

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update January 2022

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, 1/19/2022. Effective date for all changes is **Friday, 2/18/2022**.

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

Cardiology: Hypertension

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed fosinopril, quinapril, and ramipril from formulary due to lack of utilization and multiple alternative ACE inhibitors available
- Removed nadolol, pindolol, and propranolol oral solution from formulary due to lack of utilization and multiple alternative beta blockers available
- Removed Diuril® (chlorothiazide) oral suspension from formulary due to lack of use or pediatric members
- Removed phenoxybenzamine (Dibenzylin®) 10mg capsule from formulary due to lack of utilization and limited place in therapy

Prior Authorization Criteria Recommendations:

- Retired Phenoxybenzamine (Dibenzylin®) criteria due to formulary removal and Blood Pressure Monitors criteria due to termination of SFHP Medi-Cal pharmacy benefit
- Updated Controlled-Release Carvedilol (Coreg CR®) criteria to include hypertension as a labeled indication

Drug Utilization Review Recommendations:

- Antihypertensive adherence analysis presented separately, recommended member/provider education

Dermatology: Actinic Keratosis

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Dermatology: Opzelura™ (ruxolitinib)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

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

Prior Authorization Criteria Recommendations:

- Updated Atopic Dermatitis criteria to list Opzelura™ as non-preferred, on par with Eucrisa®

Drug Utilization Review Recommendations:

- No DUR changes made

Nephrology: Kerendia® (finerenone)

Formulary Update: Healthy Workers HMO only

- Added to formulary tier 3 with prior authorization required to ensure appropriate use

Prior Authorization Criteria Recommendations:

- Implemented new drug-specific criteria requiring documentation of diagnosis, baseline labs, and background ACE inhibitor or ARB

Drug Utilization Review Update:

- No DUR changes made

Interim Prior Authorization Criteria Changes (10/10/21 – 1/1/22)

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 2021 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, 2022. Additionally, select criteria were retired effective January 1st, 2022, as they only apply to Medi-Cal which is transitioned to fee-for-service.

Title	Date Effective	Revision Summary
TOPICAL RETINOIDS	1/1/2022	Removed listing and criteria for Differin® (adapalene) 0.1% OTC gel (formulary for Medi-Cal only) due to transition of Medi-Cal line of business to fee-for-service
TOPICAL COMBINATIONS FOR ACNE	1/1/2022	Removed formulary listing for benzoyl peroxide products (Medi-Cal only) due to transition of Medi-Cal line of business to fee-for-service
GONADOTROPIN RELEASING HORMONE (GnRH) AGONISTS-PEDIATRIC	1/1/2022	Retired due to lack of pediatric population for Healthy Workers HMO and transition of Medi-Cal line of business to fee-for-service.
SOMATROPIN (GROWTH HORMONE)	1/1/2022	Retired due to lack of pediatric population for Healthy Workers HMO and transition of Medi-Cal line of business to fee-for-service.
ENTERAL NUTRITION PRODUCTS	1/1/2022	Retired due to lack of pediatric population for Healthy Workers HMO and transition of Medi-Cal line of business to fee-for-service.
SPECIALTY INFANT/TODDLER ENTERAL NUTRITION PRODUCTS	1/1/2022	Retired due to lack of pediatric population for Healthy Workers HMO and transition of Medi-Cal line of business to fee-for-service.
FINACEA®, AZELEX® (AZELAIC ACID)	2/20/2022	Removed requirement for Differin® 0.1% OTC gel prior to use (Medi-Cal only) due to transition of Medi-Cal line of business to fee-for-service
MUPIROCIN (BACTROBAN®)	2/20/2022	Removed listing and criteria for Bactroban (mupirocin) 2% nasal ointment due to market removal
EGRIFTA® (TESAMORELIN INJECTION)	2/20/2022	Updated quantity limit to 30 vials per 30 days based on remaining available dosage form.

Interim Formulary Changes (10/8/21 – 1/1/22)

Pharmacy Benefit Medications

Date*	Therapeutic class	Medication	Formulary Status	Comment
10/29/2021	Tetracycline Antibiotics	Doxycycline (Lympak) 100 mg tablet	Medi-Cal, HW, HSF: T1-F QL #60/30d C-Wrap: X	New dosage form
10/29/2021	Interleukin-4(IL-4) Receptor Alpha Antagonist, MAB	Dupixent (dupilumab) 100 mg/0.67 mL SC syringe	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
10/29/2021	Hepatitis C Virus- NS5A and NS3/4A Inhibitor Comb	Mavyret (glecaprevir-pibrentasvir) 50-20mg pellet packet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
11/4/2021	Antineoplastic Systemic Enzyme Inhibitors	Scemblis (asciminib hydrochloride) 20, 40 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
11/11/2021	Agents to Treat Hypoglycemia (Hyperglycemics)	Gvoke (glucagon) 1 mg/0.2 mL SC vial, kit	Medi-Cal, HW, HSF: T2-F C-Wrap: X	New dosage form
11/26/2021	Immunomodulators	Besremi (ropeginterferon alfa-2B-njft) 500 mcg/mL SC syringe	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
12/24/2021	Antiviral – Main Protease (MPRO)	Paxlovid Co-Pack [EUA] (nirmatrelvir-ritonavir) 300-100 mg tablet packet	HW, HSF: T2-F QL #30 C-Wrap: X	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.
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 Medi-Cal 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 Workers HMO, and Healthy San Francisco formularies unless otherwise indicated.

*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded= X

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

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)
- Local anesthetics (NF if formulary agents are available)

New Drugs to Market, Unlisted

Date	Therapeutic class	Medication	Comment
10/08/2021	Neurotoxic Virus Vaccines	Dengvaxia (dengue tetravalent vaccine, live vero cell, PF) IM vial, vial with diluent	New entity
10/08/2021	NSAIDs, Cyclooxygenase Inhibitor - Type Analgesics	diclofenac potassium 25 mg tablet	New entity
10/18/2021	Complement (C5) Inhibitor	Tavneos (avacopan) 10 mg capsule	New entity*
10/18/2021	Growth Hormones	Skytrofa (lonapegsomatropin-tcgd) 3, 3.6, 4.3, 5.2, 6.3, 7.6, 9.1, 11, 13.3mg SC cartridge	New entity
10/18/2021	Selective Serotonin Reuptake Inhibitor (SSRIs)	Sertraline 150, 200mg capsule	New entity
10/22/2021	Neurotoxic Virus Vaccines	Ticovac (tick-borne encephalitis vaccine) 2.4 mcg/0.5 mL IM syringe	New entity
10/22/2021	Nicotinic Recept. Partial Agonist, Alpha4Beta2 Spec	Tyrvaya (varenicline tartrate) 0.03 mg nasal spray	New dosage form*
10/29/2021	Antiseborrheic Agents	sulfacetamide sodium (Plexion NS) 9.8% shampoo	New dosage form
11/04/2021	Hep C Virus-NS5B Polymerase and NS5A Inhib Comb	Epclusa (sofosbuvir-velpatasvir) 150-37.5 mg, 200-50 mg pellet packet	New dosage form
11/11/2021	Miotics and Other Intraocular Pressure Reducers	Vuity (pilocarpine HCl) 1.25% eye drop	New dosage form
11/11/2021	Anticonvulsants	Eprontia (topiramate) 25 mg/mL oral solution	New dosage form*
11/19/2021	Antimigraine Preparations	Elyxyb (celecoxib) 120 mg/4.8 mL oral solution	New dosage form
11/26/2021	Natriuretic Peptides	Voxzogo (vosoritide) 0.4, 0.56, 1.2 mg SC vial	New entity
12/02/2021	ARV-Nucleoside, Nucleotide RTI, Integrase Inhibitors	Biktarvy (bictegravir sodium-emtricitabine-tenofovir AF) 30-120-15 mg tablet	New strength
12/02/2021	Antivirals, General	Livtensity (maribavir) 200 mg tablet	New entity*
12/17/2021	Iron Replacement	Bentivite Bx (ferrous sulfate-folic acid) tablet	New entity
12/24/2021	Ophthalmic Antibiotics	levofloxacin 1.5% eye drops	New entity
12/24/2021	Sickle Cell Anemia Agents	Oxbryta (voxelotor) 300 mg tablet for suspension	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)
- Local anesthetics (NF if formulary agents are available)

New Drugs to Market, Medical Benefit

Therapeutic Class	Drug Name, Strengths, and Dosage Form
Opioid Analgesics	fentanyl citrate in 0.9 % sodium chloride/PF
Ophthalmic Surgical Aids	Adato Sil-OI 5000 (polydimethylsiloxanes) 10 mL intraocular syringe
Ophth. VEGF-A Receptor Antag. RCMB MC Antibody	Susvimo (ranibizumab) 10 mg/0.1 mL vial, kit
Iron Replacement	Injectafer (ferric carboxymaltose) 1,000 mg/20 mL vial
Antineoplastic – MTOR Kinase Inhibitors	Fyarro (sirolimus protein-bound) 100 mg vial
Plasma Proteins	Ryplazim (plasminogen, human-tvmh) 68.8 mg vial
General Anesthetics, Injectable-Benzodiazepine Type	midazolam 2 mg/2 mL- NaCl inj syringe
Antivirals, HIV-1 Integrase Strand Transfer Inhibitor	Apretude ER (cabotegravir) 600 mg/3 mL IM vial

The following products are not listed in the above table:

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