

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update January 2021

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, 1/20/2021. Effective date for all changes is **Friday, 2/19/2021**.

SFHP formulary and prior authorization (PA) 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 and Rosacea

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Removed metronidazole 0.75% lotion and erythromycin base 2% topical gel from formulary due to lack of utilization and cost-effective alternatives available

**Prior Authorization Criteria Update:**

- Updated Oral Isotretinoin criteria to include Absorica® TD as non-formulary and last line
- Updated Azelaic Acid criteria to reflect brand and generic status
- Updated Topical Retinoids criteria to remove Avage® as it is indicated for cosmetic use only
- Updated Topical Combinations for Acne criteria to reflect generic status of various drugs and include additional tier 5 non-formulary listings, and to indicate where OTC coverage applies only to Medi-Cal

**Drug Utilization Review Update:**

- No DUR changes made

### Gastroenterology: Anorexia and Weight Gain

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- Updated AIDS/HIV terminology in Dronabinol (Marinol®) criteria for clarity and consistency; see separate review for antiemesis recommendations

**Drug Utilization Review Update:**

- No DUR changes made

### Gastroenterology: Antiemetics

**Formulary Update:** Healthy Workers HMO

- Listed Varubi® (rolapitant) tier 5 non-formulary to link relevant criteria

**Prior Authorization Criteria Update:**

- Updated Anti-Emetic/Anti-Vertigo criteria to include Varubi® as non-formulary, requiring prior use of both aprepitant and Akynzeo® as cost-effective alternatives in the class
- Updated Bonjesta® (doxylamine-pyridoxine) criteria to reflect available generic for Diclegis® and prefer generic over brand as cost-effective
- Updated Dronabinol (Marinol®) criteria to include dexamethasone among preferred options for CINV; removed HIV/AIDS-related nausea/vomiting indication due to lack of evidence

**Drug Utilization Review Update:**

- No DUR changes made

### Gastroenterology: Ulcerative Colitis (UC) and Crohn's Disease (CD)

**Formulary Update:** Medi-Cal, 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

## Hematology: Iron Overload and Replacement

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- Updated Deferasirox (Exjade<sup>®</sup>, Jadenu<sup>®</sup>) criteria to remove redundant prescriber restriction language

**Drug Utilization Review Update:**

- No DUR changes made

## Infectious Disease: Hepatitis B

**Formulary Update:** Healthy Workers HMO

- Listed Epivir<sup>®</sup> HBV (lamivudine) oral solution tier 5 (non-formulary) to link to relevant criteria

**Prior Authorization Criteria Update:**

- Updated Hepatitis B criteria to generic naming for tenofovir disoproxil fumarate

**Drug Utilization Review Update:**

- No DUR changes made

## Drug Class Reviews

### Dermatology: Oral and Topical Corticosteroids

**Formulary Update:** Healthy Workers HMO

- Listed new brand topical steroids non-formulary tier 5 to link relevant criteria: Impeklo<sup>®</sup> (clobetasol) 0.05% lotion pump, Halog<sup>®</sup> (halcinonide) 0.1% solution, and Bryhali<sup>®</sup> (halobetasol) 0.01% lotion

**Prior Authorization Criteria Update:**

- Updated Topical Corticosteroids criteria to include non-formulary listings of new formulations
- Updated Emflaza<sup>®</sup> (deflazacort) criteria to remove baseline behavior health screening requirement due to lack of clear contraindication, and removed language pertaining to prior use outside the United States as Emflaza<sup>®</sup> has been FDA approved for several years

**Drug Utilization Review Update:**

- No DUR changes made

### Endocrinology: Anti-Obesity Medications

**Formulary Update:** Healthy Workers HMO

- Added Alli<sup>®</sup> to formulary based on cost-effectiveness (and to align with Healthy San Francisco)
- Added Saxenda<sup>®</sup> to formulary tier 3 based on utilization and safety/efficacy profile, PA required to ensure appropriate diagnosis
- Listed diethylpropion 75mg tablet and phendimetrazine 105mg ER capsule tier 5 non-formulary to link relevant criteria

**Prior Authorization Criteria Update:**

- Updated Anti-Obesity Medications criteria to reflect above formulary changes and allow preferred use of Saxenda<sup>®</sup> in patients with concomitant diabetes

**Drug Utilization Review Update:**

- No DUR changes made

## Endocrinology: Growth Hormone

**Formulary Update:** Healthy Workers HMO

- Removed all formulations of somatropin from formulary due to lack of utilization and minimal place in therapy for this adult population

**Prior Authorization Criteria Update:**

- Retired Somatropin (Growth Hormone) criteria and utilize Non-Formulary Medications generic criteria for any requests (i.e., continuation from pediatric use if indicated)

**Drug Utilization Review Update:**

- No DUR changes made

## Immunology: Hizentra® (subcutaneous immune globulin [human])

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- Maintained non-formulary due to alternatives available via the medical benefit

**Prior Authorization Criteria Update:**

- No PA criteria changes made; no active criteria (utilize general Non-Formulary Medications criteria for any requests to confirm appropriate diagnosis)

**Drug Utilization Review Update:**

- No DUR changes made

## Obstetrics/Gynecology: Hormone Replacement Therapy

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Added step therapy requirement (estradiol vaginal cream or estradiol vaginal tablet) to Estrin® vaginal ring and Premarin® vaginal cream (allow continuity for current users) due to cost-effective generic alternatives with equivalent indications available
- Removed Depo-Estradiol® 5 mg/mL intramuscular oil and Menostar® transdermal patches from formulary due to lack of utilization and cost-effective alternatives available with equivalent indications

**Prior Authorization Criteria Update:**

- No PA criteria changes made; no active criteria

**Drug Utilization Review Update:**

- No DUR changes made

## Ophthalmology: Enspryng™ (satralizumab)

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- Maintained non-formulary due to limited place in therapy and alternatives available via the medical benefit

**Prior Authorization Criteria Update:**

- No PA criteria changes made; no active criteria (utilize general Non-Formulary Medications criteria for any requests to confirm appropriate diagnosis)

**Drug Utilization Review Update:**

- No DUR changes made

## Pain: Opioids and Combinations

### **Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Added quantity limits to hydrocodone-acetaminophen (360 per 30 days), tramadol-acetaminophen (120 per 30 days), and tramadol (240 per 30 days) to align with criteria and other dosage forms
- Listed buprenorphine transdermal patch nonformulary tier 5 to link relevant criteria
- Removed morphine sulfate ER capsule from formulary due to lack of utilization and available alternative

### **Prior Authorization Criteria Update:**

- Updated Long-Acting Opioids criteria to incorporate buprenorphine patch on par with methadone due to cost-effective alternatives available

### **Drug Utilization Review Update:**

- Recommend reviewing concurrent opioid and benzodiazepine prescribing in Healthy Workers HMO prior to implementing a hard limit on benzodiazepine and opioid co-prescribing
- Reviewed separate DUR report evaluating ultra-high dose (>500 MME) opioid utilizers for Medi-Cal Rx Transition

## Topical: Dental Miscellaneous Medications

### **Formulary Update:** Medi-Cal and Healthy Workers HMO

- Added cevimeline (Evoxac®) 30 mg capsule to formulary tier 1 based on cost-effectiveness, with quantity limit #90 per 30 days based on maximum daily dosing

### **Prior Authorization Criteria Update:**

- No PA criteria changes made; no active criteria

### **Drug Utilization Review Update:**

- No DUR changes made

## Interim Prior Authorization Criteria Changes (10/12/20 – 1/9/21)

The following is a summary of changes to SFHP prior authorization (PA) criteria including new criteria and revisions to existing criteria. Current prior authorization criteria can be found at SFHP website at <https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>.

### New Criteria

No new criteria were implemented in the interim since October 2020 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. No clinically significant updates to these were made.

Title	Date Effective	Revision Summary
OPHTHALMIC GLAUCOMA AGENTS	12/15/2020	Updated wording based on appeal case for Rhopressa® (netarsudil) requirements to reflect intent of stable therapy on first-line alternatives: <ul style="list-style-type: none"> <li>There is documentation of trial and failure, intolerance, contraindication, or inability (i.e., drug interaction, allergy, adverse reaction, etc.) to use the following formulary alternatives: <ul style="list-style-type: none"> <li>Formulary <b>prostaglandin analog</b> (current use of one and requiring added therapy, or t/f both latanoprost and bimatoprost) AND</li> <li>at least <b>one</b> other formulary alternative from the following classes: <b>beta blocker (e.g. timolol), alpha-2 adrenergic agonists (e.g. brimonidine), topical carbonic anhydrase inhibitor (e.g. dorzolamide), or combination product (e.g. dorzolamide-timolol)</b></li> </ul> </li> </ul>
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	2/20/2021	Changed title to “MIGRAINE PREVENTION” to differentiate from acute treatment. Clarified wording on quantity limit to ensure loading dose of Emgality® is authorized if approved.
WHITE BLOOD CELL STIMULATORS	2/20/2021	Updated to include new biosimilar Nyvepria™ (pegfiltrastim-apgf) as non-preferred after Ziextenzo® (pegfilgrastim-bmez).
ORFADIN® AND NITYR® (NITISINONE)	2/20/2021	Updated to prefer nitisinone capsule (Orfadin®) over Nityr® tablet or Orfadin® oral suspension due to generic availability.
IDIOPATHIC PULMONARY FIBROSIS	2/20/2021	Updated to incorporate criteria for new FDA-approved indication for Ofev® (nintedanib) based on pivotal phase 3 study: <ul style="list-style-type: none"> <li>For use in chronic interstitial lung disease with progressive phenotype (Ofev® only), approve if: <ul style="list-style-type: none"> <li>FVC ≥45% predicted AND</li> <li>DLCO 30-79% predicted AND</li> <li>Requested dose is within FDA approved guidelines</li> </ul> </li> </ul>

## Interim Formulary Changes (10/12/20 – 1/9/21)

### Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
11/30/2020	Erythropoiesis-Stimulating Agents	Retacrit (epoetin alfa-epbx) 20,000 unit/2 mL inj solution	Medi-Cal, HW: T3-F/PA HSF, C-Wrap: X	New strength
12/07/2020	Erythropoiesis-Stimulating Agents	Retacrit (epoetin alfa-epbx) 20,000 unit/mL inj solution	Medi-Cal, HW: T3-F/PA HSF, C-Wrap: X	New strength
12/28/2020	Antineoplastic LHRH(GNRH) Antagonist, Pituit. Supprs	Orgovyx (relugolix) 120 mg tablet	Medi-Cal, HW: T3-F/PA HSF, C-Wrap: X	New entity
12/30/2020	COVID-19 Vaccines	Moderna COVID-19 Vaccine (EUA)	Medi-Cal: T5-NF (CO); HW: T2-F QL #2/yr HSF, C-Wrap: X	New entity
12/30/2020	COVID-19 Vaccines	Pfizer COVID-19 Vaccine (EUA)	Medi-Cal: T5-NF (CO); HW: T2-F QL #2/yr HSF, C-Wrap: X	New entity

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 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 Workers HMO, and Healthy San Francisco formularies unless otherwise indicated.

\*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded= X

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

The following new products are not listed in above table:

- Newly generic formulary products moved to tier 1 from tier 2
- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical 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, Unlisted

Date	Therapeutic class	Medication	Comment
10/12/2020	Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled	Trelegy Ellipta (fluticasone-umeclidinium-vilanterol) 200 mcg- 62.5 mcg- 25 mcg/actuation	New strength*
10/27/2020	Hep C Virus-NS5B Polymerase and NS5A Inhib. Combo	Epclusa (sofosbuvir-velpatasvir) 200 mg-50 mg tablet	New strength (pediatric)
11/04/2020	Opioid Analgesics	Qdolo (tramadol) 5 mg/mL oral solution	New dosage form
11/23/2020	Laxatives and Cathartics	Sutab (sod sulfate-pot chloride- mag sulfate) 1.479 g-0.188 g tablet	New combination
11/30/2020	Eye Anti-Inflammatory Agents	Eysuvis (loteprednol etabonate) 0.25 % eye drops, suspension	New strength
12/07/2020	Macrolide Antibiotics	Dificid (fidaxomicin) 40 mg/mL oral suspension	New dosage form
12/07/2020	Leukocyte (WBC) Stimulants	Nyvepria (pegfilgrastim-apgf) 6 mg/0.6 mL SC syringe	New biosimilar
12/07/2020	Oxalosis Agent – Oxalate Inhibitor, SIRNA Based	Oxlumo (lumasiran sodium) 94.5 mg/0.5 mL SC solution	New entity*
12/14/2020	Plasma Kallikrein Inhibitors	Orladeyo (berotralstat hydrochloride) 110, 150 mg capsule	New entity*
12/14/2020	Vaccine/Toxoid Preparations, Combinations	Vaxelis (dip, pert(A)tet-hep B-pol-HIB PF)) 15 unit-5 unit-10 mcg/0.5 mL (PF) IM suspension, syringe	New combination
12/21/2020	Topical Vit D Analog/Anti-Inflammatory Steroid	Wynzora (calcipotriene-betamethasone) 0.005 %-0.064 % topical cream	New dosage form
12/21/2020	Opioid Antagonists	LifEMS Naloxone 2 mg/2 mL syringe kit	New kit
12/28/2020	Systemic Enzyme Inhibitors	Zokinvy (lonafarnib) 50, 75 mg capsule	New entity*
12/28/2020	Anti-Obesity - Melanocortin 4 Receptor Agonists	Imcivree (setmelanotide acetate) 10 mg/mL SC solution	New entity*

\*Scheduled for review at upcoming P&T

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 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, Medical Benefit

Therapeutic Class	Drug Name, Strengths, and Dosage Form
Human Monoclonal Antibody Complement(C5) Inhibitor	Ultomiris (ravulizumab-cwvz) 300 mg/3 mL, 1,100 mg/11 mL (100 mg/mL) IV solution
Opioid Analgesics	Olinvyk (oliceridine) 1 mg/mL, 2 mg/2 mL IV solution; 30 mg/30 mL PCA IV solution
Local Anesthetics	Xaracoll (bupivacaine hcl) 100 mg implant
Antineoplastics Antibody/Antibody-Drug Complexes	Danyelza (naxitamab-gqqk) 4 mg/mL IV solution
Analgesic/Antipyretics, Non-Salicylate	acetaminophen 1,000 mg/100 mL (10 mg/mL) IV piggyback
Anti-CD20 (B Lymphocyte) Monoclonal Antibody	Riabni (rituximab-arrx) 10 mg/mL IV solution
General Anesthetics, Injectable-Benzodiazepine Type	Byfavo (remimazolam besylate) 20 mg IV solution

The following products are not listed in the above table:

- Allergenic extracts
- Diagnostic preparations
- Parenteral amino acid solutions and combinations
- IV fat emulsions