

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP P&T Committee on 10/21/2015

Effective date for all changes: 11/21/2015

### **Therapeutic Classes reviewed:**

- Diabetes
  - DPP-IV Inhibitors
  - SGLT2 Inhibitors
  - GLP-1 Agonists
- Annual Formulary Changes
- Interim Formulary Changes

### **Prior Authorization Criteria Updates**

- Diabetes
  - DPP-IV Inhibitors (updated)
  - SGLT2 Inhibitors (new)
  - GLP-1 Agonists (updated)
- Topical Steroids (updated)
- Hepatitis C (updated)
- Cystic Fibrosis (updated)
- PCSK-9 Inhibitors (new)
- Entresto (new)
- Dronabinol (updated)
- Lidoderm (updated)
- Topical Testosterone (updated)
- Proton Pump Inhibitors (updated)
- Annual Formulary Changes (updated)
- Interim Formulary Changes (updated)



*Here for you*

## **Policies/Forms Approved**

- None

## Approved Formulary Changes:

### Agents for Diabetes:

#### Dipeptidyl-Peptidase-IV Inhibitor (DDP-IV Inhibitor)

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Sitagliptin (Januvia <sup>®</sup> 25mg, 50mg, 100mg ) (GCN 97398, 97399, 97400)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Alogliptin (Nesina <sup>®</sup> 6.25mg, 12.5mg, 25mg) (GCN 34086, 34085, 34076)	No changes	No changes	No changes
Saxagliptin (Onglza <sup>®</sup> 2.5mg, 5mg) (GCN 27393, 27394)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Linagliptan (Tradjenta <sup>®</sup> 5mg) (GCN 29890)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Sitagliptin/metformin (Janumet <sup>®</sup> 50-500mg, 50-1000mg) (GCN 98306, 98307)	Formulary, ST with metformin QL: #2/day AL: min 21 y/o	Formulary, ST with metformin QL: #2/day	No changes
Sitagliptin/metformin (Janument XR <sup>®</sup> 50-500mg, 50-1000mg, 100-1000mg) (GCN 31339, 31340, 31348)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Linagliptan/metformin (Jentadueto <sup>®</sup> 2.5mg-500mg, 2.5-850mg, 2.5-1000mg) (GCN 31315, 31316, 31317)	No changes	No changes	No changes

Alogliptin/metformin (Kazano <sup>®</sup> 12.5mg-500mg, 12.5-1000mg) (GCN 12.5mg-500mg, 12.5-1000mg) (GCN 34087,34088)	No changes	No changes	No changes
Saxagliptin/metformin) tablet (Kombiglyze <sup>®</sup> 2.5-1000mg, 5-500mg, 5-1000mg) (GCN 29225, 29118, 29224)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Alogliptin/pioglitazone tablet (Oseni <sup>®</sup> 12.5-15mg, 12.5-30mg, 12.5-45mg, 25-15mg, 25-30mg, 25-45mg) (GCN 34080, 34083, 34084, 34077, 34078, 34079)	No changes	No changes	No changes

## SGLT2 Inhibitors

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Canagliflozin ( Invokana <sup>®</sup> 100mg, 300mg) (GCN 34439, 34441)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Dapagliflozin (Farxiga <sup>®</sup> 5mg, 10mg) (GCN 35698, 34394)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Empagliflozin tablet (Jardiance <sup>®</sup> 10mg, 25mg) (GCN 36716, 36723)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Canagliflozin/metformin tablet (Invokamet <sup>®</sup> 50-500mg, 50-1000mg, 150-500mg, 150-1000mg) (GCN 36954, 36857, 36953, 36859)	Formulary, ST with metformin QL: #2/day AL: min 21 y/o	Formulary, ST with metformin QL: #2/day	No changes
Dapagliflozin/metformin tablet (Xigduo XR <sup>®</sup> 5-500mg, 5-1000mg, 10-500mg, 10-1000mg) (GCN 37339, 37343, 37342, 37344)	Formulary, ST with metformin QL: #1/day AL: min 21 y/o	Formulary, ST with metformin QL: #1/day	No changes
Empagliflozin/metformin tablets (Synjardy <sup>®</sup> 5-500mg, 5-1000mg, 12.5-500mg, 12.5-1000mg) (GCN 399377, 38929, 39378, 38932)	Formulary, ST with metformin QL: #2/day AL: min 21 y/o	Formulary, ST with metformin QL: #2/day	No changes
Empagliflozin/linagliptin tablet (Glyxambi <sup>®</sup> 10-5mg, 25-5mg) (GCN 37832, 37833)	PA required	PA required	No changes

## GLP-1 Agonist

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Exenatide injectable pen (Byetta <sup>®</sup> 5mcg/0.02ml, 10mcg/0.04ml) (GCN 24613, 24614)	Non-formulary	Non-formulary	No changes
Exenatide pen/vial (Bydureon <sup>®</sup> 2mg/0.65ml, 2mg) (GCN 36352, 31304)	Non-formulary	Non-formulary	No changes
Liraglutide injectable pen (Victoza <sup>®</sup> 0.6mg/0.1ml) (GCN 26189)	Formulary, ST with metformin	Formulary, ST with metformin	No changes

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
	QL #27mL/90days AL: min 21 y/o	QL# 27mL/90days	
Albiglutide injectable pen (Tanzeum® 30mg/0.5ml, 50mg/0.5ml ) (GCN 36615,36616)	Formulary, ST with metformin QL #6mL/90days AL: min 21 y/o	Formulary, ST with metformin QL# 6mL/90days	No changes
Dulaglutide injectable pen (Trulicity® 0.75mg/0.5ml, 1.5mg/0.5ml) (GCN 36615, 36616)	Non-formulary	Non-formulary	No changes

## Annual Formulary Changes

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Pindolol 10 mg tablet (20680)*	Formulary #120 per 30 days	Formulary #120 per 30 days	Excluded
Alfuzosin 10 mg tab (Uroxatral) (92024)*	Formulary, #30 per 30 days, ≥21 y/o	Formulary, #30 per 30 days	No changes
Rabeprazole 20 mg tab (Aciphex) (94639)*	ST omeprazole AND pantoprazole, #1/day	ST omeprazole AND pantoprazole, #1/day	No changes
Varenicline 1mg (Chantix)	Formulary, #224 per 365 days	Formulary, #224 per 365 days	No changes
Terbinafine HCl 1 % topical cream (62498)	Formulary #120 per 30 days, no fill limit per year	No changes	Formulary #120 per 30 days, no fill limit per year
Ciclopirox 8% Solution (Penlac) (08040)*	6.6. ml per 30 days, max 12 fills per lifetime	6.6. ml per 30 days, max 12 fills per lifetime	No changes
Various	No changes	Remove age limit	No changes
Aluminum chloride hexahydrate solution (Drysol) (22291)	Formulary #75 per 30 days	Formulary #75 per 30 days	No changes
Ondansetron* 4, 8 mg tabs, 4, 8 mg ODT	Formulary #90 per 30 days	Formulary #90 per 30 days	No changes

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
(20045, 20046, 20041, 20042) Chlorothiazide* 250, 500 mg tab (34802, 34803)	(MDD 3) Formulary #30 per 30 days, age ≥ 21y/o	(MDD 3) Formulary #30 per 30 days	No changes
Zidovudine* (GCN 44410, 44530, 44533)	No changes	<b>Formulary (no age limit)</b>	No changes
Didanosine* (GCN 14558, 14559, 14556, 14557)	No changes	<b>Formulary (no age limit)</b>	No changes
Hyoscyamine, atropine, scopolamine, and phenobarbital (Donnatal) 16.2 mg-0.1037 mg-0.0194 mg tablet (74070)	No changes	No changes	<b>Non-formulary</b>
Hyoscyamine (18970, 18960)	No changes	No changes	<b>Formulary</b>
STC Y7A – Respiratory Aids (e.g. spacers) (HICL 09021, 36089, 04469, 10081, 06326)	Formulary #2 per 365 days, <b>no age limit</b>	Formulary #2 per 365 days, <b>no age limit</b>	No changes
Tazorac (GCN 85362, 29221, 85363, 29222)	<b>Non-formulary</b>	<b>Non-formulary</b>	No changes
Midazolam 5mg/ml solution (40850)	Formulary #5 ml per fill, 5 fills per year	Formulary #5 ml per fill, 5 fills per year	No changes
Ursodiol 250 Mg tab* (01072)	Formulary	Formulary	No changes
Glycopyrrolate 1, 2 mg tab* (19130, 19131)	Formulary	Formulary	No changes
Carbamazepine ER cap 100, 200, 300 mg* (Carbatrol) (23934, 23932, 23933)	Formulary #60 per 30 days, min 21 y/o	Formulary #60 per 30 days	No changes
Triamcinolone acetonide 0.1 % topical ointment (31242)	Formulary #454 per 30 days	Formulary #454 per 30 days	No changes
Xopenex HFA 45 mcg/actuation aerosol inhaler (24422)	ST #30 (2 inhaler) per 30 days	ST #30 (2 inhaler) per 30 days	No changes
Azithromycin 500 mg* (61198)	Formulary #15 per 30 days, 2 fills per 90 days	Formulary #15 per 30 days, 2 fills per 90 days	No changes
Cabergoline 0.5 mg tablet* (26051)	Formulary #16 per 30 days	Formulary #16 per 30 days	No changes
Ofloxacin 0.3% Ear Drops (GCN 13880)	Formulary <b>no quantity limit</b>	Formulary <b>no quantity limit</b>	No changes
Diclofenac (Voltaren) 1% gel (45680)	Formulary #100 per 30 days	Formulary #100 per 30 days	No changes
Lidocaine 2% Jelly (11870)	Formulary	Formulary	No changes

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Lidocaine 5% gel (Lidoderm) (50272)	PA required	PA required	No changes
Guanfacine ER 1mg, 2mg, 3mg and 4mg (27576, 27578, 27579, 27582)	Formulary #30 per 30 days	Formulary #30 per 30 days	No changes
Various	PA required + Non-formulary <b>without</b> quantity limit and age limit	PA required + Non-formulary <b>without</b> quantity limit and age limit	PA required + Non-formulary <b>without</b> quantity limit and age limit
Pramlintide (Symlin) (99514, 99450)	Non-formulary	Non-formulary	No changes
Metformin 500 mg/5 ml solution (Riomet®) (GCN 20808)	Non-formulary	Non-formulary	No changes
Repaglinide* (Prandin) (GCN 26311 26312 26313)	Formulary #3 per day, min 21 y/o	Formulary #3 per day	No changes
Nateglinide* (Starlix) (GCN 12277 34027)	Formulary #3 per day, min 21 y/o	Formulary #3 per day	No changes
Tolbutamide (05724)	Non-formulary with self-grandfathering	Non-formulary with self-grandfathering	No changes
Glimepiride (GCN 05830 05832 05833) Metformin/glipizide (18366 18367 18368)	Formulary with QL, min 21 y/o	No changes	No changes
Pioglitazone/metformin* (Actoplus Met) (25444 25445)	Non-formulary	Non-formulary	No changes
Insulin lispro protamine/ insulin lispro (Humalog Mix 50/50 vial) (GCN 97507)	Formulary, min 21 y/o	No changes	No changes
Omeprazole 10mg capsule (92989)	Formulary, QL#60 per 30 days	Formulary, QL#60 per 30 days	No changes
Zolpidem (Ambien®)* tablet (GCN 00870 00871)	Formulary #1/day, ≥16 y/o	Formulary #1/day, ≥16 y/o	No changes
Eszopiclone (Lunesta)* tablet (GCN 23925 23926 23927)	Formulary #1/day, ≥16 y/o	Formulary #1/day, ≥16 y/o	No changes
Zaleplon (Sonata®)* tablet (GCN 92713 92723)	Formulary #1/day, ≥16 y/o	Formulary #1/day, ≥16 y/o	No changes
Nicotine Gum (03200, 03201)	No changes	No changes	Formulary, QL#360 per 30 days
Nicotine Patch (03421, 03422, 03423)	No changes	No changes	Formulary, QL#30 per 30 days
Nicotine Lozenges (14689, 14688)	No changes	No changes	Formulary, QL#360 per 30 days
Alirocumab (Praluent®) 75mg/mL, 150mg/mL, pen and syringe (39182, 39184, 39181, 39183)	PA Required	PA Required	No changes



Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Evolocumab (Repatha®) 140mg/mL, pen and syringe (38178, 39363)	PA Required	PA Required	No changes

## Interim Formulary Changes

Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
First-Testosterone 2% cream GCN (18941)	Non-formulary	Non-formulary	No changes
First-Testosterone 2% ointment GCN (89903)	Non-formulary	Non-formulary	No changes
First-Lansoprazole GCN (31138)	Non-formulary	Non-formulary	No changes
First-Omeprazole GCN (31092)	Non-formulary	Non-formulary	No changes
First-Progesterone GCN (23357,92868,97165)	Non-formulary	Non-formulary	No changes
OxyContin 10mg, 20mg, 40mg, 80mg tablet GCN (37158,37161,37163,37165)	PA required	PA required	No changes
<b><u>Influenza Vaccines*</u></b>			
Afluria GCN (38938,38939)	Formulary, QL 1 fill/270 days	Excluded	Excluded
Fluarix	Formulary, QL 1 fill/270 days	Excluded	Excluded
FluBlok	Formulary, QL 1 fill/270 days	Excluded	Excluded
Flucelvax GCN (38334)	Formulary, QL 1 fill/270 days	Excluded	Excluded
FluLaval Quad GCN (38947)	Formulary, QL 1 fill/270 days	Excluded	Excluded
FluMist Quad	Formulary, QL 1 fill/270 days	Excluded	Excluded
Fluvirin GCN (38325,38331)	Formulary, QL 1 fill/270 days	Excluded	Excluded



Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
Fluzone GCN (38659)	Formulary, QL 1 fill/270 days	Excluded	Excluded
Fluzone High-Dose GCN (38662)	Formulary, QL 1fill/270 days, AL≥65yo	Excluded	Excluded
Fluzone Quad GCN (38333,38534,38535)	Formulary, QL 1 fill/270 days	Excluded	Excluded
<b><u>Measles/Mumps/Rubella (MMR)*</u></b>			
M-M-R II GCN(99568)	Formulary, QL 2 fills/lifetime	Excluded	Excluded
<b><u>Meningococcal*</u></b>			
Bexsero GCN (35944)	Formulary, QL 2 fills/lifetime	Excluded	Excluded
Menveo GCN (28272)	Formulary, QL 2 fills/lifetime	Excluded	Excluded
Menomune GCN (99541,43980)	Formulary, QL 1 fill/lifetime	Excluded	Excluded
Menactra GCN (99539)	Formulary, QL 2 fills/lifetime	Excluded	Excluded
Trumenba GCN (37413)	Formulary, QL 3 fills/lifetime	Excluded	Excluded
<b><u>Pneumococcal*</u></b>			
Pneumovax23 GCN (14287,43859)	Formulary, QL 2 fills/lifetime	Excluded	Excluded
Prevnar13 GCN (28232)	Formulary, QL 2 fills/lifetime	Excluded	Excluded
<b><u>Herpes Zoster*</u></b>			
Zostavax GCN (27076)	Formulary, QL 1 fill/lifetime, AL ≥50yo	Excluded	Excluded
<b><u>Tdap/Td*</u></b>			
Adacel GCN (99416,99613)	Formulary	Excluded	Excluded
Tenavac GCN (99415,99414)	Formulary	Excluded	Excluded
Boostrix 24618 24619	Formulary	Excluded	Excluded



Medication (GCN)	Formulary Status & DUR - MediCal	Formulary Status & DUR – HK	Formulary Status & DUR – CWRAP
<b><u>Haemophilus TypeB (Hib)*</u></b>			
ActHIB GCN (99298)	Formulary, 3 fills/lifetime	Excluded	Excluded
<b><u>Varicella*</u></b>			
Varivax GCN (26999)	Formulary, 2 fills/lifetime	Excluded	Excluded

\*Minimum age limit for all vaccines (except Fluzone High-Dose) is 19 years of age. Children 18 years of age or younger are eligible for vaccines through Vaccines for Children Program (VFC).

## June Interim Formulary Changes

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>ENBRACE HR</b>	PRENATAL #92/IRON/FA #8/PS-DHA	1.5-8.73MG	CAP IR DR	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>MORPHINE SULFATE-0.9% NACL</b>	MORPHINE SULFATE/0.9% NACL/PF	5 MG/ML	PLAST. BAG	INTRAVEN.	New Strength	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>COLLAGENASE</b>	COLLAGENASE CLOSTRIDIUM HIST.	100K UNIT	POWDER(EA)	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>AZELAIC ACID</b>	AZELAIC ACID	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>JUXTAPID</b>	LOMITAPIDE MESYLATE	40 MG	CAPSULE	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
JUXTAPID	LOMITAPIDE MESYLATE	60 MG	CAPSULE	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
JUXTAPID	LOMITAPIDE MESYLATE	30 MG	CAPSULE	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
GLUCAGON HCL	GLUCAGON HCL	1 MG	VIAL	INJECTION	New Formulation	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
TESTONE CIK	TESTOSTERONE CYPIONATE	200 MG/ML	KIT	INTRAMUSC	New Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
DIHYDROCODEINE BITARTRATE	DIHYDROCODEINE BITARTRATE	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>SPIRULINA</b>	BLUE-GREEN ALGAE		POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>IONSYS</b>	FENTANYL HCL	40 MCG	SYSTEMPCA	TRANSDERM	New Strength and Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>STIOLTO RESPIMAT</b>	TIOTROPIUM BR/OLODATEROL HCL	2.5-2.5MCG	MIST INHAL	INHALATION	New Combination	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>UREVAZ</b>	UREA	44%	CREAM (G)	TOPICAL	New Entity	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>IXINITY</b>	FACTOR IX HUMAN RECOMB,THR 148	500 UNIT	VIAL	INTRAVEN.	New Entity	Excluded - carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>IXINITY</b>	FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	INTRAVEN.	New Entity	Excluded - carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>IXINITY</b>	FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	INTRAVEN.	New Entity	Excluded - carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>CEFAZOLIN-0.9% NACL</b>	CEFAZOLIN SODIUM IN 0.9 % NACL	3 G/100 ML	PIGGYBACK	INTRAVEN.	New Strength and Dosage Form	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>VARIZIG</b>	VARICELLA-ZOSTER IG/MALTOSE	125/1.2 ML	VIAL	INTRAMUSC	New Vaccine	Excluded - medical benefit	Excluded - medical benefit	Not a Covered Benefit - Should be excluded
<b>PROMETHAZINE-CODEINE</b>	PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	ORAL	5 mL in 1 CUP	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
IRENKA	DULOXETINE HCL	40 MG	CAPSULE DR	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
INVEGA TRINZA	PALIPERIDONE PALMITATE	273MG/.875	SYRINGE	INTRAMUSC .	New Formulation	Carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded
INVEGA TRINZA	PALIPERIDONE PALMITATE	410/1.315	SYRINGE	INTRAMUSC .	New Formulation	Carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded
INVEGA TRINZA	PALIPERIDONE PALMITATE	546MG/1.75	SYRINGE	INTRAMUSC .	New Formulation	Carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded
INVEGA TRINZA	PALIPERIDONE PALMITATE	819/2.625	SYRINGE	INTRAMUSC .	New Formulation	Carve-out	Keep non-formulary	Not a Covered Benefit - Should be excluded



<b>BRAND NAME</b>	<b>GENERIC NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>ROUTE</b>	<b>COMMENTS</b>	<b>Medi-Cal</b>	<b>Healthy Kids</b>	<b>CWrap</b>
<b>DORYX</b>	DOXYCYCLINE HYCLATE	50 MG	TABLET DR	ORAL	New Strength/Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

## July Interim Formulary Changes

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>TUZISTRA XR</b>	CODEINE POLI/CHL ORPHENIR POLIS	14.7-2.8/5	SUS ER 12H	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>PHENOBARBITAL</b>	PHENOBARBITAL	20 MG/5 ML	ELIXIR	ORAL	5 mL in 1 CUP	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>ZONISAMIDE</b>	ZONISAMIDE	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>DILUENT-MERCK LIVE VIRUS VACC</b>	DILUENT #1,LIV VIRUS VAC(SWFI)		VIAL	SUB-Q	Will not process until pricing is provided	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>DILUENT FOR YF-VAX</b>	DILUENT, YELLOW FEV VAC,MDV, NACL	0.90%	VIAL	SUB-Q	Will not process until pricing is provided	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>DILUENT FOR YF-VAX</b>	DILUENT, YELLOW FEV VAC,SD,N ACL	0.90%	VIAL	SUB-Q	Will not process until pricing is provided	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>TRISTART DHA</b>	PRENATAL NO.93/IRO N/FA #9/DHA	31-1-200MG	CAPSULE	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>POLY-VI-FLOR FS</b>	PEDI MULTIVIT #90 W-FLUORIDE	0.25 MG	FILM	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>POLY-VI-FLOR FS</b>	PEDI MULTIVIT #90 W-FLUORIDE	0.5 MG	FILM	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>KUVAN</b>	SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	ORAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>BREO ELLIPTA</b>	FLUTICASONE/VILANTEROL	200-25 MCG	BLST W/DEV	INHALATION	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>STANOZOLOL MICRONIZED</b>	STANOZOLOL MICRONIZED	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>FLEBOGAM MA DIF</b>	IMM GLOB G (IGG)/SORB/IGA 0-50	5%	Vial	INTRAV EN.	NDC Move to new GCN	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>GAMMAPLE X</b>	IMMUN GLOB G/SORB/GLY/IGA 0-50	5%	VIAL	INTRAV EN.	NDC Move to new GCN	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>BIVIGAM</b>	IMMUN GLOB G (IGG)/GLY/IGA 50+	10%	Vial	INTRAV EN.	NDC Move to new GCN	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>FLEBOGAM MA DIF</b>	IMMUN GLOB G(IGG)/SORB/IGA 50+	10%	Vial	INTRAV EN.	NDC Move to new GCN	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>GAMMAGARD LIQUID</b>	IMMUN GLOB G (IGG)/GLY/IGA 50+	10%	Vial	Injection	NDC Move to new GCN	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>PRIVIGEN</b>	IMMUN GLOB G(IGG)/PRO/IGA 0-50	10%	Vial	Intraven.	NDC Move to new GCN	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>HUMALOG KWIKPEN</b>	INSULIN LISPRO	200/ML (3)	INSULN PEN	SUB-Q	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>AFREZZA</b>	INSULIN REGULAR, HUMAN	8 UNIT(60)	CART W/DEV	INHALATION	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>BEAU RX</b>	DI-ME SILOX/DI METHIC/H EXAMETH Y		GEL (GRAM)	TOPICAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>DERMACINRX SILAPAK</b>	TRIAMCINOLONE ACET/DIMETHICONE	0.1%-5%	KIT	TOPICAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>UNITUXIN</b>	DINUTUXIMAB	3.5 MG/ML	VIAL	INTRAVEN.	New Entity	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded
<b>RITALIN LA</b>	METHYLPHENIDATE HCL	60 MG	CPBP 50-50	ORAL	New Strength/Dosage Form; Keep PA required to be consistent with other strengths	Add to formulary with PA required (mirror other strengths) AWP \$277.24/#30	Add to formulary with PA required (mirror other strengths) AWP \$277.24/#30	Not a Covered Benefit - Should be excluded
<b>OVACE PLUS</b>	SULFACETAMIDE SODIUM	9.80%	FOAM	TOPICAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>KENGREAL</b>	CANGREL OR TETRASODIUM	50 MG	VIAL	INTRAVEN.	New Entity	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>AVARLS</b>	SULFACE TAMIDE SODIUM/SULFUR	10 %-2 %	FOAM	TOPICAL	New Strength/Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>AVAR</b>	SULFACE TAMIDE SODIUM/SULFUR	9.5 %-5 %	FOAM	TOPICAL	New Strength/Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>CROTAMITON</b>	CROTAMITON	100%	LIQUID	MISCELL.	New Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>ENTRESTO</b>	SACUBITRIL/VALSARTAN	24 MG-26MG	ORAL	TABLET	New Combination	Add to formulary with PA required	Add to formulary with PA required	Not a Covered Benefit - Should be excluded
<b>ENTRESTO</b>	SACUBITRIL/VALSARTAN	49 MG-51MG	ORAL	TABLET	New Combination	Add to formulary with PA required	Add to formulary with PA required	Not a Covered Benefit - Should be excluded
<b>ENTRESTO</b>	SACUBITRIL/VALSARTAN	97MG-103MG	ORAL	TABLET	New Combination	Add to formulary with PA required	Add to formulary with PA required	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>ORKAMBI</b>	LUMACAF TOR/IVAC AFTOR	200- 125MG	ORAL	TABLET	New Combination	Keep non- formulary/R eview at next P&T	Keep non- formulary/ Review at next P&T	Not a Covered Benefit - Should be excluded
<b>DILUTING MEDIUM FOR NOVOLOG</b>	DILUENT, INSULIN ASPART NO.1		INJECTION	VIAL	Will not process until pricing is provided	Keep non- formulary	Keep non- formulary	Not a Covered Benefit - Should be excluded
<b>MAGNESIU M AMINO ACID CHELATE</b>	MAGNESI UM AMINO ACID CHELATE	20%	MISCELL.	POWDE R		Keep non- formulary	Keep non- formulary	Not a Covered Benefit - Should be excluded
<b>DOXAZOSIN MESYLATE</b>	DOXAZOS IN MESYLAT E	100%	MISCELL.	POWDE R		Keep non- formulary	Keep non- formulary	Not a Covered Benefit - Should be excluded
<b>LINEZOLID- 0.9% NACL</b>	LINEZOLI D-0.9% SODIUM CHLORID E	600MG/3 00	INTRAVEN.	IV SOLN	New Formulation	Medical benefit - not covered	Medical benefit - not covered	Not a Covered Benefit - Should be excluded

## August Interim Formulary Changes

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>PRESTALIA</b>	PERINDOPRIL ARG/AMLODIPINE BES	14MG-10MG	TABLET	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>PRESTALIA</b>	PERINDOPRIL ARG/AMLODIPINE BES	3.5-2.5 MG	TABLET	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>PRESTALIA</b>	PERINDOPRIL ARG/AMLODIPINE BES	7 MG-5 MG	TABLET	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>REXULTI</b>	BREXPIRAZOLE	0.25 MG	TABLET	ORAL	New Entity	Carve out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>REXULTI</b>	BREXPIRAZOLE	0.5 MG	TABLET	ORAL	New Entity	Carve out	Keep non-formulary	Not a Covered Benefit - Should be excluded



BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>REXULTI</b>	BREXPIRAZOLE	1 MG	TABLET	ORAL	New Entity	Carve out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>REXULTI</b>	BREXPIRAZOLE	2 MG	TABLET	ORAL	New Entity	Carve out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>REXULTI</b>	BREXPIRAZOLE	3 MG	TABLET	ORAL	New Entity	Carve out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>REXULTI</b>	BREXPIRAZOLE	4 MG	TABLET	ORAL	New Entity	Carve out	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>CARB-O-PHILIC</b>	UREA	40%	GEL (GRAM)	TOPICAL	New Strength and Dosage Form	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>DERMACINRX LEXITRAL</b>	DICLOFENAC/CAPSI CUM	1.5-0.025%	CMB SOL CR	TOPICAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
								be excluded
<b>ALPAWASH</b>	OINTMENT BASE NO.198		OINT. (G)	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>PINE BARK EXTRACT</b>	CHINESE RED PINE BARK EXTRACT	95%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>CITRUS BERGAMOT</b>	BERGAMOT	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>LEUCINE</b>	LEUCINE	100%	CRYSTALS	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>TEXAVITE LQ</b>	PED MULTIVIT#108/IRO N/FLUORIDE	7-.25MG/ML	DROPS	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
								excluded
<b>ALEVICYN ANTIPRURITIC SG</b>	EMOLLIENT COMBINATION NO.60		SPRAY GEL	TOPICAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>EPIDUO FORTE</b>	ADAPALENE/BENZOYL PEROXIDE	0.3 %-2.5%	GEL W/PUMP	TOPICAL	New Strength	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>DERMACINRX SURGICAL PHARMAPAK</b>	MUPIROCIN/CL-HEXGL/DMC/SILICO	2 %-4 %-5%	KIT	TOPICAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>SILMANIX</b>	CAPSAICIN/MENTHOL/HISTAMINE	0.0375%-3%	CREAM (G)	TOPICAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>GAMMAGARD S-D</b>	IMMUN GLOB G/GLY/GLUC/IGA 0-50	5 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>GAMMAGARD S-D</b>	IMMUN GLOB G/GLY/GLUC/IGA 0-50	10 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>OCTAGAM</b>	IMMUN GLOB G(IGG)/MALT/IGA 50+	5%	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>CARIMUNE NF NANOFILTERED</b>	IMMUN GLOB G(IGG)/SUCR/IGA 50+	6 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>CARIMUNE NF NANOFILTERED</b>	IMMUN GLOB G(IGG)/SUCR/IGA 50+	12 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>CARIMUNE NF NANOFILTERED</b>	IMMUN GLOB G(IGG)/SUCR/IGA 50+	3 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>GAMMAGARD S-D</b>	IMMUN GLOB G/GLY/GLUC/IGA 0-50	2.5 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered;	Medical benefit - not covered;	Not a Covered Benefit - Should

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
						no action required	no action required	be excluded
<b>GAMMAGARD S-D</b>	IMMUN GLOB G/GLY/GLUC/IGA 0-50	0.5 G	INTRAVEN.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>GAMASTAN S-D</b>	IMMUNE GLOBUL G (IGG)/GLYCINE	15 %-18 %	INTRAMUSC.	VIAL	GCN Change	Medical benefit - not covered; no action required	Medical benefit - not covered; no action required	Not a Covered Benefit - Should be excluded
<b>CHROMIUM POLYNICOTINATE</b>	CHROMIUM POLYNICOTINATE	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>TRIAMCINOLONE DIACETATE MICRO</b>	TRIAMCINOLONE DIACETATE, MICRO	100%	POWDER	MISCELL.		Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded
<b>MEDI-10</b>	MULTIVIT #33-MFOLATE-NAC-CHROM	2.5-200MG	CAPSULE	ORAL	New Combination	Keep non-formulary	Keep non-formulary	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>PRALUENT SYRINGE</b>	ALIROCUMAB	75 MG/ML	SYRINGE	SUB-Q	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded
<b>PRALUENT PEN</b>	ALIROCUMAB	75 MG/ML	PEN INJCTR	SUB-Q	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded
<b>PRALUENT SYRINGE</b>	ALIROCUMAB	150 MG/ML	SYRINGE	SUB-Q	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded
<b>PRALUENT PEN</b>	ALIROCUMAB	150 MG/ML	PEN INJCTR	SUB-Q	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded

BRAND NAME	GENERIC NAME	STRENGTH	DOSAGE FORM	ROUTE	COMMENTS	Medi-Cal	Healthy Kids	CWrap
<b>DAKLINZA</b>	DACLATASVIR DIHYDROCHLORIDE	30 MG	TABLET	ORAL	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded
<b>DAKLINZA</b>	DACLATASVIR DIHYDROCHLORIDE	60 MG	TABLET	ORAL	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded
<b>TECHNIVIE</b>	OMBITASVIR/PARIT APREV/RITONAV	12.5-75 MG	TABLET	ORAL	New Entity	Pending review - add to formulary with PA	Pending review - add to formulary with PA	Not a Covered Benefit - Should be excluded