

HPSM Medi-Cal Formulary Changes
Updated on 11/18/2019

Drugs Add to 2019 HPSM Medi-Cal Formulary

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

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|------------------------|
| NEPRO CARB STEADY LIQUID | 1/30/2019 | Add to formulary w/ PA |
| NUTRAMIGEN ENFLORA-LGG POWDER | 1/30/2019 | Add to formulary w/ PA |
| NUTREN 1.0 LIQUID | 1/30/2019 | Add to formulary w/ PA |
| NUTREN 1.5 LIQUID | 1/30/2019 | Add to formulary w/ PA |
| NUTREN 2.0 LIQUID | 1/30/2019 | Add to formulary w/ PA |
| NUTREN JUNIOR 1 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| OSMOLITE 1 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| OSMOLITE 1.2 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| OSMOLITE 1.5 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| PEDIASURE ENTERAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| PEDIASURE LIQUID | 1/30/2019 | Add to formulary w/ PA |
| pediasure peptide 1.0 cal liq | 1/30/2019 | Add to formulary w/ PA |
| PEDIASURE PEPTIDE 1.5 CAL LIQ | 1/30/2019 | Add to formulary w/ PA |
| PEPTAMEN 1.5 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| PEPTAMEN AF LIQUID | 1/30/2019 | Add to formulary w/ PA |
| PERATIVE LIQUID NUTRITION | 1/30/2019 | Add to formulary w/ PA |
| PHENYLADE AMINO ACID POWDER | 1/30/2019 | Add to formulary w/ PA |
| PIVOT 1.5 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| PKU SPHERE20 POWDER PACKET | 1/30/2019 | Add to formulary w/ PA |
| PREGESTIMIL POWDER | 1/30/2019 | Add to formulary w/ PA |
| replete 1 cal liquid | 1/30/2019 | Add to formulary w/ PA |
| REPLETE WITH FIBER LIQUID | 1/30/2019 | Add to formulary w/ PA |
| SIMILAC ADVANCE LIQUID | 1/30/2019 | Add to formulary w/ PA |
| SIMILAC ALIMENTUM POWDER | 1/30/2019 | Add to formulary w/ PA |
| SIMILAC EXPERT CARE NEOSURE PW | 1/30/2019 | Add to formulary w/ PA |
| similac neosure infant formula | 1/30/2019 | Add to formulary w/ PA |
| similac pm 60/40 powder | 1/30/2019 | Add to formulary w/ PA |
| SIMILAC SPECIAL CARE 24 LIQUID | 1/30/2019 | Add to formulary w/ PA |
| TWOCAL HN LIQUID | 1/30/2019 | Add to formulary w/ PA |
| VITAL 1.0 CAL LIQUID | 1/30/2019 | Add to formulary w/ PA |
| VITAL HIGH PROTEIN LIQUID | 1/30/2019 | Add to formulary w/ PA |
| VIVONEX RTF LIQUID | 1/30/2019 | Add to formulary w/ PA |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|---------------------------------|----------------|-----------------------------|
| February 2019 | | |
| albuterol HFA 90 mcg inhaler | 02/01/2019 | Add to formulary w/ QL |
| March 2019 | | |
| chlordiazepoxide capsules | 03/11/2019 | Add to formulary w/ QL |
| April 2019 | | |
| armodafinil tablets | 04/01/2019 | Add to formulary w/ PA, QL |
| amlodipine-olmesartan tablets | 04/01/2019 | Add to formulary |
| amlodipine-valsartan tablets | 04/01/2019 | Add to formulary |
| 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, AGE |
| fluocinolone oil 0.01% ear drop | 04/01/2019 | Add to formulary w/ QL |
| ivermectin 3 mg tablets | 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 |
| UDENYCA 6 MG/0.6 ML SYRINGE | 04/15/2019 | Add to formulary w/ PA |
| DOVATO 50-300 MG TABLETS | 04/26/2019 | Add to formulary w/ QL |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|---|----------------|----------------------------------|
| HUMIRA PEN CRHN-UC-HS 80 MG | 04/30/2019 | Add to formulary w/ PA |
| HUMIRA PEN PS-UV-AHS 80-40 | 04/30/2019 | Add to formulary w/ PA |
| May 2019 | | |
| ALLI 60 MG OTC | 05/25/2019 | Add to formulary w/ PA, QL, NDS |
| diethylpropion 25 mg tablets | 05/25/2019 | Add to formulary w/ PA, QL, NDS |
| diethylpropion er 25 mg tablets | 05/25/2019 | Add to formulary w/ PA, QL, NDS |
| phentermine capsules | 05/25/2019 | Add to formulary w/ PA, QL, NDS |
| phentermine tablets | 05/25/2019 | Add to formulary w/ PA, QL, NDS |
| June 2019 | | |
| 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 |
| ALIQOPA 60 MG VIAL | 06/01/2019 | Add to formulary w/ PA |
| ALUNBRIG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| ARRANON 250 MG/50 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| arsenic trioxide 10 mg/10ml vl | 06/01/2019 | Add to formulary w/ PA |
| azacitidine 100 mg vial | 06/01/2019 | Add to formulary w/ PA |
| BAVENCIO 200 MG/10 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| BENDAMUSTINE 100 MG/4 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| BENDEKA 100 MG/4 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| BESPONSA 0.9 MG VIAL | 06/01/2019 | Add to formulary w/ PA |
| bevacizuman 2.5 mg/0.1 ml | 06/01/2019 | Add to formulary w/ PA |
| BRAFTOVI CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| CABOMETYX 20 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| COMETRIQ DAILY-DOSE PK | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| COPIKTRA CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS) |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|----------------------------------|
| COTELLIC 20 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS) |
| cyclophosphamide vial | 06/01/2019 | Add to formulary w/ PA |
| CYRAMZA 100 MG/10 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| DAURISMO TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| decitabine 50 mg vial | 06/01/2019 | Add to formulary w/ PA |
| DOCEFREZ VIALS | 06/01/2019 | Add to formulary w/ PA |
| docetaxel vials | 06/01/2019 | Add to formulary w/ PA |
| ERBITUX VIALS | 06/01/2019 | Add to formulary w/ PA |
| etoposide 100 mg/5 ml vial | 06/01/2019 | Add to formulary w/ PA |
| FASLODEX 250 MG/5 ML SYRINGE | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| FIRMAGON KITS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| GAZYVA 1,000 MG/40 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| gemcitabine vials | 06/01/2019 | Add to formulary w/ PA |
| GILOTRIF TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| HALAVEN 1 MG/2 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| HYCANTIN CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| ICLUSIG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| IFEX 3 GM VIAL | 06/01/2019 | Add to formulary w/ PA |
| ifosfamide vials | 06/01/2019 | Add to formulary w/ PA |
| IMBRUVICA CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| IMFINZI 120 MG/2.4 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| irinotecan hcl 500 mg/25 ml vl | 06/01/2019 | Add to formulary w/ PA |
| IXEMPRA KITS | 06/01/2019 | Add to formulary w/ PA |
| KADCYLA 160 MG VIAL | 06/01/2019 | Add to formulary w/ PA |
| KISQALI DAILY DOSE | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| LARTRUVO 190 MG/19 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| leucovorin calcium vials | 06/01/2019 | Add to formulary |
| LIBTAYO 350 MG/7 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| LORBRENA TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| LUMOXITI 1 MG VIAL | 06/01/2019 | Add to formulary w/ PA |
| megestrol acet 400 mg/10 ml | 06/01/2019 | Add to formulary |
| MEKINIST TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|---------------------------------|
| MEKTOVI 15 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| melphalan 50 mg vial w-diluent | 06/01/2019 | Add to formulary w/ PA |
| mitomycin 20 mg/40 ml-water | 06/01/2019 | Add to formulary w/ PA |
| MUTAMYCIN VIALS | 06/01/2019 | Add to formulary w/ PA |
| MYLERAN 2 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| MYLOTARG 4.5 MG VIAL | 06/01/2019 | Add to formulary w/ PA |
| NERLYNX 40 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| ONIVYDE 43 MG/10 ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| OPDIVO VIALS | 06/01/2019 | Add to formulary w/ PA |
| PANRETIN 0.1% GEL | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| RITUXAN 10 MG/ML VIAL | 06/01/2019 | Add to formulary w/ PA |
| RITUXAN HYCELA | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| RYDAPT 25 MG CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| SOMATULINE DEPOT | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| STIVARGA 40 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| SYLATRON KITS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| SYNRIBO 3.5 MG/ML VIAL | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| TAFINLAR CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| 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 |
| temsirolimus 25 mg vial | 06/01/2019 | Add to formulary w/ PA |
| TIBSOVO 250 MG TABLETS | 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 |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|---------------------------------|
| XOSPATA 40 MG TABLETS | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| YESCARTA INFUSION BAG | 06/01/2019 | Add to formulary w/ PA |
| ZEJULA 100 MG CAPSULES | 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 CAPSULES | 06/01/2019 | Add to formulary w/ PA, QL, NDS |
| AIMOVIG 140 MG DOSE-2 AUTOINJ | 06/15/2019 | Add to formulary w/ QL, PA |
| AIMOVIG 140 MG/ML AUTOINJECTOR | 06/15/2019 | Add to formulary w/ QL, PA |
| AIMOVIG 70 MG/ML AUTOINJECTOR | 06/15/2019 | Add to formulary w/ QL, PA |
| americaine 20% hemorrhoid oint | 06/15/2019 | Add to formulary |
| calcium polycarbophil 625 mg | 06/15/2019 | Add to formulary |
| celecoxib 100 mg capsules | 06/15/2019 | Add to formulary w/ QL |
| celecoxib 200 mg capsules | 06/15/2019 | Add to formulary w/ QL |
| celecoxib 400 mg capsules | 06/15/2019 | Add to formulary w/ QL |
| celecoxib 50 mg capsules | 06/15/2019 | Add to formulary w/ QL |
| citrucel 500 mg caplets | 06/15/2019 | Add to formulary |
| equalactin 500 mg tab chew | 06/15/2019 | Add to formulary |
| citrucel 500 mg caplets | 06/15/2019 | Add to formulary |
| equalactin 500 mg tab chew | 06/15/2019 | Add to formulary |
| fiber laxative 625 mg caplets | 06/15/2019 | Add to formulary |
| fiber tablets | 06/15/2019 | Add to formulary |
| fiber tabs | 06/15/2019 | Add to formulary |
| fiber therapy 500 mg caplets | 06/15/2019 | Add to formulary |
| fiber therapy 625 mg caplets | 06/15/2019 | Add to formulary |
| fiber-lax capstabs | 06/15/2019 | Add to formulary |
| fluticasone prop 0.005% oint | 06/15/2019 | Add to formulary |
| fluticasone prop 0.05% cream | 06/15/2019 | Add to formulary |
| GILENYA 0.5 MG CAPSULES | 06/15/2019 | Add to formulary w/ QL, PA |
| konsyl fiber 625 mg caplets | 06/15/2019 | Add to formulary |
| PREPARATION H MEDICATED WIPES | 06/15/2019 | Add to formulary |
| PREPARATION H OINTMENT | 06/15/2019 | Add to formulary |
| PREPARATION H SUPPOSITORY | 06/15/2019 | Add to formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|-----------------------------|
| PREVIDENT 5000 ENAMEL PROTECT | 06/15/2019 | Add to formulary |
| PREVIDENT 5000 SENSITIVE PASTE | 06/15/2019 | Add to formulary |
| PROCTOFOAM 1% FOAM | 06/15/2019 | Add to formulary |
| PROCTOFOAM-HC 1%-1% FOAM | 06/15/2019 | Add to formulary |
| psyllium capsules | 06/15/2019 | Add to formulary |
| reguloid capsules | 06/15/2019 | Add to formulary |
| sm fiber capsules | 06/15/2019 | Add to formulary |
| sm fiber laxative 500 mg cplt | 06/15/2019 | Add to formulary |
| pimecrolimus 1% cream | 06/15/2019 | Add to formulary w/ ST, QL |
| insulin lispro vial/pen | 06/15/2019 | Add to formulary w/ QL |
| tramadol er tablets | 06/15/2019 | Add to formulary w/ QL, NDS |
| July 2019 | | |
| BIOTENE MOISTURIZING MOUTH SPR | 07/31/2019 | Add to formulary |
| BIOTENE DRY MOUTH ORAL RINSE | 07/31/2019 | Add to formulary |
| BIOTENE PBF ORAL RINSE | 07/31/2019 | Add to formulary |
| BIOTENE ORALBALANCE LIQUID | 07/31/2019 | Add to formulary |
| BIOTENE ORALBALANCE GEL | 07/31/2019 | Add to formulary |
| deferasirox tablets | 07/31/2019 | Add to formulary w/ PA |
| EMGALITY PEN/SYRINGE | 07/31/2019 | Add to formulary w/ PA, QL |
| midodrine hcl tablets | 07/31/2019 | Add to formulary w/ PA |
| scopolamine 1 mg /3 day patch | 07/31/2019 | Add to formulary w/ QL |
| August 2019 | | |
| AFLURIA QUAD 2019-20 | 08/01/2019 | Add to formulary |
| AFLURIA QUAD 2019-2020 | 08/01/2019 | Add to formulary |
| FLUAD 2019-2020 | 08/01/2019 | Add to formulary |
| FLUARIX QUAD 2019-2020 | 08/01/2019 | Add to formulary |
| FLUBLOK QUAD 2019-2020 | 08/01/2019 | Add to formulary |
| FLUCELVAX QUAD 2019-2020 | 08/01/2019 | Add to formulary |
| FLULAVAL QUAD 2019-2020 | 08/01/2019 | Add to formulary |
| FLUMIST QUAD NASAL 2019-2020 | 08/01/2019 | Add to formulary |
| FLUZONE HIGH-DOSE 2019-20 | 08/01/2019 | Add to formulary |
| FLUZONE QUAD 2019-2020 | 08/01/2019 | Add to formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|------------------------------------|----------------|------------------------------|
| hydrocodone-ibuprofen 7.5-200 | 08/01/2019 | Add to formulary w/ QL |
| September 2019 | | |
| SSD 1% CREAM | 09/01/2019 | Add to formulary |
| sski 1 gm/ml solution | 09/05/2019 | Add to formulary |
| acetic acid 2% ear solution | 09/20/2019 | Add to formulary |
| BAQSIMI SPRAY | 09/20/2019 | Add to formulary |
| SYMJEPI SYRINGES | 09/20/2019 | Add to formulary |
| tizanidine tablets | 09/20/2019 | Add to formulary |
| XOFLUZA TABLETSES | 09/28/2019 | Add to formulary w/ QL |
| GVOKE SYRINGE/HYPOPEN | 09/25/2019 | Add to formulary |
| October 2019 | | |
| ADEMPAS TABLETS | 10/01/2019 | Add to formulary w/ PA, QL |
| ADMELOG 100 UNIT/ML VIAL | 10/14/2019 | Add to formulary w/ QL |
| ADMELOG SOLOSTAR 100 UNIT/ML | 10/14/2019 | Add to formulary w/ QL |
| alyq 20 mg tablets | 10/14/2019 | Add to formulary with PA, QL |
| ambrisentan tablets | 10/14/2019 | Add to formulary with PA, QL |
| ANNOVERA VAGINAL RING | 10/14/2019 | Add to formulary w/ QL |
| AUBAGIO TABLETS | 10/14/2019 | Add to formulary with PA, QL |
| bosentan tablets | 10/14/2019 | Add to formulary with PA, QL |
| ADMELOG 100 UNIT/ML VIAL | 10/14/2019 | Add to formulary w/ QL |
| ADMELOG SOLOSTAR 100 UNIT/ML | 10/14/2019 | Add to formulary w/ QL |
| hydroxyprogesterone 250 mg/ml vial | 10/14/2019 | Add to formulary with PA, QL |
| liothyronine tablets | 10/14/2019 | Add to formulary w/ ST |
| sildenafil 20 mg tablets | 10/14/2019 | Add to formulary with PA, QL |
| tadalafil 20 mg tablets | 10/14/2019 | Add to formulary with PA, QL |
| timolol gel-solution | 10/14/2019 | Add to formulary w/ QL, AL |
| budesonide 32 mcg nasal spray | 10/25/2019 | Add to formulary |
| November 2019 | | |
| KOMBIGLYZE XR TABLETS | 11/19/2019 | Add to formulary w/ QL |
| December 2019 | | |
| APRISA ER 0.375 GRAM CAPSULES | 12/20/2019 | Add to formulary w/ PA, QL |
| BRILINTA TABLETS | 12/20/2019 | Add to formulary w/ ST, QL |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – BRAND (generic) | Effective Date | Additional Details |
|--|----------------|----------------------------|
| itraconazole capsule | 12/20/2019 | Add to formulary |
| lanthanum carbonate chews | 12/20/2019 | Add to formulary |
| mesalamine dr 1.2 gm tablets (generic for LIALDA) | 12/20/2019 | Add to formulary w/ QL |
| RYBELSUS TABLETS | 12/20/2019 | Add to formulary w/ ST, QL |
| SLYND TABLETS | 12/20/2019 | Add to formulary |
| STEGLATRO TABLETS | 12/20/2019 | Add to formulary |

Drugs Remove from the 2019 HPSM Medi-Cal Formulary

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|--|----------------|-----------------------|
| January 2019 | | |
| 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 |
| April 2019 | | |
| fenofibrate 160 mg nanocrystal tablets | 04/15/2019 | Remove from formulary |
| June 2019 | | |
| BELEODAQ 500 MG VIAL | 06/01/2019 | Remove from formulary |
| bexarotene 75 mg capsules | 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 |
| EPOGEN VIALS (exception: 20,000 units/ml vial, 20,000/2 ml vial) | 06/01/2019 | Remove from formulary |
| GLEOSTINE CAPSULES | 06/01/2019 | Remove from formulary |
| HUMULIN R U 500 UNITS/ML VIAL | 06/01/2019 | Remove from formulary |
| LANTUS VIALS, SOLOSTAR | 06/01/2019 | Remove from formulary |
| LENVIMA DAILY DOSE | 06/01/2019 | Remove from formulary |
| MESNEX 400 MG TABLETS | 06/01/2019 | Remove from formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|---|----------------|-----------------------|
| metipranolol 0.3% eye drops | 06/01/2019 | Remove from formulary |
| MUSTARGEN 10 MG VIAL | 06/01/2019 | Remove from formulary |
| NEXAVAR 200 MG TABLETS | 06/01/2019 | Remove from formulary |
| PHOTOFRIN 75 MG VIAL | 06/01/2019 | Remove from formulary |
| PROAIR HFA INHALER | 06/01/2019 | Remove from formulary |
| PROCRIT VIALS | 06/01/2019 | Remove from formulary |
| REVLIMID MG CAPSULES | 06/01/2019 | Remove from formulary |
| TARGRETIN 1% GEL | 06/01/2019 | Remove from formulary |
| THALOMID CAPSULES | 06/01/2019 | Remove from formulary |
| timolol 0.5% eye drops (generic Istalol) | 06/01/2019 | Remove from formulary |
| timolol gel-solution | 06/01/2019 | Remove from formulary |
| toremifene citrate 60 mg tab | 06/01/2019 | Remove from formulary |
| VECTIBIX 400 MG/20 ML VIAL | 06/01/2019 | Remove from formulary |
| VENTOLIN HFA INHALER | 06/01/2019 | Remove from formulary |
| YONDELIS 1 MG VIAL | 06/01/2019 | Remove from formulary |
| ZYTIGA 500 MG TABLETS | 06/01/2019 | Remove from formulary |
| BELEODAQ 500 MG VIAL | 06/01/2019 | Remove from formulary |
| bexarotene 75 mg capsules | 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 |
| GLEOSTINE CAPSULES | 06/01/2019 | Remove from formulary |
| lactulose packet | 06/01/2019 | Remove from formulary |
| LENVIMA DAILY DOSES | 06/01/2019 | Remove from formulary |
| MESNEX 400 MG TABLETS | 06/01/2019 | Remove from formulary |
| metipranolol 0.3% eye drops | 06/01/2019 | Remove from formulary |
| MUSTARGEN 10 MG VIAL | 06/01/2019 | Remove from formulary |
| NEXAVAR 200 MG TABLETS | 06/01/2019 | Remove from formulary |
| 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 |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|-----------------------|
| 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 |
| LORTAB TABLETS | 06/15/2019 | Remove from formulary |
| fentanyl citrate oftc | 06/26/2019 | Remove from formulary |
| July 2019 | | |
| fentanyl 37.5 mcg/hr patch | 07/31/2019 | Remove from formulary |
| fentanyl 62.5 mcg/hr patch | 07/31/2019 | Remove from formulary |
| fentanyl 87.5 mcg/hr patch | 07/31/2019 | Remove from formulary |
| August 2019 | | |
| anucort-hc suppositories | 08/01/2019 | Remove from formulary |
| analpram hc 1% cream | 08/01/2019 | Remove from formulary |
| analpram hc 2.5%-1% cream | 08/01/2019 | Remove from formulary |
| analpram hc 2.5%-1% crm single | 08/01/2019 | Remove from formulary |
| anaspaz 0.125 mg tablets odt | 08/01/2019 | Remove from formulary |
| anucort-hc 25 mg suppository | 08/01/2019 | Remove from formulary |
| anusol-hc 25 mg suppository | 08/01/2019 | Remove from formulary |
| bal-care dha combo pack | 08/01/2019 | Remove from formulary |
| belladonna-phenobarbital tab | 08/01/2019 | Remove from formulary |
| calcium-pnv 28-1-250 mg sftgl | 08/01/2019 | Remove from formulary |
| c-nate dha softgel | 08/01/2019 | Remove from formulary |
| complete natal dha | 08/01/2019 | Remove from formulary |
| completenate tablets chew | 08/01/2019 | Remove from formulary |
| COVARYX H.S. TABLETS | 08/01/2019 | Remove from formulary |
| COVARYX TABLETS | 08/01/2019 | Remove from formulary |
| DONNATAL ELIXIR | 08/01/2019 | Remove from formulary |
| DONNATAL ELIXIR | 08/01/2019 | Remove from formulary |
| DONNATAL TABLETS | 08/01/2019 | Remove from formulary |
| DOTHELLE DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| ED-SPAZ 0.125 MG ODT | 08/01/2019 | Remove from formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|-------------------------------------|----------------|-----------------------|
| EEMT DS 1.25-2.5 MG TABLETS | 08/01/2019 | Remove from formulary |
| EEMT HS 0.625-1.25 MG TABLETS | 08/01/2019 | Remove from formulary |
| ELITE-OB 400 CAPSULES | 08/01/2019 | Remove from formulary |
| ELITE-OB CAPLETS | 08/01/2019 | Remove from formulary |
| estrogen-methyltestos f.s. tablets | 08/01/2019 | Remove from formulary |
| estrogen-methyltestos h.s. tablets | 08/01/2019 | Remove from formulary |
| EXTRA-VIRT PLUS DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| FOCALGIN 90 DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| FOCALGIN CA COMBO PACK | 08/01/2019 | Remove from formulary |
| FOLIVANE-OB CAPSULES | 08/01/2019 | Remove from formulary |
| guaifenesin dac solution | 08/01/2019 | Remove from formulary |
| HEMENATAL OB + DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| HEMENATAL OB TABLETS | 08/01/2019 | Remove from formulary |
| hemmorex-hc suppositories | 08/01/2019 | Remove from formulary |
| hydrocortisone ac suppositories | 08/01/2019 | Remove from formulary |
| hydrocortisone-pramoxine cream | 08/01/2019 | Remove from formulary |
| hydromorphone 10 mg/ml vial | 08/01/2019 | Remove from formulary |
| hydromorphone 3 mg suppositories | 08/01/2019 | Remove from formulary |
| hydromorphone ampules | 08/01/2019 | Remove from formulary |
| hyosyne 0.125 mg/ml drops | 08/01/2019 | Remove from formulary |
| hyosyne 125 mcg/5 ml elixir | 08/01/2019 | Remove from formulary |
| isomethept-dichloralp-acetaminophen | 08/01/2019 | Remove from formulary |
| KRISTALOSE 10 GM PACKET | 08/01/2019 | Remove from formulary |
| KRISTALOSE 20 GM PACKET | 08/01/2019 | Remove from formulary |
| KRO PRENATAL VITAMINS TABLETS | 08/01/2019 | Remove from formulary |
| LEVOMEFOLATE DHA CAPSULES | 08/01/2019 | Remove from formulary |
| MACNATAL CN DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| mepidine 50 mg/ml solution | 08/01/2019 | Remove from formulary |
| methadone 40 mg tablets dispr | 08/01/2019 | Remove from formulary |
| mezparox-hc 2.5%-1% cream | 08/01/2019 | Remove from formulary |
| M-NATAL PLUS TABLETS | 08/01/2019 | Remove from formulary |
| morphine sulfate er capsules | 08/01/2019 | Remove from formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|-----------------------|
| NESTABS DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| NESTABS TABLETS | 08/01/2019 | Remove from formulary |
| NEWGEN TABLETS | 08/01/2019 | Remove from formulary |
| NITROGLYCERIN ER 2.5 MG CAPS | 08/01/2019 | Remove from formulary |
| NITROGLYCERIN ER 6.5 MG CAPS | 08/01/2019 | Remove from formulary |
| NITROGLYCERIN ER 9 MG CAPSULES | 08/01/2019 | Remove from formulary |
| NODOLOR CAPSULES | 08/01/2019 | Remove from formulary |
| OB COMPLETE CAPLETS | 08/01/2019 | Remove from formulary |
| OBSTETRIX DHA COMBO PAK | 08/01/2019 | Remove from formulary |
| OBSTETRIX EC CAPLETS | 08/01/2019 | Remove from formulary |
| OBSTETRIX ONE SOFTGEL | 08/01/2019 | Remove from formulary |
| PAREGORIC LIQUID | 08/01/2019 | Remove from formulary |
| PHENOHYTRO ELIXIR | 08/01/2019 | Remove from formulary |
| PHENOHYTRO TABLETS | 08/01/2019 | Remove from formulary |
| PNV 29-1 TABLETS | 08/01/2019 | Remove from formulary |
| PNV OB+DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| PNV-DHA + DOCUSATE SOFTGEL | 08/01/2019 | Remove from formulary |
| PNV-DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| PNV-FERROUS FUMARATE-DOCU-FA | 08/01/2019 | Remove from formulary |
| PNV-OMEGA SOFTGEL | 08/01/2019 | Remove from formulary |
| PNV-SELECT TABLETS | 08/01/2019 | Remove from formulary |
| PNV-VP-U CAPSULES | 08/01/2019 | Remove from formulary |
| PR NATAL 400 COMBO PACK | 08/01/2019 | Remove from formulary |
| PR NATAL 400 EC COMBO PACK | 08/01/2019 | Remove from formulary |
| PR NATAL 430 COMBO PACK | 08/01/2019 | Remove from formulary |
| PR NATAL 430 EC COMBO PACK | 08/01/2019 | Remove from formulary |
| PRAMCORT 1% CREAM | 08/01/2019 | Remove from formulary |
| pramosone 1% lotion | 08/01/2019 | Remove from formulary |
| pramosone 1%-1% cream | 08/01/2019 | Remove from formulary |
| pramosone 1%-1% ointment | 08/01/2019 | Remove from formulary |
| pramosone 2.5%-1% cream | 08/01/2019 | Remove from formulary |
| pramosone 2.5%-1% ointment | 08/01/2019 | Remove from formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|-----------------------|
| PREFERA OB TABLETS | 08/01/2019 | Remove from formulary |
| PREFERA-OB ONE SOFTGEL | 08/01/2019 | Remove from formulary |
| PRENA1 PEARL SOFTGEL | 08/01/2019 | Remove from formulary |
| PRENA1 TRUE COMBO PACK | 08/01/2019 | Remove from formulary |
| PRENAISSANCE CAPSULES | 08/01/2019 | Remove from formulary |
| PRENAISSANCE PLUS SOFTGEL | 08/01/2019 | Remove from formulary |
| PRENATABS FA TABLETS | 08/01/2019 | Remove from formulary |
| PRENATABS RX TABLETS | 08/01/2019 | Remove from formulary |
| PRENATAL PLUS TABLETS | 08/01/2019 | Remove from formulary |
| PRENATAL PLUS-DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| PRENATAL PLUS-DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| PRENATAL PLUS-DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| PRENATAL-U CAPSULES | 08/01/2019 | Remove from formulary |
| PREPLUS CA-FE 27 MG-FA 1 MG TB | 08/01/2019 | Remove from formulary |
| PRETAB 29 MG-1 MG TABLETS | 08/01/2019 | Remove from formulary |
| PROCTOCORT 30 MG SUPPOSITORY | 08/01/2019 | Remove from formulary |
| RA PRENATAL FORMULA TABLETS | 08/01/2019 | Remove from formulary |
| R-NATAL OB SOFTGEL | 08/01/2019 | Remove from formulary |
| RULAVITE DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| SELECT-OB CHEWABLE CAPLETS | 08/01/2019 | Remove from formulary |
| SE-NATAL 19 CHEWABLE TABLETS | 08/01/2019 | Remove from formulary |
| SE-NATAL 19 TABLETS | 08/01/2019 | Remove from formulary |
| SSKI 1 GM/ML SOLUTION | 08/01/2019 | Remove from formulary |
| TARON-C DHA CAPSULES | 08/01/2019 | Remove from formulary |
| TARON-PREX PRENATAL DHA CAPS | 08/01/2019 | Remove from formulary |
| THRIVITE RX TABLETS | 08/01/2019 | Remove from formulary |
| TREXALL 10 MG TABLETS | 08/01/2019 | Remove from formulary |
| TREXALL 15 MG TABLETS | 08/01/2019 | Remove from formulary |
| TREXALL 5 MG TABLETS | 08/01/2019 | Remove from formulary |
| TREXALL 7.5 MG TABLETS | 08/01/2019 | Remove from formulary |
| TRINATE TABLETS | 08/01/2019 | Remove from formulary |
| TRIVEEN-DUO DHA COMBO PACK | 08/01/2019 | Remove from formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|-------------------------------|----------------|-----------------------|
| TRUST NATAL DHA | 08/01/2019 | Remove from formulary |
| ULTIMATECARE ONE CAPSULES | 08/01/2019 | Remove from formulary |
| ULTIMATECARE ONE NF CAPSULES | 08/01/2019 | Remove from formulary |
| VEMAVITE-PRX 2 CAPSULES | 08/01/2019 | Remove from formulary |
| VINACAL B PRENATAL COMBO PACK | 08/01/2019 | Remove from formulary |
| VIRT-C DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| VIRT-NATE DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| VIRT-NATE TABLETS | 08/01/2019 | Remove from formulary |
| VIRT-PN DHA SOFTGEL | 08/01/2019 | Remove from formulary |
| VITAFOL-OB CAPLETS | 08/01/2019 | Remove from formulary |
| VITAFOL-OB+DHA COMBO PACK | 08/01/2019 | Remove from formulary |
| VITAFOL-ONE CAPSULES | 08/01/2019 | Remove from formulary |
| VP-CH PLUS SOFTGEL | 08/01/2019 | Remove from formulary |
| VP-CH-PNV PRENATAL SOFTGEL | 08/01/2019 | Remove from formulary |
| VP-HEME OB TABLETS | 08/01/2019 | Remove from formulary |
| VP-HEME ONE SOFTGEL | 08/01/2019 | Remove from formulary |
| ZATEAN-PN DHA CAPSULES | 08/01/2019 | Remove from formulary |
| ZATEAN-PN PLUS SOFTGEL | 08/01/2019 | Remove from formulary |
| ZYTIGA 500 MG TABLETS | 08/01/2019 | Remove from formulary |
| acamprosate 333 mg tablets | 08/15/2019 | Remove from formulary |
| disulfiram tablets | 08/15/2019 | Remove from formulary |
| LYRICA CAPSULES | 08/15/2019 | Remove from formulary |
| LYRICA SUSPENSION | 08/15/2019 | Remove from formulary |
| naloxone injection | 08/15/2019 | Remove from formulary |
| pregabalin suspension | 08/15/2019 | Remove from formulary |
| naltrexone 50 mg tablets | 08/20/2019 | Remove from formulary |
| September 2019 | | |
| REBIF SYRINGES | 09/20/2019 | Remove from formulary |
| REBIF REBIDOSE | 09/20/2019 | Remove from formulary |
| October 2019 | | |
| cephalexin 750 mg capsules | 10/01/2019 | Remove from formulary |
| ANTABUSE TABLETS | 10/18/2019 | Remove from formulary |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|---|----------------|-----------------------|
| November 2019 | | |
| hyoscyamine 0.125 mg/5 ml elix | 11/10/2019 | Remove from formulary |
| hyoscyamine 0.125 mg/ml drop | 11/10/2019 | Remove from formulary |
| hyoscyamine er 0.375 mg tab | 11/10/2019 | Remove from formulary |
| symax-sr 0.375 mg tablet | 11/10/2019 | Remove from formulary |
| oscimin sr 0.375 mg tablet | 11/10/2019 | Remove from formulary |
| levbid er 0.375 mg tablet | 11/10/2019 | Remove from formulary |
| nulev 0.125 mg chewable melt | 11/10/2019 | Remove from formulary |
| December 2019 | | |
| atovaquone 750 mg/5 ml susp | 12/20/2019 | Remove from formulary |
| cephalexin 750 mg capsule | 12/20/2019 | Remove from formulary |
| cephalexin 250 mg, 500 mg tablets | 12/20/2019 | Remove from formulary |
| extina 2% foam | 12/20/2019 | Remove from formulary |
| itraconazole solution | 12/20/2019 | Remove from formulary |
| ketoconazole 2% foam | 12/20/2019 | Remove from formulary |
| mesalamine dr tablet (generic ASACOL HD) | 12/20/2019 | Remove from formulary |
| simvastatin 80 mg tablet | 12/20/2019 | Remove from formulary |

Other Modifications to the 2018 HPSM Medi-Cal Formulary

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|-------------------------------|----------------|-------------------------------|
| January 2019 | | |
| quetiapine fumarate tablets | 01/01/2019 | Add QL |
| olanzapine 7.5 mg tablets | 01/01/2019 | QL changed |
| olanzapine ODT tablets | 01/01/2019 | Add PA, Add QL |
| ARANESP VIAL, SYRINGE | 01/01/2019 | Remove CODE 1, Add PA, Add QL |
| April 2019 | | |
| torseamide 100 mg tablets | 04/01/2019 | Remove QL |
| May 2019 | | |
| valganciclovir 450 mg tablets | 05/01/2019 | Update QL |
| PRENATAL VITAMIN TABLETS | 05/05/2019 | Remove Code 1 |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|----------------------------------|----------------|--|
| June 2019 | | |
| 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 CAPSULES | 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 |
| BOSULIF TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| busulfan 60 mg/10 ml vial | 06/01/2019 | Add PA |
| CALQUENCE 100 MG CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| CAMPTOSAR 300 MG/15 ML VIAL | 06/01/2019 | Add PA |
| CAPSRELSA TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| carboplatin vials | 06/01/2019 | Add PA |
| carmustine 100 mg vial | 06/01/2019 | Add PA |
| cisplatin 50 mg/50 ml vial | 06/01/2019 | Add PA |
| cladribine 10 mg/10 ml vial | 06/01/2019 | Add PA |
| COSOPT EYE DROPS | 06/01/2019 | Add QL |
| dacarbazine vials | 06/01/2019 | Add PA |
| DARZALEX 100 MG/5 ML VIAL | 06/01/2019 | Remove Code 1, Add PA |
| daunorubicin vials | 06/01/2019 | Add PA |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|--------------------------------|----------------|--|
| docetaxel vials | 06/01/2019 | Add PA |
| dorzolamide-timolol eye drops | 06/01/2019 | Add QL |
| doxorubicin vials | 06/01/2019 | Add PA |
| doxorubicin liposome 20mg/10ml | 06/01/2019 | Add PA |
| ELIGARD SYRINGE KITS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| EMCYT 140 MG CAPSULES | 06/01/2019 | Add PA, Add NDS |
| EMPLICITI VIALS | 06/01/2019 | Remove Code 1 |
| epirubicin vials | 06/01/2019 | Add PA |
| ERIVEDGE 150 MG CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| ERLEADA 60 MG TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| ETOPOPHOS 100 MG VIAL | 06/01/2019 | Add PA |
| etoposide 50 mg capsules | 06/01/2019 | Add PA, Add NDS |
| FARYDAK CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| floxuridine 500 mg vial | 06/01/2019 | Add PA |
| fludarabine vials | 06/01/2019 | Add PA |
| gemcitabine hcl vials | 06/01/2019 | Add PA |
| GLEEVEC 400 MG TABLETS | 06/01/2019 | Add PA, Add QL, Add NDS |
| HERCEPTIN VIALS | 06/01/2019 | Add PA |
| HEXALEN 50 MG CAPSULES | 06/01/2019 | Add PA, Add NDS |
| IBRANCE CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| ifosfamide-mesna kits | 06/01/2019 | Add PA |
| imatinib mesylate tabs | 06/01/2019 | Add PA, Add QL, Add NDS |
| INLYTA 1 MG TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| INTRON A VIALS | 06/01/2019 | Add PA |
| IRESSA 250 MG TABLETS | 06/01/2019 | Add PA, Add QL, Add NDS |
| irinotecan hcl vials | 06/01/2019 | Add PA |
| KADCYLA 100 MG VIAL | 06/01/2019 | Add PA |
| KEYTRUDA 100 MG/4 ML VIAL | 06/01/2019 | Remove Code 1 |
| KISQALI DAILY DOSE | 06/01/2019 | Quantity limit updated |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|--|----------------|--|
| lamotrigine ODT tablets | 06/01/2019 | Add ST |
| lamotrigine ER 100 mg,, 200 mg tablets | 06/01/2019 | Add ST |
| latanoprost 0.005% eye drops | 06/01/2019 | Add QL |
| LEUKERAN 2 MG TABLETS | 06/01/2019 | Add PA, Add NDS |
| leuprolide 2wk 14 mg/2.8 ml kt | 06/01/2019 | Remove Code 1, Add PA, Add NDS |
| lipodox vials | 06/01/2019 | Add PA |
| LUMIGAN 0.01% EYE DROPS | 06/01/2019 | Add QL, Add ST |
| LUPRON DEPOT KITS | 06/01/2019 | Remove Code 1, Add PA, Add QL |
| LYNPARZA TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| LYSODREN 500 MG TABLETS | 06/01/2019 | Add PA, Add NDS |
| MATULANE 50 MG CAPSULES | 06/01/2019 | Add PA, Add NDS |
| mitomycin vials | 06/01/2019 | Add PA |
| mitoxantrone 25 mg/12.5 ml vi | 06/01/2019 | Add PA |
| nilutamide 150 mg tablets | 06/01/2019 | Add PA, Add QL, Add NDS |
| NINLARO CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| NIPENT 10 MG VIAL | 06/01/2019 | Add PA |
| ODOMZO 200 MG CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| ONCASPAR 3,750 UNIT/5 ML VIAL | 06/01/2019 | Add PA |
| oxaliplatin vials | 06/01/2019 | Add PA |
| paclitaxel 30 mg/5 ml vial | 06/01/2019 | Add PA |
| PERJETA 420 MG/14 ML VIAL | 06/01/2019 | Remove Code 1 |
| PORTRAZZA 800 MG/50 ML VIAL | 06/01/2019 | Remove Code 1 |
| PROLEUKIN 22 MILLION UNIT VIAL | 06/01/2019 | Add PA |
| SOLTAMOX 10 MG/5 ML SOLN | 06/01/2019 | Add PA, Add QL, Add NDS |
| SPRYCEL TABLETS | 06/01/2019 | Add PA, Add QL, Add NDS |
| SUTENT CAPSULES | 06/01/2019 | Add PA, Add QL, Add NDS |
| TABLOID TABLETS | 06/01/2019 | Add PA, Add NDS |
| TAGRISSE 80 MG TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| TARCEVA TABLETS | 06/01/2019 | Add PA, Add QL, Add NDS |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|-------------------------------|----------------|--|
| TECENTRIQ 1,200 MG/20 ML VIAL | 06/01/2019 | Remove Code 1 |
| temozolomide capsules | 06/01/2019 | Add PA, Add NDS |
| teniposide 50 mg/5 ml ampule | 06/01/2019 | Add PA |
| TEPADINA 100 MG VIAL | 06/01/2019 | Add PA |
| topotecan hcl 4 mg vial | 06/01/2019 | Add PA |
| tretinoin 10 mg capsules | 06/01/2019 | Add PA, Add NDS |
| TRISENOX 10 MG/10 ML AMPULE | 06/01/2019 | Add PA |
| TYKERB 250 MG TABLETS | 06/01/2019 | Add PA, Add QL, Add NDS |
| valganciclovir 460 mg tablets | 06/01/2019 | Update QL |
| VELCADE 3.5 MG VIAL | 06/01/2019 | Add PA |
| VENCLEXTA TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| VERZENIO TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| vinblastine 1 mg/ml vial | 06/01/2019 | Add PA |
| vincasar pfs 1 mg/ml vials | 06/01/2019 | Add PA |
| vincristine vials | 06/01/2019 | Add PA |
| vinorelbine vials | 06/01/2019 | Add PA |
| VOTRIENT 200 MG TABLETS | 06/01/2019 | Add PA, Add QL, Add NDS |
| XALKORI 200 MG CAPSULES | 06/01/2019 | Remove Code 1, Add PA, QL, Add NDS |
| XTANDI 40 MG CAPSULES | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| ZALTRAP VIALS | 06/01/2019 | Remove Code 1 |
| ZANOSAR 1 GM POWDER VIAL | 06/01/2019 | Add PA |
| ZELBORAF 240 MG TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| ZOLADEX IMPLANT SYRNS | 06/01/2019 | Add PA, Add NDS |
| ZOLINZA 100 MG CAPSULES | 06/01/2019 | Add PA, Add QL, Add NDS |
| ZYDELIG 100 MG TABLETS | 06/01/2019 | Remove Code 1, Add PA, Add QL, Add NDS |
| aripiprazole tablets | 06/15/2019 | REMOVE QL |
| fentanyl patche | 06/15/2019 | REMOVE CODE 1 |
| July 2019 | | |
| MAVYRET 100-40 MG TABLETS | 07/31/2019 | Add QL, NDS |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|---|----------------|--------------------|
| probenecid-colchine tablets | 07/31/2019 | Update QL |
| sofosbuvir-velpatasvir 0-100 mg tablets | 07/31/2019 | Add QL, NDS |
| VOSEVI 400-100-100 MG TABLETS | 07/31/2019 | Add QL, NDS |
| XARELTO TABLETS | 07/31/2019 | Add QL |
| ZEPATIER 50-100 MG TABLETS | 07/31/2019 | Add QL, NDS |
| August 2019 | | |
| ARANESP 500 MCG/1 ML SYRINGE | 08/01/2019 | Update QL |
| hydrocort-pramoxine 1%-1% crm | 08/01/2019 | Add ST, Add QL |
| pramcort 1% cream | 08/01/2019 | Add ST, Add QL |
| hydrocort-pramoxine 2.5-1% crm | 08/01/2019 | Add ST, Add QL |
| acetaminop-codeine 120-12 mg/5 | 08/01/2019 | UPDATE QL |
| DURAMORPH 10 MG/10 ML AMPUL | 08/01/2019 | Add NDS |
| DURAMORPH 5 MG/10 ML AMPUL | 08/01/2019 | Add NDS |
| FLUORABON 0.25 MG/0.6 ML DROPS | 08/01/2019 | Add AGE limit |
| fluoritab 0.5 mg tablets chew | 08/01/2019 | Add AGE limit |
| FLUORITAB 1 MG TABLETS CHEW | 08/01/2019 | Add AGE limit |
| flura-drops 0.25 mg/drop | 08/01/2019 | Add AGE limit |
| HYCET 7.5 MG-325 MG/15 ML SOLN | 08/01/2019 | Update QL |
| hydrocodone-acetamn 7.5-325/15 | 08/01/2019 | Update QL |
| hydromorphone 1 mg/ml solution | 08/01/2019 | Add NDS |
| ludent fluoride 0.25 mg tb chw | 08/01/2019 | Add AGE limit |
| ludent fluoride 0.5 mg tb chew | 08/01/2019 | Add AGE limit |
| ludent fluoride 1 mg tab chew | 08/01/2019 | Add AGE limit |
| methadone 10 mg/ml oral conc | 08/01/2019 | Update QL, Add NDS |
| methadone intensol 10 mg/ml | 08/01/2019 | Update QL, Add NDS |
| multivit-fluor 0.5 mg tab chew | 08/01/2019 | Add AGE limit |
| oxycodone-aspirin 4.8355-325 | 08/01/2019 | Add QL |
| POLY-VI-FLOR 0.25 MG DROPS | 08/01/2019 | Add AGE limit |
| POLY-VI-FLOR 0.25 MG TAB CHEW | 08/01/2019 | Add AGE limit |
| POLY-VI-FLOR 0.5 MG TAB CHEW | 08/01/2019 | Add AGE limit |
| POLY-VI-FLOR 1 MG TAB CHEW | 08/01/2019 | Add AGE limit |
| POLY-VI-FLOR WITH IRON 0.25 MG | 08/01/2019 | Add AGE limit |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|---------------------------------|----------------|--------------------|
| POLY-VI-FLOR WITH IRON 0.5 MG | 08/01/2019 | Add AGE limit |
| sodium fluoride 0.25 (0.55) mg | 08/01/2019 | Add AGE limit |
| sodium fluoride 0.5 mg(1.1 mg) | 08/01/2019 | Add AGE limit |
| sodium fluoride 0.5 mg/ml drop | 08/01/2019 | Add AGE limit |
| sodium fluoride 1 mg (2.2 mg) | 08/01/2019 | Add AGE limit |
| triple-vit w-fluor 0.25 mg/ml | 08/01/2019 | Add AGE limit |
| TRI-VI-FLOR 0.25 MG DROPS | 08/01/2019 | Add AGE limit |
| TRI-VI-FLOR 0.5 MG DROPS | 08/01/2019 | Add AGE limit |
| tri-vit-fluor 0.25 mg/ml drop | 08/01/2019 | Add AGE limit |
| tri-vit-fluor 0.5 mg/ml drop | 08/01/2019 | Add AGE limit |
| vit a,c,d-fluoride 0.25 mg/ml | 08/01/2019 | Add AGE limit |
| pregabalin capsules | 08/15/2019 | PA removed |
| September 2019 | | |
| colchicine 0.6 capsules | 09/01/2019 | Add QL |
| ELIQUIS TABLETS | 09/01/2019 | Add QL |
| OTEZLA TABLETS | 09/05/2019 | Add QL |
| October 2019 | | |
| diclofenac sodium 1% gel | 10/14/2019 | Add QL |
| GARDASIL 9 SYRINGE | 10/14/2019 | Update AL |
| GARDASIL 9 VIAL | 10/14/2019 | Update AL |
| gavilyte-c solution | 10/14/2019 | Update QL |
| gavilyte-g solution | 10/14/2019 | Update QL |
| gavilyte-n solution | 10/14/2019 | Update QL |
| GOLYTELY PACKET | 10/14/2019 | Update QL |
| granisetron hcl 1 mg tablets | 10/14/2019 | Add QL |
| insulin lispro 100 unit/ml pen | 10/14/2019 | Add QL |
| insulin lispro 100 unit/ml vial | 10/14/2019 | Add QL |
| peg 3350 electrolyte soln | 10/14/2019 | Update QL |
| trilyte with flavor packets | 10/14/2019 | Update QL |
| XARELTO 15 MG TABLETS | 10/25/2019 | Update QL |
| November 2019 | | |
| ZOSTAVAX VIAL | 11/25/2019 | Add AL |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction

| Drug(s) – brand (generic) | Effective Date | Additional Details |
|---|----------------|-------------------------|
| December 2019 | | |
| clopidogrel tablets | 12/20/2019 | Add QL |
| ENVARUSUS XR TABLETS | 12/20/2019 | Restrict to Alphascript |
| ezetimibe tablets | 12/20/2019 | Remove ST, Add QL |
| fluphenazine tablets | 12/20/2019 | Add QL |
| JANUVIA TABLETS | 12/20/2019 | Remove ST |
| mesalamine dr 400 mg capsules (generic for DELZICOL) | 12/20/2019 | Add PA, QL |
| mesalamine 4 gm/60 ml enema | 12/20/2019 | Add QL |
| mesalamine 4 gm/60 ml kit | 12/20/2019 | Add QL |
| mesalamine 1,000 mg supp | 12/20/2019 | Add QL |
| ONGLYZA TABLETS | 12/20/2019 | Remove ST |
| prasugrel tablets | 12/20/2019 | Remove CODE 1, add QL |

Legend

PA = prior authorization

QL = quantity limit

Tx = treatment

NDS = Non-Extended Days Supply

ST = step therapy

Code 1 = Code 1 restriction

AGE = Age restriction