

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update July 2017

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 07/19/2017. Effective date for all changes is **08/20/2017**.

SFHP formulary can be accessed at <http://www.sfhp.org/providers/formulary/> and prior authorization criteria at <http://www.sfhp.org/providers/formulary/prior-authorization-requests/>.

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## Drug Class Reviews

### Gastrointestinal: Irritable Bowel Syndrome

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Removed prior authorization from Linzess<sup>®</sup> to align with guidelines and due to preferred pricing.

**Prior Authorization Criteria Update:**

- Updated criteria to reflect formulary status of Linzess<sup>®</sup>
- Added new criteria for alosetron based on indication and guidelines

### Gastrointestinal: Ulcerative Colitis/Crohn's Disease

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Added Cortifoam<sup>®</sup> to formulary (T-2)
- Removed quantity limits from all formulary 5-ASAs oral and rectal preparations
- Removed branded Apriso<sup>®</sup>, Delzicol<sup>®</sup> and Uceris<sup>®</sup> from formulary and prior authorization due to limited utilization

**Prior Authorization Criteria Update:**

- Removed PA criteria for budesonide and Uceris<sup>®</sup>

### Gastrointestinal: Anti-spasmodics

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Removed atropine 0.05 mg/mL syringe from formulary due to zero utilization
- Removed chlordiazepoxide/clidinium from formulary with grandfathering

**Prior Authorization Criteria Updates:**

- Removed chlordiazepoxide/clidinium from prior authorization criteria

### Gastrointestinal: Anorexia/Weight Gain

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers

- No changes made to formulary

**Prior Authorization Criteria Updates:**

- Added new criteria for oxandrolone requiring appropriate diagnosis.

### Gastrointestinal: Bile Salts

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco

- Added ursodiol 500 mg tablet to formulary (T-1)
- Added Cholbam<sup>®</sup> and Ocaliva<sup>®</sup> to formulary with prior authorization (T-3).

**Prior Authorization Criteria Updates:**

- Added new criteria for Cholbam<sup>®</sup> and Ocaliva<sup>®</sup>

### Gastrointestinal: Ammonia Inhibitors

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco

- No changes made to formulary

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place

## Gastrointestinal: Pancreatic Enzymes

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco

- Added Creon® (lipase/protease/amylase) 36-114k DR capsule to formulary (T-2) due to preferred pricing
- Removed quantity limits from Creon® and Zenpep® due to preferred pricing

**Prior Authorization Criteria Updates:**

- Updated criteria for Digestive Enzymes to reflect formulary changes.

## Gastrointestinal: Antiemetics

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco,

- Removed Cesamet® and Tigan® from formulary and removed prior authorization due to zero utilization
- Added Transderm-Scop® to formulary with prior authorization (T-3) to align with current criteria

**Prior Authorization Criteria Updates:**

- Added diagnosis and coverage criteria for PONV to Antiemetic/Antivertigo Agents Criteria (for aprepitant and netupitant/palonosetron)

## Gastrointestinal: Miscellaneous GI Medications

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco (excluding where OTC exclusion applies)

- Added the following to formulary due to utilization and cost-effectiveness
  - lansoprazole capsule Rx (T-1)
  - Nexium® capsule OTC (T-2)
- Removed the following due to availability of lower cost formulary alternatives and grandfathered current users:
  - Ranitidine capsule (Rx), 150mg and 300mg
  - Protonix® granule packet
- Added Age Limit requirement to the following due to availability of lower cost formulary alternatives:
  - Famotidine oral suspension
  - Ranitidine oral suspension
- Added Quantity Limit requirement to the following due to excessive quantity fills
  - Loperamide (Imodium) 2mg capsule (Rx), 30 capsules per 30 days
  - Loperamide (Imodium) 2mg capsule (OTC), 30 capsules per 30 days

**Prior Authorization Criteria Updates:**

- Updated criteria for Proton Pump Inhibitors to reflect formulary changes

## Gastrointestinal: Gattex

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Keep non-formulary due to lack of utilization

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place

## Gastrointestinal: Xermelo

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Keep non-formulary due to lack of utilization

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place

## Ophthalmologic: Glaucoma

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Added bimatoprost 0.3% to formulary (T-1)
- Added Alphagan P<sup>®</sup> 0.1% to formulary (T-2)
- Added Combigan<sup>®</sup> to formulary (T-2)
- Removed lopidine<sup>®</sup> from formulary due to no utilization and limited place in therapy
- Removed carteolol and metipranolol from formulary due to being obsolete

**Prior Authorization Criteria Updates:**

- Removed travoprost (with benzalkonium) 0.004% eye drops from criteria due to product being obsolete

## Ophthalmologic: Mydriatics

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Remove Paremyd<sup>®</sup> from formulary due to zero utilization
- Remove tropicamide 0.5% eyedrops from formulary due to zero utilization

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place

## Ophthalmologic: Cystaran

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Keep non-formulary due to lack of utilization

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place

## Dermatologic: Topical Immunomodulators

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- No changes made to formulary

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place

## Dermatologic: Miscellaneous Derm Medications

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Added calcipotriene 0.005% topical solution to formulary (T-1) due to cost-effectiveness comparable to alternative formulations, with Quantity Limit 60 milliliters per 30 days
- Removed Condylox<sup>®</sup> gel from formulary due to availability of lower cost formulary alternative with comparable safety/efficacy

**Prior Authorization Criteria Updates:**

- Updated criteria for Vitamin D Analogs to reflect formulary changes

## Dermatologic: Eucrisa

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco

- Keep non-formulary due to lack of utilization, unclear efficacy versus available alternatives, and cost

**Prior Authorization Criteria Updates:**

- No drug-specific criteria in place.

## Topical Otic: Antibiotic-Steroid Preparations

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco

- Remove Stepped Therapy edit for Ciprodex<sup>®</sup> due to utilization and evidence for efficacy versus alternatives

**Prior Authorization Criteria Updates:**

- Updated criteria for Otic Antibiotics to reflect formulary changes.

### Miscellaneous Formulary Changes

Medication	Formulary	Change	Rationale
Anoro Ellipta® (Umeclidinium bromide/vilanterol) 62.5-25 mcg inhaler	NF	→ F-ST	No comparable combination LABA/LAMA for COPD GOLD B, C, and D groups

Applies to Medi-Cal, Healthy Kids, Healthy Workers, Healthy San Francisco formularies; Medi-Cal/Medicare formulary excluded

F = Formulary, no restrictions; F-ST = Formulary, step therapy; F-QL = Formulary, quantity limit applies; F-PA = Formulary, PA required; NF = Non-formulary;

### Miscellaneous Prior Authorization Criteria Updates

- No new criteria or revisions - miscellaneous

### Interim Formulary Changes (4/24/17-7/7/17)

Therapeutic class	Medication	Formulary Status	Comment
Urinary Tract Antispasmodic/Anti-incontinence Agent	Gelnique® 100 mg/gram (10 %) transdermal gel pump	T3	New dosage form
Antineoplastic Systemic Enzyme Inhibitors	Zejula® 100 mg capsule	T3 HSF: NL C-Wrap: X	New Entity
Antineoplastic Systemic Enzyme Inhibitors	Rydapt® 25 mg capsule	T3 HSF: NL C-Wrap: X	New Entity
Antineoplastic Systemic Enzyme Inhibitors	Alunbrig® 30 mg tablet	T3 HSF: NL C-Wrap: X	New Entity
Narcotic Antagonists	Narcan® 2 mg/actuation nasal spray	Medi-Cal: CO HK:F HSF: NL HW: T2 C-Wrap: X	New Strength
Antineoplastic – Anti-androgenic Agents	Zytiga® 500 mg tablet	T3 HSF: NL C-Wrap: X	New Entity
Antineoplastic Combination - Kinase and Aromatase Inhibitors	Kisqali Femara Co-Pack® 200 mg/day(200 mg x 1)-2.5 mg, 400 mg/day(200 mg x 2)-2.5 mg & 600 mg/day (200 mg x 3)-2.5 mg tablet	T3 HSF: NL C-Wrap: X	New Combination
Anti-inflammatory, Selective Co-stimulation Modulators, T-cell Inhibitors	Orencia® 50 mg/0.4 mL & 87.5 mg/0.7 mL subcutaneous syringes*	T4	New Strength

Therapeutic class	Medication	Formulary Status	Comment
Antineoplastic Systemic Enzyme Inhibitors	Rubraca <sup>®</sup> 250 mg tablet	T3 HSF: NL C-Wrap: X	New Strength
Antivirals, HIV-specific, CCR5 Co-receptor Antagonists	Selzentry <sup>®</sup> 20 mg/mL oral solution	Medi-Cal: CO HK:T3 HSF: NL HW: T2 C-Wrap: X	New Strength and Dosage Form
Antivirals, HIV-1 integrase Strand Transfer Inhibitors	ISENTRESS HD <sup>®</sup> 600 mg tablet	Medi-Cal: CO HK:T3 HSF: NL HW: T2 C-Wrap: X	New Strength
Metallic Poison, Agents to Treat	Jadenu Sprinkle <sup>®</sup> 90, 180 & 360 mg oral granules in packet	Medi-Cal: T4 HK:T3 HSF: NL HW: T2 C-Wrap: X	New Dosage Form

Status	Definition
T1 Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)	Drug is a generic and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T2 Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)	Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T3 Formulary Drug, Step Therapy or Prior Authorization required	Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.
T4 Formulary Specialty Drug, Prior Authorization required	Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.
T5 Non-Formulary Drug	Drug is non-formulary, provided through a medical benefit or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs (e.g. FFS Medi-Cal) are not covered.

All changes apply to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

\*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded=X

All products are excluded for Medicare/Medi-Cal. T3 & 4 products are NF for HSF

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
- Local anesthetics ( NF if formulary agents are available)

### New Drugs to Market

Therapeutic class	Medication	Formulary	Comment
Adrenergics, Aromatic, Non-Catecholamine	Vyvanse <sup>®</sup> (lisdexamfetamine) 10, 20, 30, 40, 50, 60mg chew tab	NF	New dosage form; Vyvanse non-formulary
Analgesics, Narcotics	Arymo <sup>®</sup> (morphine sulfate) ER 15, 30, 60 mg ER tab, crush resist.	NF	New dosage form; formulary morphine sulfate ER tablets available
Antidiarrheal-Tryptophan Hydroxylase Inhibitor	Xermelo <sup>®</sup> (telotristat ethyl) 250 mg tablet	NF	New entity; formulary alternatives available
Antihistamines - 1st Generation	RyVent <sup>®</sup> (carbinoxamine maleate) 6 mg tablet	NF	New strength
Antihypertensives, ACE Inhibitors	Epaned <sup>®</sup> (enalapril) 1 mg/mL oral solution	NF	New strength; enalapril tab on formulary
Antivirals, HIV-Specific, CCR5 Co-Receptor Antagonist	Selzentry <sup>®</sup> (maraviroc) 25, 75 mg tablet	MCAL: CO HW: F HK: F-PA HSF: NF	New Strength, class is FFS Medi-Cal carve-out
Cephalosporins - 1st Generation	Daxbia <sup>®</sup> (cephalexin) 333 mg capsule	NF	New strength
Glucocorticoids	Emflaza <sup>®</sup> (deflazacort) 6, 18, 30, 36mg tab, 22.75mg/ml susp	NF	New entity
Glucocorticoids	ZonaCort <sup>®</sup> (dexamethasone) 1.5 mg 7, 11 day pack	NF	New dosage; generic dexamethasone on formulary
IBS-C/CIC Agents, Guanylate Cyclase-C Agonist	Linzess <sup>®</sup> 72 mcg capsule	F-PA	New strength; other strengths require PA
IBS-C/CIC Agents, Guanylate Cyclase-C Agonist	Trulance <sup>®</sup> (plecanatide) 3 mg tablet	NF	New entity; formulary alternatives available
Influenza Virus Vaccines	Flulaval Quad <sup>®</sup> 2016-2017 (PF) 60 mcg/0.5 mL IM syringe	NF	New entity, flu season ended
Nasal Antihistamine and Anti-Inflammatory Steroid Combination	Ticalast <sup>®</sup> (azelastine/fluticasone) 137-50 mcg nasal spray kit	NF	New combination; formulary alternatives available as separate ingredients
Prenatal Vitamin Preparations	PrimaCare <sup>®</sup> 30 mg-1 mg-300 mg capsule	NF	New strength; formulary alternatives available
Prenatal Vitamin Preparations	Prenatal Plus <sup>®</sup> DHA 27 mg iron-1 mg-312 mg-250 mg pack	NF	New combination; formulary alternatives available
Rosacea Agents, Topical	Rhofade <sup>®</sup> (oxymetazoline hydrochloride) 1 % topical cream	NF	New Strength, Route and Dosage Form
Topical Anti-Inflammatory Phosphodiesterase-4 (PDE4) Inhibitor	Eucrisa <sup>®</sup> (crisaborole) 2 % topical ointment	NF	New entity for atopic dermatitis; formulary alternatives available
Topical Anti-Inflammatory Steroidal	Ellzia Pak <sup>®</sup> (triamcinolone acetonide) 0.1 %-5 % topical kit, ointment and cream	NF	New Combination
Topical Local Anesthetics	Zeyocaine <sup>®</sup> (lidocaine) 5% kit (ointment and tape)	NF	New dosage form; formulary alternatives available



Therapeutic class	Medication	Formulary	Comment
Fluoride preps (excluding vitamin comb.)	Fluoridex <sup>®</sup> paste 1.1% (sodium fluoride)	F	New Generic

F = Formulary, no restrictions, F-QL = Formulary, quantity limit applies, F-AL = Formulary, age limit applies, F-ST = Formulary, Step Therapy, F-PA = Formulary, Prior Authorization, NF = Non-formulary, CO = carve-out