

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update July 2019

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on Wednesday, 7/17/2019. Effective date for all changes is **Tuesday, 8/20/2019**.

SFHP formulary and prior authorization criteria can be accessed at <http://www.sfhp.org/providers/formulary/>. Generic criteria are linked in the searchable formulary preamble for each line of business, and drug- and drug-class specific criteria are linked to the formulary listing for each relevant drug.

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## *Formulary Maintenance Items*

### **Dermatology: Acne & Rosacea**

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

- Added adapalene 0.1% topical cream to formulary tier 3 based on requests and comparative cost effectiveness
  - Step therapy required (Differin<sup>®</sup> OTC and tretinoin cream/gel), quantity limit of #45g per 30 days, and age maximum of 30 years
- Removed benzoyl peroxide 3, 6, and 9% cleanser and 2.5% cream from formulary due to lack of utilization and alternatives available
- Listed applicable topical retinoids and topical combination products non-formulary tier 5 to link relevant criteria

**Prior Authorization Criteria Update:**

- Updated Topical Antibiotics and Benzoyl Peroxide criteria to include additional non-formulary combinations and add criteria for clindamycin/tretinoin combination
- Updated Topical Retinoids criteria to include additional non-formulary topical retinoids

**Drug Utilization Review Update:**

- No DUR changes made

### **Gastroenterology: Ammonia Inhibitors**

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

### **Gastroenterology: Anorexia & Weight Gain**

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

### **Gastroenterology: Antiemetics**

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

- Added OTC dimenhydrinate to formulary (MCAL only), as a cost-effective prerequisite to Transderm Scop<sup>®</sup>
- Listed Bonjesta<sup>®</sup> as tier 5, non-formulary and link with relevant criteria
- Moved Sancuso<sup>®</sup> from tier 5, non-formulary to non-formulary not listed based on lack of utilization/requests

- Removed Anzemet<sup>®</sup> tier 5 non-formulary listing, as Anzemet<sup>®</sup> is obsolete

**Prior Authorization Criteria Update:**

- Updated Diclegis<sup>®</sup> criteria to include Bonjesta<sup>®</sup> and rename criteria
- Updated 5-HT3 Receptor Antagonist criteria based on formulary changes above, and to list Varubi<sup>®</sup> as non-formulary

**Drug Utilization Review Update:**

- No DUR changes made

## Endocrinology: Thyroid Disorders

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

## Infectious Disease: Hepatitis B

**Formulary Update:** Healthy Kids HMO, Healthy Workers HMO

- Added Vemlidy<sup>®</sup> (tenofovir alafenamide) to formulary tier 3 based on utilization and guideline recommendations; require prior authorization due to cost-effective alternatives available
- Removed Epivir<sup>®</sup> HBV (lamivudine) oral solution from formulary due to lack of utilization and preferred alternatives available

**Prior Authorization Criteria Update:**

- Updated Hepatitis B criteria to reflect formulary changes above

**Drug Utilization Review Update:**

- No DUR changes made

## Hematology: Iron and Chelators

**Formulary Update:** Medi-Cal

- Removed the following OTC supplements from formulary due to lack of utilization:
  - Slow Release Iron 142 mg ER tablet
  - ferrous fumarate/vitamin C/vitamin B12/folic acid 200 mg-250 mg-0.01 mg-1 mg capsule
  - ferrous fumarate/vitamin C/vitamin B12/folic acid 460 mg-60 mg-0.01 mg-1 mg capsule
  - Vitafol<sup>®</sup> (iron/calcium/vitamin E/folic acid/MVI) 65 mg-1 mg tablet

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

## Drug Class Reviews

### Endocrinology: Anti-Obesity

**Formulary Update:** Medi-Cal and Healthy San Francisco

- Removed prior authorization requirement for OTC Alli<sup>®</sup> (orlistat) due to low risk profile and cost-effectiveness

**Prior Authorization Criteria Update:**

- Updated Anti-obesity Medications criteria to include appropriate quantity limits for all applicable drugs, and to include criteria for non-formulary medications requiring trial/failure of two formulary alternatives

**Drug Utilization Review Update:**

- No DUR changes made

### Endocrinology: Hormone Replacement Therapy

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- Recommended a full DUR report analyzing HRT duration of use, agent choice, and agent dose in addition to member age and reported gender

### Endocrinology: Miscellaneous Change: DPP-4 Inhibitors

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

- Removed Januvia<sup>®</sup> and Janumet<sup>®</sup>/XR from formulary and grandfathered all current users

**Prior Authorization Criteria Update:**

- Updated DPP-4 Inhibitors criteria based on formulary changes above

**Drug Utilization Review Update:**

- No DUR changes made

### Gastroenterology: Constipation and Irritable Bowel Syndrome

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- Updated Constipation Agents criteria with new labeled indications, and to remove Amitiza<sup>®</sup> as prerequisite to receive Relistor<sup>®</sup> for OIC based on 2019 guidelines

**Drug Utilization Review Update:**

- No DUR changes made

### Nephrology: Chronic Kidney Disease: Mineral Bone Disorder

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

- Removed prior authorization requirement from sevelamer carbonate tablet due to cost-effectiveness and high PA volume and approval rate

- Added age limit to Phoslyra® (calcium acetate) oral solution to ensure appropriate pediatric use
- Removed doxercalciferol capsule from formulary due to lack of utilization and limited place in therapy

**Prior Authorization Criteria Update:**

- Updated Phosphate Binders criteria to reflect formulary changes above
- Updated Sensipar® (cinacalcet) criteria to remove requirement of calcitriol/vitamin D based on guidelines

**Drug Utilization Review Update:**

- Recommended provider communication to highlight cost and formulary status distinctions between sevelamer carbonate (Renvela®) versus hydrochloride (Renagel®)

### **Nephrology: Galafold®**

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

- No formulary changes made (maintained non-formulary)

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

### **Neurology: Diacomit®**

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

- No formulary changes made (maintained non-formulary)

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

### **Neurology: Firdapse®**

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

- No formulary changes made (maintained non-formulary)

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

### **Neurology: Mavenclad® and Mayzent®**

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

- Added Mavenclad® (cladribine) to formulary tier 4 with prior authorization required to ensure appropriate diagnosis
- Listed Mayzent® (siponimod) non-formulary tier 5 to link to relevant criteria

**Prior Authorization Criteria Update:**

- Updated Multiple Sclerosis criteria to include new therapies

**Drug Utilization Review Update:**

- No DUR changes made

**Otorhinolaryngology: Allergy, Cold & Cough**

**Formulary Update:** Medi-Cal and Healthy San Francisco [OTC products]

- Added the following drugs to formulary tier 1 due to utilization and comparative cost-effectiveness:
  - cetirizine 5,10mg chew tablet
  - fexofenadine 30mg orally disintegrating tablets
- Added guaifenesin 1200mg 12h ER tablet to formulary tier 1 with age limit  $\geq 2$  years old to align with other strengths [*already tier 1 for C-Wrap*]
- Removed Neo-Tuss<sup>®</sup> (guaifenesin-DM<sup>®</sup>) 200-30mg/5mL liquid from formulary due to lack of utilization and formulary alternatives available
- Removed pseudoephedrine-codeine-guaifenesin 30-10-100mg syrup from formulary due to lack of utilization and formulary alternatives available
- Added age limits to the following drugs based on labeled dosing and AAP/FDA safety recommendations, without grandfathering (due to as-needed use):
  - guaifenesin-dextromethorphan 100-10mg/5mL syrup and liquid and 200-10mg/5mL liquid ( $\geq 2$  years old)
  - guaifenesin 100mg/5mL liquid, 200mg IR tablet, and 600mg 12h ER tablet ( $\geq 2$  years old)
  - dextromethorphan polisterex (Delsym<sup>®</sup>) 30mg/5mL 12h ER suspension ( $\geq 4$  years old)
  - pseudoephedrine 30, 60mg IR tablet, 120mg ER tablet, 15mg/5mL and 30mg/5mL oral liquid ( $\geq 4$  years old)
  - chlorpheniramine-pseudoephedrine-dextromethorphan (Pedia Relief<sup>®</sup>) 1-15-5mg/5mL liquid ( $\geq 6$  years old)
  - triprolidine-pseudoephedrine 2.5-60mg tablet ( $\geq 6$  years old)
  - guaifenesin-pseudoephedrine (Mucinex<sup>®</sup> D) 600-60mg 12h ER tablet ( $\geq 6$  years old)
  - loratadine-pseudoephedrine (Claritin<sup>®</sup> D) 5-120mg ER 12h tablet and 10-240mg ER 24h tablet ( $\geq 12$  years old)
- Removed phenylephrine-pyridamine 10-25mg tablet tier 5 listing due to formulary alternatives available

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco [Rx products]

- Removed flunisolide nasal spray from formulary due to cost-effective alternatives available, grandfathering any chronic users

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- Recommended a member-level review of chronic use of non-formulary promethazine-codeine as per grandfathering logic and assess for any changes to logic

## Interim Prior Authorization Criteria Updates (4/15/19 – 7/7/19)

### New Criteria

No new criteria were implemented in the interim since April 2019 P&T.

### Revisions to Existing Criteria

In accordance with the National Committee for Quality Assurance (NCQA) health plan accreditation requirements, all criteria not yet evaluated by P&T within the last year were reviewed. Criteria were evaluated to check formulary status, review for clinical appropriateness and applicability as well as review for formatting and reference check. Criteria with recommended updates are included in the table above with effective date August 20<sup>th</sup>, 2019.

Title	Date Effective	Revision Summary
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	6/26/2019	Added indication and quantity limit for episodic cluster headache for Emgality <sup>®</sup> as per updated FDA labeling <ul style="list-style-type: none"> <li>Require prior trial/failure with verapamil as per American Academy of Neurology guidelines</li> </ul>
LONG-ACTING OPIOIDS	7/8/2019	Updated criteria based on formulary removal of oxymorphone ER (based on removal from market)
DISEASE MODIFYING BIOLOGICS	7/8/2019	Added Taltz <sup>®</sup> to formulary based on preferred status for psoriasis and psoriatic arthritis.
MEDICATIONS WITHOUT SPECIFIC CRITERIA	8/20/2019	Retitled “NON-FORMULARY MEDICATIONS” following formulary-prior authorization criteria integration project <ul style="list-style-type: none"> <li>No drugs remain on formulary tier 3 or 4 PA required that do not have drug-specific criteria</li> </ul>

### Interim Formulary Changes (4/15/19 – 7/7/19)

Therapeutic class	Medication	Formulary Status	Comment
Antiretroviral-Integrase Inhibitor and NRTI Comb	Dovato (dolutegravir/lamivudine) 50 mg-300 mg tablet	Medi-Cal: T5-NF HW: T2-F HK, HSF, C-Wrap: X	Carve out
Antineoplastic Systemic Enzyme Inhibitors	Balversa (erdafitinib) 3, 4, 5 mg tablet	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
Drugs to Treat Movement Disorders	Ingrezza (valbenazine) Initiation Pack 40 mg (7)-80 mg (21) capsules in a dose pack	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
Antineoplastic LHRH (GNRH) Antagonist, Pituit. Supprs	Firmagon (degarelix acetate) 80, 120 mg SC solution kit with diluent syringe	Medi-Cal, HK: T4-F/PA → T5-NF HW: T3-F/PA → NF-NL HSF, C-Wrap: X	Medical benefit (no utilization)
Antineoplastic, Anti-Programmed Death-1 (PD-1) MAB	Keytruda (pembrolizumab) 25 mg/mL IV solution	Medi-Cal: T3-F/PA → T5-NF HK, HW, HSF, C-Wrap: X	Medical benefit (no utilization)
Antineoplastics, Miscellaneous	Synribo (omacetaxine mepesuccinate) 3.5 mg SC solution	Medi-Cal, HK: T4-F/PA → T5-NF HW: T3-F/PA → NF-NL HSF, C-Wrap: X	Medical benefit (no utilization)
Cystic Fib-Transmemb Conduct. Reg. (CFTR) Potentiator	Kalydeco (ivacaftor) 25 mg oral granules in packet	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
Antineoplastic Systemic Enzyme Inhibitors	Zykadia (ceritinib) 150 mg tablet	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form
Antineoplastic Systemic Enzyme Inhibitors	Piqray (alpelisib) 200 mg/day, 250 mg/day, 300 mg/day tablet pack	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
Calcitonin Gene-Related Peptide (CGRP) Inhibitors	Emgality (galcanezumab-gnlm) 100 mg/mL SC syringe	Medi-Cal, HK, HW: T3-F/PA HSF, C-Wrap: X	New strength
Hemophilia Treatment Agents, Non-Factor Replacement	Hemlibra (emicizumab-kxwh) 30 mg/mL, 60 mg/0.4 mL, 105 mg/0.7 mL, 150 mg/mL vial	Medi-Cal: T5-NF HK, HW, HSF, C-Wrap: X	Carve out
Antipsoriatic Agents, Systemic	Taltz (ixekizumab) 80mg/mL autoinjector, syringe	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	Align with criteria
Opioid Analgesics	oxymorphone 5, 7.5, 10, 15, 20, 30, 40 mg ER tab	Medi-Cal, HK, HW: T3-F/PA → T5-NF HSF, C-Wrap: X	Generic removed from market (single utilizing member grandfathered)
Cystic Fibrosis-CFTR Potentiator-Corrector Combin.	Symdeko (tezacaftor-ivacaftor) 50 mg-75 mg (day)/75 mg (night) tablets	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
Insulins	Insulin lispro (Humalog) 100 unit/mL vial, pen	Medi-Cal, HK, HW, HSF: T1-F C-Wrap: X	New authorized generic

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.



	limits, age, gender and other code 1 restrictions)	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.
T/5	Non-Formulary Drug	Drug is non-formulary, provided through a Medi-Cal 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	Comment
Tetracycline Antibiotics	doxycycline hyclate 80 mg DR tablet	New strength
Antipsoriatic Agents, Systemic	Skyrizi (risankizumab-rzaa) 75 mg/0.83 mL SC syringe	New entity*
Antipsoriatic Agents, Systemic	Skyrizi (risankizumab-rzaa) 150 mg/1.66 mL(75 mg/0.83 mL x 2) SC syringe kit	New dosage form
Antipsoriatic Agents	Duobrii (halobetasol propionate-tazarotene) 0.01 %-0.045 % lotion	New combination
Tx for Attention Deficit-Hyperact (ADHD)/Narcolepsy	Jornay PM (methylphenidate) 20, 40, 60, 80, 100 mg ER sprinkle capsule	New dosage form
Protein Stabilizers	Vyndaqel (tafamidis meglumine) 20 mg capsule	New entity*
Topical Anti-Inflammatory NSAID-Local Anesthetic	Diclovix (diclofenac-lidocaine-methyl salicylate-camphor) 1.5 %-2.5 %-4 %-2 % kit- patch, drops, topical	New combination
Topical Anti-Inflammatory Steroidal	Beser Kit (fluticasone 0.05%/emollient no.65) lotion-cream kit	New combination
Topical Preparations, Antibacterials	Dermazene (hydrocortisone-iodoquinol) 1 %-1 % topical cream in packet	New dosage form
Monoclonal Antibody - Interleukin-5 Antagonists	Nucala (mepolizumab)100 mg/mL SC auto-injector, syringe	New dosage form
Antihyperglycemic, SGLT-2 and DPP-4 Inhibitor Comb	Qtern (dapagliflozin-saxagliptin) 5 mg-5 mg tablet	New strength
Tx for Attention Deficit-Hyperact(ADHD)/Narcolepsy	Adhansia (methylphenidate) XR 25, 35, 45, 55, 70, 85 mg ER capsule	New dosage form
Cholinesterase Inhibitors	pyridostigmine bromide 30 mg tablet	New strength
Antihyperlipidemic- HMG-CoA Reductase Inhib (Statins)	Ezallor Sprinkle (rosuvastatin) 5, 10, 20, 40 mg capsule	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.

\*Scheduled for review at upcoming P&T

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

FFS Carve Out=CO Excluded= X NF-NL = Non-Formulary, Not Listed

All products are excluded for Medicare/Medi-Cal except OTC. 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)