

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

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Drug Class Reviews (main agenda)

Cardiology: Antiplatelets

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

Cardiology: Dyslipidemia

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added choline fenofibrate (Trilipix®) to formulary based on comparable cost-effectiveness and formulation benefits

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Thyroid Disorders

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

Hematology: Iron Overload and Replacement

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

Immunology: Immunosuppressants

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- Changed Lupkynis® (voclosporin) PA criteria name to Lupus and added Benlysta® (belimumab) criteria

Drug Utilization Review Recommendations:

- Reviewed separate DUR analysis

Pain: Muscle Relaxants

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: Sohonos[®] (palovarotene)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary status at this time due to lack of utilization and limited data available.

Prior Authorization Criteria Recommendations:

- Leveraged Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- No DUR changes made

Interim Prior Authorization Criteria Changes (4/2/24 – 7/1/24)

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 April 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 August 20th, 2024.

Title	Date Effective	Revision Summary
MIGRAINE PREVENTION	6/7/2024	Removal of the specialist requirement (rationale: lifted requirement to allow access per guideline recommendations and to ensure rebate eligibility)
SGLT2 INHIBITORS	6/7/2024	Change the step therapy to one single step therapy requirement (rationale: lifted specific diagnosis step therapy requirements to ensure rebate eligibility)

Interim Formulary Changes (3/30/24 –6/21/24)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
4/20/2024	Antineoplastic Systemic Enzyme Inhibitors	Ogsiveo (nirogacestat hydrobromide) 150 mg tablet	HW: T3-F HSF: NF	New entity
5/4/2024	Antipsoriatic Agents, Systemic	acitretin 22.5 mg capsule	HW: T3-F HSF: NF	New dosage form

Status	Definition
T1	Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)
T2	Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)
T3	Formulary Drug, Step Therapy or Prior Authorization required
NF	Non-Formulary Drug

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
3/30/2024	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Simlandi (CF) AI (adalimumab-RYVK) 40 mg/0.4 mL	New entity
3/30/2024	Pulmonary HTN-Endothelin Recept Antg-Cgmp PDE5 Inh	*Opsynvi (macitentan/tadalafil) 10-20, 10-40 mg tablet	New entity
4/6/2024	Antipsoriatic Agents, Systemic	Spevigo (spesolimab-SBZO) 150 mg/mL syringe	New dosage form
4/6/2024	Complement Inhibitors	*Voydeya (danicopan) 100, 150 mg tablet	New entity
4/6/2024	Pulmonary Antihyper Agent, Actriia-Fc	*Winrevair (sotatercept-CSRK) 45, 60 mg vial, vial kit	New entity
4/27/2024	Anticonvulsants	Xcopri (cenobamate) 25 mg tablet	New dosage form
4/27/2024	Antineoplastic - BRAF Kinase Inhibitors	Ojemda (tovorafenib) 100 mg tablet, 25 mg/mL oral suspension	New entity
4/27/2024	Antihypertensives, Endothelin Receptor Antagonists	*Tryvio (aprocitentan) 12.5 mg tablet	New entity
5/4/2024	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Cyltezo (CF) (adalimumab-ADB) 40 mg/0.4 mL syringe, pen	New dosage form
5/4/2024	Anticonvulsant - Benzodiazepine Type	Libervant (diazepam) 5, 7.5, 10, 12.5 mg film	New dosage form
5/4/2024	Drugs To Treat Movement Disorders	Ingrezza (valbenazine tosylate) 40, 60, 80 mg sprinkle capsule	New dosage form
5/11/2024	Opioid Antagonists	Rextovy (naloxone HCL) 4 mg nasal spray	New entity
5/11/2024	Interleukin-5 (IL-5) Receptor Alpha Antagonist, Mab	Fasenra (benralizumab) 10 mg/0.5 mL syringe	New dosage form
5/11/2024	CXCR4 Chemokine Receptor Antagonist	*Xolremdi (mavorixafor) 100 mg capsule	New entity
5/18/2024	IL-23 Receptor Antagonist, Monoclonal Antibody	Omvoh (mirikizumab-MRKZ) 100 mg/mL syringe	New dosage form
5/24/2024	Electrolyte Depleters	Kionex (sodium polystyrene sulfonate/sorbitol) 15 gm/60 mL suspension	New entity
6/1/2024	Immunosuppressives	Myhibbin (mycophenolate mofetil) 200 mg/mL suspension	New entity
6/8/2024	Systemic Enzyme Inhibitors	Vijoice (alpelisib) 50 mg granule packet	New dosage form
6/8/2024	Drugs To Treat Movement Disorders	Austedo XR (deutetrabenazine) 30, 36, 42, 48 mg tablet	New dosage form
6/8/2024	Janus Kinase (JAK) Inhibitors	Rinvoq LQ (upadacitinib) 1 mg/mL solution	New dosage form
6/15/2024	PPAR Agonist	*Iqirvo (elafibranor) 80 mg tablet	New entity
6/15/2024	Genetic Disorder Therapy - HDAC Inhibitor	*Duvyzat (givinostat HCl) 8.86 mg/mL oral suspension	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
3/30/2024	Antiviral Monoclonal Antibodies	Pemgarda (pemivibart) 500 mg/4 mL vial (eua)
4/20/2024	Interleukin-6 (IL-6) Receptor Inhibitors	Tyenne (tocilizumab-AAZG) 80 mg/4 mL, 200 mg/10mL, 400 mg/20 mL vial
4/27/2024	Antineoplastic - Interleukin-15 Receptor Agonists	Anktiva (nogapendekin alfa inbakicept-PMLN) 400 mcg/0.4 mL vial
5/18/2024	Gene Therapy Agents - Factor Deficiency	Beqvez (fidanacogene elaparvovec-DZKT) vial
5/18/2024	Sympathomimetic Agents	Biorphen (phenylephrine HCl) 500 mcg/5 mL vial
5/24/2024	Antineoplastics Antibody/Antibody-Drug Complexes	Imdelltra (tarlatamab-DLLE) 1 mg vial, 10 mg vial
6/1/2024	Antiemetic/Antivertigo Agents	Focinvez (fosaprepitant dimeglumine) 150 mg/50 mL vial
6/8/2024	Ophthalmic Preparations, Miscellaneous	Healon5 Pro (hyaluronate sodium) 23 mg/mL syringe
6/8/2024	Viral/Tumorigenic Vaccines	Mresvia (RSV vaccine, pref protein, mRNA/PF) 50 mcg/0.5 mL syringe
6/15/2024	Antineoplastic Systemic Enzyme Inhibitors	Rytelo (imetelstat sodium) 47, 188 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