

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update January 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, January 17th, 2024. Effective date for all changes is **February 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.

Contents

Drug Class Reviews (consent calendar)

Gastroenterology: Ulcerative Colitis, Crohn’s Disease	2
Hematology: Thrombocytopenia	2
Neurology: Alzheimer’s Disease and Dementia	2
Otorhinolaryngology: Miscellaneous Otic Medications	2
Topical: Rectal Miscellaneous Preparations.....	3

Drug Class Reviews (main agenda)

Cardiology: Hypertension.....	4
Cardiology: Lodoco® (colchicine)	4
Endocrinology: Gaucher Disease.....	4
Endocrinology: Zepbound™ (tirzepatide).....	4
Hematology: Erythropoietin Stimulating Agents	5
Pulmonology: Cystic Fibrosis	5
Interim Prior Authorization Criteria Changes (10/4/23 – 1/1/24)	6
New Criteria.....	6
Revisions to Existing Criteria.....	6
Interim Formulary Changes (10/4/23 –1/1/24).....	7
Pharmacy Benefit Medications	7
New Drugs to Market, Nonformulary	8
New Drugs to Market, Medical Benefit	9

Drug Class Reviews (Consent Calendar)

Gastroenterology: Ulcerative Colitis, Crohn's Disease

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

Hematology: Thrombocytopenia

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

Neurology: Alzheimer's Disease and Dementia

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

Otorhinolaryngology: Miscellaneous Otic Medications

Formulary Update: Healthy San Francisco only

- Removed carbamide peroxide (Debrox[®]) 6.5% drops (OTC) from formulary due to lack of use and to align with Healthy Workers HMO

Prior Authorization Criteria Recommendations:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Recommendations:

- No DUR changes made

Topical: Rectal Miscellaneous Preparations

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

Drug Class Reviews (main agenda)

Cardiology: Hypertension

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 of antihypertensive adherence

Cardiology: Lodoco[®] (colchicine)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary at this time due to cost-effective alternatives available and limited place in therapy

Prior Authorization Criteria Recommendations:

- Implemented new criteria for use requiring documentation of cardiovascular history and trial and failure or inability to use guideline-directed therapy (antiplatelet/anticoagulant, statin, beta blocker) as indicated

Drug Utilization Review Recommendations:

- No DUR changes made

Endocrinology: Gaucher Disease

Formulary Update: Healthy Workers HMO only

- Added Opfoda[®] (miglustat) to formulary tier 3 with PA required for diagnosis and quantity limit of #8 capsules per 28 days due to limited alternatives available

Prior Authorization Criteria Recommendations:

- Updated and renamed Gaucher Disease Treatment criteria to incorporate requirements for Opfoda[®] based on labeling and the pivotal trial

Drug Utilization Review Recommendations:

- No DUR changes made

Endocrinology: Zepbound[™] (tirzepatide)

Formulary Update: Healthy Workers HMO only

- Added Zepbound[™] (tirzepatide) to formulary tier 3 with PA required and quantity limit #2 mL per 28 days, on par with Saxenda[®] (liraglutide) and Wegovy[®] (semaglutide) based on comparative cost-effectiveness for weight loss

Prior Authorization Criteria Recommendations:

- Updated Anti-Obesity Medications criteria to reflect formulary changes above

Drug Utilization Review Recommendations:

- No DUR changes made; review anti-obesity class utilization by early 2025 for continued close management

Hematology: Erythropoietin Stimulating Agents

Formulary Update: Healthy Workers HMO only

- Added Jesduvroq (daprodustat) to formulary tier 3 with PA required to allow for an oral option
- Removed Epogen® (epoetin alfa), Procrit® (epoetin alfa), and Aranesp® (darbepoetin alfa) from formulary due to lack of use and cost-effective alternative available

Prior Authorization Criteria Update:

- Updated Erythropoietin Stimulating Agents (ESAs) criteria to reflect formulary changes above and require documentation of established dialysis and inability to use Retacrit® (epoetin alfa-epbx) for Jesduvroq

Drug Utilization Review Update:

- No DUR changes made

Pulmonology: Cystic Fibrosis

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Bronchitol® (mannitol) inhaler device as non-formulary due to limited evidence of benefit, alternatives available, and no utilization

Prior Authorization Criteria Recommendations:

- Updated Cystic Fibrosis criteria to incorporate Bronchitol® as non-formulary

Drug Utilization Review Recommendations:

- No DUR changes made

Interim Prior Authorization Criteria Changes (10/4/23 – 1/1/24)

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 October 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 February 20th, 2024.

Title	Date Effective	Revision Summary
PULMONARY BIOLOGICS	11/20/2023	Added “otorhinolaryngologist” to list of prescribers (for chronic rhinosinusitis with nasal polyposis diagnosis)
DISEASE MODIFYING DRUGS AND BIOLOGICS	11/20/2023	Added Zeposia [®] to criteria with new FDA approved indication for ulcerative colitis
EGRIFTA [®] (TESAMORELIN INJECTION)	2/20/2024	Removed age limit due to lack of pediatric population
PARATHYROID HORMONE	2/20/2024	Listed new interchangeable generic for Forteo [®] as nonformulary
XIFAXAN [®] (RIFAXIMIN)	2/20/2024	Removed age limit due to lack of pediatric population
ISTURISA [®] (OSILODROSTAT)	2/20/2024	Removed age limit due to lack of pediatric population

Interim Formulary Changes (10/4/23 -1/1/24)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
10/7/2023	COVID-19 vaccines	Novavax (COVID vaccine 2023-24 XBB.1.5, recomb/adjuvant-matrix/PF) 2023-24 (EUA)	HW: T2 HSF: NF	New entity
10/21/2023	Antiviral - Main Protease (MPRO) Inhibitor	Paxlovid (nirmatrelvir/ritonavir) 150-100mg, 300-100 mg dose pack	HW: T2 HSF: T2	New entity
11/18/2023	Antineoplastic Systemic Enzyme Inhibitors	Fruzaqla (fruquintinib) 1, 5 mg capsule	HW: T3 HSF: NF	New entity
11/24/2023	Antineoplastic Systemic Enzyme Inhibitors	Truqap (capivasertib) 160, 200 mg tablet	HW: T3 HSF: NF	New entity
11/24/2023	Antineoplastic Systemic Enzyme Inhibitors	Augtyro (repotrectinib) 40 mg capsule	HW: T3 HSF: NF	New entity
12/2/2023	Antineoplastic Systemic Enzyme Inhibitors	Ogsiveo (nirogacestat hydrobromide) 50 mg tablet	HW: T3 HSF: NF	New entity
12/16/2023	Diabetic Supplies	Freestyle Libre 3 (blood-glucose meter, continuous) reader	HW: T3 HSF: NF	New entity
12/16/2023	Antineoplastic Systemic Enzyme Inhibitors	lwlifin (eflornithine HCL) 192 mg tablet	HW: T3 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
10/7/2023	Anticonvulsants	Motpoly XR (lacosamide) 150 mg capsule	New dosage form
10/14/2023	Antihyperglycemic, Insulin-Release Stimulant Type	glipizide 2.5 mg tablet	New dosage form
10/21/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Abrilada(CF) (adalimumab-AFZB) 40 mg/0.8 mL, 20mg/0.4mL syr	New entity
10/21/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Abrilada(CF) (adalimumab-AFZB) 40 mg/0.8 mL pen	New entity
10/21/2023	Antipsoriatic Agents, Systemic	Bimzelx (bimekizumab-BKZX) 160 MG/ML SYRINGE	New entity
10/21/2023	Anaerobic Antiprotozoal-Antibacterial Agents	Likmez (metronidazole) 500 mg/5 mL suspension	New dosage form
10/28/2023	Sphingosine 1-Phosphate (S1P) Receptor Modulator	Velsipity (etrasimod arginine) 2 mg tablet	New entity
11/4/2023	SKELETAL MUSCLE RELAXANTS	OZOBAX DS (BACLOFEN) 10 MG/5 ML SOLUTION	New dosage form
11/4/2023	Tx For Attention Deficit-Hyperact (ADHD)/Narcolepsy	Relexxii ER 18, 27, 36, 54 mg tablet	New dosage form
11/4/2023	IL-23 Receptor Antagonist, Monoclonal Antibody	Omvo 100 mg/ml pen, 300mg/15mL vial	New entity
11/4/2023	Electrolyte Depleters	Xphozah (tenapanor HCL) 20 mg tablet	New entity
11/10/2023	Antidepressant - Postpartum Depression (PPD)	Zurzuvae (zuranolone) 20, 30mg capsule	New entity
11/10/2023	Antineoplastic Systemic Enzyme Inhibitors	Rozlytrek (entrectinib) 50 mg pellet packet	New dosage form
11/10/2023	Potassium-Competitive Acid Blockers (PCABS)	Voquezna (vonoprazan fumarate) 10 mg tablet	New entity
11/18/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Yuflyma(CF) (adalimumab-AATY) 80mg/0.8mL autoinjector	New dosage form
11/18/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Yuflyma(CF) AI (adalimumab-AATY) Crohns-UC-HS 80	New dosage form
11/18/2023	Antihyperglycemic-Sod/Gluc Cotransport2 (SGLT2) Inhibitor	Inpefa (sotagliflozin) 400 mg tablet	New dosage form
11/24/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Amjevita(CF) (adalimumab-ATTO) 20mg/0.2mL, 40mg/0.4mL syringe	New dosage form
11/24/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Amjevita(CF) (adalimumab-ATTO) 4mg/0.4mL, 80mg/0.8mL autoinjector	New dosage form
11/24/2023	Antineoplastic Systemic Enzyme Inhibitors	Xalkori (crizotinib) 20, 50, 150 mg pellet	New dosage form
11/24/2023	Acne Agents, Topical	Cabtreo (adapalene/benzoyl peroxide/clindamycin phosphate) 1.2%-0.15%-3.15% gel	New entity
12/2/2023	Antineoplastic - Antimetabolites	Jylamvo (methotrexate) 2 mg/mL oral solution	New dosage form
12/9/2023	Ophthalmic Anti-Inflammatory Immunomodulator-Type	Vevye (cyclosporine) 0.1% eye drop	New entity
12/9/2023	Nsaids, Cyclooxygenase Inhibitor Type Analgesics	Coxanto (oxaprozin) 300 mg capsule	New dosage form
12/16/2023	Estrogen And Progestin Combinations	Bijuva (estradiol/progesterone) 0.5 mg-100 mg capsule	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
10/7/2023	Metabolic Disease Enzyme Replacement, Pompe Disease	Pombiliti (cipaglucosidase ALFA-ATGA) 105 mg vial
10/7/2023	Keratinocyte Growth Factor (KGF)	KEPIVANCE (PALIFERMIN) 5.16 MG VIAL
10/28/2023	Topical Agents, Miscellaneous	Omeza (collagen, hydrolyzed/cod liver oil) collagen matrix
10/28/2023	Antipsoriatic Agents, Systemic	Cosentyx (secukinumab) 125 mg/5 mL vial
11/18/2023	Toxin-Producing Bacilli Vaccines/Toxoids	Cyfundus (anthrax vaccine adsorbed, adjuvanted) vial
11/18/2023	SYMPATHOMIMETIC AGENTS	IMMPHENTIV 500mcg/5mL and 1,000 MCG/10 ML vial
11/24/2023	Gene Therapy Agents - Protein Deficiency	Elevidys (delandistrogene moxeparvovec-ROKL) vial
12/2/2023	Systemic Enzyme Inhibitors	Zemaira (alpha-1-proteinase inhibitor) 4,000 and 5,000 mg vial
12/2/2023	Agents To Tx Thrombotic Thrombocytopenic Purpura	Adzyna (ADAMTS13, recombinant-KRHN) 500 and 1,500 unit kit and vial
12/2/2023	Gram Negative Cocci Vaccines	Penbraya (MENINGOCOC A,C,Y,W-135,TT COMP/N. MENING B,FHBP REC COMP/PF) KIT
12/2/2023	Gram Negative Cocci Vaccines	Penbraya Menacwy (MENINGOCOCCAL VACC A,C,Y, W-135, CONJ TET TOX COMPONENT/PF) component
12/2/2023	Gram Negative Cocci Vaccines	Penbraya Menb (NEISSERIA MENINGITIDIS B (A05 & B01), (FHBP), REC COMPONENT)
12/2/2023	Antineoplastic, Anti-Programmed Death-1 (Pd-1)	Loqtorzi (toripalimab-TPZI) 240 mg/6 mL vial
12/9/2023	Biologicals	Hizentra (immune globulin, gamma (IGG)/proline/iga 0 to 50 mcg/ml) 10 gram/50 ml syringe
12/9/2023	Antihemophilic Factors	Altuviii (antihemophilic factor RFVIII FC-VWF-XTEN, BDD-EHTL) 750 unit vial
12/16/2023	Sympathomimetic Agents	Rezipres (ephedrine hcl) 47 mg/10 ml vial
12/16/2023	Cell/Gene Therapy Agents - Hematopoietic	Casgevy (exagamglogene autotemcel) vial
12/16/2023	Cell/Gene Therapy Agents - Hematopoietic	Lyfgenia (lovotibeglogene autotemcel) bag

The following products are not listed in the above table:

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