

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update October 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 10/18/2017. Effective date for all changes is **11/20/2017**.

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

Pain: Opioid and Opioid Combinations

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

- Added age minimum of 18 years to both tramadol containing products on formulary: tramadol (Ultram[®]) 50 mg tablet and tramadol/acetaminophen (Ultracet[®]) 37.5-325 mg tablet based on FDA safety communication
- Remove hydromorphone liquid and suppository from formulary due to lack of utilization
- List the following as non-formulary (T-5) per the Medi-Cal Contract Drugs List:
hydrocodone/acetaminophen oral solution, levorphanol oral tablet, oxycodone 1 mg/mL ampule

Prior Authorization Criteria Update:

- Update short-acting opioid criteria to reflect formulary changes and include criteria for non-formulary hydrocodone/acetaminophen combinations
- Update long-acting opioid criteria to include newer formulations Nucynta[®] ER and hydromorphone ER

Drug Utilization Review Update:

- Approved the development of an 'Initial Opioid Days' Supply' edit restricting initial opioid fills (i.e., no prior opioid paid claim in the past 180 days) to seven (7) days' supply for short-acting opioids only
 - Exempt claims for members with paid oncology medication claim in the last 180 days, and from NPI list for approved providers

Pain: Non-Opioid Analgesics

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

- Listed acetaminophen 325mg and 650mg tablet on formulary (T-1)
- Removed the following from formulary due to limited utilization and per guideline recommendations:
 - choline and magnesium salicylate 500mg/5mL oral liquid
 - butalbital-acetaminophen-caffeine 50-325-40mg capsule
 - butalbital-aspirin-caffeine 50-325-40mg capsule

Prior Authorization Criteria Update:

- Updated Anti-Migraine Preparations criteria to reflect formulary changes

Drug Utilization Review Update:

- Approved the development of an acetaminophen dose accumulator safety edit to restrict maximum acetaminophen daily dose from all claims to 4 grams, using 180-day look back for active prescriptions

Neurology: Migraine

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

- Removed upper age limit from rizatriptan oral tablet based on FDA-approved indication (new age limit minimum 6 years old)
- Increased quantity limits for rizatriptan tablet and ODT and naratriptan tablet to equivalent amount to sumatriptan quantity limits
- Added PA requirement (T-3) to butalbital/acetaminophen/caffeine 50-325-40mg tablet based on limited utilization, safety concerns, and effective alternatives available on formulary
- Remove butalbital/acetaminophen/caffeine 50-325-40mg capsule from formulary based on lack of utilization, safety concerns, and effective alternatives on formulary

Prior Authorization Criteria Update:

- Update Anti-Migraine Preparations and Triptans criteria to reflect formulary changes

Drug Utilization Review Update:

- No DUR changes made

Neurology: Movement Disorders

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

- Added Austedo[®] and Ingrezza[®] to formulary with prior authorization, specialty medication (T-4)

Prior Authorization Criteria Update:

- Added new criteria for Drugs for Movement Disorders and incorporated tetrabenazine criteria

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Non-Biologic and Biologic DMARDs

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

- Added minocycline 75mg capsule to formulary (T-1) with quantity limit to align with other strengths

Prior Authorization Criteria Update:

- Updated Disease Modifying Biologics criteria to include additional non-formulary medications and to indicate “non-preferred medications” and “preferred medications”

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Gout

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

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Gout criteria to include requirements for Zurampic[®]

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Hepatitis C

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

- Removed Daklinza[®], Sovaldi[®], Technivie[®], and Viekira Pak[®] from formulary due to low utilization and lack of place in therapy

Prior Authorization Criteria Update:

- Updated Hepatitis C criteria to reflect formulary changes and to include preferred regimens for renal impairment, unique populations, and updated treatment experienced criteria based on prior regimen

Drug Utilization Review Update:

- No DUR changes made

Genitourinary: Benign Prostatic Hyperplasia

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

- Removed quantity limits from tamsulosin capsule, finasteride tablet, and afluzosin tablet

Prior Authorization Criteria Update:

- Update Alpha-Blockers for BPH criteria to reflect formulary changes
- Retired 5-Alpha Reductase Inhibitors criteria

Drug Utilization Review Update:

- No DUR changes made

Genitourinary: Miscellaneous GU Medications

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

- Added potassium citrate/citric acid packet to formulary with quantity limit #120 packets/30 days
- Increase tiroprium 20mg tablet quantity limit to #60 tablets/30 days based on recommended dosing
- List fesoterodine ER and Vesicare[®] as non-formulary (T-5) per the Medi-Cal Contract Drugs List

Prior Authorization Criteria Update:

- Updated Genitourinary Anti-Spasmodics and Anti-Cholinergics criteria to reflect formulary changes and removal of Gelnique[®] 3% from market

Drug Utilization Review Update:

- No DUR changes made

Cardiology: Anticoagulants

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

- No formulary changes made

Prior Authorization Criteria Update:

- Update Direct Factor XA Inhibitors criteria to reflect new dosage for Pradaxa[®]

Drug Utilization Review Update:

- No DUR changes made

Cardiology: Antiplatelets

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

Pulmonology: Idiopathic Pulmonary Fibrosis

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

- Added Esbriet[®] to formulary with PA required, specialty medication (T-4)
- Maintain Ofev[®] as non-formulary due to preferred formulary alternative

Prior Authorization Criteria Update:

- Added new criteria for Idiopathic Pulmonary Fibrosis

Drug Utilization Review Update:

- No DUR changes made

Dermatology: Dupixent®

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

- Maintain Dupixent® as non-formulary due to lack of utilization

Prior Authorization Criteria Updates:

- Added new criteria for Atopic Dermatitis including Dupixent® and incorporating Topical Calcineurin Inhibitors criteria and Eucrisa® criteria

Drug Utilization Review Update:

- No DUR changes made

Miscellaneous Formulary Changes

- No formulary changes – miscellaneous

Miscellaneous Prior Authorization Criteria Updates

- Added new blanket criteria for Compounded Medications

Interim Formulary Changes (7/8/17-10/2/17)

Therapeutic class	Medication	Prior Status	New Status	Comment
Penicillins	Ampicillin trihydrate suspension for reconstitution 125mg/5mL, 250mg/5mL	T1-F	X	Removed from market
Vitamin A Derivatives	Differin 0.1% gel (OTC)	NF-NL	Medi-Cal: T2-QL-AL HK, HSF, HW, C-Wrap: X	Pricing change
Contraceptives, Oral	Norethindrone-ethinyl estradiol 0.5 mg-35 mcg (10)/1 mg-35 mcg (11) tablet	T1-F	X	Removed from market
Topical Anti-Inflammatory Steroidal	Halobetasol propionate 0.05% topical cream	NF-NL	Medi-Cal, HK, HSF, HW: T1 C-Wrap: X	Pricing change
Topical Anti-Inflammatory Steroidal	Clobetasol propionate 0.05% topical cream, gel, ointment, solution	T5-NF	Medi-Cal, HK, HSF, HW: T1 C-Wrap: X	Pricing change
Serotonin-Norepinephrine Reuptake-Inhibitors (SNRIs)	Duloxetine HCl 40 mg capsule	NF-NL	Medi-Cal, HK, HSF, HW: T1	Formulary streamlining

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 NF-NL = Non-Formulary, Not Listed

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

New Drugs to Market

Therapeutic class	Medication	Formulary Status	Comment
Influenza Virus Vaccines	Flublok Quad 2017-2018 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Flublok 2017-2018 (PF) 135 mcg (45 mcg x 3)/0.5 mL IM solution	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Flulaval Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2017-18(PF) 60 mcg(15 mcgx4)/0.5 mL intramuscular syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone High-Dose 2017-2018 (PF) 180 mcg/0.5 mL intramuscular syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad Pedi 2017-2018 (PF) 30 mcg(7.5 mcg x4)/0.25 mL IM syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Intraderm Quad 2017-2018(PF) 36 mcg/0.1 mL intradermal syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Emollients	Lactic Acid 10% lotion	X	New entity
Contraceptives, Oral	Norethindrone-ethinyl estradiol 0.5 mg-35 mcg (10)/1 mg-35 mcg (11)	X	New entity
Influenza Virus Vaccines	Fluvirin 2017-2018 (PF) 45 mcg(15 mcg x3)/0.5 mL intramuscular syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluvirin 2017-2018 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Flucelvax Quad 2017-2018 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity

Therapeutic class	Medication	Formulary Status	Comment
Influenza Virus Vaccines	Flucelvax Quad 2017-2018 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria Quad 2017-2018 60 mcg/0.5 mL intramuscular suspension	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria Quad 2017-2018 (PF) 60 mcg/0.5 mL intramuscular syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria 2017-2018 45 mcg (15 mcg x 3)/0.5 mL intramuscular suspension	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria 2017-2018 (PF) 45 mcg(15 mcg x 3)/0.5 mL intramuscular syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Influenza Virus Vaccines	Fluad 2017-18 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe	Medi-Cal: T2-AL-QL HK, HSF, HW: NL C-Wrap: X	New entity
Antineoplastic-Isocitrate Dehydrogenase Inhibitors	Idhifa 50 mg, 100 mg tablets	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New entity
Antineoplastic Systemic Enzyme Inhibitors	Nerlynx 40 mg tablet	Medi-Cal, HK, HW: T3 HSF, C-Wrap: X	New entity
Insulins	Humalog Junior KwikPen 100 unit/mL subcutaneous half-unit pen	Medi-Cal, HK, HW: T2 HSF, C-Wrap: X	New dosage form
Antineoplastic Systemic Enzyme Inhibitors	Lynparza 100 mg, 150 mg tablets	Medi-Cal, HK, HW: T3 HSF, C-Wrap: X	New Strength
Antiparkinsonism Drugs, Other	Gocovri 68.5, 137 mg capsule, extended release	Medi-Cal: T5 (Carve-Out) HK, HSF, HW: NL C-Wrap: X	New formulation
Topical Anti-Inflammatory, NSAIDs	Frotek 10% cream in metered-dose applicator	NF-NL	New dosage form
Immunomodulator, B-Lymphocyte Stim(BLYS)-Specific Inhibitor	Benlysta 200 mg/mL subcutaneous auto-injector, subcutaneous syringe	NF-NL	New dosage form
Drugs to Treat Hereditary Tyrosinemia	Nityr 2 mg, 5 mg, 10 mg tablet	NF-NL	New dosage form
Treatment for Attention Deficit-Hyperactive Disorder (ADHD)/Narcolepsy	Cotempla 8.6mg, 17.3mg, 25.9mg XR-ODT	NF-NL	New dosage form
Glucocorticoids, Orally Inhaled	ArmonAir RespiClick 55mcg/actuation, 113mcg/actuation, 232mcg/actuation breath activated powder inhaler	NF-NL	New dosage form

Therapeutic class	Medication	Formulary Status	Comment
Emollients	Nutraseb topical cream	NF-NL	New entity
Pancreatic Enzymes	Pertzye 24,000-86,250-90,750 unit capsule, delayed release	NF-NL	New strength
Potassium Sparing Diuretics	CaroSpir 25 mg/5 mL oral suspension	NF-NL	New formulation
Prenatal vitamin preparations	Nestabs ONE 38mg-1mg-225mg capsule	NF-NL	New combination
Direct Factor XA Inhibitors	Bevyxxa 40mg, 80mg capsule	NF-NL	New entity
Calcium Channel Blocking Agents	Nymalize 30mg/10 mL oral solution	NF-NL	New formulation
Influenza Virus Vaccines	Flumist Quad 2017-2018 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	NF-NL	New entity
Quinolones	Baxdela 450 mg tablet	NF-NL	New entity

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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)