

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update July 2018

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on 07/18/2018. Effective date for all changes is **08/20/2018**.

SFHP formulary can be accessed at <http://www.sfhp.org/providers/formulary/> and prior authorization criteria at <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.

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Drug Class Reviews

Cardiology: Antiarrhythmics

Formulary Update: Medi-Cal, Healthy Kids HMO, 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

Pulmonology: Lonhala™ Magnair™

Formulary Update: Medi-Cal, Healthy Kids HMO, 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

Pulmonology: Symdeko™

Formulary Update: Medi-Cal, Healthy Kids HMO, Healthy Workers HMO

- Added Symdeko™ to formulary tier 4 specialty with prior authorization required (tier 3 for HW HMO)

Prior Authorization Criteria Update:

- Updated Cystic Fibrosis criteria to include Symdeko™ and remove hepatic function laboratory requirement

Drug Utilization Review Update:

- No DUR changes made

Nephrology: Jynarque®

Formulary Update: Medi-Cal, Healthy Kids HMO, 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

Obstetrics/Gynecology: Contraceptives

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

- Added Depo-subcutaneous Provera®, Balcoltra®, and Taytulla® to formulary tier 2 due to cost-effectiveness
- Removed quantity limits from norethindrone/ethinyl estradiol 7-9-5, 1.5mg-30mcg and 1mg-20mcg tablets, norgestimate/ethinyl estradiol 0.25mg-35mcg tablet, and levonorgestrel/ethinyl estradiol 6-5-10 tablet due to lack of safety concerns

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- Approved development of education materials for 12-month contraceptive benefit reminder
 - Fax-blast to network pharmacies
 - Provider newsletter article

Endocrinology: Diabetes

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

- Added alogliptin, alogliptin-metformin, alogliptin-pioglitazone, Synjardy[®] XR and Invokamet[®] XR to formulary tier 3 with step therapy (metformin) required due to comparative cost-effectiveness
- Added Ozempic[®] to formulary tier 3 with step therapy (metformin) required based on evidence of cardiovascular benefit and to provide a weekly dosing option
- Added Tresiba[®] to formulary tier 3 with step therapy (Basaglar[®]) required based on clinical safety data
- Removed quantity limits from the following, to align with other formulations/diabetes medications: pioglitazone tablet, Humalog[®] 100u/mL Kwikpen Jr, Humulin[®] R 500u/mL Kwikpen, Humulin[®] 70-30 100u/mL vial
- Added FreeStyle Libre reader and sensor kit to formulary tier 3 with prior authorization required
- Removed Tanzeum[®] from formulary due to manufacturer discontinuation
- Removed glyburide micronized 1.5mg tablet from formulary due to limited/no utilization and preferred alternatives available
- Approved future removal of Novolog[®], Humalog[®] and Apidra[®] products from formulary with Admelog[®] as preferred rapid-acting insulin on formulary, to roll out with educational outreach
- Approved future removal of Januvia[®] and Janumet[®] from formulary with alogliptin and alogliptin-metformin as preferred DPP-4 inhibitor on formulary, to roll out with educational outreach

Prior Authorization Criteria Update:

- Update DPP-4 Inhibitors, GLP-1 Receptor Agonists SGLT2 Inhibitors, Short-Acting Insulins, Long-Acting Insulins, and Non-Formulary Test Strips criteria with formulary changes above

Drug Utilization Review Update:

- Approved development of diabetes educational materials for pharmacies, members and prescribers, and peer-to-peer outreach in collaboration with experts from University of California San Francisco

Dermatology: Acne

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

- Remove prior authorization requirement from sulfacetamide sodium/sulfur 10%-5% (w/w) cleanser and maintain on formulary tier 1 with quantity limit based on cost effectiveness
- Add Azelex[®] 20% topical cream to formulary tier 3 with prior authorization required based on current drug-specific criteria
- Remove prior authorization requirement from adapalene 0.3% gel and gel/pump and replace with step (tretinoin, differin OTC), and maintain formulary tier 3 with age limit and quantity limit
- Remove adapalene 0.1% cream, lotion and gel (Rx) from formulary due to cost-effective alternative formulations available, with grandfathering
- Remove sulfacetamide 10% lotion suspension from formulary due to limited utilization and cost-effective alternative formulations available, with grandfathering

Prior Authorization Criteria Update:

- Updated Topical Retinoids and Topical Sulfacetamides criteria to reflect formulary changes above

Drug Utilization Review Update:

- No DUR changes made

Dermatology: Topical Corticosteroids

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

- Increased quantity limits for the following based on safety labeling and prior authorization requests:
 - halobetasol propionate 0.05% ointment and cream; to #120g per 30 days
 - clobetasol propionate 0.05% ointment, cream, 0.05% gel; to #120g per 30 days
 - clobetasol propionate 0.05% solution; to #100mL per 30 days
 - betamethasone dipropionate (augmented) 0.05% ointment, lotion and gel; to #120g per 30 days
- Added the following medications to formulary with quantity limits based on limited alternatives available:
 - fluocinolone acetonide 0.01% oil (#119mL per 30 days)
 - fluocinolone acetonide 0.01% oil/shower cap (#119mL per 30 days)
 - fluocinolone acetonide 0.01% solution (#120mL per 30 days)
- Added the following medications to formulary with quantity limits based on comparative cost effectiveness:
 - clobetasol propionate 0.05% shampoo (#118mL per 30 days)
 - fluocinonide 0.05% cream (#240g per 30 days)
 - betamethasone dipropionate 0.05% cream (#240g per 30 days)
 - betamethasone valerate 0.1% ointment (#240g per 30 days)
- Increased quantity limits to #240g per 30 days for the following to align with other strengths:
 - mometasone furoate 0.1% ointment
 - betamethasone dipropionate 0.05% lotion
 - fluticasone propionate 0.05% cream
- Removed Trianex[®] 0.05% ointment from formulary based on cost-effective alternatives available and lack of utilization
- Added quantity limits to the following to align with other formulary medications:
 - hydrocortisone 2.5% cream/PR applicator (#60g per 30 days)
 - hydrocortisone acetate 1% cream OTC (#240g per 30 days) – Medi-Cal and Healthy San Francisco only
 - hydrocortisone 1% lotion (#240g per 30 days)

Prior Authorization Criteria Update:

- Updated Topical Steroids criteria to reflect formulary changes above

Drug Utilization Review Update:

- No DUR changes made

Otorhinolaryngology: Allergenic Extracts

Formulary Update: Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- No formulary changes made

Prior Authorization Criteria Update:

- Updated Therapeutic Allergenic Extracts criteria to include Odactra[™]

Drug Utilization Review Update:

- No DUR changes made

Otorhinolaryngology: Miscellaneous Otic Preparations

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

- Added fluocinolone acetonide 0.01% otic oil to formulary tier 2 due to limited alternatives available, with yearly fill limit to ensure appropriate use

Prior Authorization Criteria Update:

- Retired Dermotic[®] (fluocinolone acetonide 0.01% otic oil) criteria

Drug Utilization Review Update:

- No DUR changes made

Neurology: Aimovig™

Formulary Update: Medi-Cal, Healthy Kids HMO, and Healthy Workers HMO

- Added Aimovig™ to formulary tier 3 with prior authorization required due to cost effective alternatives available

Prior Authorization Criteria Update:

- Approved new Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists criteria requiring diagnosis, specialist prescriber (neurologist) and failure of/contraindication to alternatives

Drug Utilization Review Update:

- No DUR changes made

Topical: Miscellaneous Rectal Preparations

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

- Added lidocaine 5% OTC rectal cream and witch hazel 50% OTC medicated pads to formulary tier 1 due to utilization and comparative cost-effectiveness – Medi-Cal and Healthy San Francisco only
- Added Rectiv 0.4% ointment to formulary tier 3 due to utilization and limited alternatives, with prior authorization required to ensure appropriate diagnosis – except Healthy San Francisco

Prior Authorization Criteria Update:

- Updated Rectiv® criteria to reflect formulary change

Drug Utilization Review Update:

- No DUR changes made

Interim Prior Authorization Criteria Updates (4/2/18-6/29/18)

New Criteria

- None

Revisions to Existing Criteria

Title	Date Effective	Revision Summary
Hepatitis C	07/01/2018	<ul style="list-style-type: none"> • Removed medical necessity criteria (fibrosis stage or comorbidity) based on DHCS policy update • Approve for members ≥ 13 years old with life expectancy ≥ 12 months, regardless of fibrosis stage or comorbidity, if regimen is appropriate per AASLD/IDSA guidelines and is SFHP-preferred
PCSK-9 Inhibitors	07/01/2018	<ul style="list-style-type: none"> • Extended Coverage Duration: <ul style="list-style-type: none"> ○ Initial: 6 months (from 4 months) ○ Continuation: Indefinite (from 6 months)

Interim Formulary Changes (4/2/18 – 6/29/18)

Date	Therapeutic class	Medication	Formulary Status	Comment
04/02/2018	Antineoplastic Systemic Enzyme Inhibitors	Tasigna (nilotinib) 50 mg capsule	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength
04/09/2018	Antivirals, HIV-Spec, Nucleoside-Nucleotide Analog	Cimduo (lamivudine/tenofovir DF) 300 mg-300 mg tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
04/09/2018	ARTV Nucleoside, Nucleotide, Non-Nucleoside RTI Comb	Symfi (efavirenz/lamivudine/tenofovir DF) 600-300-300 mg tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
04/16/2018	Pancreatic Enzymes	Zenpep (lipase/protease/amylase) 10,000-32,000-42,000 unit DR capsule	Medi-Cal, HK, HW, HSF: T2-F C-Wrap: X	New strength
04/16/2018	Anaphylaxis Therapy Agents	Auvi-Q (epinephrine) 0.1 mg/0.1 mL injection, auto-injector	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	New strength
05/07/2018	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Humira (adalimumab) 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL SC syringe	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength
05/07/2018	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Humira (adalimumab) Pediatric Crohn's Starter 80 mg/0.8 mL, 80 mg/0.8 mL-40 mg/0.4 mL SC syringe kit	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength
05/07/2018	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Humira (adalimumab) Pen 40 mg/0.4 mL SC kit	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength
05/14/2018	Pancreatic Enzymes	Zenpep (lipase/protease/amylase) 15,000-47,000-63,000 unit DR capsule	Medi-Cal, HK, HW, HSF: T2-F C-Wrap: X	New strength
05/21/2018	Skeletal Muscle Relaxants	baclofen 5 mg tablet	Medi-Cal, HK, HW, HSF: T1-F C-Wrap: X	New strength
05/21/2018	Antivirals, HIV-Specific, Protease Inhibitors	Norvir (ritonavir) 100 mg oral powder packet	Medi-Cal: T5 HK: T3-F/PA, HW: T2 HSF, C-Wrap: X	New dosage form
05/28/2018	Antiparkinsonism Drugs, Other	Osmolex ER (amantadine) 129, 193, 258 mg extended release tablet	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
05/28/2018	Pancreatic Enzymes	Zenpep (lipase/protease/amylase) 3,000-10,000-14,000 unit DR capsule	Medi-Cal, HK, HW, HSF: T2-F C-Wrap: X	New strength
06/04/2018	Glucocorticoids, Orally Inhaled	Arnuity Ellipta (fluticasone) 50 mcg/actuation inhalation powder	Medi-Cal, HK, HW, HSF: T2-F C-Wrap: X	New strength
06/14/2018	Electrolyte Depleters	Veltassa 8.4, 16.8, 25.2 g powder packet	Medi-Cal, HK, HW, HSF: T2-F, added QL #1 pkt/day C-Wrap: X	Manufacturer Price Increase
06/25/2018	Factor IX Preparations	Idelvion (factor IX recombinant) 3,500 (+/-) unit IV solution	Medi-Cal: T5 HK, HW, HSF, C-Wrap: X	Carve out
06/25/2018	Janus Kinase (JAK) Inhibitors	Xeljanz (tofacitinib)10 mg tablet	Medi-Cal, HK: T4 HW: T3 HSF, C-Wrap: X	New strength

Status	Definition
T1	Formulary Drug, Generic (can have quantity limits, age, gender and other code) 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

	1 restrictions as defined by Medi-Cal)	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.
T/5	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 Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

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

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

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 anti-inflammatory/analgesic 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

Date	Therapeutic class	Medication	Comment
04/02/2018	Miotics and Other Intraocular Pressure Reducers	Rhopressa (netarsudil mesylate) 0.02% eye drops	New entity
05/14/2018	Spleen Tyrosine Kinase Inhibitors	Tavalisse (fostamatinib disodium) 100, 150 mg tablet	New entity
05/28/2018	Tricyclic Antidepressants, Rel. Non-Sele. Reupt-Inhib	nortriptyline 10 mg/5 mL oral solution	New dosage form
06/04/2018	Thrombopoietin Receptor Agonists	Doptelet (avatrombopag) 20 mg tablet	New entity
06/04/2018	Narcotic Withdrawal Therapy Agents	Lucemyra (lofexidine) 0.18 mg tablet	New entity
06/11/2018	Janus Kinase (JAK) Inhibitors	Olumiant (baricitinib) 2 mg tablet	New entity
06/11/2018	Erythropoiesis-Stimulating Agents	Retacrit (epoetin alfa-epbx) 2,000, 3,000, 10,000 unit/mL inj soln	New entity
06/11/2018	PKU Treatment Agents - Phenylalanine Ammonia Lyase	Palynziq (pegvaliase-pqpz) 2.5 mg/0.5 mL, 10 mg/0.5 mL, 20 mg/mL SC syringe	New entity
06/11/2018	Interleukin-6 (IL-6) Receptor Inhibitors	Kevzara (sarilumab) 150 mg/1.14 mL, 200 mg/1.14 mL SC pen inj	New dosage form
06/18/2018	Erythropoiesis-Stimulating Agents	Retacrit (epoetin alfa-epbx) 40,000 unit/mL inj soln	New strength
06/25/2018	Analgesics, Narcotics	RoxyBond 15, 30 mg tablet, oral ONLY (not feeding tubes)	New strength
06/25/2018	Sickle Cell Anemia Agents	Siklos (hydroxyurea) 100 mg tablet	New dosage form
06/25/2018	Vaginal Estrogen For Sexual Dysfunction	Imvexxy (estradiol) 4,10 mcg vaginal insert	Excluded benefit

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 medical 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 Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

FFS Carve Out=CO Excluded=X NF-NL = Non-Formulary, Not Listed

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

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 anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
- Local anesthetics (NF if formulary agents are available)