

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update October 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, 10/20/2021. Effective date for all changes is **Friday, 11/19/2021**.

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*

### **Cardiology: Antiplatelets**

**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

### **Endocrinology: Gaucher Disease**

**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

### **Genitourinary: Benign Prostatic Hyperplasia**

**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

### **Neurology: Movement Disorder**

**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

### **Psychiatry: Insomnia**

**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: Pulmonary Hypertension

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- Updated Pulmonary Hypertension criteria to incorporate criteria for inhaled Tyvaso® in group 3 PH requiring documentation of diagnosis via imaging and hemodynamic parameters

**Drug Utilization Review Update:**

- No DUR changes made

### Endocrinology: Diabetes

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- Updated SGLT-2 Inhibitors criteria to allow Jardiance® use as indicated in heart failure regardless of diabetes, and prefer over Farxiga® in this indication

**Drug Utilization Review Recommendations:**

- Evaluated adherence of non-insulin antihyperglycemic medications and assessed monotherapy rates and medication choice versus polytherapy in separate analysis

### Endocrinology: Diabetes Supplies

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

- Add Gvoke® HypoPen® (glucagon) to formulary tier 2 to align with other glucagon dosage forms; maintain Zegalogue® (dasiglucagon) nonformulary at this time due to cost-effective alternatives on formulary

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

### Endocrinology: Wegovy™ (semaglutide)

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- Added Wegovy™ to formulary tier 3 with PA required to ensure appropriate diagnosis

**Prior Authorization Criteria Recommendations:**

- Updated Anti-Obesity Medications criteria to include Wegovy™ on par with Saxenda®, and remove additional requirements for approval of either (diabetes diagnosis or trial/failure of or contraindication to Alli® or Contrave®)

**Drug Utilization Review Recommendations:**

- No DUR changes made

## **Obstetrics & Gynecology: Myfembree® (relugolix-estradiol-norethindrone)**

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

- Maintained Myfembree® as non-formulary at this time due to preferred cost-effective alternatives on formulary

**Prior Authorization Criteria Update:**

- Updated Oriahnn® criteria to list Myfembree® as non-formulary and require trial of Oriahnn® for approval

**Drug Utilization Review Update:**

- No DUR changes made

## **Pain: Muscle Relaxants**

**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:**

- Evaluated muscle relaxant utilization for duration of use or polypharmacy with no concerning findings

## Interim Prior Authorization Criteria Changes (7/5/21 – 10/9/21)

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 July 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 November 19<sup>th</sup>, 2021.

Title	Date Effective	Revision Summary
ANTI-HEADACHE PREPARATIONS	8/20/2021	Add stipulation to require formulary PA-required formulations (butalbital-acetaminophen-caffeine 50-325-40mg tablet or butalbital-aspirin-caffeine 50-325-40mg tablet) trial/failure prior to approval of non-formulary butalbital-containing combinations
PARATHYROID HORMONE	8/20/2021	Clarify requirements to allow first-line parathyroid hormone use in patients with high risk osteoporosis, aligning with current guidelines: <ul style="list-style-type: none"> <li>There is documentation of one of the following: <ul style="list-style-type: none"> <li>trial and failure, intolerance, contraindication, or inability (i.e. inability to swallow, drug interaction, allergy, adverse reaction, etc.) to use <b>at least one bisphosphonate OR</b></li> <li><b>member has high risk osteoporosis (T-score of <math>\leq -3.0</math> with or without fracture, T-score of <math>\leq -2.5</math> plus a fragility fracture, or severe or multiple vertebral fractures) requiring anabolic agent</b></li> </ul> </li> </ul>
SOMATOSTATIC AGENTS	9/24/2021	<ul style="list-style-type: none"> <li>Update to remove listing and criteria for Bynfezia due to removal from market per the manufacturer</li> <li>List Somatuline Depot as non-formulary as it is a medical benefit (clinic-administered)</li> </ul>
BLOOD PRESSURE MONITORS	10/6/2021	Update with additional NDC for Omron 7-Series based on pharmacy network feedback.
BISPHOSPHONATES	11/19/2021	Update to remove listing and criteria for etidronate due to removal from the market per the manufacturer
PULMONARY BIOLOGICS	11/19/2021	Update to clarify requirements for continuation of pulmonary biologic for chronic rhinosinusitis with nasal polyposis: <p><b>Continuation of Therapy for NEW Members</b> (within the last 6 months), approve if:</p> <ul style="list-style-type: none"> <li>Prescriber attests that member has been on this medication continuously before joining SFHP AND</li> <li>The diagnosis and dosage provided meets FDA labeling and/or drug-specific criteria or off-label criteria AND</li> <li><b>For asthma</b>, documentation of decreased exacerbations, improvement in symptoms, and decreased utilization of rescue medications</li> <li><b>For CRSwNP</b>, documentation of improvement (i.e., reduced nasal congestion/obstruction, reduced intranasal steroid use)</li> </ul>

## Interim Formulary Changes (7/3/21 - 10/9/21)

### Pharmacy Benefit Medications

Date*	Therapeutic class	Medication	Formulary Status	Comment
07/10/2021	Influenza Virus Vaccines	Flucelvax Quad (influenza vaccine 2y and older, cell derived) 2021-2022 PF syringe, vial	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Fluad Quad (influenza vaccine 65y and older) 2021-2022 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Fluzone Quad (influenza virus vaccine 6m and older) 2021-2022 PF syringe, vial	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Fluzone High-Dose Quad (influenza virus vaccine split 65y and older) 2021-22 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Flulaval Quad (influenza virus vaccine 6m and older) 2021-2022 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Fluarix Quad (influenza virus vaccine 6m and older) 2021-2022 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Afluria Quad (influenza virus vaccine 6m and older) 2021-2022 vial	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Afluria Quad (influenza virus vaccine 6-35m) 2021-22 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Afluria Quad (influenza virus vaccine 3y and older) 2021-22 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Influenza Virus Vaccines	Flublok Quad (influenza virus vaccine 18y and older) 2021-2022 PF syringe	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
07/10/2021	Gram Positive Cocci Vaccines	Prevnar 20 (pneumococcal 20-valent conjugate vaccine) syringe	Medi-Cal: T2-F, AL≥19y, QL #0.5mL/fill, #1 fill/lifetime HW, HSF, C-Wrap: X	New entity
07/17/2021	Iron Preparations	Neonatal FE (iron, carbonyl-ascorbic acid-cyanocobalamin-folic acid) tablet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	New entity
07/17/2021	Prenatal Vitamin Preparations	Neonatal Plus (prenatal vitamins #154-ferrous fumarate-folic acid) tablet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
07/27/2021	Prenatal Vitamin Preparations	Neonatal Complete (prenatal vitamins #175-ferrous fumarate-folic acid)	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
07/27/2021	Antivirals, General	Xofluza (baloxavir) 80 mg tablet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	New strength
07/31/2021	Influenza Virus Vaccines	Flumist Quad (influenza vaccine live 2-49y) 2021-22 nasal vaccine	Medi-Cal: T2-F, AL≥19y, QL #1/270d HW, HSF, C-Wrap: X	New entity
08/13/2021	Prenatal Vitamin Preparations	DermacinRx (PNV #170-ferrous fumarate-folic acid) caplet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
08/13/2021	Contraceptives, Oral	Taysofy (norethindrone acetate-ethinyl estradiol-ferrous fumarate) 1 mg-20 mcg capsule	Medi-Cal, HW, HSF: T1-F C-Wrap: X	Covered as a class

Date*	Therapeutic class	Medication	Formulary Status	Comment
08/27/2021	Gram Positive Cocci Vaccines	Vaxneuvance (pneumococcal 15-valent conjugate vaccine, diphtheria CRM) 0.5 mL IM PF syringe	Medi-Cal: T2-F, AL≥19y, QL #0.5mL/fill, #1 fill/lifetime HW, HSF, C-Wrap: X	New entity
09/03/2021	Antineoplastic-Hypoxia Inducible Factor (HIF) Inh	Welireg (belzutifan) 40 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
09/17/2021	Antimalarial Drugs	hydroxychloroquine sulfate 100, 300, 400 mg tablet	Medi-Cal, HW, HSF: T1-F C-Wrap: X	New strength
09/24/2021	Antineoplastic Systemic Enzyme Inhibitors	Exkivity (mobocertinib) 40 mg capsule	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity

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
T4	Formulary Specialty Drug, Prior Authorization required
T5	Non-Formulary Drug

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
07/03/2021	Calcium Channel Blocking Agents	Nymalize (nimodipine) 60 mg/10mL oral solution	New dosage form
07/10/2021	Antifungal Antibiotics	Brexafemme (ibrexafungerp) 150 mg tablet	New entity*
07/10/2021	Opioid Antagonists	Klaxxado (naloxone) 8 mg nasal spray	New dosage form
07/10/2021	Tx for Attention Deficit-Hyperact (ADHD) /Narcolepsy	Azstarys (serdexmethylphenidate-dexmethylphenidate) 26.1 mg-5.2 mg, 39.2 mg-7.8 mg, 52.3 mg-10.4 mg capsule	New entity
07/12/2021	Potassium Sparing Diuretics	Kerendia (finerenone) 10, 20 mg tablet	New entity*
07/12/2021	Thyroid Hormones	Tirosint-Sol (levothyroxine) oral solution 37.5, 44, 62.5 mcg/mL	New strength
07/31/2021	Ileal Bile Acid Transporter (IBAT) Inhibitor	Bylvay (odevixibat) 400, 1,200 mcg capsule; 200, 600 mcg pellet	New entity*
07/31/2021	Rho Kinase Inhibitor	Rezurock (belumosudil) 200 mg tablet	New entity*
08/06/2021	Overactive Bladder Agents, Beta-3 Adrenergic Recep	Myrbetriq ER (mirabegron) 8 mg/mL ER suspension	New dosage form
09/10/2021	Anti-Anxiety - Benzodiazepines	Loreev XR (lorazepam) 1, 2, 3 mg capsule	New dosage form
09/17/2021	Antimigraine Preparations	Trudhesa (dihydroergotamine) 0.725 mg/spray nasal spray	New dosage form
09/17/2021	Antipsychotic, Atypical, Dopamine, Serotonin Antagnst	Invega Hafyera (paliperidone) 1,092 mg/3.5 mL, 1,560 mg/5 mL IM syr	New dosage form
09/24/2021	Topical Janus Kinase (JAK) Inhibitors	Opzelura (ruxolitinib) 1.5% topical cream	New entity*
09/24/2021	Antipsychotic, Atypical, Dopamine, Serotonin Antagnst	Lybalvi (olanzapine-samidorphane) 5-10, 10-10, 15-10, 20-10 mg tablet	New combination

\*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
Antineoplastics, Miscellaneous	Rylaze (asparaginase erwinia chrysanthemi, recombinant-rywn) 10 mg/0.5 mL IM solution
Immunosuppressant-Interferon Inhibitor, MAB	Saphnelo (anifrolumab-fnia) 300 mg/2 mL IV vial
Metabolic Disease Enzyme Replacement, Pompe Disease	Nexviazyme (avalglucosidase alfa-ngpt) 100 mg IV vial
Pulmonary Antihypertensives, Prostacyclin-Type	Uptravi (selexipag) 1,800 mcg IV vial
Mineral Replacement, Miscellaneous	Multrys (zinc-copper-manganese-selenium) 1,000-60/mL IV vial
Antineoplastic, Anti-Programmed Death-1 (PD-1) MAB	Opdivo (nivolumab) 120 mg/12 mL IV vial
Antineoplastics Antibody/Antibody-Drug Complexes	Tivdak (tisotumab vedotin-tftv) 40 mg IV vial

The following products are not listed in the above table:

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