San Francisco Health Plan (SFHP)
Quarterly Formulary and Prior Authorization Criteria Update
January 2018

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 01/24/2018. Effective date for all changes is 02/20/2018.


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Drug Class Reviews

**Endocrinology: Gonadotropin Releasing Hormone Agonist Analogs**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers
- Removed Vantas® implant kit from formulary due to lack of utilization, status as medical benefit and formulary alternatives available

**Prior Authorization Criteria Update:**
- Added new criteria for GnRH agonists in obstetric indications (endometriosis/uterine fibroids)
- Updated Lupron-Depot Ped® criteria to include other GnRH agonists for central precocious puberty and suppression of puberty in transgender individuals

**Drug Utilization Review Update:**
- No DUR changes made

**Obstetrics/Gynecology: OB/GYN Miscellaneous**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added tranexamic acid 650mg tablets to formulary tier 1 based on utilization and lack of alternatives on formulary, with quantity limit #30/30 days based on recommended dosing
- Removed Relagard® and AVC® cream from formulary due to lack of utilization and preferred alternatives available on formulary

**Prior Authorization Criteria Update:**
- No PA criteria changes made

**Drug Utilization Review Update:**
- No DUR changes made

**Cardiology: Dyslipidemia**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Removed PA requirement from colestipol 1g tablet and maintained on formulary (added to HSF) tier 1
- Removed step requirement from ezetimibe 10mg tablet and maintained on formulary tier 1
- Removed Juxtapid® from formulary due to lack of utilization and preferred alternatives on formulary

**Prior Authorization Criteria Update:**
- Retired ezetimibe (Zetia®) criteria
- Updated Bile Acid Sequestrant criteria to reflect formulary change
- Updated PCSK9 Inhibitor criteria to reflect recent updates to guidelines and indications

**Drug Utilization Review Update:**
- No DUR changes made

**Immunology: Hereditary Angioedema**

**Formulary Update:** Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added danazol to formulary tier 1 without restriction based on cost-effectiveness and limited formulary alternatives
- Added Haegardas® and Kalbitor® to formulary tier 4 (specialty, PA required) due to limited formulary alternatives
- Removed Firazyr® from formulary due to preferred alternatives, with grandfathering

**Prior Authorization Criteria Update:**
- Added new criteria for Hereditary Angioedema requiring diagnosis, weight, dose, quantity, and prior drug therapy and restricting to allergy specialist

**Drug Utilization Review Update:**
- No DUR changes made
Immunology: Hereditary Tyrosinemia
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers
- Added Nityr® to formulary tier 3 with prior authorization based on cost effectiveness and limited formulary alternatives
- Removed Orfadin® from formulary due to preferred alternative (no grandfathering required)

Prior Authorization Criteria Update:
- Added new criteria for Hereditary Tyrosinemia requiring diagnosis and preferring Nityr® over Orfadin®

Drug Utilization Review Update:
- No DUR changes made

Immunology: Benlysta®
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, 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

Infectious Disease: Baxdela®
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- No formulary changes made

Prior Authorization Criteria Update:
- Updated Oral Fluoroquinolones criteria to list Baxdela® as non-formulary and remove obsolete products

Drug Utilization Review Update:
- No DUR changes made

Pulmonology: Asthma/Chronic Obstructive Pulmonary Disorder Drugs & Devices
Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added the following to formulary with quantity limits due to cost-effectiveness:
  - All strengths of fluticasone/salmeterol (AirDuo RespiClick®) tier 1 with QL #1/30 days
  - Stiolto® tier 2 with QL #4/30 days
  - Striverdi Respimat® tier 2 with QL #4/30 days
  - Arcapta Neohaler® tier 2 with QL #30/30 days
- Added Brovana® 15mcg/2mL solution for nebulization to formulary tier 3 with prior authorization required due to limited formulary alternatives
- Added theophylline ER 200mg tablet and albuterol 0.63mg/3mL solution for nebulization to formulary tier 1 to align with other strengths
- Removed quantity limits from nebulized albuterol based on PA requests

Prior Authorization Criteria Update:
- Updated Long-Acting Beta Agonists (LABA) criteria and Inhaled Beta-Adrenergic and Glucocorticoid (ICS/LABA) Combinations criteria to reflect formulary changes

Drug Utilization Review Update:
- Recommended to review members with multiple prescriptions for a short-acting beta agonist (SABA) in a year without any paid claims for maintenance inhaler(s)
Neurology: Sleep Disorders

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers
- No formulary changes made

Prior Authorization Criteria Update:
- Updated Provigil® (modafinil) and Nuvigil® (armodafinil) criteria to include accepted off-label indication adjunctive therapy in depression

Drug Utilization Review Update:
- No DUR changes made

Psychiatry: Attention Deficit Hyperactive Disorder

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Removed PA requirement for atomoxetine due to cost-effectiveness and maintained on formulary (added to HSF) tier 1
- Added dexamethasphenidate ER to formulary due to cost-effectiveness with quantity limit #60/30 days and age limit 5-18 years old

Prior Authorization Criteria Update:
- Retired atomoxetine criteria
- Updated CNS Stimulants for ADHD criteria to reflect formulary change and list newer non-formulary stimulants

Drug Utilization Review Update:
- No DUR changes made

Supplements/Enteral Nutrition: Endari™

Formulary Update: Medi-Cal, Healthy Kids, Healthy Workers, and Healthy San Francisco
- Added Endari™ to formulary tier 3 (PA required) due to limited formulary alternatives

Prior Authorization Criteria Update:
- Added new criteria for Endari™ requiring diagnosis, history of sickle cell crises, and trial/failure or inability to use hydroxyurea

Drug Utilization Review Update:
- No DUR changes made

Topical: Dental Miscellaneous

Formulary Update: Medi-Cal
- Added Biotene mouthwash (OTC) to formulary tier 2 based on cost-effectiveness and requests from SFHP Health Services
- Added Oral Relief saliva replacement spray (OTC) to formulary tier 2 based on cost-effectiveness and listing on Medi-Cal FFS Contract Drugs List

Prior Authorization Criteria Update:
- No PA criteria changes made

Drug Utilization Review Update:
- No DUR changes made
Miscellaneous Formulary Changes

- No formulary changes – miscellaneous

Miscellaneous Prior Authorization Criteria Updates (10/19/17-1/5/18)

New Criteria
- No new PA criteria – miscellaneous

Revisions to Existing Criteria

<table>
<thead>
<tr>
<th>Title</th>
<th>Date Effective</th>
<th>Revision Summary</th>
</tr>
</thead>
</table>
| Rheumatology – Disease Modifying Biologics | 11/20/2017     | • Add Orencia® to first tier of non-preferred medications for rheumatoid arthritis (from second tier) → second line formulary biologic after preferred TNF-inhibitors Enbrel® and Humira®, alongside Actemra® and Xeljanz®/Xeljanz XR®
|                                            |                | • Add Orencia® to required alternatives prior to second tier non-preferred biologics for RA: Cimzia®, Kineret®, Simponi®, Kevzara® |
| Pain – Lyrica® (pregabalin)                | 11/20/2017     | • Expand quantity limit for fibromyalgia to match other diagnosis and allow TID dosing (#270 per 90 days)                                           |
|                                            |                | • Reduce requirement for preferred alternatives for pain to only one:
|                                            |                |   o SSRI, TCA or SNRI for fibromyalgia, or
|                                            |                |   o Gabapentin for any other pain diagnosis                                                      |
| Nutrition – Specialty Infant Enteral Products | 11/20/2017 | • Title change: Specialty Infant/Toddler Enteral Products
|                                            |                | • For specialty products for cow's milk protein allergy, change “Member is less than one year of age” to “Member is appropriate age for the requested product”
|                                            |                |   o Update Coverage Duration to “up to max age of use per product labeling”                |
| Cardiology – Low Molecular Weight Heparin/Factor XA Inhibitor Injectables | 11/20/2017 | • Adjusted quantity limits to 30-day supplies due to removal of 2 fill/year limit
|                                            |                | • Removed indication-specific criteria related to use beyond two fills per year              |
| Endocrinology – Non-Formulary Test Strips  | 01/01/2018     | • Added Accu-Chek Guide test strips to criteria to reflect formulary changes                  |
### Interim Formulary Changes (10/5/17-1/5/18)

<table>
<thead>
<tr>
<th>Therapeutic class</th>
<th>Medication</th>
<th>Prior Status</th>
<th>Formulary Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmic Anti-Inflammatory Immunomodulator-Type</td>
<td>Restasis 0.05% eye emulsion drop multidose drops and droperettes</td>
<td>NF-NL</td>
<td>Medi-Cal, HK, HW: T3 HSF, C-Wrap: X</td>
<td>Update</td>
</tr>
<tr>
<td>NSAIDs, Cyclooxygenase Inhibitor - Type Analgesics</td>
<td>ibuprofen 100 mg/5mL oral suspension</td>
<td>NF-NL</td>
<td>Medi-Cal, HK, HW, HSF, C-Wrap: T1</td>
<td>Correction for HK</td>
</tr>
<tr>
<td>Anticonvulsants, Miscellaneous</td>
<td>gabapentin 100, 300, 400mg capsule, 600, 800mg tablet, 250mg/5mL oral solution</td>
<td>T1-F, QL 3600mg/day</td>
<td>Medi-Cal, HK, HW, HSF: T1 C-Wrap: X</td>
<td>Remove QL</td>
</tr>
<tr>
<td>Heparin and Related Preparations</td>
<td>enoxaparin 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL, 100 mg/0.8 mL, 120 mg/0.8 mL, 150 mg/mL syringes and 300 mg/3 mL vial</td>
<td>T1-F, QL 10DS/fill, 2 fills/yr</td>
<td>Medi-Cal, HK, HW, HSF: T1 QL 30 days’ supply C-Wrap: X</td>
<td>Removed fill limit and expanded quantity limit</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Accu-Chek Aviva Plus Care Kit (monitor) and Aviva Plus test strips (#25)</td>
<td>T1-F</td>
<td>X</td>
<td>Contract change</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Accu-Chek Nano Designer/Smartview Care Kit (monitors) and Nano test strips (#25)</td>
<td>T1-F</td>
<td>X</td>
<td>Contract change</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Accu-Chek FastClix lancet device</td>
<td>T1-F</td>
<td>X</td>
<td>Contract change</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Accu-Chek Guide Care Kit (monitor), glucose control solution, and test strips (#50)</td>
<td>X</td>
<td>Medi-Cal, HK, HW, HSF: T1 C-Wrap: X</td>
<td>Contract change</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Accu-Chek Multiclix lancet device and lancets (#102, 204)</td>
<td>X</td>
<td>Medi-Cal, HK, HW, HSF: T1 C-Wrap: X</td>
<td>Contract change</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Accu-Chek Softclix lancet device and lancets (#100, 200)</td>
<td>X</td>
<td>Medi-Cal, HK, HW, HSF: T1 C-Wrap: X</td>
<td>Contract change</td>
</tr>
</tbody>
</table>

**Status**

- **T1** Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)
- **T2** Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)
- **T3** Formulary Drug, Step Therapy or Prior Authorization required
- **T4** Formulary Specialty Drug, Prior Authorization required
- **T5** Non-Formulary Drug

**Definition**

- 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).
- 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).
- Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met. Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.
- 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.

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.
## New Drugs to Market

<table>
<thead>
<tr>
<th>Therapeutic class</th>
<th>Medication</th>
<th>Formulary Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Verzenio 50,100,150, 200 mg tablet</td>
<td>Medi-Cal, HK: T4</td>
<td>New entity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HW: T3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</td>
<td>Enbrel 50 mg/mL (0.98 mL) subcutaneous cartridge</td>
<td>Medi-Cal, HK: T4</td>
<td>New entity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HW: T3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Viral/Tumorigenic Vaccines, Vaccine Adjuvants</td>
<td>Shingrix gE Antigen Component 50 mcg IM susp, Adjuvant Component (PF) IM susp, and 50 mcg/0.5 mL IM susp kit</td>
<td>Medi-Cal: T2</td>
<td>New entity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HK, HW, HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Calquence 100 mg capsule</td>
<td>Medi-Cal, HK: T4</td>
<td>New entity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HW: T3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Factor IX Preparations</td>
<td>Rebinyn 500 (+/-), 1000 (+/-), 2000 (+/-) unit intravenous soln</td>
<td>Medi-Cal: T5</td>
<td>Carve out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HK, HW, HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Hemophilia Treatment Agents, Non-Factor Replacement</td>
<td>Hemlibra 30 mg/mL, 60 mg/0.4 mL, 105 mg/0.7 mL, 150 mg/mL subcutaneous solution</td>
<td>Medi-Cal: T5</td>
<td>New entity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HK, HW, HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Pancreatic Enzymes</td>
<td>Zenpep 40,000-126,000-168,000 unit capsule, delayed release</td>
<td>Medi-Cal, HK, HW, HSF: T2</td>
<td>New strength</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Antineoplastic Systemic Enzyme Inhibitors</td>
<td>Bosulif 400 mg tablet</td>
<td>Medi-Cal, HK: T4</td>
<td>New strength</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HW: T3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSF, C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Glucocorticoids, Orally Inhaled</td>
<td>Qvar RediHaler 40, 80 mcg/actuation HFA breath activated aerosol</td>
<td>Medi-Cal, HK, HW, HSF: T2</td>
<td>New entity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C-Wrap: X</td>
<td></td>
</tr>
<tr>
<td>Narcotic Withdrawal Therapy Agents</td>
<td>Sublocade 100 mg/0.5 mL, 300 mg/1.5 mL SQ syringe</td>
<td>Medi-Cal: T5</td>
<td>Carve out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HK, HW, HSF, C-Wrap: X</td>
<td></td>
</tr>
</tbody>
</table>

### Status and Definition

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)</td>
<td>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).</td>
</tr>
<tr>
<td>T2 Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)</td>
<td>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). Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.</td>
</tr>
<tr>
<td>T3 Formulary Drug, Step Therapy or Prior Authorization required</td>
<td>Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.</td>
</tr>
<tr>
<td>T4 Formulary Specialty Drug, Prior Authorization required</td>
<td>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.</td>
</tr>
<tr>
<td>T5 Non-Formulary Drug</td>
<td></td>
</tr>
</tbody>
</table>
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)