San Francisco Health Plan (SFHP)
Quarterly Formulary and Prior Authorization Criteria Update
October 2022

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, 10/19/2022. Effective date for all changes is **11/20/2022**.

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

Dermatology: Psoriasis

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Wynzora®, Vtama®, and Zoryve™ non-formulary due to cost-effective alternatives available; utilize general Non-Formulary Medications criteria for any requests

Prior Authorization Criteria Recommendations:

- Updated Acitretin (Soriatane®) criteria to include pregnancy screening for safety
- Updated Topical Retinoids criteria to streamline requirements for tazarotene cream and gel

Drug Utilization Review Recommendations:

- No Drug Utilization Review (DUR) changes made

Endocrinology: Mounjaro™ (tirzepatide)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added Mounjaro™ to formulary with step therapy (metformin) required and quantity limit of #0.5 mL weekly (1 pen weekly) or #6mL/84d, to align with formulary GLP-1 RAs

Prior Authorization Criteria Recommendations:

- Updated GLP-1 Agonists criteria to include Mounjaro™ at parity with Victoza®, Ozempic®, and Rybelsus®

Drug Utilization Review Recommendations:

- No DUR changes made

Endocrinology: Vijoice® (alpelisib)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary at this time due to limited place in therapy and lack of utilization/requests

Prior Authorization Criteria Recommendations:

- No prior authorization (PA) criteria changes made; utilize general Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- No DUR changes made

Gastroenterology: Constipation and Irritable Bowel Syndrome

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Ibsrela® (tenapanor) as non-formulary due to cost-effective alternatives available

Prior Authorization Criteria Recommendations:

- Updated Constipation Agents criteria to include Ibsrela® (IBS-C) as non-formulary

Drug Utilization Review Update:

- No DUR changes made

Hematology: Pyrukynd® (mitapivat)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary at this time due to limited place in therapy and lack of utilization/requests

Prior Authorization Criteria Recommendations:

- No PA criteria changes made; utilize general Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- No DUR changes made

Infectious Disease: Oral and Topical Antivirals

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed acyclovir 200mg/5mL PO suspension from formulary due to lack of use and no pediatric population
- Removed Denavir® (penciclovir) 1% cream from formulary due to lack of use and cost-effective alternatives available
- Removed rimantadine 100mg tablet from formulary due to lack of use or place in therapy for influenza
- Maintained Livtencity™ non-formulary due to lack of use or requests and available cost-effective alternatives

Prior Authorization Criteria Recommendations:

- Updated Topical Antivirals criteria to reflect formulary change above and incorporate Sitavig® (acyclovir) buccal tablet as non-preferred

Drug Utilization Review Recommendations:

- None; SFHP is currently developing a COVID-19 therapeutics dashboard to evaluate treatment patterns

Neurology: Anticonvulsants

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Fintepla® (fenfluramine) and Ztalmy® (ganaxolone) non-formulary at this time due to limited place in therapy and available alternatives
- Removed all non-solid dosage forms from formulary due to lack of utilization and lack of pediatric population
- Removed Celontin® (methsuximide) capsule, rufinamide (Banzel®) tablet, and Aptiom® (eslicarbazepine) tablet from formulary due to lack of utilization and available alternatives (all for refractory seizures)
- Removed Dilantin® (phenytoin) 30mg capsule from formulary due to available generic alternative and lack of use (ultra-low dose, for pediatrics)
- Removed Vimpat® (lacosamide) 200mg/20mL IV vial from formulary due to lack of use (medical benefit)

Prior Authorization Criteria Update:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Update:

- No DUR changes made

Neurology: Movement Disorders

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Radicava® (edaravone) oral suspension non-formulary due to available cost-effective alternative

Prior Authorization Criteria Recommendations:

- Implemented new drug-specific criteria for Radicava® requiring documentation of diagnosis and severity and trial/failure of riluzole for approval

Drug Utilization Review Update:

- No DUR changes made

Pain: Opioids and Combinations

Formulary Update: 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: Antipsychotics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed lamotrigine chewable tablet from formulary due to lack of utilization and no pediatric population

Prior Authorization Criteria Update:

- No PA criteria changes made

Drug Utilization Review Update:

- No DUR changes made

Interim Prior Authorization Criteria Changes (7/3/22 – 10/2/22)

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 2022 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 20th, 2022.

Title	Date Effective	Revision Summary
MULTIPLE SCLEROSIS	8/29/2022	Updated to list new formulation of fingolimod (Tascenso™ ODT) as non-formulary (only approved for pediatric patients ≥10 years old and ≤40 kg in weight)
DISEASE MODIFYING BIOLOGICS	8/29/2022	Updated to include criteria for use of Olumiant in alopecia areata based on recent FDA approval: • For Alopecia Areata (Olumiant® only), approve if: ○ Drug has been prescribed by or is currently supervised by a dermatologist AND ○ Requested dose is within FDA approved guidelines AND ○ Documentation of ≥50% scalp hair loss (e.g., as measured by the Severity of Alopecia Tool) for ≥6 months
THERAPEUTIC ALLERGENIC EXTRACTS	11/20/2022	Updated to reflect treatable age groups for each sublingual allergenic extract per labeling.
HP ACTHAR® (CORTICOTROPIN) 80 UNITS/ML GEL	11/20/2022	Retired due to limited place in therapy and lack of paid claims in over three years, and no recent prior authorization requests.
PULMONARY HYPERTENSION	11/20/2022	Updated to including Tadliq® (tadalafil) suspension as non-preferred following FDA approval in June 2022; require trial and failure or inability to use oral tablets for approval.
ENDOMETRIOSIS	11/20/2022	Updated to include Myfembree® (relugolix-estradiol-norethindrone acetate) tablet as non-formulary after FDA approval for endometriosis in August 2022, requiring trial and failure or inability to use Orilissa® (elagolix).
CYSTIC FIBROSIS	11/20/2022	Updated to remove age-specific requirements for pediatric patients due to lack of pediatric population in Healthy Workers HMO
INSOMNIA MEDICATIONS	11/20/2022	Updated to include Quviviq™ (daridorexant) tablet as non-formulary after FDA approval for insomnia in April 2022, requiring trial and failure or inability to use at least four sedative hypnotic alternatives (alongside other non-formulary orexin receptor antagonists).

Interim Formulary Changes (7/3/22 – 10/2/22)

Pharmacy Benefit Medications

Date*	Therapeutic class	Medication	Formulary Status	Comment
08/13/2022	Antineoplastic Systemic Enzyme Inhibitors	Calquence (acalabrutinib maleate) 100 mg tablet	HW: T3-F/PA HSF: X	New dosage form
08/20/2022	Antifibrotic Therapy - Pyridone Analogs	pirfenidone 534 mg tablet	HW: T3-F/PA HSF: X	New strength
09/02/2022	COVID-19 Vaccines	Moderna COVID Bival (18y up) EUA (COVID-19 vaccine MRNA, original, Omicron BA.4/5 PF) IM vial	HW: T2-F HSF: X	New strength
09/02/2022	COVID-19 Vaccines	Pfizer COVID Bival (12y up) EUA (COVID-19 vaccine MRNA, original, Omicron BA.4/5 PF) IM vial	HW: T2-F HSF: 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
06/25/2022	IL-23 Receptor Antagonist, Monoclonal Antibody	Skyrizi (risankizumab-rzaa) 360 MG/2.4 ML On-Body	New dosage form
07/02/2022	Antianginal, Anti-Ischemic Agents, Non-Hemodynamic	Aspruzyo Sprinkle ER (ranolazine) 500, 1000 mg packet	New dosage form
07/02/2022	Topical Immunosuppressive Agents	Hyftor (sirolimus) 0.2% topical gel	New dosage form
07/16/2022	Adrenergics, Aromatic, Non-Catecholamine	Dyanavel XR (amphetamine) 5, 10, 15, 20 mg 24h ER tablet	New dosage form
07/16/2022	Antifungal Agents	Vivjoa (oteseconazole) 150 mg capsule	New entity*
07/22/2022	Serotonin-Norepinephrine Reuptake-Inhib (SNRIS)	venlafaxine besylate 112.5 mg ER tablet	New dosage form
07/30/2022	Agents to Treat Multiple Sclerosis	Tascenso ODT (fingolimod lauryl sulfate) 0.25 mg tablet	New dosage form*
08/06/2022	BPH Agent-5-Alpha-Reductase Inhibitor and PDE5 Inhibitor Comb	Entadfi (finasteride-tadalafil) 5 mg- 5 mg capsule	New combination
08/13/2022	Somatostatic Agents	Signifor (pasireotide diaspartate) 0.3, 0.6, 0.9 mg/mL SC ampule	New dosage form
08/20/2022	Vaginal Antibiotics	Xaciato (clindamycin phosphate) 2% vaginal gel	New dosage form
08/27/2022	Nasal Antihistamine and Anti-Inflam. Steroid Comb.	Ryaltris (olopatadine-mometasone) 665 mcg -25 mcg nasal spray	New combination
09/02/2022	Tetracycline Antibiotics	Doryx MPC DR (doxycycline hyclate) 50 mg tablet	New strength
09/02/2022	Antineoplastic Systemic Enzyme Inhibitors	Imbruvica (ibrutinib) 70 mg/mL PO suspension	New dosage form
09/02/2022	Ammonia Inhibitors	Pheburane Pellet (sodium phenylbutyrate) 483 mg/g granules	New entity
09/19/2022	Cystic Fibrosis- CFTR Potentiator-Corrector Combination	Orkambi (lumacaftor-ivacaftor) 75 mg-94 mg granule packet	New strength*
09/19/2022	Antipsoriatic Agents, Systemic	Sotyktu (deucravacitinib) 6 mg tablet	New entity
09/24/2022	Pulm. Anti-Htn, Sel.C-GMP Phosphodiesterase T5 Inhib	Tadliq (tadalafil) 20 mg/5 mL PO suspension	New dosage form*

*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
Neurotoxic Virus Vaccines	Ticovac (tick-borne encephalitis vaccine) 1.2 mcg/0.25 mL IM syringe
Amyloidosis Agents-Transthyretin (TTR) Suppression	Amvuttra (vutrisiran) 25 mg/0.5 mL SC syringe
IL-23 Receptor Antagonist, Monoclonal Antibody	Skyrizi (risankizumab-rzaa) 600 mg/10 mL IV vial
Influenza Virus Vaccines	Flucelvax Quad (flu vaccine quad 6 mos+) 2022-2023 IM syringe
Influenza Virus Vaccines	Flucelvax Quad (flu vaccine quad 6 mos+) 2022-2023 IM vial
Influenza Virus Vaccines	Fluad Quad (flu vaccine quad 65 yr+) 2022-2023 IM syringe
Influenza Virus Vaccines	Fluzone Quad (flu vaccine quad 6 mos+) 2022-2023 IM syringe
Influenza Virus Vaccines	Flulaval Quad (flu vaccine quad 6 mos+) 2022-2023 IM syringe
Influenza Virus Vaccines	Fluzone Quad (flu vaccine quad 6 mos+) 2022-2023 IM vial
Influenza Virus Vaccines	Fluarix Quad (flu vaccine quad 6 mos+) 2022-2023 IM syringe
Influenza Virus Vaccines	Fluzone High-Dose Quad (flu vaccine quad 65 yr+) 2022-23 IM syringe
Influenza Virus Vaccines	Afluria Quad (flu vaccine quad 36 mos+) 2022-23 (3yr Up) IM syringe
Influenza Virus Vaccines	Fluzone Quad (flu vaccine quad 6 mos+) 2022-2023 IM vial
Influenza Virus Vaccines	Afluria Quad (flu vaccine quad 6 mos+) 2022-2023 IM vial
Influenza Virus Vaccines	Flublok Quad (flu vaccine quad 18 yr+) 2022-2023 IM syringe
Antivirals, General	TPOXX (tecovirimat) 200 mg/20 mL IV vial (National stockpile)
Iron Replacement	Injectaver (ferric carboxymaltose) 100 mg/2 mL IV vial
Topical/ Mucous Membrane/ Subcut. Enzymes	Qwo (collagenase clostridium histolyticum-aaes) 0.82, 1.84mg SC vial
Influenza Virus Vaccines	Flumist Quad Nasal (flu vaccine quad 2-49 yr) 2022-23 nasal spray
Gene Therapy Agents - Hematopoietic	Zynteglo (betibeglogene autotemcel) IV infusion bag-cassette
Antisera	CNJ-016 vial (vaccinia immune globulin human)
Metabolic Disease Enzyme Replacement, ASMD	Xenpozyme (olipudase alfa-rpcp) 20 mg IV vial
Antipsoriatic Agents, Systemic	Spevigo (spesolimab-sbzo) 450 mg/7.5 mL IV vial
Ophth. VEGF-A Receptor Antag. RCMB MC Antibody	Cimerli (ranibizumab-eqrn) 0.3 mg, 0.5 mg/0.05 mL intraocular vial
Gene Therapy Agents - Hematopoietic	Skysona (elivaldogene autotemcel) IV infusion bag-cassette

The following products are not listed in the above table:

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