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

October 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, July 16th, 2025. Effective date for all changes is **November 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 (main agenda)

Cardiology: Anticoagulants

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No changes recommended

Prior Authorization Criteria Recommendations:

- Changed criteria name “Direct Factor Xa Inhibitors” to “Direct Oral Anticoagulants”

Drug Utilization Review Update:

- No DUR changes made

Gastroenterology: Constipation

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No changes recommended

Prior Authorization Criteria Recommendations:

- No changes recommended

Drug Utilization Review Update:

- No DUR changes made

Hematology: Alhemo® Monograph

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Alhemo® as non-formulary due to lack of requests and utilization

Prior Authorization Criteria Recommendations:

- Implemented prior authorization criteria for Alhemo®

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: HIV

Formulary Update: Healthy Workers HMO only

- Removed Fuzeon® (enfuvirtide) from formulary due to no utilization and manufacturer discontinuation

Prior Authorization Criteria Recommendations:

- Retired Fuzeon® (enfuvirtide) PA criteria due to manufacturer discontinuation

Drug Utilization Review Update:

- No DUR changes made

Nephrology: Vanrafia® Monograph

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Vanrafia® as non-formulary due to lack of requests and utilization

Prior Authorization Criteria Recommendations:

- Implemented prior authorization criteria for Vanrafia®

Drug Utilization Review Recommendations:

- No DUR changes made

Pain: Journavx® Monograph

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Journavx® (suzetrigine) as non-formulary due to alternatives available on formulary

Prior Authorization Criteria Recommendations:

- Implemented new PA criteria for Journavx®

Drug Utilization Review Recommendations:

- Monitor for any PA requests and utilization

Interim Prior Authorization Criteria Changes (7/3/25 – 10/1/25)

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

There were no new criteria implemented in the interim since July 2025 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. There were no revisions to existing criteria in the interim since July 2025 P&T.

Interim Formulary Changes (6/14/2025 – 9/13/2025)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
6/20/2025	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	NILOTINIB TARTRATE 50, 150, 200 MG CAP	HW: NF→T3/PA HSF: NF	New dosage form
6/20/2025	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	IBTROZI (TALETRECTINIB ADIPATE) 200 MG CAPSULE	HW: NF→T3/PA HSF: NF	New dosage form
6/28/2025	ANTIRETROVIRAL - CAPSID INHIBITORS	YEZTUGO (LENACAPAVIR SODIUM) 300 MG TABLET	HW: NF→T2 HSF: NF	New dosage form
6/28/2025	ANTIRETROVIRAL - CAPSID INHIBITORS	YEZTUGO (LENACAPAVIR SODIUM) 463.5 MG/1.5 ML VIAL	HW: NF→T2 HSF: NF	New dosage form
7/4/2025	INFLUENZA VIRUS VACCINES	FLUCELVAX 2025-2026 SYRINGE	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUCELVAX 2025-2026 VIAL	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUMIST 2025-2026 NASAL SPRAY	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUMIST HOME 2025-2026 NASAL	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUAD 2025-2026 SYRINGE	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUZONE HIGH-DOSE 2025-26 SYR	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	AFLURIA 2025-2026 SYR (3YR UP)	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	AFLURIA 2025-2026 VIAL	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUZONE 2025-2026 VIAL	HW: NF→T2 HSF: NF	New Entity
7/4/2025	INFLUENZA VIRUS VACCINES	FLUZONE 2025-2026 SYRINGE	HW: NF→T2 HSF: NF	New Entity
7/4/2025	PRENATAL VITAMINS WITH LOW OR NO IRON	VITALARA PRENATAL TABLET (PRENATAL VITAMINS NO.197/IRON BIS-GLYCINATE/FOLATE NO.10)	HW: NF→T2 HSF: NF→T2	New Entity
7/4/2025	PRENATAL VITAMINS WITH LOW OR NO IRON	MATERNACEL PRENATAL TABLET (PRENATAL VITAMINS NO.197/IRON BIS-GLYCINATE/FOLATE NO.10)	HW: NF→T2 HSF: NF→T2	New Entity
7/4/2025	PRENATAL VITAMINS WITH LOW OR NO IRON	NEOMATERNA PRENATAL TABLET (PRENATAL VITAMINS NO.197/IRON BIS-GLYCINATE/FOLATE NO.10)	HW: NF→T2 HSF: NF→T2	New Entity
7/12/2025	INFLUENZA VIRUS VACCINES	FLUARIX 2025-2026 SYRINGE	HW: NF→T2 HSF: NF	New Entity

Date	Therapeutic class	Medication	Formulary Status	Comment
7/12/2025	INFLUENZA VIRUS VACCINES	FLULAVAL 2025-2026 SYRINGE	HW: NF→T2 HSF: NF	New Entity
7/12/2025	INFLUENZA VIRUS VACCINES	FLUBLOK 2025-2026 SYRINGE	HW: NF→T2 HSF: NF	New Entity
7/19/2025	GRAM NEGATIVE COCCI VACCINES	PENMENVY MEN A-B-C-W-Y KIT (MENINGOC A,C,Y,W-135,DT CMP/N.MENING B NHBA,NADA,FHBP,OMV/PF)	HW: NF→T2 HSF: NF	New Entity
7/19/2025	GRAM NEGATIVE COCCI VACCINES	PENMENVY MENACWY COMPONENT VL (MENINGOCOCCAL VACC A,C,Y, W-135, CONJ DIP TOX COMPONENT/PF)	HW: NF→T2 HSF: NF	New Entity
7/19/2025	GRAM NEGATIVE COCCI VACCINES	PENMENVY MENB COMPONENT SYRING (NEISSERIA MENINGITIDIS GROUP B (NHBA, NADA, FHBP, OMV) COMP)	HW: NF→T2 HSF: NF	New Entity
8/16/2025	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	PREZCOBIX (DARUNAVIR ETHANOLATE/ COBICISTAT) 675 MG-150 MG TABLET	HW: NF→T2 HSF: NF	New dosage form
8/16/2025	ANTINEOPLASTIC SYSTEMIC ENZYME ACTIVATORS	MODEYSO (DORDAVIPRONE HCL) 125 MG CAPSULE	HW: NF→T3/PA HSF: NF	New Entity
8/16/2025	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	HERNEXEOS (ZONGERTINIB) 60 MG TABLET	HW: NF→T3/PA HSF: NF	New Entity
8/23/2025	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	BRUKINSA (ZANUBRUTINIB) 160 MG TABLET	HW: NF→T3/PA HSF: NF	New Entity
8/30/2025	COVID-19 VACCINES	COVID VACCINE 2025-2026 (12 YEARS UP) (MODERNA)/PF	HW: NF→T2 HSF: NF	New Entity
8/30/2025	COVID-19 VACCINES	COVID VACCINE 2025-2026 (12 YEARS UP) (MODERNA)/PF	HW: NF→T2 HSF: NF	New Entity
8/30/2025	COVID-19 VACCINES	COVID VACCINE 2025-2026 (12 YRS UP) (PFIZER)/PF	HW: HW: NF→T2 HSF: NF →T2	New Entity
8/30/2025	COVID-19 VACCINES	COVID VACCINE 2025-2026 (12 YRS UP)/ADJUVANT-MATRIX/PF	HW: NF→T2 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
6/20/2025	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	BRYNOVIN (SITAGLIPTIN HCL) 25 MG/ML SOLUTION	New Dosage Form
6/28/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	PYZCHIVA (USTEKINUMAB-TTWE) 45 MG/0.5 ML VIAL	New Dosage Form
6/28/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	IMULDOSA (USTEKINUMAB-SRLF) 45 MG/0.5 ML SYRINGE	New Entity
6/28/2025	OPHTHALMIC TRPM8 AGONISTS	TRYPTYR (ACOLTREMON) 0.003% EYE DROP	New Entity
6/28/2025	FACTOR XII INHIBITORS	ANDEMBRY (GARADACIMAB-GXII) 200 MG/1.2 ML AUTOINJ	New Entity
7/12/2025	PLASMA KALLIKREIN INHIBITORS	EKTERLY (SEBETRALSTAT) 300 MG TABLET	New Entity
7/26/2025	GROWTH HORMONE RELEASING HORMONE(GHRH) AND ANALOGS	EGRIFTA (TESAMORELIN ACETATE) WR 11.6 MG VIAL	New Entity
8/2/2025	TOPICAL JANUS KINASE (JAK) INHIBITORS	ANZUPGO (DELGOCITINIB) 2% CREAM	New Entity
8/2/2025	PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE	SEPHIENCE 250, 1000 MG POWDER PACKET	New Entity
8/2/2025	ANTIPSORIATIC AGENTS,SYSTEMIC	SPEVIGO (SPESOLIMAB-SBZO) 300 MG/2 ML SYRINGE	New Dosage Form
8/2/2025	TOPICAL LOCAL ANESTHETICS	DYCLOPRO (DYCLONINE HCL) 0.5% SOLUTION	New Dosage Form
8/9/2025	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	VABRINTY (LEUPROLIDE ACETATE) 22.5, 45 MG SYRINGE KIT	New Dosage Form
8/9/2025	MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS	VIZZ (ACECLIDINE HCL) 1.44% EYE DROP	New Entity
8/9/2025	HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB	CDV PYZCHIVA 45MG/0.5ML, 90MG/ML AUTOIN	New Entity
8/16/2025	DIPEPTIDYL PEPTIDASE 1 (DPP1) INHIBITOR	BRINSUPRI (BRENSOCATIB) 10, 25 MG TABLET	New Entity
8/16/2025	CARBAPENEM/PENEM ANTIBIOTICS	ORLYNVAH (SULOPENEM ETZADROXIL/PROBENECID) 500-500 MG TABLET	New Entity
8/23/2025	INSULINS	KIRSTY 100 UNIT/ML VIAL, PEN	New Entity
8/30/2025	PLASMA KALLIKREIN INHIBITORS	DAWNZERA (DONIDALORSEN SODIUM) 80 MG/0.8 ML PEN	New Entity
9/6/2025	ANTIMIGRAINE PREPARATIONS	BREKIYA (DIHYDROERGOTAMINE MESYLATE) 1 MG/ML AUTOINJECTOR	New Dosage Form
9/6/2025	AMYLOID DIRECTED MONOCLONAL ANTIBODY	LEQEMBI IQLIK (LECANEMAB-IRMB) 360 MG/1.8 ML	New Entity
9/6/2025	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	WAYRILZ (RILZABRUTINIB) 400 MG TABLET	New Entity
9/13/2025	NOVEL BACTERIAL TOPOISOMERASE INHIBITORS (NBTI)	BLUJEPA (GEPOTIDACIN MESYLATE) 750 MG TABLET	New Entity
9/13/2025	OPIOID ANTAGONISTS	ZURNAI (NALMEFENE HCL) 1.5 MG/0.5 ML AUTOINJCT	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
6/28/2025	NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS	XIFYRM (MELOXICAM) 30 MG/ML VIAL
7/4/2025	BONE RESORPTION INHIBITORS	CONEXXENCE (DENOSUMAB-BNHT) 60 MG/ML SYRINGE
7/4/2025	BONE RESORPTION INHIBITORS	BOMYNTRA (DENOSUMAB-BNHT) 120 MG/1.7 ML VIAL, SYRINGE
7/12/2025	SYSTEMIC ENZYME INHIBITORS	GLASSIA (ALPHA-1-PROTEINASE INHIBITOR) 4 GM/200 ML, 5GM/200ML VIAL
7/12/2025	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES	LYNOZYFIC (LINVOSELTAMAB-GCPT) 5 MG/2.5 ML VIAL
8/2/2025	ANTINEOPLASTIC - ALKYLATING AGENTS	TEPADINA (THIOTEPA) 200 MG BAG
8/16/2025	THROMBOLYTIC ENZYMES	TNKASE (TENECTEPLASE) 25 MG VIAL
8/23/2025	RESPIRATORY CELL/GENE THERAPY AGENTS	PAPZIMEOS (ZOPAPOGENE IMADENOVEC-DRBA) VIAL
8/23/2025	ANTINEOPLASTIC - ALKYLATING AGENTS	KYXATA (CARBOPLATIN) 500 MG/50 ML VIAL
8/23/2025	ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY	JOBEVNE 100 MG/4 ML VIAL
8/23/2025	RESPIRATORY CELL/GENE THERAPY AGENTS	PAPZIMEOS (ZOPAPOGENE IMADENOVEC-DRBA) VIAL
8/30/2025	ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB	UNLOXCYT (COSIBELIMAB-IPDL) 300 MG/5 ML VIAL
9/6/2025	ANTIFIBRINOLYTIC AGENTS	FIBRYGA (FIBRINOGEN) 2 GRAM RANGE VIAL
9/13/2025	BONE RESORPTION INHIBITORS	BILDYOS (DENOSUMAB-NXXP) 60 MG/ML SYRINGE
9/13/2025	BONE RESORPTION INHIBITORS	BILPREVDA (DENOSUMAB-NXXP) 120 MG/1.7 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