

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update January 2020

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, 1/15/2020. Effective date for all changes is **Thursday, 2/20/2020**.

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

Cardiology: Hypertension

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

- Added olmesartan to formulary based on cost-effectiveness and PA requests
- Removed candesartan and candesartan-HCTZ from formulary based on minimal utilization, low approval rate, and multiple preferred cost-effective alternatives on formulary (grandfathered current utilizing members)
- Removed the following from formulary due to lack of utilization and available alternatives: perindopril, trandolapril, acebutolol, methyldopa-HCTZ
- Removed tier 5 listings for multiple calcium channel blocker, beta blocker, loop diuretic, aldosterone receptor antagonist, and alpha blocker medications due to lack of utilization and no relevant criteria
- Added new NDCs of preferred home blood pressure monitors to formulary: Omron 10 Series 73796-0267-85, Omron 73796-0267-10

Prior Authorization Criteria Update:

- Retired Non-Formulary ARBs and ARB Combination Products criteria; use blanket Non-Formulary Medications criteria for any requests
- Retired Inspra[®] (eplerenone) criteria; use blanket Step Therapy criteria for any requests
- Updated Blood Pressure Monitors criteria to include two additional preferred NDCs

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Antiparasitics

Formulary Update: Medi-Cal and Healthy Workers HMO

- Removed tier 5 non-formulary listing for Emverm[®] (mebendazole) chew tablet based on lack of utilization and relevant criteria and limited place in therapy
- Maintained Arakoda[®] and Krintafel[®] as non-formulary due to available alternatives and lack of utilization

Prior Authorization Criteria Update:

- Updated Topical Antiparasitics criteria to include additional non-formulary products

Drug Utilization Review Update:

- No DUR changes made

Neurology: Migraine

Formulary Update: Medi-Cal and Healthy Workers HMO

- Listed Zembrace SymTouch[®], Onzetra Xsail[®], and Tosymra[™] sumatriptan products tier 5 to link relevant criteria; maintained non-formulary due to available alternatives
- Added PA requirement to butalbital-aspirin-caffeine (Fiorinal[®]) 50-325-40mg tablet based on guideline recommendations and minimal utilization (grandfathered current utilizing members)

Prior Authorization Criteria Update:

- Updated Triptans criteria based on formulary changes above and to include diagnosis and coverage criteria for migraines associated with menstruation based on current guidelines
- Updated Anti-Headache Preparations criteria based on formulary changes above

Drug Utilization Review Update:

- No DUR changes made

Neurology: Movement Disorders

Formulary Update: Medi-Cal and Healthy Workers HMO

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Drugs for Movement Disorders criteria to include EKG screening attestation requirement for Austedo[®] for tardive dyskinesia, to align with labeling and Huntington's chorea requirements

Drug Utilization Review Update:

- No DUR changes made

Neurology: Nuedexta[®] (dextromethorphan-quinidine)

Formulary Update: Medi-Cal and Healthy Workers HMO

- No formulary changes made

Prior Authorization Criteria Update:

- Updated criteria to remove specific primary etiologies to align with FDA labeling

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Attention Deficit-Hyperactivity Disorder

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

- Listed the following medications tier 5 non-formulary and linked to relevant criteria: Evekeo ODT[™], Jornay PM[™], Adhansia XR[™], and Mydayis[®]

Prior Authorization Criteria Update:

- Updated CNS Stimulants for ADHD criteria to include non-formulary stimulants above and to remove separate generic listing for obsolete brand Ritalin[®] SR

Drug Utilization Review Update:

- No DUR changes made

Pulmonology: Pulmonary Fibrosis

Formulary Update: Medi-Cal and Healthy Workers HMO

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Idiopathic Pulmonary Fibrosis criteria to include requirements for use of Ofev[®] (nintedanib) in scleroderma with interstitial lung disease

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Gout

Formulary Update: Medi-Cal and Healthy Workers HMO

- Removed tier 5 listing for probenecid-colchicine due to lack of utilization or relevant criteria

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Drug Class Reviews

Dermatology: Skyrizi® (risankizumab)

Formulary Update: Medi-Cal, and Healthy Workers HMO

- Maintained non-formulary at this time and listed tier 5 to link relevant criteria

Prior Authorization Criteria Update:

- Updated Disease Modifying Biologics criteria to list Skyrizi® as a non-preferred medication for psoriasis

Drug Utilization Review Update:

- No DUR changes made

Dermatology: Topical Corticosteroids

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

- Increased quantity limit of desoximetasone (Topicort®) 0.25% cream to 120g per 30 days based on available package sizes and to align with other dosage forms
- Increased quantity limit of fluocinolone (Synalar®) 0.01% solution to 180mL per 30 days based on PA requests and available package sizes
- Removed tier 5 non-formulary listing for the following medications as topical combination kits are not covered:
 - Clodan® (clobetasol-cleanser #28) 0.05% kit
 - Synalar® (fluocinolone-emollient #65) 0.025% ointment kit
- Removed tier 5 non-formulary listing for the following medications as they are obsolete
 - Ultravate® X (halobetasol-lactic acid) 0.05-10% cream kit, ointment-cream kit
 - Dermasorb® TA (triamcinolone-emollient #86) 0.1% cream kit
- Listed the following tier 5 non-formulary to link relevant criteria:
 - halobetasol (Lexette®) 0.05% foam and Bryhall® (halobetasol) 0.01% lotion
 - Impoyz® (clobetasol) 0.025% cream
 - Micort-HC® (hydrocortisone) 2.5% cream/PR applicator
 - Nucort® (hydrocortisone-aloe vera) 2% lotion
 - hydrocortisone (Cortisone®) 1% cream packet (OTC), gel (OTC) and lotion (OTC)

Prior Authorization Criteria Update:

- Updated Topical Steroids criteria with formulary changes above and to remove obsolete products

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Hypoglycemia Supplies

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

- Added Gvoke™ and Baqsimi™ to formulary tier 2 without restriction, to align with Glucagon Emergency kit

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Rybelsus[®] (semaglutide)

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

- Added Rybelsus[®] (semaglutide) to formulary with step therapy (metformin) required and quantity limit of #1 tablet daily to align with other preferred GLP-1 agonists and SGLT-2 inhibitors

Prior Authorization Criteria Update:

- Updated criteria to include Rybelsus[®] at parity with Victoza[®] (liraglutide) and Ozempic[®] (semaglutide)

Drug Utilization Review Update:

- No DUR changes made

Gastroenterology: Miscellaneous Gastrointestinal Agents

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

- Removed OTC restriction from esomeprazole (Nexium[®]) 20mg DR capsule due to cost-effectiveness
- Removed step requirement for rabeprazole (Aciphex[®]) 20mg DR tablet based on cost-effectiveness and PA approvals
- Listed the following medications non-formulary tier 5 and link to relevant PA criteria:
 - esomeprazole 40 mg DR capsule and Nexium[®] DR oral suspension packet
 - Prilosec[®] (omeprazole mag) oral suspension packet and OTC DR tablet, omeprazole mag 20mg DR capsule (OTC), and omeprazole 20mg rapid disintegrating tablet (OTC)
 - Aciphex Sprinkle[®] (rabeprazole) DR oral sprinkle capsule
- Removed VSL[®] #3 DS 900 billion cell oral powder packet from formulary tier 3 due to lack of utilization and added VSL[®] #3 capsule based on requests and cost-effectiveness
- Removed tier 5 non-formulary listing for the following medications due to lack of utilization or relevant criteria:
 - aluminum hydroxide gel oral suspension
 - magnesium carbonate-aluminum hydroxide-sodium bicarbonate-alginate chew tablet
 - magnesium hydroxide-aluminum hydroxide-simethicone chew tablet
 - magnesium hydroxide-aluminum hydroxide chew tablet
 - camphorated tincture of opium (Paregoric[®]) 2mg/5mL oral solution
 - Sucraid[®] (sacrosidase) 8500units/mL oral solution
- Removed the following medications from formulary due to lack of utilization and available alternatives:
 - cimetidine 300mg/5mL oral solution
 - diphenoxylate-atropine 2.5-0.025mg/5mL oral solution
 - lactase (Lactose Fast Acting[®]) 9000 unit tablet

Prior Authorization Criteria Update:

- Updated Proton Pump Inhibitors criteria and Probiotics criteria with formulary changes above

Drug Utilization Review Update:

- Evaluated PPI utilization by age category and duration of therapy

Hematology: White Blood Cell Stimulators

Formulary Update: Medi-Cal Healthy Workers HMO

- Added Zientenzo[™] (pegfilgrastim-bmez) to formulary tier 3 with PA required and prefer among long-acting G-CSF based on comparative efficacy and cost-effectiveness
- Added Nivestym[™] (filgrastim-aafi) to formulary tier 3 with PA required and prefer among short-acting G-CSF based on comparative efficacy and cost-effectiveness
- Removed Neulasta[®] (pegfilgrastim), Zarxio[®] (filgrastim-sndz), and Granix[®] (tbo-filgrastim) from formulary based on preferred alternatives above and list non-formulary tier 5 to link to relevant criteria

Prior Authorization Criteria Update:

- Updated criteria to reflect formulary changes above and include criteria for Mozobil[®] (plerixafor)

Drug Utilization Review Update:

- Provider education on biosimilars and SFHP's preferred products

Immunology: Hereditary Angioedema

Formulary Update: Medi-Cal, and Healthy Workers HMO

- Added icatibant (Firazyl[®]) to formulary tier 4 with PA required due to cost-effectiveness
- Removed Kalbitor[®] (ecallantide) from formulary due to lack of utilization and preferred alternative above

Prior Authorization Criteria Update:

- Updated Hereditary Angioedema criteria to reflect formulary changes above and include intravenous formulations which may be self-administered

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Systemic and Topical Antibiotics

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

- Added the following medications to formulary based on utilization and PA approvals:
 - clarithromycin 125mg/5mL, 250mg/5mL PO suspension to formulary with age limit maximum of 12 years and fill limit #1 Rx per 60 days
 - methenamine hippurate (Hiprex[®]) 1g tab
- Added pretomanid tablet to formulary tier 3 with PA required to ensure appropriate diagnosis (multi-drug resistant pulmonary tuberculosis)
- Removed quantity from the following to allow appropriate dosing for acute indications; apply fill limit (1 Rx per 60 days) to require review for chronic use:
 - azithromycin (Zithromax[®]) 250, 500, 600mg tablet, 1g PO packet, and 100mg/5mL, 200mg/5mL oral suspension
 - clarithromycin 250, 500mg tablet
- Removed quantity limits from the following medications based on lack of safety or misuse concerns:
 - erythromycin base 250, 500mg tablet
 - erythromycin stearate (Erythrocin[®]) 250mg tablet
 - cefdinir 300mg capsule
 - cefpodoxime 100mg tablet
 - cefixime (Suprax[®]) 400mg capsule
 - vancomycin 125, 250mg capsule, 25mg/mL and 50mg/mL oral solution (Firvanq[®])
- Removed age limit for amoxicillin-k clavulanate (Augmentin[®]) 1000-62.5mg 12h ER tablet to allow use in adults
- Added age limit maximum of 12 years to the following medications to align with other liquid and chewable formulations on formulary:
 - amoxicillin-K clavulanate (Augmentin[®] ES) 600-42.9mg/5mL oral suspension
 - vancomycin 25mg/mL and 50mg/mL oral solution (Firvanq[®])
- Removed the following medications from formulary due to lack of utilization and cost-effective alternatives available:
 - cefaclor 500mg ER tablet
 - Suprax[®] (cefixime) 100, 200mg chew tablet
- Removed vancomycin 5g IV vial from formulary due to oral formulations available
- Removed all tier 5 non-formulary listings for parenteral antibiotics in classes with oral alternatives; maintain only cefepime (Maxipime[®]) 1g IV vial and Teflaro[®] (ceftaroline) 400mg IV vial due to lack of oral alternatives
- Removed tier 5 non-formulary listing for methenamine mandelate 500mg, 1g tablet due to lack of utilization and relevant criteria
- Listed Factive[®] (gemifloxacin) 320mg tablet tier 5 non-formulary to link relevant criteria

Prior Authorization Criteria Update:

- Updated Oral Fluoroquinolones criteria to list Factive® as non-formulary

Drug Utilization Review Update:

- No DUR changes made

Neurology: Sleep Disorders/Narcolepsy

Formulary Update: Medi-Cal Healthy Workers HMO

- Listed Sunosi® (solriamfetol) and Wakix® (pitolisant) as tier 5 to link relevant criteria; maintain non-formulary due to available alternatives

Prior Authorization Criteria Update:

- Updated Modafinil (Provigil®) and Armodafinil (Nuvigil®) criteria to include coverage requirements for Sunosi® and Wakix®
- Updated Xyrem® (sodium oxybate) criteria to require re-authorization after six months before indefinite authorization and preclude those using sedative hypnotics from use

Drug Utilization Review Update:

- No DUR changes made

Ophthalmology: Miscellaneous Ophthalmic Preparations

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

- Listed Cequa™ (cyclosporine) 0.09% dropper tier 5 non-formulary to link relevant criteria
- Removed tier 5 listing for Emadine® (emedastine) 0.05% drops as this product is obsolete
- Removed tier 5 listings for the following due to available alternatives within the subclass and lack of relevant criteria:
 - propylene glycol (Systane® Balance) 0.6% drops
 - Antibiotics: Azasite® (azithromycin), moxifloxacin, and Moxeza® (moxifloxacin) drops
 - Steroids: FML Forte® (fluorometholone), Maxidex® (dexamethasone), loteprednol/Alrex® drops, Triesence® (triamcinolone) 40mg/mL PF intraocular vial
 - mast cell stabilizer Alomide® (lodoxamide)

Prior Authorization Criteria Update:

- Updated Ophthalmic Antihistamines criteria to remove Emadine® listing
- Retired Durezol® (difluprednate) criteria and utilize Step Therapy blanket criteria for any requests

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Formulary Modification Request: Silenor® (doxepin)

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

- Maintained Silenor® as non-formulary and require use of oral liquid doxepin if doxepin is the only therapeutic choice for insomnia

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Interim Prior Authorization Criteria Changes (10/7/19 – 1/5/20)

The following is a summary of changes to SFHP prior authorization (PA) criteria including new criteria and revisions to existing criteria. Current prior authorization criteria can be found at SFHP website at <https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>.

New Criteria

No new criteria were implemented in the interim since October 2019 P&T.

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 February 20th, 2020.

Title	Date Effective	Revision Summary
HEPATITIS C	11/20/2019	Updated to allow treatment of pediatric patients as young as 3 years old as per FDA-approved labeling for Harvoni [®] and Sovaldi [®]
DISEASE MODIFYING BIOLOGICS	11/20/2019	Updated to include Taltz [®] among preferred biologic therapies for ankylosing spondylitis based on FDA approval for this indication in October 2019
EXJADE, JADENU	11/20/2019	Updated to include preference for generic deferasirox (Exjade [®]) over Jadenu [®]
GENITOURINARY ANTI-SPASMODICS AND ANTI-CHOLINERGICS	12/20/2019	Updated formulary status for solifenacin tablets from T5-NF to T3-F/ST with t/f of oxybutynin and QL of #90 per 90 days
SOMATROPIN (GROWTH HORMONE)	2/20/2020	Updated to include criteria for idiopathic short stature without constitutional delay. Preferred medication is Nutropin AQ NuSpin. Criteria for coverage includes: <ul style="list-style-type: none"> • Prescribed by endocrinologist or pediatric endocrinologist • Short stature confirmed by height ≥ 2.25 SD below the mean and bone age within 1 year of chronological age • Weight-based dosing within FDA approved range • Age at start of treatment ≤ 13 years for girls and ≤ 16 years for boys
THROMBOCYTOPENIA	2/20/2020	Updated to include criteria for Doptelet [®] for idiopathic thrombocytopenia, FDA-approved June 2019

Interim Formulary Changes (10/7/19 – 1/5/20)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
10/10/2019	Keratolytics	urea 40% cream	Medi-Cal, HW, HSF: T1-F QL #196.8g/30d → T1-F QL #198.4g/30d	Change in package size
10/14/2019	Hep C Virus-NS5B Polymerase and NS5A Inhib. Combo.	Harvoni (ledipasvir-sofosbuvir) 45 mg-200 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
10/14/2019	Hep C Virus, Nucleotide Analog NS5B Polymerase Inh	Sovaldi (sofosbuvir) 200 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
11/12/2019	Janus Kinase (JAK) Inhibitors	Olumiant (baricitinib) 1 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
11/20/2019	Topical Anti-Inflammatory Steroidal	betamethasone diprop 0.05 % topical cream	HSF: NF-NL → T1-F QL #240/30d	Align with MC
11/20/2019	Topical Anti-Inflammatory Steroidal	betamethasone valerate 0.1 % topical oint	HSF: NF-NL → T1-F QL #240/30d	Align with MC
11/20/2019	Parasympathetic Agents	bethanechol chloride 5, 10, 25, 50 mg tablet	HSF: NF-NL → T1-F	Align with MC
11/20/2019	Antiarthritics	colchicine 0.6 mg capsule	HSF: NF-NL → T1-F QL #60/30d	Align with MC
11/20/2019	Topical Anti-Inflammatory Steroidal	fluocinonide 0.05 % topical cream	HSF: NF-NL → T1-F QL #240/30d	Align with MC
11/20/2019	Ophthalmic Antifungal Agents	Natacyn (natamycin) 5 % eye drops, susp	HSF: NF-NL → T2	Align with MC
11/20/2019	Topical Anti-Inflammatory Steroidal	Beta-HC (hydrocortisone) 1 % lotion	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Topical Anti-Inflammatory Steroidal	betamethasone dipropionate 0.05 % lotion	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Topical Anti-Inflammatory Steroidal	fluocinolone 0.025 % topical cream	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Topical Anti-Inflammatory Steroidal	fluocinonide 0.1 % topical cream	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Vancomycin Antibiotics and Derivatives	vancomycin 500, 1,000 mg intravenous injection	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Multivitamin Preparations	Chewable-Vite (multivitamin) chew tablet	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Keratolytics	Acne Medication (benzoyl peroxide) 5 % lotion	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Analgesic/Antipyretics, Non-Salicylate	Feverall (acetaminophen) 80 mg rectal suppository	HSF: T2-F → NF-NL	Align with MC*
11/20/2019	Fluoride Preparations	Fluor-a-day 2.5 mg (5.56 mg sodium)	HSF: T2-F → NF-NL	Obsolete*

Date	Therapeutic class	Medication	Formulary Status	Comment
		fluoride)/mL oral drops		
11/20/2019	Urine Acetone Test Aids	Ketostix ketone test strips	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Laxatives and Cathartics	Metamucil (psyllium) with sugar oral powder	HSF: T2-F → NF-NL	Align with MC*
11/20/2019	Irritants/Counter-Irritants	Pain Relieving (methyl salicyl-menth-camphor) topical patch	HSF: T2-F → NF-NL	Align with MC*
11/20/2019	Topical Agents, Miscellaneous	PeriFresh topical cleanser	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Topical Agents, Miscellaneous	Proshield Foam & Spray Cleanser topical incontinence cleanser	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Laxatives and Cathartics	senna 176 mg/5 mL oral syrup	HSF: T1-F → NF-NL	Align with MC*
11/20/2019	Vancomycin Antibiotics and Derivatives	Firvanq (vancomycin) 25, 50 mg/mL oral soln	HSF: T1-F → T2-F QL #400mL/10d	Align with MC
11/25/2019	Thrombopoietin Receptor Agonists	Nplate (romiplostim) 125 mcg SC solution	Medi-Cal, HW: T5-NF HSF, C-Wrap: X	New strength
11/25/2019	Antineoplastic Systemic Enzyme Inhibitors	Brukinsa (zanubrutinib) 80 mg capsule	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
12/5/2019	Genitourinary anti-spasmodics and anti-cholinergics	solifenacin 5, 10 mg tablet	Medi-Cal, HW, HSF: T5-NF → T3-F/ST (oxybutynin), QL #90/90d C-Wrap: X	Cost-effective generic
12/5/2019	Lipotropics	fenofibric acid 35, 105 mg tablet	Medi-Cal, HW, HSF: T1-F → NF-NL C-Wrap: X	Price inflation; no utilization
12/16/2019	Growth Hormone Releasing Hormone (GHRH) and Analogs	Egrifta (tesamorelin acetate) SV 2 mg SC solution	Medi-Cal, HW: T5-NF HSF, C-Wrap: X	New formulation
12/16/2019	Prenatal Vitamin Preparations	Se-Natal-19 (prenatal vitamin #119-iron folic acid) 29 mg iron-1 mg tablet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	All PNV formulary
12/23/2019	Antipsychotic, Atypical, Dopamine, Serotonin Antagnt	Secuado (asenapine) 3.8, 5.7, 7.6 mg/24 hour transdermal 24 hour patch	Medi-Cal: T5-NF HW, HSF, C-Wrap: X	Carve out

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.
T5	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 Workers HMO, 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:

- Newly generic formulary products moved to tier 1 from tier 2
- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical 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, Unlisted

Date	Therapeutic class	Medication	Comment
10/07/2019	Skeletal Muscle Relaxant	Ozobax (baclofen) 5 mg/5 mL oral solution	New dosage form
10/07/2019	Serotonin-Norepinephrine Reuptake-Inhib (SNRIS)	Drizalma Sprinkle (duloxetine) 20, 30, 40, 60 mg DR capsule	New dosage form
10/07/2019	NSAIDS, Cyclooxygenase Inhibitor - Type Analgesics	Relafen DS (nabumetone) 1,000 mg tablet	New strength
10/14/2019	Vitamin A Derivatives	Aklief (trifarotene) 0.005 % topical cream	New entity
10/14/2019	Interleukin-5(IL-5) Receptor Alpha Antagonist, MAB	Fasenra Pen 30 mg/mL subcutaneous auto-injector	New dosage form
10/21/2019	Beta-Adrenergic Agents, Inhaled, Short Acting	Proair Digihaler (albuterol) 90 mcg/actuation aerosol powder breath act, sensor	New dosage form
10/28/2019	Cystic Fibrosis-CFTR Potentiator-Corrector Combin.	Trikafta 100-50-75 mg (d)/150 mg (n) tablets	New entity*
11/11/2019	Agents to Treat Multiple Sclerosis	Vumerity (diroximel fumarate) 231 mg DR capsule	New entity*
12/09/2019	Sickle Cell Anemia Agents	Oxbryta (voxelotor) 500 mg tablet	New entity*
12/23/2019	Calcium Channel Blocker and NSAID COX-2 Inhibitor	Consensi (amlodipine-celecoxib) 2.5 mg-200 mg, 5 mg-200 mg, 10 mg-200 mg tablet	New combination
12/23/2019	Androgenic Agents	Jatenzo (testosterone undecanoate) 158, 198, 237 mg capsule	New dosage form*
12/30/2019	Anti-Ulcer-H. Pylori Agents	Talicia (omeprazole-amoxicillin-rifabutin) 10 mg-250 mg-12.5 mg IR-DR capsule	New combination

*Scheduled for review at upcoming P&T

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 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, Medical Benefit

Therapeutic Class	Drug Name, Strengths, and Dosage Form
Antineoplastics Miscellaneous	Asparlas (calaspargase pegol-mknl) 750 unit/mL IV solution
Ophth. VEGF-A Receptor Antag. RCMB MC Antibody	Beovu (brolucizumab-dbli) 6 mg/0.05 mL intravitreal solution
Antisera	Xembify (immune globulin, gamma [IGG] klhw) 1 gram/5 mL, 2 gram/10 mL, 4 gram/20 mL, 10 gram/50 mL (20 %) SC solution
Vancomycin Antibiotics and Derivatives	vancomycin 500 mg/100 mL in water for injection(PEG,NADA) IV piggyback
Antineoplastic EGF Receptor Blocker Mclon Antibody	Kanjinti (trastuzumab-anns) 150 mg IV solution
Sympathomimetic Agents	Biorphen (phenylephrine) 0.1 mg/mL IV solution
Glucocorticoids	dexamethasone sodium phosphate (PF) 10 mg/mL injection syringe
Antineoplastic EGF Receptor Blocker Mclon Antibody	Ogivri (trastuzumab-dkst) 150, 420 mg IV solution
Erythroid Maturation Agents	Reblozyl (luspatercept-aamt)25, 75 mg SC solution
Anti-CD20 (B Lymphocyte) Monoclonal Antibody	Truxima (rituximab-abbs) 10 mg/mL IV concentrate
Sickle Cell Anemia Agents	Adakveo (crizanlizumab-tmca) 10 mg/mL IV solution
Antisera	Asceniv (immune globulin, gamma IGG SLRA) 10% IV solution
Ophth Vasc. Endothelial Growth Factor Antagonists	Eylea (afibercept) 2 mg/0.05 mL intravitreal syringe
Digitalis Glycosides	Lanoxin (digoxin) 500 mcg/2 mL (250 mcg/mL) (0.5 mg/2 mL) and Pediatric 100 mcg/mL (0.1 mg/mL) injection solution
Genetic D/O Tx-Exon Skipping Antisense Oligonucleo	Vyondys-53 (golodirsen) 50 mg/mL IV solution
Antineoplastics Antibody/Antibody-Drug Complexes	Padcev (enfortumab vedotin-ejfv) 20, 30 mg IV solution
Antineoplastics Antibody/Antibody-Drug Complexes	Enhertu (fam-trastuzumab deruxtecn-nxki) 100 mg IV solution

The following products are not listed in the above table:

- Allergenic extracts
- Diagnostic preparations
- Parenteral amino acid solutions and combinations
- IV fat emulsions