

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update April 2024

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 17th, 2024. Effective date for all changes is **May 20th, 2024**.

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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Drug Class Reviews (Consent Calendar)

Gastroenterology: Anorexia and Weight Gain

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 Drug Utilization Review (DUR) changes made

Genitourinary: Benign Prostatic Hyperplasia

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 Update:

- No DUR changes made

Drug Class Reviews (main agenda)

Gastroenterology: Antiemetics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added granisetron tablet and transdermal scopolamine to formulary based on comparable cost-effectiveness to formulary alternatives and maintained quantity limit
- Removed age minimum from promethazine rectal suppository due to lack of pediatric population
- Removed the following liquid dosage forms from formulary due to lack of utilization and alternatives available: ondansetron, metoclopramide, and Emend® (aprepitant) oral solutions
- Removed the following OTC products from Healthy San Francisco formulary due to lack of use and to align with Healthy Workers HMO: meclizine 25 mg chewable tablet, dimenhydrinate 50 mg tablet

Prior Authorization Criteria Recommendations:

- Retired Scopolamine and 5-HT₃ Receptor Antagonists criteria and updated Substance P-Neurokinin 1 (NK-1) Receptor Antagonists criteria to reflect formulary changes above

Drug Utilization Review Recommendations:

- No DUR changes made

Gastroenterology: Moderate-Severe Ulcerative Colitis and Crohn's Disease

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Zymfentra® (infliximab) and Omvoh® (mirikizumab) as non-formulary due to alternatives available
- Maintained Velsipity® (etrasimod) and Zeposia® (ozanimod) as non-formulary due to lack of use and alternatives available

Prior Authorization Criteria Recommendations:

- Implemented new criteria for moderate to severe UC and CD incorporating new therapies

Drug Utilization Review Recommendations:

- No DUR changes made

Obstetrics/Gynecology: Zurzuvae™ (zuranolone)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added Zurzuvae™ to the formulary tier 3 with PA required and a quantity limit of 28 capsules per 30 days

Prior Authorization Criteria Recommendations:

- Implemented new PA criteria requiring documented diagnosis of PPD, an appropriately prescribed dose, and current disease severity and depressive symptoms

Drug Utilization Review Recommendations:

- No DUR changes made

Ophthalmology: Miscellaneous Ophthalmic Preparations Abbreviated Review

Formulary Update:

Healthy Workers HMO and Healthy San Francisco

- Removed epinastine 0.05% and flurbiprofen 0.03% drops from formulary due to lack of use and cost-effective alternatives available
- Maintained Vevye® (cyclosporine), Miebo™ (perfluorohexyloctane), and Xdemvy® (lotilaner) non-formulary due to limited evidence for use and cost-effective alternatives available

Healthy San Francisco Only:

- Removed the following OTC formulations from formulary due to lack of use and to align with Healthy Workers HMO: naphazoline-pheniramine drops, all artificial tears, mineral oil-white petrolatum ointment, and sodium chloride drops

Prior Authorization Criteria Update:

- Updated Ophthalmic Antihistamines and Ophthalmic NSAIDs criteria to reflect formulary changes above
- Updated Ophthalmic Anti-Inflammatory Immunomodulators criteria to reflect formulary changes above and incorporate other non-formulary therapies, and renamed Dry Eye Disease criteria
- Implemented new criteria for Oxervate® (cenegermin) to manage any future requests, requiring documentation of appropriate diagnosis and trial/failure or inability to use alternatives

Drug Utilization Review Update:

- No DUR changes made

Pain: Opioids and Combinations

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:

- Reviewed separate DUR analysis

Psychiatry: Anxiolytics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Loreev® XR (lorazepam) as nonformulary due to more cost effective alternatives available
- Removed age limit from non-formulary clobazam suspension to align with formulary

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Recommendations:

- Reviewed separate DUR analysis

Interim Prior Authorization Criteria Changes (1/2/24 – 4/1/24)

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 2024 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 May 20th, 2024.

Title	Date Effective	Revision Summary
MIGRAINE PREVENTION	2/1/2024	Prerequisite requirements for episodic cluster headache in Migraine Prevention (CGRP) criteria (rationale: expanded to include other potential therapies to ensure rebate eligibility)
SGLT2 INHIBITORS	2/1/2024	Removal of the specialist requirement for SGLT2 inhibitors (rationale: lifted requirement to allow access per guideline recommendations and to ensure rebate eligibility)
DISEASE MODIFYING DRUGS AND BIOLOGICS	5/20/2024	Removal of Ulcerative Colitis and Crohn's Disease diagnosis and criteria due to implementation of new criteria for Moderate-Severe UC and CD

Interim Formulary Changes (12/23/23 –3/29/24)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
12/30/2023	Pancreatic Enzymes	Zenpep DR (lipase/protease/amylase) 60,000 unit capsule	HW: T2-F HSF: T2-F	New dosage form
1/20/2024	Thyroid Hormones	Adthyza (thyroid,pork) 15, 30, 60, 90, 120 mg tablet	HW: T2-F HSF: T2-F	New dosage form
3/9/2024	Contraceptives, Oral	Opill (norgestrel) 0.075 mg tablet (OTC)	HW: T2-F 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)
T2	Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)
T3	Formulary Drug, Step Therapy or Prior Authorization required
NF	Non-Formulary Drug

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
12/23/2023	Topical Anti-Inflammatory Phosphodiesterase-4 (PDE4) Inhibitor	Zoryve (roflumilast) 0.3% foam	New dosage form
12/23/2023	Antihyperglycemic, DPP-4 Inhibitors	Zituvio (sitagliptin) 25, 50, 100 mg tablet	New entity
12/30/2023	Amyloidosis Agents-Transthyretin (TTR) Suppression	Wainua (eplontersen sodium) 45 mg/0.8 mL autoinject	New dosage form
1/6/2024	Antineoplastic Systemic Enzyme Inhibitors	Bosulif (bosutinib) 50, 100 MG CAPSULE	New dosage form
1/6/2024	Complement Inhibitors	Fabhalta (iptacopan hcl) 200 mg capsule	New entity
1/6/2024	Glucocorticoids	Agamree (vamorolone) 40 mg/mL suspension	New entity
1/6/2024	Complement Inhibitors	Zilbrysq (zilucoplan sodium) 16.6mg/0.416 mL, 23mg/0.574mL, 32.4mg/0.81mL syringe	New entity
1/6/2024	Hemophilia Treatment Agents, Non-Factor Replacement	Hemlibra (emicizumab-KXWH) 300mg/2mL vial	New dosage form
1/27/2024	Oxalosis Agent - Oxalate Inhibitor, siRNA Based	Rivfloza (nedosiran sodium) 128 mg/0.8 mL syringe	New entity
1/27/2024	Leukocyte (WBC) Stimulants	Udenyca (pegfilgrastim-CBQV) 6mg/0.6mL onbody	New dosage form
2/3/2024	Monoclonal Antibodies To Immunoglobulin E (IgE)	Xolair (omalizumab) 75mg/0.5mL, 150mg/mL, 300mg/2mL autoinjector	New dosage form
2/3/2024	Monoclonal Antibodies To Immunoglobulin E (IgE)	Xolair (omalizumab) 300mg/2mL syringe	New dosage form
1/27/2024	Amyotrophic Lateral Sclerosis Agents	Teglutik (riluzole) 50 mg/10 ml suspension	New dosage form
2/10/2024	Wound Healing Agents, Local	Filsuvez (birch bark extract) 10% gel	New entity
2/17/2024	Thrombopoietin Receptor Agonists	Alvaiz (eltrombopag choline) 18 mg tablet	New entity
2/17/2024	Glucocorticoids	Eohilia (budesonide) 2 mg/10 ml stick pack	New entity
2/23/2024	Hyperparathyroid Tx Agents - Vitamin D Analog-Type	Rayaldee (calcifediol) er 30 mcg cap	New dosage form
3/2/2024	Hemophilia Treatment Agents, Non-Factor Replacement	Hemlibra (emicizumab-KXWH) 12 mg/0.4 mL vial	New dosage form
3/9/2024	Antimalarial Drugs	Sovuna (hydroxychloroquine sulfate) 200 mg tablet	New dosage form
3/9/2024	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Yuflyma(CF) (adalimumab-AATY) 20 mg/0.2 ML syringe kit	New dosage form
3/23/2024	Thyroid Hormone Receptor (THR) Agonist	Rezdiffra (resmetirom) 60, 80, 100 mg tablet	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
12/23/2023	Viral/Tumorigenic Vaccines	Ixchiq (chikungunya vaccine, live/preservative free) vial
12/23/2023	Miotics And Other Intraocular Pressure Reducers	Idose TR (travoprost) 75 mcg implant
12/23/2023	Tissue Bulking Implants	Barrigel (hyaluronate sodium, stabilized) 3 mL syringe
1/13/2024	Cholinesterase Inhibitors	Anticholium (physostigmine salicylate) 2mg/5mL ampule
1/20/2024	Topical/Mucous Membrane/Subcut. Enzymes	Nexobrid (anacaulase-BCDB) powder component 5 gm vial
1/27/2024	Vaccine/Toxoid Preparations,Combinations	Hiberix (haemophilus B conjugate vaccine(tetanus toxoid conjugate)/PF)vial/diluent syringe
1/27/2024	NSAID analgesic and non-salicylate analgesic comb	Combogesic IV (ibuprofen sodium/acetaminophen) 1000-300mg/100mL
2/23/2024	Antineoplastic - Immunotherapy, T-Cell Therapy	Amtagvi (lifileucel) cassette, infusion bag
3/9/2024	Antineoplastic – Antimetabolites	Pemrydi RTU (pemetrexed disodium) 500 mg/50 ml vial
3/16/2024	Antisera	Alyglo 10% (immune globulin,gamma (IGG)-STWK human) 5g/50mL, 10g/100mL, 20g/200mL vial
3/23/2023	Cell/Gene Therapy Agents - Hematopoietic	Lenmeldy (atidarsagene autotemcel) infusion bag
3/23/2023	Antineoplastic - Alkylating Agents	Hepzato (melphalan hcl) 50 mg vial

The following products are not listed in the above table:

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