

DHCS FEE-FOR-SERVICE CARVE OUT DRUGS LIST

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

P&T DATE | 9/11/2018

LAST DHCS UPDATE: | 7/1/2018

The following list of medications are carved-out from Medi-Cal Managed Care Plans and should be billed directly to Medi-Cal Fee-for-Service.

ANTI-RETROVIRALS (HIV)

Abacavir/Lamivudine (**Epzicom**)
Abacavir Sulfate (**Ziagen**)
Abacavir /Dolutegravir/Lamivudine (**Triumeq**)
Atazanavir Sulfate (**Reyataz**)
Atazanavir/Cobicistat (**Evotaz**)
Bictegravir/Emtricitabine/Tenofovir Alafenamide (**Biktarvy**)[^]
Cobicistat (**Tybost**)
Darunavir Ethanolate (**Prezista**)
Darunavir/Cobicistat (**Prezcobix**)
Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (**Symtuza**)
Delavirdine Mesylate (**Rescriptor**)
Dolutegravir (**Tivicay**)
Dolutegravir/Rilpivirine (**Juluca**)
Efavirenz (**Sustiva**)
Efavirenz/Emtricitabine/Tenofovir (**Atripla**)
Efavirenz/Lamivudine/
Tenofovir Disoproxil Fumarate (**Symfi/Symfi LO**)^{^*}
Elvitegravir (**Vitekta**)
Elvitegravir/Cobicistat/Emtricitabine
/Tenofovir Alafenamide (**Genvoya**)
Emtricitabine/Rilpivirine
/Tenofovir Alafenamide (**Odefsey**)^{*}
Elvitegravir/Cobicistat/Emtricitabine
/Tenofovir Disoproxil Fumarate (**Stribild**)
Emtricitabine/Rilpivirine/ Tenofovir (**Complera**)
Emtricitabine/Tenofovir Alafenamide (**Descovy**)
Emtricitabine (**Emtriva**)
Enfuvirtide (**Fuzeon**)^{*}
Etravirine (**Intelence**)
Fosamprenavir Calcium (**Lexiva**)
Ibalizumab-uiyk (**Trogarzo**)^{^*}
Indinavir Sulfate (**Crixivan**)
Lamivudine (**Epivir**)
Lamivudine/Tenofovir Disoproxil Fumarate (**Cimduo**)[^]
Lopinavir/Ritonavir (**Kaletra**)
Maraviroc (**Selzentry**)
Nelfinavir Mesylate (**Viracept**)
Nevirapine (**Viramune**)
Raltegravir Potassium (**Isentress**)
Rilpivirine Hydrochloride (**Edurant**)

ANTI-RETROVIRALS (continued)

Ritonavir (**Norvir**)
Saquinavir (**Fortovase**)
Saquinavir Mesylate (**Invirase**)
Stavudine (**Zerit**)
Tenofovir Alafenamide (**Vemlidy**)^{*}
Tenofovir Disoproxil/Emtricitabine (**Truvada**)
Tenofovir Disoproxil Fumarate (**Viread**)
Tipranavir (**Aptivus**)
Zidovudine/Lamivudine (**Combivir**)
Zidovudine/Lamivudine/ Abacavir (**Trizivir**)

The following are NOT carved out to FFS (Bill HPSJ):

Zidovudine (**Retrovir**):
100mg, 300mg, 50mg/5mL syrup
Didanosine (**Videx EC**):
125mg, 200mg, 250mg, 400mg, 10mg/mL susp

DRUG DEPENDENCY TREATMENT

Acamprosate (**Campral**)^{*}
Buprenorphine (**Subutex, Butrans, Belbuca***,
Probuphine)^{*}
Buprenorphine/Naloxone (**Suboxone**)
Buprenorphine ER (**Sublocade**)^{*}
Lofexidine HCl (**Lucemyra**)[^]
Naloxone HCl Injection (**Narcan**)
Naloxone Nasal Spray (**Narcan Nasal**)
Naltrexone PO/IV (**Revia, Vivitrol**)^{*}

MOOD DISORDER

Isocarboxazid (**Marplan**)^{*}
Lithium (**Eskalith, Eskalith CR**)
Olanzapine/Fluoxetine (**Symbyax**)^{*}
Phenelzine (**Nardil**)^{*}
Selegiline transdermal (**Emsam**)^{*}
Thiothixene (**Navane**)
Tranylcypromine (**Parnate**)^{*}

EXCLUDED from Medi-Cal Benefit

Naloxone 0.4mg/0.4mL Injector (**Evzio**)^{*}

MISCELLANEOUS DRUGS

Amantadine (**Symmetrel, Osmolex ER**)[^]
Amantadine ER (**Gocovri**)
Benztropine (**Cogentin**)
Trihexyphenidyl (**Artane**)

ANTI-PSYCHOTICS*

Aripiprazole (**Abilify, Abilify MyCite**)[^]
Asenapine (**Saphris**)
Brexipiprazole (**Rexulti**)^{*}
Cariprazine (**Vraylar**)^{*}
Chlorpromazine (**Thorazine**)
Clozapine (**Clozaril, Fazaclor**)
Fluphenazine PO/IV (**Prolixin**)^{*}
Haloperidol (**Haldol**)
Iloperidone (**Fanapt**)
Loxapine (**Loxitane**)
Lurasidone (**Latuda**)
Molindone (**Moban**)
Olanzapine (**Zyprexa, Zyprexa Relprevv**)^{*}
Paliperidone (**Invega, Invega Sustenna, Invega Trinza**)^{*}
Perphenazine (**Trilafon**)
Pimavanserin (**Nuplazid**)^{*}
Pimozide (**Orap**)^{*}
Quetiapine (**Seroquel, Seroquel XR**)
Risperidone (**Risperdal, Risperdal Consta**)^{*}
Thioridazine (**Mellaril**)
Trifluoperazine (**Stelazine**)
Ziprasidone HCl (**Geodon**)
Ziprasidone Mesylate (**Geodon IM**)^{*}

BLOOD FACTORS: COAGULATION FACTORS

All Factor products for Hemophilia-associated coagulopathies
Factor VIII (human); Brand Names:

Alphanate*, **Hemofil M***, **Koate-DVI***

Factor VIII (recombinant); Brand Names:

Advate*, **Helixate***, **Kogenate***, **Xyntha***

*NOTE: Not all factor products listed, but **all** are carved out.*

*Some medications may require approval through a Treatment Authorization Request (TAR). Antipsychotics for use in members under 18 require TAR.

[^]Pending Carve-Out

Forms are available at <https://files.medi-cal.ca.gov/pubsdoco/forms.asp> TAR requests should be faxed to 1-800-829-4325 or 1-800-641-1021. Tar Status Request Line: 1-800-572-9315.

PO = Oral, IV = Intravenous, IM = Intramuscular