

## HPSM Medi-Cal Formulary Changes

Updated on 4/1/2019

### Drugs Added to the 2019 HPSM Medi-Cal Formulary

Drug(s) – BRAND (generic)	Effective Date	Additional Details
<b>BOOST HIGH PROTEIN LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>boost kid essentials liquid</b>	1/30/2019	Add to formulary w/ PA
<b>BOOST ORIGINAL</b>	1/30/2019	Add to formulary w/ PA
<b>core essentials liquid</b>	1/30/2019	Add to formulary w/ PA
<b>core essentials ped peptid pls</b>	1/30/2019	Add to formulary w/ PA
<b>core essentials ped standard</b>	1/30/2019	Add to formulary w/ PA
<b>duocal powder</b>	1/30/2019	Add to formulary w/ PA
<b>ELECARE JR POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>ELECARE JR POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>ENFAMIL ENFACARE POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>ENFAMIL NEUROPRO ENFACARE POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>ENFAMIL PREMATURE 20 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ENFAMIL PREMATURE 24 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ENFAMIL PREMATURE 24 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ENFAMIL PREMATURE 30 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ensure liquid</b>	1/30/2019	Add to formulary w/ PA
<b>ENSURE PLUS LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ESSENTIAL AMINO ACID MIX POWD</b>	1/30/2019	Add to formulary w/ PA
<b>GLYTACTIN RTD 10 PE LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>GLYTACTIN RTD 15 PE LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ISOSOURCE 1.5 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>ISOSOURCE HN 1.2 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>JEVITY 1 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>JEVITY 1.2 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>JEVITY 1.5 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>KETOVIE PEPTIDE 4:1 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>NEOCATE JUNIOR POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>NEPRO CARB STEADY LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>NUTRAMIGEN ENFLORA-LGG POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>NUTREN 1.0 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>NUTREN 1.5 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>NUTREN 2.0 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>NUTREN JUNIOR 1 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA

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<b>OSMOLITE 1 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>OSMOLITE 1.2 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>OSMOLITE 1.5 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>PEDIASURE ENTERAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>PEDIASURE LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>pediasure peptide 1.0 cal liq</b>	1/30/2019	Add to formulary w/ PA
<b>PEDIASURE PEPTIDE 1.5 CAL LIQ</b>	1/30/2019	Add to formulary w/ PA
<b>PEPTAMEN 1.5 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>PEPTAMEN AF LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>PERATIVE LIQUID NUTRITION</b>	1/30/2019	Add to formulary w/ PA
<b>PHENYLADE AMINO ACID POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>PIVOT 1.5 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>PKU SPHERE20 POWDER PACKET</b>	1/30/2019	Add to formulary w/ PA
<b>PREGESTIMIL POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>replete 1 cal liquid</b>	1/30/2019	Add to formulary w/ PA
<b>REPLETE WITH FIBER LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>SIMILAC ADVANCE LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>SIMILAC ALIMENTUM POWDER</b>	1/30/2019	Add to formulary w/ PA
<b>SIMILAC EXPERT CARE NEASURE PW</b>	1/30/2019	Add to formulary w/ PA
<b>similac neasure infant formula</b>	1/30/2019	Add to formulary w/ PA
<b>similac pm 60/40 powder</b>	1/30/2019	Add to formulary w/ PA
<b>SIMILAC SPECIAL CARE 24 LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>TWOCAL HN LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>VITAL 1.0 CAL LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>VITAL HIGH PROTEIN LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>VIVONEX RTF LIQUID</b>	1/30/2019	Add to formulary w/ PA
<b>albuterol HFA 90 mcg inhaler</b>	02/01/2019	Add to formulary w/ QL
<b>chlordiazepoxide capsules</b>	03/11/2019	Add to formulary w/ QL
<b>ADMELOG VIAL, SOLOSTAR</b>	04/01/2019	Add to formulary w/ QL
<b>armodafinil tablets</b>	04/01/2019	Add to formulary w/ PA, QL
<b>amlodipine-olmesartan tablets</b>	04/01/2019	Add to formulary
<b>amlodipine-valsartan tablets</b>	04/01/2019	Add to formulary

### Legend

PA = prior authorization

ST = step therapy

QL = quantity limit

Code 1 = Code 1 restriction

Tx = treatment

AGE = Age restriction

NDS = Non-Extended Days Supply

## HPSM Medi-Cal Formulary Changes

Drug(s) – BRAND (generic)	Effective Date	Additional Details
betamethasone dp 0.05% crm	04/01/2019	Add to formulary
betamethasone dp 0.05% lot	04/01/2019	Add to formulary
betamethasone dp 0.05% oint	04/01/2019	Add to formulary
betamethasone dp aug 0.05% crm	04/01/2019	Add to formulary
betamethasone dp aug 0.05% gel	04/01/2019	Add to formulary
betamethasone dp aug 0.05% lot	04/01/2019	Add to formulary w/ PA
betamethasone dp aug 0.05% oin	04/01/2019	Add to formulary
cefpodoxime tablets	04/01/2019	Add to formulary
cefpodoxime susp	04/01/2019	Add to formulary
DIFFERIN 0.1% GEL (OTC)	04/01/2019	Add to formulary w/ QL
fluocinolone oil 0.01% ear drop	04/01/2019	Add to formulary w/ QL
ivermectin 3 mg tablet	04/01/2019	Add to formulary
leucovorin calcium vial	04/01/2019	Add to formulary
levoleucovorin vial	04/01/2019	Add to formulary
mometasone furoate 0.1% cream	04/01/2019	Add to formulary
mometasone furoate 0.1% oint	04/01/2019	Add to formulary
mometasone furoate 0.1% soln	04/01/2019	Add to formulary
NIVESTYM VIAL	04/01/2019	Add to formulary w/ PA
PIN-X 250 MG (BASE) TAB CHEW	04/01/2019	Add to formulary
potassium citrate ER tablets	04/01/2019	Add to formulary
RETACRIT VIAL	04/01/2019	Add to formulary w/ PA, QL
valproic acid oral solution	04/01/2019	Add to formulary
COMBIGAN 0.2%-0.5% EYE DROPS	06/01/2019	Add to formulary w/ QL, ST
HUMALOG MIX 50-50 VIAL	06/01/2019	Add to formulary w/ QL
lamotrigine 25 mg, 50 mg, 250 mg, 300 mg ER tablets	06/01/2019	Add to formulary w/ ST
RHOPRESSA 0.02% EYE DROPS	06/01/2019	Add to formulary w/ QL, ST
SIMBRINZA 1%-0.2% EYE DROPS	06/01/2019	Add to formulary w/ QL, ST
TRAVATAN Z 0.004% EYE DROPS	06/01/2019	Add to formulary w/ QL, ST
VYZULTA 0.024% EYE DROPS	06/01/2019	Add to formulary w/ QL, ST
ZIOPTAN 0.0015% EYE DROPS	06/01/2019	Add to formulary w/ QL, ST
AFINITOR DISPERZ TABLETS	06/01/2019	Add to formulary w/ PA, QL, NDS

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<b>ALIQOPA 60 MG VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>ALUNBRIG TABLETS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>ARRANON 250 MG/50 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>arsenic trioxide 10 mg/10ml vl</b>	06/01/2019	Add to formulary w/ PA
<b>azacitidine 100 mg vial</b>	06/01/2019	Add to formulary w/ PA
<b>BAVENCIO 200 MG/10 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>BENDAMUSTINE 100 MG/4 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>BENDEKA 100 MG/4 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>BESPONSA 0.9 MG VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>bevacizuman 2.5 mg/0.1 ml</b>	06/01/2019	Add to formulary w/ PA
<b>BRAFTOVI CAPSULES</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>CABOMETYX 20 MG TABLET</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>COMETRIQ DAILY-DOSE PK</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>COPIKTRA CAPSULES</b>	06/01/2019	Add to formulary w/ PA, QL, NDS)
<b>COTELLIC 20 MG TABLET</b>	06/01/2019	Add to formulary w/ PA, QL, NDS)
<b>cyclophosphamide vial</b>	06/01/2019	Add to formulary w/ PA
<b>CYRAMZA 100 MG/10 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>DAURISMO TABLETS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>decitabine 50 mg vial</b>	06/01/2019	Add to formulary w/ PA
<b>DOCEFREZ VIALS</b>	06/01/2019	Add to formulary w/ PA
<b>docetaxel vials</b>	06/01/2019	Add to formulary w/ PA
<b>ERBITUX VIALS</b>	06/01/2019	Add to formulary w/ PA
<b>etoposide 100 mg/5 ml vial</b>	06/01/2019	Add to formulary w/ PA
<b>FASLODEX 250 MG/5 ML SYRINGE</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>FIRMAGON KITS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>GAZYVA 1,000 MG/40 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>gemcitabine vials</b>	06/01/2019	Add to formulary w/ PA
<b>GILOTRIF TABLETS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>HALAVEN 1 MG/2 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>HYCANTIN CAPSULES</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>ICLUSIG TABLETS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>IFEX 3 GM VIAL</b>	06/01/2019	Add to formulary w/ PA

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<b>ifosfamide vials</b>	06/01/2019	Add to formulary w/ PA
<b>IMBRUVICA CAPSULES</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>IMFINZI 120 MG/2.4 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>irinotecan hcl 500 mg/25 ml vl</b>	06/01/2019	Add to formulary w/ PA
<b>IXEMPRA KITS</b>	06/01/2019	Add to formulary w/ PA
<b>KADCYLA 160 MG VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>KISQALI DAILY DOSE</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>LARTRUVO 190 MG/19 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>leucovorin calcium vials</b>	06/01/2019	Add to formulary
<b>LIBTAYO 350 MG/7 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>LORBRENA TABLETS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>LUMOXITI 1 MG VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>megestrol acet 400 mg/10 ml</b>	06/01/2019	Add to formulary
<b>MEKINIST TABLETS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>MEKTOVI 15 MG TABLET</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>melphalan 50 mg vial w-diluent</b>	06/01/2019	Add to formulary w/ PA
<b>mitomycin 20 mg/40 ml-water</b>	06/01/2019	Add to formulary w/ PA
<b>MUTAMYCIN VIALS</b>	06/01/2019	Add to formulary w/ PA
<b>MYLERAN 2 MG TABLET</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>MYLOTARG 4.5 MG VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>NERLYNX 40 MG TABLET</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>ONIVYDE 43 MG/10 ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>OPDIVO VIALS</b>	06/01/2019	Add to formulary w/ PA
<b>PANRETIN 0.1% GEL</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>RITUXAN 10 MG/ML VIAL</b>	06/01/2019	Add to formulary w/ PA
<b>RITUXAN HYCELA</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>RYDAPT 25 MG CAPSULE</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>SOMATULINE DEPOT</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>STIVARGA 40 MG TABLET</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>SYLATRON KITS</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>SYNRIBO 3.5 MG/ML VIAL</b>	06/01/2019	Add to formulary w/ PA, QL, NDS
<b>TAFINLAR CAPSULES</b>	06/01/2019	Add to formulary w/ PA, QL, NDS

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Drug(s) – BRAND (generic)	Effective Date	Additional Details
TALZENNA CAPSULES	06/01/2019	Add to formulary w/ PA, QL, NDS
TASIGNA CAPSULES	06/01/2019	Add to formulary w/ PA, QL, NDS
TEMODAR 100 MG VIAL	06/01/2019	Add to formulary w/ PA
temsirrolimus 25 mg vial	06/01/2019	Add to formulary w/ PA
TIBSOVO 250 MG TABLET	06/01/2019	Add to formulary w/ PA, QL, NDS
toposar 100 mg/5 ml vial	06/01/2019	Add to formulary w/ PA
TREANDA 100 MG VIALS	06/01/2019	Add to formulary w/ PA
TRELSTAR VIALS	06/01/2019	Add to formulary w/ PA, QL, NDS
TRISENOX 12 MG/6 ML VIAL	06/01/2019	Add to formulary w/ PA
VALCHLOR 0.016% GEL	06/01/2019	Add to formulary w/ PA, QL, NDS
VENCLEXTA	06/01/2019	Add to formulary w/ PA, QL, NDS
VIZIMPRO TABLETS	06/01/2019	Add to formulary w/ PA, QL, NDS
VYXEOS 44 MG-100 MG VIAL	06/01/2019	Add to formulary w/ PA
XATMEP 2.5 MG/ML ORAL SOLUTION	06/01/2019	Add to formulary w/ PA, QL, NDS
XOSPATA 40 MG TABLET	06/01/2019	Add to formulary w/ PA, QL, NDS
YESCARTA INFUSION BAG	06/01/2019	Add to formulary w/ PA
ZEJULA 100 MG CAPSULE	06/01/2019	Add to formulary w/ PA, QL, NDS
zoledronic acid	06/01/2019	Add to formulary w/ PA
ZOMETA 4 MG/100 ML INJECTION	06/01/2019	Add to formulary w/ PA
ZYKADIA 150 MG CAPSULE	06/01/2019	Add to formulary w/ PA, QL, NDS

## Drugs Removed from the 2019 HPSM Medi-Cal Formulary

Drug(s) – brand (generic)	Effective Date	Additional Details
tretinoin micro gel	01/01/2019	Remove from formulary
RITUXAN VIAL	01/01/2019	Remove from formulary
NEUPOGEN VIAL, SYRINGE	01/01/2019	Remove from formulary
BELEODAQ 500 MG VIAL	06/01/2019	Remove from formulary
bexarotene 75 mg capsule	06/01/2019	Remove from formulary
CAMPATH 30 MG/ML VIAL	06/01/2019	Remove from formulary
cytarabine vials	06/01/2019	Remove from formulary
dactinomycin 0.5 mg vial	06/01/2019	Remove from formulary
DEPO-PROVERA 400 MG/ML VIAL	06/01/2019	Remove from formulary

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Drug(s) – brand (generic)	Effective Date	Additional Details
<b>EPOGEN VIALS</b>	06/01/2019	Remove from formulary
<b>GLEOSTINE CAPSULES</b>	06/01/2019	Remove from formulary
<b>HUMULIN R U 500 UNITS/ML VIAL</b>	06/01/2019	Remove from formulary
<b>LANTUS VIALS, SOLOSTAR</b>	06/01/2019	Remove from formulary
<b>LENVIMA DAILY DOSE</b>	06/01/2019	Remove from formulary
<b>MESNEX 400 MG TABLET</b>	06/01/2019	Remove from formulary
<b>MUSTARGEN 10 MG VIAL</b>	06/01/2019	Remove from formulary
<b>NEXAVAR 200 MG TABLET</b>	06/01/2019	Remove from formulary
<b>PHOTOFRIN 75 MG VIAL</b>	06/01/2019	Remove from formulary
<b>PROAIR HFA INHALER</b>	06/01/2019	Remove from formulary
<b>PROCRIT VIALS</b>	06/01/2019	Remove from formulary
<b>REVLIMID MG CAPSULES</b>	06/01/2019	Remove from formulary
<b>TARGRETIN 1% GEL</b>	06/01/2019	Remove from formulary
<b>THALOMID CAPSULES</b>	06/01/2019	Remove from formulary
<b>timolol 0.5% eye drops (generic Istalol)</b>	06/01/2019	Remove from formulary
<b>timolol gel-solution</b>	06/01/2019	Remove from formulary
<b>toremifene citrate 60 mg tab</b>	06/01/2019	Remove from formulary
<b>VECTIBIX 400 MG/20 ML VIAL</b>	06/01/2019	Remove from formulary
<b>VENTOLIN HFA INHALER</b>	06/01/2019	Remove from formulary
<b>YONDELIS 1 MG VIAL</b>	06/01/2019	Remove from formulary
<b>ZYTIGA 500 MG TABLET</b>	06/01/2019	Remove from formulary
<b>BELEODAQ 500 MG VIAL</b>	06/01/2019	Remove from formulary
<b>bexarotene 75 mg capsule</b>	06/01/2019	Remove from formulary
<b>CAMPATH 30 MG/ML VIAL</b>	06/01/2019	Remove from formulary
<b>cytarabine vials</b>	06/01/2019	Remove from formulary
<b>dactinomycin 0.5 mg vial</b>	06/01/2019	Remove from formulary
<b>DEPO-PROVERA 400 MG/ML VIAL</b>	06/01/2019	Remove from formulary
<b>GLEOSTINE CAPSULES</b>	06/01/2019	Remove from formulary
<b>LENVIMA DAILY DOSES</b>	06/01/2019	Remove from formulary
<b>MESNEX 400 MG TABLET</b>	06/01/2019	Remove from formulary
<b>MUSTARGEN 10 MG VIAL</b>	06/01/2019	Remove from formulary
<b>NEXAVAR 200 MG TABLET</b>	06/01/2019	Remove from formulary

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Drug(s) – brand (generic)	Effective Date	Additional Details
PHOTOFRIN 75 MG VIAL	06/01/2019	Remove from formulary
REVLIMID CAPSULES	06/01/2019	Remove from formulary
TARGRETIN 1% GEL	06/01/2019	Remove from formulary
THALOMID CAPSULES	06/01/2019	Remove from formulary
toremifene citrate 60 mg tab	06/01/2019	Remove from formulary
TREXALL TABLETS	06/01/2019	Remove from formulary
VECTIBIX VIALS	06/01/2019	Remove from formulary
YONDELIS 1 MG VIAL	06/01/2019	Remove from formulary
ZYTIGA 500 MG TABLET	06/01/2019	Remove from formulary

## Other Modifications to the 2019 HPSM Medi-Cal Formulary

Drug(s) – brand (generic)	Effective Date	Additional Details
quetiapine fumarate tablet	01/01/2019	Add QL
olanzapine 7.5 mg tablet	01/01/2019	QL changed
olanzapine ODT tablet	01/01/2019	Add PA, Add QL
ARANESP VIAL, SYRINGE	01/01/2019	Remove CODE 1, Add PA, Add QL
toremide 100 mg tablet	04/01/2019	Remove QL
ALPHAGAN P 0.1% EYE DROPS	06/01/2019	Add QL, Add ST
AZOPT 1% EYE DROPS	06/01/2019	Add QL, Add ST
abiraterone acetate 250 mg tab	06/01/2019	Add PA, Add QL, Add NDS
adriamycin vials	06/01/2019	Add PA
AFINITOR TABLETS	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
ALECENSA 150 MG CAPSULE	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
amifostine 500 mg vial	06/01/2019	Add PA, Add NDS
apraclonidine hcl 0.5% eye drops	06/01/2019	Add QL
ARZERRA VIALS	06/01/2019	Add PA
AVASTIN 100 MG/4 ML VIAL	06/01/2019	Add PA
BETOPTIC S 0.25% EYE DROPS	06/01/2019	Add QL, Add ST
BICNU 100 MG VIAL	06/01/2019	Add PA
bleo 15k (15 unit usp) vial	06/01/2019	Add PA
bleomycin sulfate vials	06/01/2019	Add PA
bortezomib 3.5 mg vial	06/01/2019	Add PA

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<b>BOSULIF TABLETS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>busulfan 60 mg/10 ml vial</b>	06/01/2019	Add PA
<b>CALQUENCE 100 MG CAPSULE</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>CAMPTOSAR 300 MG/15 ML VIAL</b>	06/01/2019	Add PA
<b>CAPRELSA TABLETS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>carboplatin vials</b>	06/01/2019	Add PA
<b>carmustine 100 mg vial</b>	06/01/2019	Add PA
<b>cisplatin 50 mg/50 ml vial</b>	06/01/2019	Add PA
<b>cladribine 10 mg/10 ml vial</b>	06/01/2019	Add PA
<b>COSOPT EYE DROPS</b>	06/01/2019	Add QL
<b>dacarbazine vials</b>	06/01/2019	Add PA
<b>DARZALEX 100 MG/5 ML VIAL</b>	06/01/2019	Remove Code 1, Add PA
<b>daunorubicin vials</b>	06/01/2019	Add PA
<b>docetaxel vials</b>	06/01/2019	Add PA
<b>dorzolamide-timolol eye drops</b>	06/01/2019	Add QL
<b>doxorubicin vials</b>	06/01/2019	Add PA
<b>doxorubicin liposome 20mg/10ml</b>	06/01/2019	Add PA
<b>ELIGARD SYRINGE KITS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>EMCYT 140 MG CAPSULE</b>	06/01/2019	Add PA, Add NDS
<b>EMPLICITI VIALS</b>	06/01/2019	Remove Code 1
<b>epirubicin vials</b>	06/01/2019	Add PA
<b>ERIVEDGE 150 MG CAPSULE</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>ERLEADA 60 MG TABLET</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>ETOPOPHOS 100 MG VIAL</b>	06/01/2019	Add PA
<b>etoposide 50 mg capsule</b>	06/01/2019	Add PA, Add NDS
<b>FARYDAK CAPSULES</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>floxuridine 500 mg vial</b>	06/01/2019	Add PA
<b>fludarabine vials</b>	06/01/2019	Add PA
<b>gemcitabine hcl vials</b>	06/01/2019	Add PA
<b>GLEEVEC 400 MG TABLET</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>HERCEPTIN VIALS</b>	06/01/2019	Add PA
<b>HEXALEN 50 MG CAPSULE</b>	06/01/2019	Add PA, Add NDS

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## HPSM Medi-Cal Formulary Changes

Drug(s) – brand (generic)	Effective Date	Additional Details
<b>IBRANCE CAPSULES</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>ifosfamide-mesna kits</b>	06/01/2019	Add PA
<b>imatinib mesylate tabs</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>INLYTA 1 MG TABLETS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>INTRON A VIALS</b>	06/01/2019	Add PA
<b>IRESSA 250 MG TABLET</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>irinotecan hcl vials</b>	06/01/2019	Add PA
<b>KADCYLA 100 MG VIAL</b>	06/01/2019	Add PA
<b>KEYTRUDA 100 MG/4 ML VIAL</b>	06/01/2019	Remove Code 1
<b>lamotrigine ODT tablets</b>	06/01/2019	Add ST
<b>lamotrigine ER 100 mg,, 200 mg tablets</b>	06/01/2019	Add ST
<b>latanoprost 0.005% eye drops</b>	06/01/2019	Add QL
<b>LEUKERAN 2 MG TABLET</b>	06/01/2019	Add PA, Add NDS
<b>leuprolide 2wk 14 mg/2.8 ml kt</b>	06/01/2019	Remove Code 1, Add PA, Add NDS
<b>lipodox vials</b>	06/01/2019	Add PA
<b>LUMIGAN 0.01% EYE DROPS</b>	06/01/2019	Add QL, Add ST
<b>LUPRON DEPOT KITS</b>	06/01/2019	Remove Code 1, Add PA, Add QL
<b>LYNPARZA TABLETS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>LYSODREN 500 MG TABLET</b>	06/01/2019	Add PA, Add NDS
<b>MATULANE 50 MG CAPSULE</b>	06/01/2019	Add PA, Add NDS
<b>mitomycin vials</b>	06/01/2019	Add PA
<b>mitoxantrone 25 mg/12.5 ml vl</b>	06/01/2019	Add PA
<b>nilutamide 150 mg tablet</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>NINLARO CAPSULES</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>NIPENT 10 MG VIAL</b>	06/01/2019	Add PA
<b>ODOMZO 200 MG CAPSULE</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>ONCASPAR 3,750 UNIT/5 ML VIAL</b>	06/01/2019	Add PA
<b>Oxaliplatin vials</b>	06/01/2019	Add PA
<b>paclitaxel 30 mg/5 ml vial</b>	06/01/2019	Add PA
<b>PERJETA 420 MG/14 ML VIAL</b>	06/01/2019	Remove Code 1
<b>PORTRAZZA 800 MG/50 ML VIAL</b>	06/01/2019	Remove Code 1
<b>PROLEUKIN 22 MILLION UNIT VIAL</b>	06/01/2019	Add PA

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<b>SOLTAMOX 10 MG/5 ML SOLN</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>SPRYCEL TABLETS</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>SUTENT CAPSULES</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>TABLOID TABLETS</b>	06/01/2019	Add PA, Add NDS
<b>TAGRISSE 80 MG TABLET</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>TARCEVA TABLETS</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>TECENTRIQ 1,200 MG/20 ML VIAL</b>	06/01/2019	Remove Code 1
<b>temozolomide capsules</b>	06/01/2019	Add PA, Add NDS
<b>teniposide 50 mg/5 ml ampule</b>	06/01/2019	Add PA
<b>TEPADINA 100 MG VIAL</b>	06/01/2019	Add PA
<b>topotecan hcl 4 mg vial</b>	06/01/2019	Add PA
<b>tretinoin 10 mg capsule</b>	06/01/2019	Add PA, Add NDS
<b>TRISENOX 10 MG/10 ML AMPULE</b>	06/01/2019	Add PA
<b>TYKERB 250 MG TABLET</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>VELCADE 3.5 MG VIAL</b>	06/01/2019	Add PA
<b>VENCLEXTA TABLETS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>VERZENIO TABLETS</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>vinblastine 1 mg/ml vial</b>	06/01/2019	Add PA
<b>vincasar pfs 1 mg/ml vials</b>	06/01/2019	Add PA
<b>vincristine vials</b>	06/01/2019	Add PA
<b>vinorelbine vials</b>	06/01/2019	Add PA
<b>VOTRIENT 200 MG TABLET</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>XALKORI 200 MG CAPSULE</b>	06/01/2019	Remove Code 1, Add PA, QL, Add NDS
<b>XTANDI 40 MG CAPSULE</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>ZALTRAP VIALS</b>	06/01/2019	Remove Code 1
<b>ZANOSAR 1 GM POWDER VIAL</b>	06/01/2019	Add PA
<b>ZELBORAF 240 MG TABLET</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS
<b>ZOLADEX IMPLANT SYRNS</b>	06/01/2019	Add PA, Add NDS
<b>ZOLINZA 100 MG CAPSULE</b>	06/01/2019	Add PA, Add QL, Add NDS
<b>ZYDELIG 100 MG TABLET</b>	06/01/2019	Remove Code 1, Add PA, Add QL, Add NDS

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