

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update July 2021

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, 7/21/2021. Effective date for all changes is **Friday, 8/20/2021**.

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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Formulary Maintenance Items

Gastroenterology: Bile Salts

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Ocaliva® criteria to require documentation patient does not have decompensated cirrhosis, a prior decompensation event, or compensated cirrhosis with portal hypertension to reflect updated labeling

Drug Utilization Review Update:

- No DUR changes made

Nephrology: Potassium Binders

Formulary Update: Medi-Cal, 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

Psychiatry: Anxiolytics

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Removed midazolam 5mg/mL injection solution from formulary due to lack of utilization and alternatives available

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Pulmonology: Pulmonary Fibrosis

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Update:

- No PA criteria changes made (previously updated as interim change to include requirements for chronic progressive fibrosing interstitial lung disease)

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Gout

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Drug Class Reviews

Cardiology: Verquvo™ (vericiguat)

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Maintained non-formulary at this time due to limited evidence for use and available alternatives

Prior Authorization Criteria Update:

- Implement new criteria for use to ensure appropriate diagnosis and baseline therapy

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Imcivree® (setmelanotide)

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Maintained non-formulary at this time; utilize general Non-Formulary Medications criteria to review any requests, with approval based on genetically confirmed diagnosis

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Gastroenterology: Gastrointestinal Miscellaneous Medications

Formulary Update: Medi-Cal and Healthy Workers HMO

Medi-Cal only

- Added methylcellulose (Citrucel®) 500mg tablet (OTC) formulary tier 1 due to comparative cost-effectiveness
- Maintained Sutab® non-formulary due to cost-effective alternatives available and disadvantageous tolerability profile
- Removed docusate sodium 60mg/15mL syrup (OTC) from formulary due to lack of use and cost-effective alternatives available

Healthy Workers HMO only

- Removed sucralfate (Carafate®) 1g/10mL suspension, famotidine 40mg/5mL suspension, and lansoprazole (Prevacid®) DR rapid disintegrating tablet from formulary due to minimal use (authorize continuity) and lack of pediatric membership

Prior Authorization Criteria Update:

- Updated Proton Pump Inhibitors criteria to include non-formulary esomeprazole dosage forms above and clarification on lansoprazole DR rapid disintegrating tablet status (formulary for Medi-Cal only)

Drug Utilization Review Update:

- No DUR changes made

Infectious Disease: Systemic and Topical Antibiotics

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

- Removed bacitracin zinc 500u/g ointment (OTC) from Healthy San Francisco formulary to align with Healthy Workers HMO and due to lack of use

Healthy Workers HMO only

- Applied quantity limit of #120 per 30 days to tetracycline 250, 500mg capsule to align with Medi-Cal
- Removed all oral suspensions and solutions from formulary, which had no utilization, due to lack of pediatric membership

Prior Authorization Criteria Update:

- Updated Difucid® (fidaxomicin) criteria to incorporate oral solution as non-formulary, allowing approval for patients with difficulty swallowing
- Clarified wording on Oral Fluoroquinolones criteria to allow guideline-recommended uses as well as FDA-approved indications

Drug Utilization Review Update:

- No DUR changes made

Neurology: Ponvory™ (ponesimod)

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Maintained non-formulary due to preferred alternatives on formulary and link to criteria

Prior Authorization Criteria Update:

- Updated Multiple Sclerosis criteria to list Ponvory™ as non-formulary and require trial/failure of preferred disease-modifying therapies for approval

Drug Utilization Review Update:

- No DUR changes made

Ophthalmology: Miscellaneous Ophthalmic Preparations

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Added Pataday® Once Daily 0.7% eye drops (OTC) to formulary tier 3, with step therapy requiring prior use of ketotifen due to comparative cost-effectiveness
- Due to market removal, removed Hypotears (polyethylene glycol-polyvinyl) 1-1% drops (OTC) from formulary tier 1
- Added step requirement (neomycin-based antibiotic steroid combination ointments) to TobraDex® ointment, due to cost-effective alternatives available

Prior Authorization Criteria Update:

- Updated Ophthalmic Antihistamines criteria to reflect formulary changes above

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Antidepressants

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Added desvenlafaxine (Pristiq®) ER tablet to formulary tier 1 based on utilization, PA approval rate, and relative cost-effectiveness
- Added fluoxetine tablet to formulary tier 1 based on utilization, PA approval rate, and relative cost-effectiveness

Healthy Workers HMO only

- Removed venlafaxine ER tablet from formulary to align with Medi-Cal (no utilization)
- Removed liquid SSRI formulations from formulary due to lack of utilization and pediatric membership

Prior Authorization Criteria Update:

- Updated Antidepressants criteria to reflect formulary addition of desvenlafaxine

Drug Utilization Review Update:

- Evaluated separate DUR analysis of antidepressant adherence, including proportion of days covered and single-fill non-adherence rates, and recommended development of member education on adherence
- Recommended follow-up analysis of SSRI single fills to evaluate for second-line antidepressant use

Psychiatry: Attention Deficit-Hyperactivity Disorder

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- Maintained Qelbree™ (viloxazine) non-formulary due to cost-effective alternatives available and link relevant criteria

Prior Authorization Criteria Update:

- Updated CNS Stimulants for ADHD criteria to include requirements for Qelbree™ approval, including diagnosis and trial/failure of or contraindication to stimulant and non-stimulant alternatives

Drug Utilization Review Update:

- Pending evaluation for interruptions to care, extended look-back for pediatric stimulant use to allow continuation in members aging into adulthood to two years (from standard six months)

Psychiatry: Opioid, Nicotine, and Alcohol Dependence

Formulary Update: Medi-Cal, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- Approved to coordinate with the SFHP Pain and Opioid Workgroup and prescriber network and consider Quality Improvement plan to target buprenorphine adherence
- Approved to develop member education on smoking cessation using resources from the CDC

Interim Prior Authorization Criteria Changes (4/11/21 – 7/04/21)

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 April 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 August 20th, 2021.

Title	Date Effective	Revision Summary
RECTIV® (NITROGLYCERIN) 0.4% OINTMENT	8/20/2021	Clarify coverage duration to eight weeks per treatment episode, may approve for recurrence
TOPICAL NSAIDS	8/20/2021	Include Pennsaid® (diclofenac) 2% liquid pump as non-formulary
DISEASE MODIFYING BIOLOGICS	8/20/2021	<ul style="list-style-type: none"> • Update age restriction to “Requested drug and dose is appropriate for patient’s age” for the following indications which have one or more biologics indicated in pediatric patients: <ul style="list-style-type: none"> ○ Polyarticular juvenile idiopathic arthritis ○ Systemic juvenile idiopathic arthritis ○ Psoriasis ○ Crohn’s disease ○ Ulcerative colitis • Update criteria for psoriatic arthritis to allow approval of non-preferred Tremfya® (guselkumab) following trial/failure of or contraindication to two preferred alternatives, based on approval in July 2020 • Include the following criteria for Actemra® for systemic sclerosis-associated interstitial lung disease <ul style="list-style-type: none"> ○ Patient is 18 years of age or older AND ○ Request is for subcutaneous administration (self-administration or by caregiver at home) AND ○ Drug has been prescribed by or is currently being supervised by a pulmonologist AND ○ Requested dose is within FDA approved guidelines ○ Documentation of disease progression despite immunosuppressive therapy such as mycophenolate mofetil or cyclophosphamide, or inability to use/contraindication to these therapies

Interim Formulary Changes (4/11/21 – 7/04/21)

Pharmacy Benefit Medications

Date*	Therapeutic class	Medication	Formulary Status	Comment
04/12/2021	Prenatal Vitamin Preparations	PreGen DHA (PNV 174-iron-folic acid-O3-DHA-EPA-fish oil) 28 mg-1,000 mcg-35 mg-200 mg capsule	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
05/03/2021	Contraceptives, Oral	Nextstellis (drospirenone-estetrol) 3 mg-14.2 mg (28) tablet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
05/03/2021	Antineoplastic-Select Inhib of Nuclear Exp (Sine)	Xpovio 40, 60, 80, 100 mg/week, 40 mg twice week tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form
05/10/2021	Drugs to Treat Movement Disorders	Ingrezza (valbenazine) 60 mg capsule	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
05/17/2021	Antipsoriatic Agents, Systemic	Skyrizi (Risankizumab-rzaa) 150 mg/mL subcutaneous pen injector, syringe	Medi-Cal, HW: T5-NF HSF, C-Wrap: X	New dosage form (link criteria)
05/20/2021	Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled	Trelegy Ellipta (fluticasone-umeclidinium-vilanterol) 200-62.5-25mcg/inh DPI	Medi-Cal, HW, HSF: T3-F/ST (LAMA, LABA, and ICS) → T3-F/ST (LAMA, LABA, and ICS) QL #60/30d C-Wrap: X	Added quantity limit to align with other strength
06/07/2021	Antineoplastic Systemic Enzyme Inhibitors	Truseltiq (infigratinib) 75, 100, 125 mg/day capsule	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
06/07/2021	Antineoplastic - KRAS Protein Inhibitor	Lumakras (sotorasib) 120 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
06/14/2021	Antipsoriatic Agents, Systemic	Cosentyx (secukinumab) 75 mg/0.5 mL SC syringe	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New strength
06/21/2021	Cystic Fibrosis-CFTR Potentiator-Corrector Combin.	Trikafta (elexacaftor-tezacaftor-ivacaft) 50-25-37.5 mg (d)/75 mg (n) tablets	Medi-Cal: T4-F/PA HW, HSF, C-Wrap: X	New strength
06/28/2021	Interleukin-4 (IL-4) Receptor Alpha Antagonist, MAB	Dupixent (dupilumab) 200 mg/1.14 mL SC pen injector	Medi-Cal: T4-F/PA HW, HSF, C-Wrap: X	New dosage form (pediatric)
06/28/2021	Prenatal Vitamins	Neonatal-DHA (PNV #175-iron-FA-DHA-ALGAL) 29 mg-1 mg-200 mg-500 mg oral pack	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
06/28/2021	Antineoplastic Systemic Enzyme Inhibitors	Ayvakit (avapritinib) 25, 50 mg tablet	Medi-Cal: T4-F/PA HW, HSF, C-Wrap: X	New strength

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
04/12/2021	Antihyperlip. HMG COA Reduct Inhib-Cholest. AB. Inhib	Roszet (ezetimibe-rosuvastatin) 10 mg-5 mg, 10 mg-10 mg, 10 mg-20 mg, 10 mg-40 mg tablet	New combination
04/19/2021	Agents to Treat Hypoglycemia (Hyperglycemics)	Zegalogue (dasiglucagon hcl) 0.6 mg/0.6 mL SC syringe, auto-injector	New entity
05/10/2021	Iron Replacement	Accrufer (ferric maltol) 30 mg capsule	New entity
05/10/2021	Anticonvulsants	Xcopri (cenobamate) Maintenance Pack 250mg/day (150 mg x 1 and 100 mg x 1) tablets	New dosage form
05/17/2021	Amyotrophic Lateral Sclerosis Agents	Exservan (riluzole) 50 mg oral film	New dosage form
06/07/2021	LHRH (GNRH) Antagonist, Estrogen and Progestin Comb	Myfembree (relugolix-estradiol-norethindrone) 40 mg-1 mg-0.5 mg tablet	New combination*
06/14/2021	Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist	Wegovy (semaglutide) 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL SC pen injector	New dosage form*
06/21/2021	Pancreatic Enzymes	Pancreaze (lipase-protease-amylase) 37,000-97,300-149,900 unit DR capsule	New strength

*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
Antimalarial Drugs	artesunate 110 mg IV solution
Alpha/Beta-Adrenergic Blocking Agents	labetalol 1 mg/mL in sodium chloride (iso) IV solution
Alpha/Beta-Adrenergic Blocking Agents	labetalol 1 mg/mL in dextrose (iso-osmotic) IV solution
Antineoplastics Antibody/Antibody-Drug Complexes	Zynlonta (loncastuximab tesirine-lpyl) 10 mg IV solution
Antineoplastic, Anti-Programmed Death-1 (PD-1) MAB	Jemperli (dostarlimab-gxly) 50 mg/mL IV solution
Local Anesthetics	Zynrelef (bupivacaine-meloxicam) 200 mg-6 mg/7 mL, 400 mg-12 mg/14 mL surgical site instillation ER solution
Complement (C3) Inhibitors	Empaveli (pegcetacoplan) 1,080 mg/20 mL SC solution
Antineoplastic - EGFR and MET Receptor Inhib, MAB	Rybrevant (amivantamab-vmjw) 50 mg/mL IV solution
Lipoglycopeptide Antibiotics	Kimyrsa (oritavancin diphosphate) 1,200 mg IV solution
Amyloid Directed Monoclonal Antibody	Aduhelm (aducanumab-avwa) 100 mg/mL IV solution

The following products are not listed in the above table:

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