

Physician Administered Drugs Covered Under Healthy Workers HMO Outpatient Pharmacy Benefit

A physician administered drug (PAD) is a drug that is given in the doctor's office, infusion center, or by a home infusion provider. These drugs are usually a medical benefit drug and not a pharmacy benefit for SFHP Healthy Workers (HW) HMO, with the following exceptions: long-acting injectable drugs for necessary treatment of a mental health condition or substance use disorder, and an injectable medication used for pre-exposure prophylaxis (PrEP) for HIV-1.

The below is a list of PADs that are covered under both the HW HMO medical and pharmacy benefit. Some PADs listed below may have step therapy requirements and quantity limits when accessed through the pharmacy benefit. For complete details on specific coverage criteria under the pharmacy benefit, please review the HW HMO pharmacy formulary.

This drug list is current as of 7/1/2025.

Physician Administered Drugs Pharmacy Benefit Inclusion List:

- Sublocade® (buprenorphine)
- Abilify Maintena® (aripiprazole)
- Abilify Asimtufii® (aripiprazole)
- Aristada® ER (aripiprazole)
- Aristata Initio® ER (aripiprazole)
- fluphenazine decanoate
- haloperidol decanoate
- Zyprexa Relprevv® (olanzapine)
- Erzofri® (paliperidone)
- Invega Sustenna® (paliperidone)
- Invega Trinza® (paliperidone)
- Invega Hafyera® (paliperidone)
- Perseris® ER (risperidone)
- Uzedly® ER (risperidone)
- risperidone ER
- Rykindo® ER (risperidone)
- Apretude® ER (cabotegravir)

For PADs covered under the medical benefit, if your provider prescribes a PAD that requires prior authorization, they will submit a prior authorization request form to SFHP on your behalf. SFHP staff will review prior authorizations and decide to approve, approve with changes, deny, or ask the doctor for more information. If the prior



authorization is approved, a message is sent by fax to the prescriber listed on the prior authorization request form and the medication will be covered by SFHP. If the prior authorization is denied or changed, SFHP will send a letter to you and the prescribing provider. This letter includes the reason for SFHP's decision. We also include instructions for how you may appeal if you disagree with our denial.

Please contact Customer Service at 1(800)288-5555 or 1(415)547-7800 for more information. If you are hearing impaired, please call the TDD/TYY line at 1(415) 547-7830, toll-free at 1(888) 883-7347 or through the California Relay Service at 711. You may request this document in alternative formats like Braille, large size print, and audio. To request other formats, or for help with reading this document and other SFHP materials, please call Customer Service at 1(415) 547-7800 or toll-free at 1(800) 288-5555.