

Community Health Group Medi-Cal Formulary

Recent Formulary Changes 2019

Symbol	Guideline	Description
PA	Prior Authorization	Requires specific physician request process
ST	Step Therapy	Coverage may depend on previous use of another drug
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
GL	Gender Limit	Coverage may depend on patient gender
AL	Age Limit	Coverage may depend on patient age
PR	Physician Restriction	Coverage may depend on physician specialty

Drug Name	Formulary Change	Effective Date
Bydureon Bcise	Added to formulary with ST	1/1/2019
Xolair, Dupixent	Added to formulary with PA	1/1/2019
Admelog Solostar	Added to formulary with QL	1/1/2019
Ondansetron	Removed fill limit	1/7/2019
Rizatriptan	Added to formulary, updated QL	1/7/2019
Naratriptan 2.5mg tablets	Added to formulary	1/7/2019
Baloxavir (Xofluza)	Added to formulary with QL	1/7/2019