

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update April 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 04/19/2017. Effective date for all changes is **05/20/2017**.

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

Allergy/Cold/Cough

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

- Added age limit (≥ 2) to promethazine-containing products currently without age limits
- Added age limit (≥ 12) to codeine-containing products currently without age limits
- Removed promethazine and codeine products from formulary with grandfathering due to safety concerns
- Added the following utilized, cost-effective products to formulary with quantity limits for intranasal formulations:
 - Rhinocort Allergy (budesonide) 32 mcg/actuation OTC nasal spray
 - desloratadine 5 mg tablet
- Removed the following due to availability of lower cost formulary alternatives:
 - cetirizine chew tab
 - diphenhydramine oral elixir
 - clemastine tablet
- Removed non-utilized products from formulary

Prior Authorization Criteria Update:

- Updated criteria for Second Generation Antihistamines and Intranasal Steroids to reflect formulary changes
- No changes for Therapeutic Allergenic Extracts criteria

Infectious Disease: Hepatitis B

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

- Removed adefovir (Hespera®) from formulary due to limited place in therapy, high cost and low utilization
- Keep Vemlidy® non-formulary for Healthy Workers and Healthy Kids and a carve-out for Medi-Cal

Prior Authorization Criteria Update:

- Added prior authorization criteria for Vemlidy® and adefovir requiring entecavir and Viread®

Emergency: Epinephrine auto-injectors

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

- Removed brand EpiPen® and EpiPen Jr® from formulary. Implement point of sale (POS) message on branded products to use generic formulation. Generic substitution by the pharmacist is allowed.
- Added a quantity limit for formulary auto-injectors of six pens (three two-pen packs) per year.

Endocrine: Gaucher Disease

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

- Added Cerdelga® to formulary with prior authorization requirement for CYP2D6 genotype.

Prior Authorization Criteria Updates:

- Added PA criteria to reflect labeled indications for Zavesca® and Cerdelga®.

Endocrine: Somatostatin Analogs, Dopamine Receptor Agonists, GH Receptor Antagonists

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

- Removed quantity limits from cabergoline to align with bromocriptine.
- Added octreotide vials and syringes to formulary with prior authorization requirement to ensure appropriate diagnosis and dosing, given high cost. Keep octreotide ampules non-formulary due to lower cost-effectiveness compared to vials and syringes.

Prior Authorization Criteria Updates:

- Added new criteria for octreotide requiring confirmation of diagnosis and dose.

Endocrine: Thyroid disorders

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

- Added Nature-Throid pork thyroid tablets and Tirosint® to formulary without restrictions

Prior Authorization Criteria Updates:

- Removed criteria for Tirosint®
- Added new criteria for Thyrolar®

Endocrine: Osteoporosis/Bone Disease

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

- Added prior authorization requirement to Sensipar®
- Added ibandronate to formulary without restrictions due to cost-effectiveness
- Removed quantity limits from all formulary medications
- Removed age limit from raloxifene
- Removed etidronate, alendronate 40 mg tablet and Fosamax plus D® from formulary due to lack of utilization
- Added Prolia® and Xvega® to formulary with prior authorization

Prior Authorization Criteria Updates:

- Added new criteria to Sensipar® to confirm diagnosis and baseline calcium levels
- Added new criteria for Prolia® and Xvega® requiring diagnosis and use of oral agents prior to Prolia®
- Updated criteria for Forteo® to remove requirement for one year of bisphosphonate therapy, update requirement for initiation of therapy to include “high fracture risk” in addition to “history of fracture”
- Updated bisphosphonates criteria to reflect changes in formulary status, add criteria for zoledronic acid (Reclast®), separate criteria for non-formulary medications by individual drug

Endocrine: Anti-Obesity

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

- Added the following to formulary with prior authorization:
 - Phentermine 15, 30 mg capsule; 37.5 mg tablet and capsule
 - Alli® (orlistat) 60 mg capsule
 - Belviq® (lorcaserin)
 - Contrave® (naltrexone/bupropion)

Prior Authorization Criteria Updates:

- Removed requirement for Alli® and phentermine as preferred medications.
- Allow pharmacotherapy to be used as an adjunct to lifestyle modifications.
- Included Contrave® and Saxenda® in criteria. Require use of separate ingredient products for Contrave®.
- Added requirement for baseline weight and BMI.
- Updated continuation of therapy section to define response to therapy.

Endocrine: Oral Glucocorticoids

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

- Removed prednisolone 5 mg tablet from formulary due to high cost and availability of formulary alternatives
- Removed cortisone 25 mg tablet due to high cost and lack of utilization
- Added Dexamethasone Intensol 1 mg/ml oral solution to formulary without restrictions

Prior Authorization Criteria Updates:

- No drug specific criteria. Apply the following blanket criteria where appropriate:
 - Criteria for non-specialty non-formulary or PA required medications without drug specific criteria
 - Criteria for non-tablet/capsule formulations

Endocrine: Emflaza

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

- Added Emflaza® to formulary with prior authorization.

Prior Authorization Criteria Updates:

- Added new criteria for Emflaza

Endocrine: Desmopressin

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

- Added desmopressin 10 mcg/spray nasal spray to formulary without restrictions
- Removed desmopressin 0.1 mg/ml nasal solution (rhinal tube) and 4 mcg/ml ampule from formulary due to lack of utilization

Prior Authorization Criteria Updates:

- Added new criteria for desmopressin nasal solution and Stimate® nasal spray based on indication and dosing.

Endocrine: Lupron

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

- Added Lupron Depot-Ped® to formulary with prior authorization

Prior Authorization Criteria Updates:

- Added new criteria requiring confirmation of diagnosis, age cut-offs and monitoring

Endocrine: HP Acthar

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

- No change

Prior Authorization Criteria Updates:

- Added criteria for acute exacerbation of multiple sclerosis and blanket criteria for other labeled indications.
- Removed requirement for use of oral corticosteroids prior to HP Acthar from infantile spasms criteria.

Endocrine: Increlex

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

- Keep non-formulary due to lack of utilization and coverage by CCS for Medi-Cal members.

Prior Authorization Criteria Updates:

- No drug specific criteria in place

Endocrine: Kuvan

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

- Keep non-formulary due to lack of utilization and coverage by CCS for Medi-Cal members.

Prior Authorization Criteria Updates:

- No drug specific criteria in place

Endocrine: Myalept

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

- Keep non-formulary due to lack of utilization and secondary place in therapy.

Prior Authorization Criteria Updates:

- No drug specific criteria in place

Endocrine: Natpara

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

- Keep non-formulary due to lack of utilization and secondary place in therapy.

Prior Authorization Criteria Updates:

- No drug specific criteria in place.

Endocrine: Engrifta

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

- Keep non-formulary due to low utilization and lack of guideline defined place in therapy. .

Prior Authorization Criteria Updates:

- Added new criteria requiring diagnosis, known contraindications, baseline CT or waist circumference and improvement in either parameter for continuation of therapy.

Cardiology: Heart Failure/Angina

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

- Added Ranexa[®] to formulary with Step therapy requirement of at least one antianginal agent.
- Keep BiDil[®] non-formulary due to lack of utilization and availability of separate ingredient products
- Keep Corlanor[®] non-formulary due lack of utilization and place in therapy as a second line therapy
- Changed Entresto[®] to formulary, step therapy with ACE-Is or ARBs in the last 90 days

Prior Authorization Criteria Updates:

- Updated Ranexa[®] criteria to reflect change in formulary status
- Updated Entresto[®] criteria to reflect change in formulary status

Cardiology: Ergoloid

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

- Keep non-formulary given lack of definitive place in therapy and low utilization.

Prior Authorization Criteria Updates:

- Added PA criteria requiring use of first-line therapies.

Cardiology: Isoxsuprine

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

- Added to formulary with step therapy requirement for first line therapies (i.e. cilostazol and pentoxifylline)

Prior Authorization Criteria Updates:

- Added step therapy criteria.

Cardiology: Samsca

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

- Keep non-formulary given lack of recommendation as first-line therapy for hyponatremia, safety concerns, administration challenges and lack of utilization.

Prior Authorization Criteria Updates:

- Added PA criteria requiring use of first-line therapies.

Miscellaneous Formulary Changes

Medication	Formulary	Change	Rationale
Pentoxifylline 400 mg ER tab	F-QL 30/30	→ F	Low concern for abuse or dose related side effects
Dutasteride 0.5 mg cap	F-PA	→ F	Similar cost-effectiveness to formulary alternatives
Endometrin 100 mg vaginal inserts	F	→ F-PA	PA needed to confirm use for a covered indication
Opana ER 5, 7.5, 10, 15, 20, 30, 40 mg crush resistant tablet	F-PA	→ NF	FDA advisory panel concluded that risks outweigh benefits due to abuse via injection. There was no utilization of Opana ER in the 12 month period ending 3/14/17.

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

Products listed as F-PA are NF for Healthy San Francisco.

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

Miscellaneous Prior Authorization Criteria Updates

New Criteria

Drug	Revision Summary
Non-formulary Blood Glucose Monitors	New criteria. Require documented inability to use formulary blood glucose monitor
Endometrin® (progesterone) vaginal insert	New criteria created for indication of Luteal Phase Support in prevention of preterm birth; Assisted Reproductive Technology (ART) is an excluded diagnosis
Metronidazole 1% topical gel (Metrogel)	New criteria to outline step therapy requirement for metronidazole 0.75% gel
Durezol (difluprednate) 0.05% eye drops	New criteria to outline step therapy requirement for fluorometholone 0.1% suspension

Revisions to existing criteria - miscellaneous

Drug	Revision Summary
Genitourinary Antispasmodics/Anticholinergics	Added requirement for transdermal products for inability to use oral tablets AND trial and failure or inability to use OTC Oxytrol® For Women Patch
Hepatitis C	<ul style="list-style-type: none"> Removed Harvoni® for 8 weeks from the list of preferred regimens for genotype 1 Allowed Epclusa® over Zepatier® for situations where laboratory testing for genotype or resistance cannot be done
Topical Vitamin D Analogs	<ul style="list-style-type: none"> Added calcitriol ointment (Vectical) Removed diagnosis requirement Updated continuation of therapy section
Makena® (hydroxyprogesterone caproate 250 mg/mL IM oil)	Changed the range of gestational age for treatment initiation from 16-20 weeks, 6 days to 16-26 weeks, 6 days
Long-Acting Opioids	<ul style="list-style-type: none"> Updated to reflect NF status of Opana ER Require use of all other long-acting opioids prior to Opana ER
Modafinil and Armodafinil	Removed requirement for modafinil prior to Armodafinil (Nuvigil®)
Dutasteride (Avodart®)	Criteria deleted as dutasteride was added to formulary

Interim Formulary Changes (1/1/17-4/12/17)

Drug	Formulary	Change	Comment
Suprep® (sodium, potassium, magnesium sulfates bowel preparation kit) MoviPrep® (polyethylene glycol) Prepopik® (sodium picosulfate, magnesium oxide, and citric acid)	NF	F	Small volume bowel preps have been shown to improve product tolerability and compliance
Melatonin 1, 3, 5 mg tab; 3, 5 mg ODT; 5 mg/15 ml oral liquid	NF	F	Added in response to provider formulary modification request
Auvi-Q® (epinephrine) 0.15, 0.3 mg auto-injector	NF	Keep NF	Product return to market; formulary alternatives available
Ontak 150 mcg/mL intravenous solution	X (MB)*	NF*	Pharmacy benefit per regulation
Photofrin 75 mg intravenous solution	X (MB)*	NF*	Pharmacy benefit per regulation
Procainamide 100 mg/mL injection soln	X (MB)*	NF*	Pharmacy benefit per regulation
Pyridoxine (vitamin B6) 100 mg/mL inj soln	X (MB)*	NF*	Pharmacy benefit per regulation
Vectibix 100mg/5mL, 400mg/20ml IV soln	X (MB)*	NF*	Pharmacy benefit per regulation
Nuplazid 17 mg tablet (pimavanserin tartrate)	NF	CO	FFS Medi-Cal carve-out
Fluoridex paste 1.1% (sodium fluoride)	NF	F	Similar cost effectiveness to formulary

New Drugs to Market

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