

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update April 2018

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 04/18/2018. Effective date for all changes is **05/18/2018**.

SFHP formulary can be accessed at <http://www.sfhp.org/providers/formulary/> and prior authorization criteria at <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.

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Drug Class Reviews

Cardiology: Pulmonary Hypertension

Formulary Update: Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- Updated Ventavis[®] formulary status to tier 4 to reflect limited distribution status (M-Cal, HK only)
- Added Adempas[®] 2, 2.5mg strengths to formulary with prior authorization required/specialty drug (tier 4) to align with other strengths

Prior Authorization Criteria Update:

- Updated Pulmonary Arterial Hypertension criteria to address use of Adempas[®] for CTEPH and prefer sildenafil among PDE-5 inhibitors for PAH

Drug Utilization Review Update:

- No DUR changes made

Cardiology: Hypertension

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

- Removed quantity limits for all formulary medications except clonidine patch due to cost-effectiveness
 - **ARBs:** losartan, valsartan, irbesartan, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, and irbesartan/hydrochlorothiazide
 - **CCBs:** nifedipine ER 24H tablet, nifedipine ER tablet, felodipine, and amlodipine/valsartan
 - **a2 agonist:** guanfacine
- Added amiloride 5mg tablet and furosemide 40mg/4mL solution to formulary tier 1 based on cost-effectiveness
- Added indapamide to formulary tier 1 based cardiovascular benefit and guideline recommendations
- Added six additional home blood pressure monitors (HBPMs) to formulary tier 1 with quantity limit of 1 per 5 years based on high demand and cost-effectiveness
- Removed nifedipine 20mg capsule from formulary due to safety concerns

Prior Authorization Criteria Update:

- Updated the following criteria to remove quantity limits:
 - Non-Formulary ARBs and ARB Combination Products
 - Non-Formulary ACE Inhibitors and ACE Combination Products

Drug Utilization Review Update:

- Approved initiation of an educational campaign with retail pharmacy network to increase awareness of HBPM benefit

Infectious Disease: Human Immunodeficiency Virus

Formulary Update: Healthy Kids HMO, Healthy Workers HMO

Healthy Workers HMO

- Added Isentress[®] 600 mg, Biktarvy[®] 50-200-25 mg, and Juluca[®] 50-25 mg tablet to formulary

Healthy Kids HMO

- Removed quantity limit from tenofovir disoproxil fumarate 300 mg tablet
- Added Descovy[®], Genvoya[®], Odefsey[®] and Triumeq[®] to formulary tier 3 with prior authorization based on FDA-approved use in pediatrics
- Added Tivicay[®] 10, 25 mg tablets, Isentress[®] 600 mg tablet and 100 mg powder pack, and nevirapine ER 100 mg tablet to formulary tier 3 with require prior authorization to align with other strengths/formulations

Prior Authorization Criteria Update:

- Approved new criteria for Healthy Kids HMO PA drugs

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Antipsychotics

Formulary Update: Healthy Kids HMO, Healthy Workers HMO

- Added risperidone oral solution to formulary tier 1 to align with Healthy Workers HMO
- Removed risperidone oral disintegrating tablet from formulary due to lack of utilization

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Antidepressants

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

- Added mirtazapine ODT to formulary tier 1 due to cost-effectiveness
- Added trazodone 300mg tablet to formulary tier 1 to align with other strengths

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Anxiolytics

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

- Removed quantity limits from buspirone tablet (all strengths) due to lack of safety concerns

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- Approved review of members with prescriptions for concurrent opioid and sedative hypnotic medications

Psychiatry: Insomnia

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

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Insomnia Medications criteria to include Belsomra[®] and Hetlioz[®]

Drug Utilization Review Update:

- Approved review of members with prescriptions for concurrent opioid and sedative hypnotic medications

Gastroenterology: Symproic[®]

Formulary Update: Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- Added Symproic[®] to formulary tier 3 with prior authorization required

Prior Authorization Criteria Update:

- Updated Constipation Agents criteria to include Symproic[®]

Drug Utilization Review Update:

- No DUR changes made

Neurology: Nuedexta[®]

Formulary Update: Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- Added Nuedexta[®] to formulary tier 3 with prior authorization required

Prior Authorization Criteria Update:

- Approved new criteria for Nuedexta[®] requiring diagnosis

Drug Utilization Review Update:

- No DUR changes made

Ophthalmology: Vyzulta[®]

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

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Ophthalmic Glaucoma Agents criteria to include Vyzulta[™]

Drug Utilization Review Update:

- No DUR changes made

Ophthalmology: Miscellaneous Ophthalmic Preparations

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

- Added Xiidra[®] to formulary tier 3 with prior authorization required
- Added step therapy requirement to the following due to cost-effective alternatives on formulary:
 - Pred Mild[®] drops, requiring prior use of prednisolone 0.10% drops
 - Blephamide[®] drops and Blephamide SOP[®] ointment, requiring sulfacetamide and prednisolone drops
- Changed Durezol[®] step to highest potency formulary ophthalmic corticosteroid
- Removed Zylet[®] from formulary and remove prior authorization due to lack of utilization

Prior Authorization Criteria Update:

- Updated Restasis[®] criteria to include Xiidra[®] and renamed to Ophthalmic Anti-inflammatory Immunomodulators criteria
- Updated Durezol[®] criteria with higher-potency steroid step

Drug Utilization Review Update:

- No DUR changes made

Miscellaneous Formulary Changes

- No formulary changes – miscellaneous

Miscellaneous Prior Authorization Criteria Updates (1/6/18-4/1/18)

New Criteria

- Step Therapy Exception blanket criteria
- Quantity Limit Exception blanket criteria
- Safety Edit Exception blanket criteria

Revisions to Existing Criteria

Title	Date Effective	Revision Summary
Long-Acting Opioids	02/21/2018	<ul style="list-style-type: none"> • Expanded initiation of therapy criteria to include approval of formulary/PA drugs first-line for documented pain caused by active cancer • Previously required trial/failure of morphine sulfate ER for any diagnosis
Disease Modifying Biologics	02/21/2018	<ul style="list-style-type: none"> • For initiation of therapy criteria for psoriasis, added “prior disease modifying biologic” to list of required (3 or more) alternatives to allow use in members with prior treatment history outside SFHP
Atopic Dermatitis	03/16/2018	<ul style="list-style-type: none"> • Removed prescriber restriction from topical calcineurin inhibitors • Maintained restriction to pediatrician or dermatologist for Eucrisa® and Dupixent® only

Interim Formulary Changes (1/6/18-4/1/18)

Date	Therapeutic class	Medication	Formulary Status	Comment
01/31/2018	Narcotic Antitussive-Expectorant Combination	codeine/guaifenesin 10mg-100mg/5mL	Medi-Cal, HK, HW, HSF: T1-AL 18y min C-Wrap: X	Age limit (FDA label change)
02/16/2018	Smoking Deterrent-Nicotinic Receptor Partial Agonist	Chantix (varenicline) 0.5mg, 1mg tablet	Medi-Cal, HK, HW, HSF: T2-QL #60/30d C-Wrap: X	Quantity limit (fill limit removed)
02/16/2018	Smoking Deterrent-Nicotinic Receptor Partial Agonist	Chantix (varenicline) Starter pack	Medi-Cal, HK, HW, HSF: T2-QL #159 (3 packs)/yr C-Wrap: X	Quantity limit (fill limit removed)
02/21/2018	Beta-Adrenergic Agents, Inhaled, Short Acting	Proair Respiclick (albuterol) inhaler	Medi-Cal, HK, HW, HSF: T2-QL 2/30d C-Wrap: X	Rejected claims
02/21/2018	Antiseptics, General	alcohol prep pads	Medi-Cal, HK, HW, HSF: T1 C-Wrap: X	Remove QL, days' supply limit 30→100
03/09/2018	Antiparkinsonism Drugs, Other	amantadine 100mg tab, 100mg capsule, 50mg/5mL oral solution	HW, HK: Medi-Cal, C-Wrap: X	Align HK & HW M-Cal Carve Out

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.

FFS Carve Out=CO Excluded= X NF-NL = Non-Formulary, Not Listed

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

New Drugs to Market

Date	Therapeutic class	Medication	Formulary Status	Comment
01/08/2018	Neuropathic Agents	Lyrica (pregabalin) CR 82.5, 165, 330 mg tablet, extended release	Medi-Cal, HK, HW: T3 HSF, C-Wrap: X	New entity
01/08/2018	Insulins	Admelog (insulin lispro) 100 unit/mL Solostar subcutaneous insulin pen, solution	Medi-Cal, HK, HW, HSF: T2 C-Wrap: X	New entity
01/08/2018	Antineoplastic, Anti-Programmed Death-1 (PD-1) MAB	Opdivo (nivolumab) 240 mg/24 mL intravenous solution	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	New strength
01/09/2018	Viral/Tumorigenic Vaccines	Hepilisav-B 20 mcg/0.5 mL intramuscular solution	Medi-Cal: T2 HK, HW, HSF, C-Wrap: X	New entity
01/15/2018	Antineoplastic Systemic Enzyme Inhibitors	Alunbrig (brigatinib) 90, 180 mg tablet, 90-180mg dose pack	Medi-Cal, HK, HW: T3 HSF, C-Wrap: X	New strength
01/29/2018	Direct Factor Xa Inhibitors	Eliquis (apixaban) 5 mg (74 tabs) tablets in a dose pack	Medi-Cal, HK, HW, HSF: T2-QL #74/30d C-Wrap: X	New dosage form
02/12/2018	ARV-Nucleoside, Nucleotide RTI, Integrase Inhibitors	Biktarvy (bictegravir/emtricitabine/tenofovir AF) 50 mg-200 mg-25 mg tablet	Medi-Cal: T5 HSF, C-Wrap: X	Carve out
02/19/2018	Antineoplastic - Antiandrogenic Agents	Erleada (apalutamide) 60 mg tablet	Medi-Cal, HK, HW: T4 HSF, C-Wrap: X	New entity
02/28/2018	Pancreatic Enzymes	Zenpep (lipase/protease/amylase) 5,000-17,000-24,000, 25,000-79,000-24,000 unit capsule, DR	Medi-Cal, HK, HW, HSF: T2 C-Wrap: X	New strength
03/05/2018	Pregnancy Maintaining Agent, Hormonal	Makena (hydroxyprogesterone) PF 275 mg/1.1 mL SC auto-injector	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New dosage form
03/05/2018	Antineoplastic Systemic Enzyme Inhibitors	Imbruvica (ibrutinib) 70 mg capsule	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength
03/05/2018	Antineoplastic Systemic Enzyme Inhibitors	Imbruvica (ibrutinib) 140, 280, 420, 560 mg tablet	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New dosage form
03/12/2018	Vancomycin Antibiotics And Derivatives	Firvanq (vancomycin) 25 mg/mL oral solution	Medi-Cal, HK, HW, HSF: T3 C-Wrap: X	New dosage form
03/19/2018	ARTV Nucleoside, Nucleotide, Non-Nucleoside RTI Comb	Symfi Lo (efavirenz/lamivudine/tenofovir DF) 400 mg-300 mg-300 mg tablet	Medi-Cal: T5 HSF, C-Wrap: X	Carve out
03/19/2018	Phosphodiesterase-4 (PDE4) Inhibitors	Daliresp (roflumilast) 250 mcg tablet	Medi-Cal, HK, HW: T3 HSF, C-Wrap: X	New strength

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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)