

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update January 2025

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 15<sup>th</sup>, 2025. Effective date for all changes is **February 20<sup>th</sup>, 2025**.

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 (main agenda)*

### **Cardiology: Pulmonary Hypertension**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Maintained Opsyvni® and Winrevair® as non-formulary at this time due to cost-effective alternatives available

**Prior Authorization Criteria Recommendations:**

- Updated Pulmonary Hypertension criteria to list Opsyvni® and Winrevair® among non-formulary products

**Drug Utilization Review Update:**

- No DUR changes made

### **Cardiology: Tryvio®**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary status for Tryvio® at this time given limited data in comparison to existing generic therapies and lack of clinical guidance recommendations.

**Prior Authorization Criteria Recommendations:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- Reviewed separate DUR analysis

### **Dermatology: Atopic Dermatitis**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Maintained IL-13 inhibitor Ebglyss™ (lebrikizumab-lbkz), IL-31 antagonist Nemludio® (nemolizumab-ilto), and topical PDE4 inhibitor Zoryve® (roflumilast) as non-formulary due to comparative and cost-effective alternatives already available
- Maintained Rinvoq® LQ as non-formulary as other Rinvoq® (upadacitinib) dosage forms are available for use.

**Prior Authorization Criteria Recommendations:**

- Updated Atopic Dermatitis Topical Anti-inflammatory Medications criteria to include Zoryve® at parity with Eucrisa® (crisaborole)
- Updated Atopic Dermatitis Systemic Medications criteria to include Ebglyss™ and Nemludio®

**Drug Utilization Review Update:**

- No DUR changes made

### **Infectious Disease: Hepatitis B**

**Formulary Update:**

Healthy Workers HMO only

- Changed Vemlidy® (tenofovir alafenamide) to Tier 2

Healthy Workers HMO and Healthy San Francisco

- Removed Baraclude® (entecavir) oral solution from formulary due to lack of utilizing population

**Prior Authorization Criteria Recommendations:**

- Updated Hepatitis B criteria to reflect changes above

**Drug Utilization Review Update:**

- Reviewed separate DUR analysis

## Obstetrics and Gynecology: Contraceptives

**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

## Obstetrics and Gynecology: Hormone Replacement Therapy

**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

## Pulmonary: Pulmonary Fibrosis

**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

## Rheumatology: Biologic and Non-Biologic DMARDs

**Formulary Update:**

Healthy Workers HMO only

- Added adalimumab biosimilars Hadlima® (adalimumab-bwwd), Simlandi® (adalimumab-ryvk), Hyrimoz® (adalimumab-adaz), Yuflyma® (adalimumab-aaty) to formulary tier 3 with PA required, on par with Humira® (adalimumab)
- Removed Amjevita® (adalimumab-atto) and Cyltezo® (adalimumab-adbm) from formulary due to cost effective alternatives available and authorize continuity for any current utilizers
- Maintain Bimzelx® (bimekizumab-bkzx) and Omvoh™ (mirikizumab-mrkz) as non-formulary

**Prior Authorization Criteria Recommendations:**

- Updated Disease Modifying Drugs and Biologics criteria with formulary changes above and to reflect the following clinical updates:
  - New approved indication for UC with Skyrizi® (risankizumab) and Tremfya® (guselkumab)
  - New Spevigo® (spesolimab-sbzo) SC syringe for pustular psoriasis (PP) post-flare maintenance treatment
  - New FDA approved agent Bimzelx® (bimekizumab-bkzx) approved for UC, plaque psoriasis, psoriatic arthritis (PsA), non-radiographic axial spondyloarthritis (nraxSpA), ankylosing spondylitis (AS), and hidradenitis suppurativa (HS)

- Newly FDA approved agent Omvoh™ (mirikizumab-mrkz) for UC

**Drug Utilization Review Recommendations:**

- Will consider provider outreach to encourage utilization of Humira® biosimilars

## Interim Prior Authorization Criteria Changes (10/2/24 – 1/1/25)

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 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 November 20<sup>th</sup>, 2024.

Title	Date Effective	Revision Summary
NON-FORMULARY MEDICATIONS	2/20/2025	Edited the “Exclusions from the pharmacy benefit” list to reflect addition of vaccines and long-acting injectable agents for treatment of mental health conditions and substance use disorder

## Interim Formulary Changes (9/20/24 –12/17/24)

### Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
11/02/2024	Antineoplastic Systemic Enzyme Inhibitors	Itovebi (inavolisib) 3, 9 mg tablet	HW: T3 HSF: NF	New entity
11/09/2024	Antineoplastic Systemic Enzyme Inhibitors	Augtyro (repotrectinib)160 mg capsule	HW: T3 HSF: NF	New dosage form
11/09/2024	Antineoplastic - Kras Protein Inhibitor	Lumakras (sotorasib) 240 mg ablet	HW: T3 HSF: NF	New dosage form
11/09/2024	Prenatal Vitamin Preparations	Neo-vital rx (prenatal vitamins no.154/ferrous fumarate/folic acid) tablet	HW: T2 HSF:	New entity
11/23/2024	Antineoplastic Systemic Enzyme Inhibitors	Revuforj (revumenib citrate) 110, 160 mg tablet	HW: T3 HSF: NF	New entity
11/29/2024	Antineoplastic Systemic Enzyme Inhibitors	Danziten (nilotinib tartrate) 71, 95 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
9/21/2024	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Cimzia (certolizumab pegol) 200 mg/ml syringe kit	New dosage form
9/21/2024	IL-23 Receptor Antagonist, Monoclonal Antibody	Tremfya (guselkumab) 200 mg/2 ml syringe and pen	New dosage form
9/21/2024	Interleukin-13 (IL-13) Inhibitors, Mab	*Ebglyss (lebrikizumab-LBKZ) 250 mg/2 ml pen	New entity
9/28/2024	Heat Shock Protein (Hsp) Modulating Agents	*Miplyffa (arimoclomol citrate) 47, 62, 93, 124 mg capsule	New entity
9/28/2024	Analgesic/Antipyretics, Salicylates	*Dolobid (diflunisal) 250 mg tablet	New entity
9/28/2024	Keratolytics	Clearacylic (salicylic acid) 5.7% gel	New entity
9/28/2024	Keratolytics	Clearacylic pro (salicylic acid) 6.3% gel	New entity
9/28/2024	Protein Replacement	8aqneursa (levacetylleucine) 1 gram granule packet	New entity
10/5/2024	Androgenic Agents	Undecatrex (testosterone undecanoate) 200 mg capsule	New entity
10/5/2024	Fluoride Preparations	Fraiche 5000 (sodium fluoride/hydroxyapatite) kids 1.1-4.5% gel	New entity
10/5/2024	Anti-Narcolepsy, Anti-Cataplexy, Sedative-Type Agent	Lumryz (sodium oxybate) 4.5-6-7.5 mg starter pk	New dosage form
10/5/2024	Cholinergic And Anticholinergic Combinations	*Cobenfy (xanomeline tartrate/trospium chloride) 50mg-20mg, 100 mg-20 mg, 125mg-30mg capsule	New entity
10/5/2024	Cholinergic And Anticholinergic Combinations	*Cobenfy (xanomeline tartrate/trospium chloride) starter pack	New entity
10/11/2024	Antihyperglycemic, Dpp-4 Inhibitor-Biguanide Combs.	Zituvimet (sitagliptin/metformin hcl) 50-500, 50-1000 mg tablet	New entity
10/11/2024	Antihyperglycemic, Dpp-4 Inhibitor-Biguanide Combs.	Zituvimet xr (sitagliptin/metformin hcl) 50-500, 50-1000, 100-1000 mg tablet	New entity
10/19/2024	Opioid Analgesics	Roxybond (oxycodone hcl) 10 mg tablet	New dosage form
10/19/2024	Antiparkinsonism Drugs, Other	Vyalev (foscarbidopa/foslevodopa) 120 mg-2,400 mg/10ml vl	New entity
10/26/2024	Dietary Supplement, Miscellaneous	Medi tab (multivit no.33/methyltetrahydrofolate/chromium/glutathione) tablet	New dosage form
11/2/2024	Interleukin-13 (IL-13) Inhibitors, Mab	*Ebglyss (lebrikizumab-LBKZ) 250 mg/2 ml syringe	New dosage form
11/09/2024	Hemophilia Treatment Agents, Non-Factor Replacement	*Hympavzi (marstacimab-hncq) 150 mg/ml pen	New entity
11/09/2024	Acne Agents, Topical	Aluris (tretinoin/niacinamide) 4-0.05% cream	New entity
11/16/2024	Antipsychotics, Atyp, D2 Partial Agonist/5ht Mixed	Opipza (aripiprazole) 2, 5, 10 mg film	New entity
11/16/2024	Androgenic Agents	Azmiro (testosterone cypionate) 200 mg/ml syringe	New entity
11/23/2024	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Simlandi(cf) (adalimumab-ryvk) 40 mg/0.4 ml syrg	New entity
11/23/2024	Leukocyte (Wbc) Stimulants	Nypozi (filgrastim-txid) 300 mcg/0.5 ml, 480 mcg/0.8 ml syringe	New entity
11/23/2024	Tetracycline Antibiotics	Emrosi er (minocycline hcl) 40 mg capsule	New entity
11/29/2024	Antineoplastic Systemic Enzyme Inhibitors	Boruzu (bortezomib) 3.5 mg/1.4 ml vial	New entity
11/29/2024	Protein Stabilizers	Attruby (acoramidis hcl) 356 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
9/21/2024	Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab	Tecentriq hybreza (atezolizumab-hyaluronidase-tqjs) 1,875 mg
9/21/2024	Skin Tissue Replacement	Mirotract (extracellular matrix (ecm), porcine derived) 3 mm x 9 cm, 5 mm x 5 cm
9/28/2024	Influenza Virus Vaccines	Fluzone Quad South Hem 2024 (influenza virus vacc quad 2024 south hem (6 months and up) syringe, vial
9/28/2024	Agents To Treat Multiple Sclerosis	Ocrevus zunovo 920 mg-23,000
10/11/2024	Influenza Virus Vaccines	Audenz (influenza a (h5n1) vaccine mvs (6 mos up)/adjuvant mf59c.1) 5 ml vial (stockpile)
10/11/2024	Influenza Virus Vaccines	Audenz (influenza a (h5n1) vaccine mvs (6 mos up)/adjuvant mf59c.1) syringe (stockpile)
10/26/2024	Ophth Vasc. Endothelial Growth Factor Antagonists	Pavblu (aflibercept-ayyh)2 MG/0.05 ML VIAL and syringe
10/26/2024	Antipsychotic,Atypical,Dopamine,Serotonin Antagonist	Erzofri 39 mg/0.25 ml, 78 mg/0.5 ml, 117 mg/0.75 ml, 156 mg/ml, 234 mg/1.5 ml, 351 mg/2.25 ml syringe
10/26/2024	Antineoplastics Antibody/Antibody-Drug Complexes	Vyloy (zolbetuximab-clzb) 100 mg vial
11/2/2024	Vasodilators,Miscellaneous	Aurlumyn (iloprost tromethamine) 100 mcg/ml vial
11/23/2024	Antiviral Monoclonal Antibodies	Inmazeb (atoltivimab-maftivimab-odesivimab-ebgn) 241.7 mg vl(stockpile)
11/23/2024	Electrolyte Maintenance	Plasma-lyte (electrolyte-148 (ph 7.4)) 148 ph 7.4 soln
11/23/2024	Dialysis Solutions	Dianeal pd4 with 1.36%, 2.27%, 3.86% glucose (peritoneal dialysis solution with dextrose)
11/29/2024	Dialysis Solutions	Dianeal pd-4 with 1.5%, 2.5%, 4.25% dextrose ((peritoneal dialysis solution with dextrose)
11/29/2024	Antineoplastics Antibody/Antibody-Drug Complexes	Ziihera (zanidatamab-hrii) 300 mg vial
12/7/2024	Antineoplastic - Antimetabolites	Axtle (pemetrexed dipotassium) 100, 500 mg vial
12/7/2024	Antineoplastic Egf Receptor Blocker Mclon Antibody	Hercessi (trastuzumab-strf) 150, 420 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