

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update January 2023

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 18th, 2023. Effective date for all changes is **February 20th, 2023**.

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: Pulmonary Hypertension

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Tyvaso DPI™ (treprostinil) and Tadliq® (tadalafil) oral solution as non-formulary at this time due to available alternatives and lack of utilization/requests

Prior Authorization Criteria Recommendations:

- Updated Pulmonary Hypertension criteria to list Tyvaso DPI™ and Tadliq® among non-formulary products

Drug Utilization Review Recommendations:

- No Drug Utilization Review (DUR) changes made

Endocrinology: Androgens

Formulary Update: Healthy Workers HMO only

- Added Kyzatrex™ (testosterone undecanoate) oral capsule to formulary tier 3 with PA required to ensure appropriate diagnosis and trial/failure of preferred alternatives

Prior Authorization Criteria Recommendations:

- Updated Testosterone Replacement criteria to reflect formulary change listed above, list Tlando® (testosterone undecanoate) oral capsule as non-formulary, and remove Striant® buccal tablet due to market removal

Drug Utilization Review Recommendations:

- No DUR changes made

Endocrinology: Recorlev® (levoketoconazole)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Recorlev® as non-formulary at this time due to available alternatives and lack of utilization/requests

Prior Authorization Criteria Recommendations:

- Combined existing Isturisa® (osilodrostat) criteria with new requirements for Recorlev® into Adrenal Steroid Inhibitors class criteria

Drug Utilization Review Recommendations:

- No DUR changes made

Gastroenterology: Antispasmodics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Dartisla® (glycopyrrolate) ODT as non-formulary due to available alternatives and lack of utilization/requests

Prior Authorization Criteria Recommendations:

- No prior authorization (PA) criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Hematology: Sickle Cell Disease

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Oxbryta® (voxelotor) soluble tablet as non-formulary at this time due to available alternatives and lack of utilization/requests

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Recommendations:

- No DUR changes made

Hematology: White Blood Cell Stimulators

Formulary Update: Healthy Workers HMO only

- Added Releuko® (filgrastim-ayow) and Fylnetra® (pegfilgrastim-pbbk) to formulary and removed Nivestym® (filgrastim-aafi) and Ziextenzo® (pegfilgrastim-bmez) due to comparative cost-effectiveness

Prior Authorization Criteria Recommendations:

- Updated White Blood Cell Stimulators criteria to reflect formulary changes above and include Rolvedon™ (eflapregastim-xnst) among non-formulary long-acting products

Drug Utilization Review Recommendations:

- No DUR changes made

Infectious Disease: Systemic and Topical Antibiotics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- No PA criteria changes made; maintain PA requirement for Difucid® (fidaxomicin) but allow preferred use over vancomycin for initial CDI episode in patients with risk for recurrence

Drug Utilization Review Recommendations:

- No DUR changes made

Infectious Disease: Vivjoa™ (oteseconazole)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Vivjoa™ non-formulary at this time due to cost-effective alternatives available

Prior Authorization Criteria Recommendations:

- Implemented new Vivjoa™ criteria requiring documentation of recurrent vulvovaginal candidiasis and trial/failure of fluconazole for approval

Drug Utilization Review Recommendations:

- No DUR changes made

Neurology: Multiple Sclerosis

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Ponvory® (ponesimod) and Tascenso (fingolimod) ODT™ as non-formulary due to available alternatives and lack of utilization/requests

Prior Authorization Criteria Update:

- Updated Multiple Sclerosis criteria to include Ponvory® and Tascenso ODT™ as non-formulary

Drug Utilization Review Update:

- No DUR changes made

Obstetrics & Gynecology: Contraceptives

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added over-the-counter levonorgestrel 1.5mg tablet to formulary tier 1 based on utilization and cost-effectiveness

Prior Authorization Criteria Recommendations:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- Reviewed separate analysis of contraceptive PDC and regimen choice

Obstetrics & Gynecology: OB-GYN Miscellaneous Medications

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added mifepristone to formulary tier 1 based on new availability through pharmacies and limited alternatives
- Removed Crinone® (progesterone) gel and Endometrin® (progesterone, micronized) vaginal insert from formulary due to primary use in an excluded indication (infertility) and lack of utilization
- Removed Makena® (hydroxyprogesterone) autoinjector and hydroxyprogesterone vial from formulary due to lack of utilization and likely impending removal from market

Prior Authorization Criteria Update:

- Retired Hydroxyprogesterone Caproate and Endometrin® Vaginal Inserts criteria sets based on formulary removal

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Insomnia

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Quviviq® (daridorexant) as non-formulary due to cost-effective alternatives available and lack of utilization/requests
- Removed age limits (≥16 years) to reflect Healthy Workers HMO population (no pediatric membership)

Prior Authorization Criteria Update:

- Updated Insomnia criteria to list Quviviq® as non-formulary and remove listed age limits

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Sotyktu™ (deucravacitinib)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Sotyktu™ as non-formulary at this time due to available alternatives

Prior Authorization Criteria Update:

- Updated Disease Modifying Drugs and Biologics criteria to incorporate Sotyktu™ as non-preferred

Drug Utilization Review Update:

- No DUR changes made

Interim Prior Authorization Criteria Changes (10/3/22 – 1/2/23)

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 2022 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.

Title	Date Effective	Revision Summary
BRAND NAME MEDICATION	11/28/2022	Updated to include requirement that any drug/class-specific criteria applicable to the generic formulation must be met for approval of the brand.
CNS STIMULANTS FOR ADHD	2/20/2023	Removed the dose on methylphenidate (Relexxii [®]) to include all doses in non-formulary list. Updated Qelbree [®] max dose to 600mg per day.
TOPICAL COMBINATIONS FOR ACNE	2/20/2023	Added benzoyl peroxide, updated quantity limits to reflect available package size
KERENDIA [®] (FINERENONE)	2/20/2023	Updated age limit to reflect HW adult population and baseline serum potassium
DEFERASIROX (EXJADE [®] , JADENU [®])	2/20/2023	Updated age limit to reflect HW adult population
CHEMET [®] (SUCCIMER)	2/20/2023	Updated age limit to reflect HW adult population

Interim Formulary Changes (10/1/22 – 12/30/22)

Pharmacy Benefit Medications

Date*	Therapeutic class	Medication	Formulary Status	Comment
10/29/2022	Antineoplastic Systemic Enzyme Inhibitors	Lytgobi (futibatinib) 12, 16, 20 mg tablet daily dose pack	HW: T3-F/PA HSF: NF	New entity
11/19/2022	Antineoplastic LHRH(GNRH) Agonist, Pituitary Suppressants	leuprolide depot 22.5 mg vial	HW: T3-F/PA HSF: NF	New entity
12/10/22	Antineoplastic Isocitrate Dehydrogenase Inhibitors	Rezlidhia (olutasidenib) 150 mg capsule	HW: T3-F/PA HSF: NF	New entity
12/17/22	Antineoplastic - KRAS Protein Inhibitor	Krazati (adagrasib) 200 mg tablet	HW: T3-F/PA HSF: NF	New entity
12/17/22	Diagnostic Test Devices, Supplies, And Services	Speedyswab COVID-19 Home Test	HW: T2-F HSF: NF	New entity
12/17/22	Diagnostic Test Devices, Supplies, And Services	OHC COVID-19 Antigen Home Test	HW: T1-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) 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, Unlisted

Date	Therapeutic class	Medication	Comment
10/01/2022	NDMA Receptor Antagonist and NDRI Combination	Auvelity ER (dextromethorphan HBr-bupropion HCl) 45-105 mg tablet	New entity*
10/08/2022	Amyotrophic Lateral Sclerosis Agents	Relyvrio (sodium phenylbutyrate-taurursodiol) 3 gm-1 gm powder pkt	New entity*
10/08/2022	Skeletal Muscle Relaxants	methocarbamol 1,000 mg tablet	New strength
10/15/2022	Loop Diuretics	Furoscix (furosemide) 80 mg/10mL On-Body SC kit	New dosage form
10/22/2022	Heparin and Related Preparations	Fragmin (dalteparin sodium, porcine) 10,000 unit/4 mL vial	New dosage form
10/22/2022	Hyperuricemia Tx - Xanthine Oxidase Inhibitors	allopurinol 200 mg tablet	New entity
10/29/2022	COVID-19 Vaccines	Moderna Covid Bivalent (6m-5y) (MRNA, Omicron BA 4/5)	New dosage form
10/29/2022	COVID-19 Vaccines	Pfizer Covid Bivalent (6mo-4y) (MRNA, Omicron BA 4/5)	New dosage form
10/29/2022	Adrenergics, Aromatic, Non-Catecholamine	Xelstrym (dextroamphetamine) 4.5, 9, 13.5, 18 mg/9 hr transdermal patch	New entity
11/12/2022	Antifungal Agents	Noxafil (posaconazole) 300 mg powder mix suspension packet	New dosage form
11/19/2022	Insulins	Basaglar (insulin glargine) Tempo Pen 100 units/mL	New entity*
11/19/2022	Insulins	Humalog (insulin lispro) Tempo Pen 100 units/mL	New entity*
11/19/2022	Insulins	Lyumjev (insulin lispro-aabc) Tempo Pen 100 units/mL	New entity*
11/19/2022	Tx for Attention Deficit-Hyperact (ADHD)/Narcolepsy	methylphenidate ER (Relexxii) 45, 63 mg tablets	New entity
11/25/2022	Thyroid Hormones	Ermeza (levothyroxine sodium) 150 mcg/5 mL solution	New entity
12/17/2022	Leukocyte (WBC) Stimulants	Stimufend (Pegfilgrastim-FPGK) 6 mg/0.6ml syringe	New entity
12/24/2022	IL-23 Receptor Antagonist, Monoclonal Antibody	Skyrizi (Risankizumab-RZAA) 180 mg/1.2ml On-Body	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
10/1/2022	Chemotherapy Rescue/Antidote Agents	Pedmark (sodium thiosulfate) 12.5 gram/100 mL IV vial
10/1/2022	Eye Irrigations	BSS Eye Solution (balanced salt irrigation soln #2) intraocular irrigation solution
10/15/2022	Antidiuretic and Vasopressor Hormones	Terlivaz (terlipressin acetate) 0.85 mg IV vial
10/29/2022	Antineoplastics Antibody/Antibody-Drug Complexes	Tecvayli (teclistamab-cqyk) 30 mg/3 mL, 153 mg/1.7 mL SC vial
10/29/2022	Cytotoxic T-Lymphocyte Antigen (CTLA-4) RMC Antibody	Imjudo (tremelimumab-actl) 25 mg/1.25 mL, 300 mg/15 mL IV vial
11/05/2022	Gram Negative Cocci Vaccines	Menveo Meningococcal Vaccine A,C,Y,W-135,Diphtheria Toxoid IM vial
11/19/2022	Antineoplastics Antibody/Antibody-Drug Complexes	Elahere (mirvetuximab soravtansine) 100mg/20mL vial
11/19/2022	Renin-Angiotensin-Aldosterone Sys. (Raas) Hormones	Giapreza (antiangiotensin II acetate) 0.5mg/mL vial
11/25/2022	Disease modifying agents for type 1 diabetes	Tzield (teplizumab-MZWV) 2mg/2mL vial
12/3/2022	Gene therapy agents - factor IX deficiency	Hemgenix 10 ml vial
12/17/2022	Fecal Microbiota Transplantation (FMT)	Rebyota Rectal Suspension
12/17/2022	Neuromuscular Blocking Agents (Cosmetic)	Daxxify (daxibotulinumtoxinA-LANM) 100 unit vial

The following products are not listed in the above table:

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