comb	Comfort Pac-Meloxicam 15 mg kit	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
IV Solutions: Dextrose-Saline	dextrose and sodium chloride 5%/0.45%, 5%/0.9% IV solution	Medi-Cal: T3-F/PA → T5-NF	Medical benefit
IV Solutions: Dextrose-Water	dextrose 70 % in water (D70W) IV solution	Medi-Cal: T3-F/PA → T5-NF	Medical benefit
Analgesic/Antipyretics, Salicylates	diflunisal 500 mg tablet	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
Follicle-Stimulating Hormone (FSH)	Follistim AQ (follitropin beta, recomb) 300 unit/0.36 mL, 600 unit/0.72 mL, 900 unit/1.08 mL SC cartridge	Medi-Cal, HK: T4-F/PA → NF-NL	Excluded benefit
LHRH(GNRH) Antagonist, Pituitary Suppressant Agents	ganirelix 250 mcg/0.5 mL SC syringe	Medi-Cal, HK, HW: T4-F/PA → NF-NL	Excluded benefit
Follicle-Stimulating Hormone (FSH)	Gonal-F (follitropin alfa, recomb) 450 unit, 1,050 unit, Gonal-F RFF 75 unit SC solution	Medi-Cal, HK: T4-F/PA → NF-NL	Excluded benefit
Follicle-Stimulating Hormone (FSH)	Gonal-F RFF (follitropin alfa, recomb) Redi-Ject 300 unit/0.5 mL, 450 unit/0.75 mL, 900 unit/1.5 mL SC pen injector	Medi-Cal, HK: T4-F/PA → NF-NL	Excluded benefit
Hepatitis C Treatment Agents	Infergen (interferon alfacon-1) 9 mcg/0.3 mL, 15 mcg/0.5 mL SC solution	Medi-Cal, HK, HW: T3-F/PA → NF-NL	Obsolete
Immunomodulators	Intron A 6, million unit/mL, 10 million unit/mL, 18 million unit/mL, 50 million unit/mL solution for injection	Medi-Cal, HK, HW: T4-F/PA → NF-NL	No criteria/utilization, alts available
NSAIDS, Cyclooxygenase Inhibitor - Type Analgesics	ketoprofen 25 mg capsule	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
Estrogenic Agents	Menest (estrogens, esterified) 0.3 mg tablet	Medi-Cal, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
Follicle-Stimulating and Luteinizing Hormones	Menopur (menotropins) 75 unit SC solution	Medi-Cal: T4-F/PA → NF-NL	Excluded benefit

Therapeutic class	Medication	Formulary Status	Comment
Chemotherapy Rescue/Antidote Agents	Mesnex (mesna) 400 mg tablet	Medi-Cal: T4-F/PA → NF-NL HW: T3-F/PA → NF-NL (grandfather)	No criteria; limited utilization/place in therapy
Rosacea Agents, Topical	Noritate (metronidazole) 1 % topical cream	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
Human Chorionic Gonadotropin (HCG)	Novarel, Pregnyl (chorionic gonadotropin, human) 10,000 unit IM solution	Medi-Cal, HK: T4-F/PA → NF-NL	Excluded benefit
Anti-Arthritic, Folate Antagonist Agents	Otrexup (methotrexate) PF 10 mg/0.4 mL, 12.5 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL SC auto-injector	Medi-Cal, HK: T4-F/PA → NF-NL (grandfather)	No criteria; limited utilization/place in therapy
Human Chorionic Gonadotropin (HCG)	Ovidrel (choriogonadotropin alfa) 250 mcg/0.5 mL subcutaneous syringe	Medi-Cal, HK: T4-F/PA → NF-NL	Excluded benefit
Hepatitis C Treatment Agents	Pegasys (peginterferon alfa-2A) Convenience Pack 180 mcg/0.5 mL subcutaneous kit	HW: T3-F/PA → NF-NL	Obsolete
Hepatitis C Treatment Agents	PegIntron (peginteron alfa-2B) 50 mcg/0.5 mL SC kit	Medi-Cal, HK, HW: T4-F/PA → NF-NL	No criteria or place in therapy, no utilization
Antiemetic/Antivertigo Agents	Promethegan (promethazine) 50 mg rectal suppository	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
Hepatitis C Treatment Agents	Rebetol (ribavirin) 40 mg/mL oral solution	HK: T3-F/PA → NF-NL	No criteria/utilization, alts available
IV Fat Emulsions	SMOFlipid (fat emul/soy/mct/oiv/fish oil) 20 % intravenous emulsion	Medi-Cal: T3-F/PA → NF-NL	Medical benefit
Nasal NSAIDs, COX Non-Selective, Systemic Analgesic	Sprix (ketorolac tromethamine) 15.75 mg/spray nasal spray	Medi-Cal, HK, HW: T3-F/PA → NF-NL	No criteria/utilization, alts available
Antineoplastic Immunomodulator Agents	Sylatron (peginterferon alfa-2B) 200, 300, 600 mcg SC kit	Medi-Cal, HK: T4-F/PA → NF-NL	No criteria/utilization, alts available
Topical Antineoplastic Premalignant Lesion Agents	Targretin (bexarotene) 1 % topical gel	Medi-Cal, HK: T4-F/PA → NF-NL	No criteria; limited utilization/place in therapy
Antileptotics	Thalomid (thalidomide) 50, 100, 150, 200 mg capsule	Medi-Cal: T4-F/PA → NF-NL	No criteria; limited utilization/place in therapy
Antivirals, General	Virazole (ribavirin) 6 gram solution for inhalation	Medi-Cal, HK, HW: T3-F/PA → NF-NL	Medical benefit
Water	water for injection, sterile IV solution	Medi-Cal, HK, HW: T3-F/PA → T5-NF	Medical benefit
Monoclonal Antibodies to	Xolair (omalizumab) 150 mg SC solution	Medi-Cal, HK, HW: T4-F/PA → NF-NL	No

Therapeutic class	Medication	Formulary Status	Comment
Immunoglobulin E (IGE)			criteria/utilization, alts available
Eye Antibiotic and Glucocorticoid Combinations	Zylet (tobramycin/lotepred)0.3 %-0.5 % eye drops, suspension	HW: T3-F/PA → NF-NL	Align with Medi-Cal
Diabetic Supplies	Accu-Chek Guide Me Care Kit	Medi-Cal, HK, HW, HSF: T2-F QL #1/yr C-Wrap: X	New kit
Antimigraine Preparations	Aimovig (erenumab-aooe) Autoinjector 140 mg/mL subcutaneous auto-injector	Medi-Cal, HK, HW: T5-NF HSF, C-Wrap: X	Listed T5 to link to drug-specific criteria

Status	Definition
T1 Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)	Drug is a generic and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T2 Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)	Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T3 Formulary Drug, Step Therapy or Prior Authorization required	Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.
T4 Formulary Specialty Drug, Prior Authorization required	Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.
T/5 Non-Formulary Drug	Drug is non-formulary, provided through a Medi-Cal benefit or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs (e.g. FFS Medi-Cal) are not covered.

All changes apply to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

\*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded=X

All products are excluded for Medicare/Medi-Cal. T3 & 4 products are NF for HSF

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
- Local anesthetics ( NF if formulary agents are available)

## New Drugs to Market

Therapeutic class	Medication	Comment
Thyroid Hormones	Tirosint (levothyroxine sodium) 175, 200 mcg capsule	New strength
Agents to Treat Neuromuscular Transmission Disease, Pot-Chan Blocker	Firdapse (amifampridine phosphate) 10 mg tablet	New entity*
Rifamycins And Related Derivative Antibiotics	Aemcolo (rifamycin sodium) 194 mg DR tablet	New entity
Estrogenic Agents	Divigel (estradiol) 0.75 mg/0.75 gram (0.1%) transdermal gel packet	New strength
Antimalarial Drugs	Krintafel (tafenoquine succinate) 150 mg tablet	New entity
Insulins	Afrezza (insulin regular, human) 8 unit (90)/12 unit (90) cartridge with inhaler	New combination
Opioid Analgesics	Dsuvia (sufentanil) 30 mcg sublingual tablet in applicator	New dosage form
Estrogen And Progestin Combinations	Bijuva (estradiol/progesterone)1 mg-100 mg capsule	New combination
Opioid Analgesic and Non-Salicylate Analgesics	Apadaz (benzhydrocodone/acetaminophen) 4.08 mg-325 mg, 6.12 mg-325 mg, 8.16 mg-325 mg tablet	New entity
Antiparkinsonism Drugs, Other	Inbrija (levodopa) 42 mg capsule with inhalation device	New dosage form
Intestinal Motility Stimulants	Motegrity (prucalopride succinate) 1, 2 mg tablet	New entity*
Thyroid Hormones	Tirosint-Sol (levothyroxine sodium) 13 mcg/mL, 25 mcg/mL, 50 mcg/mL, 75 mcg/mL, 88 mcg/mL, 100 mcg/mL, 112 mcg/mL, 125 mcg/mL, 137 mcg/mL, 150 mcg/mL, 175 mcg/mL, 200 mcg/mL oral solution	New dosage form
Opioid Antitussive-1st Generation Antihistamine	Tuxarin (chlorpheniramine/codeine phos) ER 8 mg-54.3 mg ER tablet	New combination
Eye Anti-Inflammatory Agents	Lotemax SM (loteprednol etabonate) 0.38 % eye gel drops	New strength
NSAIDS, Cyclooxygenase Inhibitor - Type Analgesics	Qmiiz (meloxicam) ODT 7.5, 15 mg disintegrating tablet	New dosage form
Glucocorticoids	Dxevo (dexamethasone) 1.5 mg (39 tabs) tablets in a dose pack	New dosage form
Agents to Treat Multiple Sclerosis	Mayzent (siponimod) 0.25, 2 mg tablet, 0.25 mg Starter Pack	New entity*
Miotics and Other Intraocular Pressure Reducers	Rocklatan (netarsudil mesylates/latanoprost) 0.02 %-0.005 % eye drops	New entity*

Status	Definition
T1	Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)
T2	Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)
T3	Formulary Drug, Step Therapy or Prior Authorization required
T4	Formulary Specialty Drug, Prior Authorization required

T5 Non-Formulary Drug	Drug is non-formulary, provided through a medical benefit or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs (e.g. FFS Medi-Cal) are not covered.
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\*Scheduled for review at upcoming P&T

All changes apply to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

FFS Carve Out=CO      Excluded= X      NF-NL = Non-Formulary, Not Listed

All products are excluded for Medicare/Medi-Cal except OTC. T3 &4 products are NF for HSF

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
- Local anesthetics ( NF if formulary agents are available)