San Francisco Health Plan (SFHP)
Quarterly Formulary and Prior Authorization Criteria Update
April 2025

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, April 16th, 2025. Effective date for all changes is **May 20th, 2025**.

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 and Monographs (main agenda)

Drug Class Reviews (main agenda)

Cardiology: Heart Failure

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed step therapy requirements for SGLT-2 inhibitors class

Prior Authorization Criteria Recommendations:

- Updated the SGLT-2 inhibitors criteria with formulary changes above

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Diabetes

Formulary Update:

Healthy Workers HMO only

- Removed Victoza® (liraglutide) from formulary based on cost-effective alternatives available and low utilization. Authorized existing utilizers to continue the generic liraglutide.
- Removed step therapy requirements for SGLT-2 inhibitors class

Healthy San Francisco

- No changes recommended

Prior Authorization Criteria Recommendations:

- Updated the GLP-1 Receptor Agonist criteria with formulary changes above
- Updated the SGLT-2 inhibitors criteria with formulary changes above

Drug Utilization Review Update:

- Reviewed separate DUR analysis

Endocrinology: Diabetic Supplies and Hypoglycemia

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No changes recommended

Prior Authorization Criteria Recommendations:

- Edits made to Blood Glucose Testing PA criteria to address continuation of therapy

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Osteoporosis

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No changes recommended

Prior Authorization Criteria Recommendations:

- Edits made to the Parathyroid Hormone PA criteria to be more comprehensive

Drug Utilization Review Update:

- No DUR changes made

Hematology: Voydeya™ (danicopan)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Voydeya™ (danicopan) as non-formulary due to no utilization or requests

Prior Authorization Criteria Recommendations:

- Implemented new PA criteria for appropriate diagnosis

Drug Utilization Review Recommendations:

- No DUR changes made

Hematology: Fabhalta® (iptacopan)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Fabhalta® (iptacopan) as non-formulary due to no utilization or requests

Prior Authorization Criteria Recommendations:

- Implemented Fabhalta® (iptacopan) PA criteria for appropriate diagnosis

Drug Utilization Review Recommendations:

- No DUR changes made

Psychiatry: Insomnia

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Recommendations:

- No DUR changes made

Obstetrics/Gynecology: Veozah® (fezolinetant)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Veozah® (fezolinetant) as non-formulary due to alternatives available on formulary

Prior Authorization Criteria Recommendations:

- Implemented new PA criteria for diagnosis and baseline hepatic function

Drug Utilization Review Recommendations:

- No DUR changes made

Interim Prior Authorization Criteria Changes (1/2/25 – 4/2/25)

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 January 2025 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 an effective date of May 20th, 2025 unless otherwise noted.

Title	Date Effective	Revision Summary
Insomnia	2/20/2025	Removed the wording “generic doxepin” from step therapy requirements for Silenor® (rationale: for clarity as there is already a generic available for Silenor®)

Interim Formulary Changes (12/14/2024 – 3/8/2025)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
1/16/2025	NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS	VEMLIDY 25MG TABLET	HW: T3/PA→T2 HSF: NF	Per January P&T decision, early change per request
2/5/2025	HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS	DESCOVY 200-25 MG TABLET	HW: T3/ST→T2 HSF: NF	Removed step therapy per DMHC regulations
2/20/2025	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	SIMLANDI(CF) 20MG/0.2ML, 80MG/0.8ML SYRG	HW: T3/PA HSF: NF	New dosage form
2/22/2025	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	RYBELSUS (SEMAGLUTIDE) 1.5, 4, 9 MG TABLET	HW: T3/PA HSF: NF	New dosage form
2/22/2025	ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	GOMEKLI 1, 2 MG CAPSULE	HW: T3/PA HSF: NF	New entity
2/22/2025	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	ROMVIMZA (VIMSELTINIB) 14, 20, 30 MG CAPSULE	HW: T3/PA HSF: NF	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.
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
12/24/2024	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	IMKELDI (IMATINIB MESYLATE) 80 MG/ML SOLUTION	New dosage form
12/24/2024	MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS	QLOSI (PILOCARPINE HCL) 0.4% DROPS	New entity
12/28/2024	PITUITARY SUPPRESSIVE AGENTS	CRENESSITY (CRINECERFONT) 100 MG CAPSULE, 50MG/ML SOLN	New entity
12/28/2024	ANTIHYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITOR	TRYNGOLZA (OLEZARSEN SODIUM) 80 MG/0.8 ML AUTOINJ	New entity
12/28/2024	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	WEZLANA (USTEKINUMAB-AUUB) 45 MG/0.5 ML, 90 MG/ML, SYRINGE, 45 MG/0.5 ML VIAL	New entity
12/28/2024	CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.	ALYFTREK 10-50-125, 4-20-50 MG TABLET	New entity
12/28/2024	ANTIPSORIATIC AGENTS,SYSTEMIC	BIMZELX 320 MG/2 ML AUTOINJECT, SYRINGE	New dosage form
1/11/2025	ANTICONVULSANTS	GABARONE (GABAPENTIN) 100, 400 MG TABLET	New dosage form
1/18/2025	ANTIVIRALS, GENERAL	PREVYMIS (CONCIZUMAB-MTCI) 20, 120 MG PELLET PACKET	New dosage form
1/18/2025	HEMOPHILIA TREATMENT AGENTS,NON-FACTOR REPLACEMENT	ALHEMO (CONCIZUMAB-MTCI) 60 MG/1.5 ML, 150 MG/1.5ML PEN	New entity
1/18/2025	NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS	FENOPRON 300 MG CAPSULE	New entity
1/25/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	YESINTEK (USTEKINUMAB-KFCE) 90MG/ML SYRINGE, 45 MG/0.5 ML SYRINGE, VIAL	New entity
2/1/2025	ANTIFUNGAL ANTIBIOTICS	FULVICIN P-G (GRISEOFULVIN ULTRAMICROSIZE) 165 MG TABLET	New entity
2/1/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	STEQEYMA (USTEKINUMAB-STBA) 45 MG/0.5ML, 90 MG/ML SYRINGE	New entity
2/8/2025	ANALGESICS, NON-OPIOID	JOURNAVX (SUZETRIGINE) 50 MG TABLET	New entity*
2/15/2025	ELECTROLYTE DEPLETERS	VELTASSA (PATIROMER CALCIUM SORBITEX) 1 GM POWDER PACKET	New dosage form
2/15/2025	GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT	EVRYSDI (RISDIPLAM) 5 MG TABLET	New dosage form
2/15/2025	NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS	TRESNI (DICLOFENAC SODIUM) 100 MG SUPPOSITORY	New entity
2/22/2025	IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY	OMVOH (MIRIKIZUMAB-MRKZ) 200 MG/2 ML PEN, SYRINGE	New dosage form
2/22/2025	ANTIPARKINSONISM DRUGS,OTHER	ONAPGO (APOMORPHINE HCL) 98 MG/20 ML CARTRIDGE	New entity
2/22/2025	SICKLE CELL ANEMIA AGENTS	XROMI (HYDROXYUREA) 100 MG/ML SOLUTION	New entity
2/22/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	SELARSDI (USTEKINUMAB-AEKN) 45MG/0.5ML, 90MG/ML SYRINGE	New entity
3/1/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	PYZCHIVA (USTEKINUMAB-TTWE) 45 MG/0.5 ML, 90MG/ML SYRINGE	New entity
3/1/2025	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND (TIRZEPATIDE) 7.5 MG/0.5 ML, 10MG/0.5ML VIAL	New dosage form

Date	Therapeutic Class	Medication	Comment
3/1/2025	CHOLINESTERASE INHIBITORS	ZUNVEYL DR (BENZGALANTAMINE GLUCONATE) 5, 10, 15 MG TABLET	New entity
3/1/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	OTULFI (USTEKINUMAB-AAUZ) 45 MG/0.5 ML, 90MG/ML SYRINGE	New entity
3/8/2025	HEMOPHILIA TREATMENT AGENTS,NON-FACTOR REPLACEMENT	ALHEMO (CONCIZUMAB-MTCI) 300 MG/3 ML	New entity
3/8/2025	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	RALDESY (TRAZODONE HCL) 10 MG/ML SOLUTION	New dosage form

*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
12/24/2024	GENE THERAPY AGENTS - ENZYME DEFICIENCY	KEBILIDI (ELADOCAGENE EXUPARVOVEC-TNEQ) VIAL
12/28/2024	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES	BIZENGRI (ZENOCUTUZUMAB-ZBCO) 375 MG/18.75 ML VIAL
1/4/2025	ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB	OPDIVO QVANTIG (NIVOLUMAB-HYALURONIDASE-NVHY) 600 MG-10,000
1/25/2025	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES	DATROWAY (DATOPOTAMAB DERUXTECAN-DLNK) 100 MG VIAL
2/1/2025	IMMUNOSUPPRESSANT - MONOCLONAL ANTIBODY	NIKTIMVO (AXATILIMAB-CSFR) 9 MG/0.18 ML, 22 MG/0.44ML VIAL
2/1/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	STEQEYMA (USTEKINUMAB-STBA) 130 MG/26 ML VIAL
2/8/2025	ANTINEOPLASTIC - ALKYLATING AGENTS	GRAFAPEX (TREOSULFAN) 1, 5 GRAM VIAL
3/1/2025	VIRAL/TUMORIGENIC VACCINES	VIMKUNYA (CHIKUNGUNYA VACCINE, RECOMBINANT/PF) 40 MCG/0.8 ML SYRINGE
3/1/2025	ANTINEOPLASTIC - ALKYLATING AGENTS	IVRA (MELPHALAN HCL) 90 MG/ML VIAL
3/1/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	OTULFI (USTEKINUMAB-AAUZ) 130 MG/26 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