San Francisco Health Plan (SFHP)
Quarterly Formulary and Prior Authorization Criteria Update
July 2023

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, July 19th, 2023. Effective date for all changes is **August 20th, 2023**.

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.

Contents

Drug Class Reviews (Consent Calendar)

Cardiology: Antiarrhythmics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- No prior authorization (PA) criteria changes made (no active criteria)

Drug Utilization Review Recommendations:

- No Drug Utilization Review (DUR) changes made

Emergency: Epinephrine for Anaphylaxis

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Genitourinary: Genitourinary Miscellaneous Agents

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained oxybutynin 2.5 mg tablet as non-formulary due to cost-effective alternatives available

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Recommendations:

- No DUR changes made

Neurology: Parkinson's Disease

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Drug Class Reviews

Dermatology: Acne and Rosacea

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed step requirement (tretinoin) from adapalene 0.3% gel based on comparative cost-effectiveness
- Removed PA requirement from azelaic acid 15% gel for rosacea based on comparative cost-effectiveness
- Removed clindamycin 1% gel (daily), adapalene 0.1% cream and 0.3% gel pump from formulary due to lack of use and cost-effective alternatives available
- Removed benzoyl peroxide 2.5% and 10% gel, 5%, 6%, and 10% cleanser, and 10% lotion from Healthy San Francisco formulary to align with Healthy Workers HMO

Prior Authorization Criteria Recommendations:

- Updated Finacea®, Azelex® (azelaic acid) criteria and Topical Retinoids criteria to reflect formulary changes above
- Removed combination products from Topical Retinoids criteria and incorporated all in Topical Combinations for Acne criteria for clarity

Drug Utilization Review Recommendations:

- No DUR changes made

Dermatology: Hyftor® (sirolimus)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Hyftor® non-formulary at this time due to limited evidence for use and primarily pediatric setting of care

Prior Authorization Criteria Recommendations:

- No PA criteria changes made; leverage Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- No DUR changes made

Endocrinology: Anti-Obesity

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed orlistat from formulary due to recommendation against use in the American Gastroenterological Association guidelines and lack of utilization

Prior Authorization Criteria Recommendations:

- Updated Anti-Obesity Medications criteria to require documentation of lifestyle interventions for initiation of therapy to ensure appropriate use

Drug Utilization Review Recommendations:

- No DUR changes made

Gastroenterology: VOWST™ (fecal microbiota spores, live-brpk)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained VOWST™ non-formulary at this time due to limited place in therapy and other cost-effective alternatives available under the medical benefit

Prior Authorization Criteria Recommendations:

- Implemented new PA criteria to ensure documented history of recurrent *Clostridioides difficile* infection and appropriate antibiotic treatment prior to approval of VOWST™

Drug Utilization Review Recommendations:
- No DUR changes made

Infectious Disease: Hepatitis C

Formulary Update: Healthy Workers HMO only
- Removed ledipasvir-sofosbuvir from formulary due to cost-effective alternatives available and lack of use
- Removed the following pediatric dosage forms from formulary due to lack of pediatric population:
  - Epclusa® (sofosbuvir-velpatasvir) 200-50mg tablet, Harvoni® (ledipasvir-sofosbuvir) 45-200mg tablet and 33.75-150, 45-200mg pellet packet

Prior Authorization Criteria Update:
- Updated Hepatitis C criteria to reflect formulary changes above and added recommended regimen for patients experienced with Vosevi® (sofosbuvir-velpatasvir-voxilaprevir) or multiple direct-acting antivirals

Drug Utilization Review Update:
- Reviewed separate DUR report on hepatitis C regimens and completion rates

Infectious Disease: Human Immunodeficiency Virus

Formulary Update: Healthy Workers HMO and Healthy San Francisco
- Added Vocabria® (cabotegravir) to formulary tier 2 to allow initiation and transition to the injectable form Cabenuva® per labeling
- Removed all remaining age limits due to lack of pediatric population
- Moved Descovy® (emtricitabine-tenofovir alafenamide [AF]) from tier 2 to tier 3 and added step requirement (emtricitabine-tenofovir disoproxil fumarate) for use
- Moved Symtuza® (darunavir-cobicistat-emtricitabine-tenofovir AF) from tier 2 to tier 3 with PA required based on cost-effective guideline-recommended alternatives available and limited place in therapy

Prior Authorization Criteria Recommendations:
- Implemented new criteria for Symtuza®

Drug Utilization Review Recommendations:
- Reviewed separate DUR analysis on HIV medication adherence

Pulmonology: Asthma and Chronic Obstructive Pulmonary Disease (COPD)

Formulary Update: Healthy Workers HMO and Healthy San Francisco
- No formulary changes made

Prior Authorization Criteria Update:
- No PA criteria changes made

Drug Utilization Review Update:
- Reviewed separate asthma/COPD PDC DUR analysis

Interim Prior Authorization Criteria Changes (4/4/23 – 7/3/23)

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

In the interim since April 2023 P&T, no new criteria were implemented.

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. Criteria with recommended updates are included in the table below with effective date August 20th, 2023.

Title	Date Effective	Revision Summary
TOPICAL STEROIDS	6/15/2023	Corrected hydrocortisone 1% ointment to state non-formulary to reflect current formulary placement
SGLT-2 INHIBITORS	6/15/2023	Corrected Qtern to non-formulary to comply with rebate agreement
INCRETIN MIMETICS	6/23/2023	Added trial and failure of "at least 3 months" of metformin to clarify step therapy requirements
ACUTE MIGRAINE PREPARATIONS (NON-TRIPTAN)	6/23/2023	Listed new drug Zavzpret (Zavegepant) nasal spray as non-formulary to update criteria
THERAPEUTIC ALLERGENIC EXTRACTS	8/20/2023	Corrected list of formulary alternatives by removing flunisolide
PULMONARY BIOLOGICS	8/20/2023	Added new indication for Dupixent® for eosinophilic esophagitis (EoE): For eosinophilic esophagitis (Dupixent® only), approve if: • Drug and dose requested are appropriate for patient's age • Documentation of trial and failure, intolerance, contraindication, or inability (i.e., drug interaction, allergy, adverse reaction, etc.) to use all of the following, AND ○ Proton pump inhibitor ○ Topical glucocorticoids (i.e., fluticasone propionate MDI) ○ Documentation of dietary modifications
ATOPIC DERMATITIS	8/20/2023	Added new indication for Dupixent® for prurigo nodularis: For prurigo nodularis (Dupixent® only), approve if: • Documentation of trial and failure, intolerance, contraindication, or inability (i.e., drug interaction, allergy, adverse reaction, areas involving face, neck flexural, genital, or intertriginous areas etc., or severity/extensive BSA involvement that precludes effective use) to use at least 1 super high potency topical steroid AND • Documentation of trial and failure, intolerance, contraindication, or inability (i.e., drug interaction, allergy, adverse reaction, etc.) to use one of the following, AND ○ capsaicin OR ○ topical calcineurin inhibitor OR ○ calcipotriene • Documentation of trial and failure, intolerance, contraindication, or inability to use narrowband ultraviolet B (NBUVB) phototherapy or PUVA (psoralen – oral or topical methoxsalen plus UVA therapy). Inability to use examples include but not limited to pregnancy, skin cancer,

Title	Date Effective	Revision Summary
		hypersensitivity due to preexisting disease state - e.g., systemic lupus erythematus, cataracts
PULMONARY FIBROSIS	8/20/2023	Updated criteria to reflect new pirfenidone tablet generic as tier 1

Interim Formulary Changes (4/1/23 – 7/3/23)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
4/1/2023	COVID-19 Vaccines	Novavax COVID (recombinant adjuvant-matrix) vaccine	HW: T2-F HSF: NF	New entity
4/1/2023	Thyroid Hormones	Tirosint (levothyroxine sodium) 37.5, 44, 62.5 mcg capsule	HW: T2-F HSF: NF	New dosage form
6/1/2023	Antihyperglycemic, SGLT-2 and DPP-4 Inhibitor Combination	Qtern (dapagliflozin-saxagliptin) 5 mg-5 mg, 10 mg-5 mg tablet	HW: T3-F/ST (metformin) → NF HSF: NF (no change)	Correction due to rebates
6/10/2023	Prenatal Vitamins with Low or No Iron	Natal PNV tablet	HW: T2-F HSF: T2-F	New dosage form
6/24/2023	Antineoplastic Systemic Enzyme Inhibitors	Zejula (niraparib tosylate) 100, 200, 300 mg tablet	HW: T3 HSF: NF	New dosage form
6/24/23	Antineoplastic Systemic Enzyme Inhibitors	Talzenna (talazoparib tosylate) 0.1 mg capsule	HW: T3 HSF: NF	New dosage form

	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.
NF	Non-Formulary Drug	Drug is non-formulary or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs are not covered.

All changes apply to Healthy Workers HMO, and Healthy San Francisco formularies unless otherwise indicated. T3 products are NF for HSF. Excluded= X

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)

New Drugs to Market, Nonformulary

Date	Therapeutic class	Medication	Comment
4/1/2023	Systemic Enzyme Inhibitors	Joenja (leniolisib phosphate) 70 mg tablet	New entity*
4/8/2023	Metallic Poison, Agents to Treat	Cuvrior (trientine tetrahydrochloride) 300 mg tablet	New entity
4/22/2023	Drugs To Treat Movement Disorders	Austedo (deutetrabenazine) XR 12 mg tablet	New dosage form
4/29/2023	Cystic Fibrosis-Cftr Potentiator-Corrector Combination	Trikafta 80-40-60mg/59.5mg, 100-50-75 mg/75mg pkt	New dosage form
4/29/2023	Postherpetic Neuralgia Agents	Gralise ER 450, 750, 900 mg tablet	New dosage form
4/29/2023	LHRH (GNRH)Agonist Pit. Sup-Central Precocious Puberty	Lupron Depot-PED 45 mg 6mo kit	New dosage form
5/6/2023	Anti-narcolepsy, anti-cataplexy, sedative-type agent	Lumryz ER 4.5, 6, 7.5, 9 gm packet	New entity
5/13/2023	Leukocyte (WBC) stimulants	Udenyca (pegfilgrastim-CBQV) 6 mg/0.6 mL autoinjector	New entity
5/13/2023	Growth Hormones	Sogroya (somapacitan-BECO) 10 mg/1.5 mL, 15 mg/1.5 mL pen	New entity
5/13/2023	Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator	Kalydeco (ivacaftor) 13.4 mg granules packet	New dosage form
5/13/2023	Sedative-Hypnotics, Non-Barbiturate	zolpidem 7.5 mg capsule	New strength
5/20/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Amjevita CF (adalimumab-ATTO) 10mg/0.2mL syringe	New dosage form*
5/20/2023	Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors	Liqrev (sildenafil) 10 mg/mL oral susp	New entity
5/20/2023	Antineoplastic - BRAF kinase inhibitors	Tafinlar (dabrafenib mesylate) 10 mg tablet for susp	New dosage form
5/20/2023	Antineoplastic - MEK1 and MEK2 kinase inhibitors	Mekinist (trametinib dimethyl sulfoxide) 0.05 mg/ml solution	New dosage form
5/20/2023	Menopausal symptoms suppressant-NK3 receptor antagonist	Veozah (fezolinetant) 45 mg tablet	New entity
5/26/2023	Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator	Kalydeco (ivacaftor) 5.8 mg granules packet	New dosage form
5/26/2023	Topical Antineoplastic Premalignant Lesion Agents	Tolak (fluorouracil) 4% cream	New dosage form
6/3/2023	Antimigraine Preparations	Zavzpret (zavegepant) 10 mg nasal spray	New entity
6/10/2023	Ammonia Inhibitors	Olpruva (sodium phenylbutyrate) 2, 3, 4, 5, 6, 6.67 gram dose kit, envelope	New dosage form
6/10/2023	Antihyperglycemic-Sodium/Glucose Cotransport2 (SGLT-2) Inhibitor	Inpefa (sotagliflozin) 200 mg tablet	New entity*
6/10/2023	Sphingosine 1-Phosphate (S1P) Receptor Modulator	Zeposia (ozanimod) Start Kit (28-day) capsule dose pack	New dosage form
6/24/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Yusimry (CF) (adalimumab-AQVH) 40 mg/0.8 mL pen	New entity*
6/24/2023	Artificial Tears	Miebo (perfluorohexyloctane/PF) 100% eye drop	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)

New Drugs to Market, Medical Benefit

Date	Therapeutic Class	Drug Name, Strengths, and Dosage Form
4/1/2023	Antineoplastic,Anti-Programmed Death-1 (PD-1) Monoclonal Antibody	Zynyz (Retifanlimab-DLWR) 500 mg/20 ml vial
4/1/2023	Gene Therapy Agents - SMN Protein Deficiency	Zolgensma (Onasemnogene Abeparvovec-XIOI) 13.6-14.0, 14.1-14.5, 14.6-15.0, 15.1-15.5, 15.6-16.0, 16.1-16.5, 16.6-17.0, 17.1-17.5, 17.6-18.0, 18.1-18.5, 18.6-19.0, 19.6-20.0, 20.1-20.5, 20.6-21 kg kit
4/8/2023	Eye Local Anesthetics	Iheezo (chloroprocaine HCL) 3% gel eye drop
4/8/2023	Antiviral Monoclonal Antibodies	Gohibic (vilobelimab) 200 mg/20 ml vial (EUA)
4/22/2023	Cell/Gene Therapy Agents - Hematopoietic	Omisirge (Omidubicel-ONLV) infusion kit
4/22/2023	Erythropoiesis-Stimulating Agents	Mircera (Methoxy Polyethylene Glycol-Epoetin Beta) 120 mcg/0.3 mL syringe
4/22/2023	Patent Ductus Arteriosus Treat. Agents, NSAID-type	Indomethacin sodium 1 mg vial
4/29/2023	Amyotrophic Lateral Sclerosis Agents	Qalsody (tofersen) 100 mg/15 mL vial
5/6/2023	Antipsychotics, Atypical, D2 Partial Agonist/5HT Mixed	Abilify Asimtufii 720 mg/2.4mL, 960 mg/3.2mL syringe
5/13/2023	Antipsychotic, Atypical, Dopamine, Serotonin Antagonist	Uzedy (risperidone) ER 50mg/0.14 mL, 75mg/0.21 mL, 100 mg/0.28 mL, 125mg/0.35 mL, 150mg/0.42 mL, 200mg/0.56 mL, 250mg/0.7 mL syringe
5/13/2023	Cholinesterase Inhibitors	Prevduo (glycopyrrolate/neostigmine methylsulfate) 3 mg-0.6 mg/3 mL syringe
5/20/2023	Metabolic Disease Enzyme Replacement, Fabry's Disease	Elfabrio (pegunigalsidase alfa-IWXJ) 20 mg/10 mL vial
5/26/2023	Antineoplastics Antibody/Antibody-Drug Complexes	Epkinly (epcoritamab-BYSP) 4 mg/0.8 mL, 48mg/0.8mLvial
6/3/2023	Opioid Withdrawal Therapy Agents, Opioid-Type	Brixadi (buprenorphine) month 64mg/0.18mL, 96/0.27mL, 128mg/0.36mL, weekly 16mg/0.32mL, 24mg/0.48mL, 32mg/0.64mL syringe
6/10/2023	Gene Therapy Agents - Connective Tissue Disorders	Vyjuvek (beremagene geperpavec-SVDT) gel
6/24/2023	Neonatal Fc Receptor (FCRN) Inhibitors	Vyvgart Hytrulo (efgartigimod alfa-hyaluronidase-QVFC) 1,008MG-11,200
6/24/2023	Antineoplastics Antibody/Antibody-Drug Complexes	Columvi (glofitamab-GXBM) 10mg/10mML, 2.5mg/mL vial

The following products are not listed in the above table:

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