

## 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**.

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

### Endocrinology: Gonadotropin Releasing Hormone Agonist Analogs

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

- Removed Vantas<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> and AVC<sup>®</sup> 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<sup>®</sup> from formulary due to lack of utilization and preferred alternatives on formulary

**Prior Authorization Criteria Update:**

- Retired ezetimibe (Zetia<sup>®</sup>) 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 Haegarda<sup>®</sup> and Kalbitor<sup>®</sup> to formulary tier 4 (specialty, PA required) due to limited formulary alternatives
- Removed Firazyi<sup>®</sup> 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<sup>®</sup> to formulary tier 3 with prior authorization based on cost effectiveness and limited formulary alternatives
- Removed Orfadin<sup>®</sup> from formulary due to preferred alternative (no grandfathering required)

### Prior Authorization Criteria Update:

- Added new criteria for Hereditary Tyrosinemia requiring diagnosis and preferring Nityr<sup>®</sup> over Orfadin<sup>®</sup>

### Drug Utilization Review Update:

- No DUR changes made

## Immunology: Benlysta<sup>®</sup>

### 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<sup>®</sup>

### 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<sup>®</sup> 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<sup>®</sup>) tier 1 with QL #1/30 days
  - Stiolto<sup>®</sup> tier 2 with QL #4/30 days
  - Striverdi Respimat<sup>®</sup> tier 2 with QL #4/30 days
  - Arcapta Neohaler<sup>®</sup> tier 2 with QL #30/30 days
- Added Brovana<sup>®</sup> 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<sup>®</sup> (modafinil) and Nuvigil<sup>®</sup> (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 dexamethylphenidate 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<sup>™</sup>

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

- Added Endari<sup>™</sup> to formulary tier 3 (PA required) due to limited formulary alternatives

**Prior Authorization Criteria Update:**

- Added new criteria for Endari<sup>™</sup> 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

Title	Date Effective	Revision Summary
Rheumatology – Disease Modifying Biologics	11/20/2017	<ul style="list-style-type: none"> <li>• Add Orenzia® 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®</li> <li>• Add Orenzia® to required alternatives prior to second tier non-preferred biologics for RA: Cimzia®, Kineret®, Simponi®, Kevzara®</li> </ul>
Pain – Lyrica® (pregabalin)	11/20/2017	<ul style="list-style-type: none"> <li>• Expand quantity limit for fibromyalgia to match other diagnosis and allow TID dosing (#270 per 90 days)</li> <li>• Reduce requirement for preferred alternatives for pain to only one:               <ul style="list-style-type: none"> <li>○ SSRI, TCA or SNRI for fibromyalgia, or</li> <li>○ Gabapentin for any other pain diagnosis</li> </ul> </li> </ul>
Nutrition – Specialty Infant Enteral Products	11/20/2017	<ul style="list-style-type: none"> <li>• Title change: Specialty Infant/Toddler Enteral Products</li> <li>• 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”               <ul style="list-style-type: none"> <li>○ Update Coverage Duration to “up to max age of use per product labeling”</li> </ul> </li> </ul>
Cardiology – Low Molecular Weight Heparin/Factor XA Inhibitor Injectables	11/20/2017	<ul style="list-style-type: none"> <li>• Adjusted quantity limits to 30-day supplies due to removal of 2 fill/year limit</li> <li>• Removed indication-specific criteria related to use beyond two fills per year</li> </ul>
Endocrinology – Non-Formulary Test Strips	01/01/2018	<ul style="list-style-type: none"> <li>• Added Accu-Chek Guide test strips to criteria to reflect formulary changes</li> </ul>

### Interim Formulary Changes (10/5/17-1/5/18)

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

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.

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

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

Status	Definition
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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.

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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)