

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update October 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, October 16th, 2024. Effective date for all changes is **November 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)

Gastroenterology: Bile Salts

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

Hepatology: Rezdiffra™ (resmetirom)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary status at this time given lack of recommendations in the current guidelines and lack of utilization

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Update:

- Reviewed separate DUR analysis

Nephrology: Potassium Binders

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

Neurology: Agamree® (vamorolone)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary status at this time given lack of recommendations in the current guidelines and lack of utilization

Prior Authorization Criteria Recommendations:

- Leveraged Non-Formulary Medications criteria for any requests

Drug Utilization Review Update:

- Reviewed separate DUR analysis

Neurology: Zilbrysq® (ziluoplan)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary status at this time due to small potentially eligible population and REMS requirement.

Prior Authorization Criteria Recommendations:

- Leveraged Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- Reviewed separate DUR analysis

Psychiatry: Antipsychotics

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added antipsychotic PADs (Provider Administered Drugs) to the Healthy Workers HMO formulary

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Recommendations:

- No DUR changes made

Pulmonary: Asthma/COPD

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

Pulmonary: Pulmonary Biologics

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: Gout

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- Made minor corrections to the current criteria to ensure all formulary products are listed with corresponding strengths and quantity limits

Drug Utilization Review Recommendations:

- No DUR changes made

Interim Prior Authorization Criteria Changes (7/2/24 – 10/1/24)

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 July 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 November 20th, 2024.

Title	Date Effective	Revision Summary
OPHTHALMIC GLAUCOMA AGENTS	11/20/2024	Added Rocklatan to criteria
MIGRAINE MANGEMENT	11/20/2024	Combined 3 separate migraine PA criteria documents for prevention, acute treatment, and triptan agents into one document for consistency and to prevent confusion
ANTI-OBESITY AGENTS	8/10/2024	Added new single-dose Zepbound vials with corresponding quantity limits

Interim Formulary Changes (6/22/24 –9/19/24)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
6/28/2024	Antineoplastic Systemic Enzyme Inhibitors	Scemblix (asciminib HCl) 100 mg tablet	HW: T3 HSF: NF	New entity
8/3/2024	Anti-Inflammatory, Phosphodiesterase-4 (PDE4) Inhibitors	Otezla (apremilast) 20 mg tablet, 10-20 mg starter 28-day pack	HW: T3 HSF: NF	New dosage form
8/3/2024	Antineoplastic Systemic Enzyme Inhibitors	Retevmo (selpercatinib) 40, 80, 120, 160 mg tablet	HW: T3 HSF: NF	New dosage form
8/10/2024	Anti-Obesity - Incretin Mimetics Combination	Zepbound (tirzepatide) 2.5 mg/0.5 mL, 5 mg/0.5 mL vial	HW: T3 HSF: NF	New dosage form
8/10/2024	Antineoplastic-Isocitrate Dehydrogenase Inhibitors	Voranigo (vorasidenib citrate) 10, 40 mg tablet	HW: T3 HSF: NF	New entity
8/24/2024	COVID-19 Vaccines	Spikevax 2024-25 (12y up) syringe	HW: T2 HSF: NF	New entity
8/24/2024	COVID-19 Vaccines	Comirnaty 2024-25(12y up) syringe	HW: T2 HSF: NF	New entity
8/24/2024	Antineoplastic Systemic Enzyme Inhibitors	Lazcluze (lazertinib mesylate) 80, 240 mg tablet	HW: T3 HSF: NF	New entity
9/7/2024	COVID-19 Vaccines	Novavax COVID 2024-25 syringe (EUR)	HW: T2 HSF: NF	New entity
9/14/2024	Systemic Contraceptives	Femlyv (norethindrone acetate/ethinyl estradiol) 1 mg-0.02 mg ODT	HW: T1 HSF: T1	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
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
6/22/2024	Interleukin-6 (IL-6) Receptor Inhibitors	Tyenne (tocilizumab-AAZG) 162 mg/0.9 mL syringe	New dosage form
6/28/2024	Adrenocorticotrophic Hormones	Acthar (corticotropin) 40 unit/0.5 mL Selfject pen	New dosage form
6/28/2024	Interleukin-13 (IL-13) Inhibitors, Mab	Adbry (tralokinumab-LDRM) 300 mg/2 mL autoinjector	New dosage form
6/28/2024	Topical Antineoplastic Premalignant Lesion Agents	Klisyri (tirbanibulin) 1% (350 mg) ointment packet	New dosage form
7/5/2024	Phosphodiesterase (PDE) Inhibitors	*Ohtuvayre (ensifentrine) 3 mg/2.5mL inhalation suspension	New entity
7/5/2024	Angiotensin Recept-Nepriylsin Inhibitor Comb(ARNi)	Entresto (sacubitril/valsartan) 6-6, 15-16 mg sprinkle pellet	New dosage form
7/5/2024	Topical Anticholinergic Hyperhidrosis Tx Agents	Sofdra (sofipironium Br) 12.45% gel	New entity
7/13/2024	Adrenocorticotrophic Hormones	Acthar (corticotropin) 80 unit/mL selfject	New dosage form
7/13/2024	Drugs To Treat Movement Disorders	Austedo XR (deutetabenazine) 18 mg tablet, titration pack (12-18-24-30 mg)	New dosage form
7/13/2024	Top. Anti-Inflam., Phosphodiesterase-4 (PDE4) Inhibitor	Zoryve (roflumilast) 0.15% cream	New dosage form
7/13/2024	Topical Local Anesthetics	Lidtopic (lidocaine) 7.5% cream	New dosage form
7/20/2024	Hypoxia Inducible Factor Prolyl Hydroxylase Inh.	*Vafseo (vadadustat) 150, 300 mg tablet	New entity
8/3/2024	Emollients Protectives	Scartrate (dimethicone/allantoin) 5%-2.25% cream	New entity
8/3/2024	Antipsoriatic Agents, Systemic	Taltz (ixekizumab) 20 mg/0.25 mL, 40 mg/0.5 m syringe	New dosage form
8/3/2024	Ileal Bile Acid Transporter (IBAT) Inhibitor	Livmarli (maralixibat Cl) 19 mg/mL oral solution	New dosage form
8/10/2024	Anticonvulsants	Vigafyde (vigabatrin) 100 mg/mL oral soln	New entity
8/17/2024	Antiparkinsonism Drugs, Other	*Crexont ER (carbidopa/levodopa) 35-140, 52.5-210, 70-280, 87.5-350 mg-mg capsule	New entity
8/17/2024	Anaphylaxis Therapy Agents	Neffy (epinephrine) 2 mg/0.1 mL nasal spray	New entity
8/17/2024	PPAR Agonist	*Livdelzi (seladelpar lysine) 10 mg capsule	New entity
8/17/2024	Interleukin-31(IL-31) Receptor Alpha Antagonist, Mab	*Nemluvio (nemolizumab-ILTO) 30 mg pen	New entity
8/24/2024	Treatment For ADHD - Selective Alpha-2 Receptor Agonist	Onyda XR (clonidine HCl) 0.1 mg/mL suspension	New entity
9/7/2024	Parathyroid Hormones	Yorvpath 168 mcg/0.56 mL, 294 mcg/0.98 mL, 420 mcg/1.4 mL pen	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
6/22/2024	Gram Positive Cocci Vaccines	Capvaxive (pneumococcal 21-valent conjugate vaccine [diphtheria crm]/pf) 0.5 ml syringe
7/5/2024	Influenza Virus Vaccines	Flucelvax trivalent 2024-2025 syringe (flu vaccine tri 2024-2025 [6 month and older] cell derived/pf)
7/5/2024	Influenza Virus Vaccines	Flucelvax trivalent 2024-2025 vial (flu vaccine triv 2024-2025 [6 month and older] cell derived)
7/5/2024	Influenza Virus Vaccines	Fluad trivalent 2024-2025 syringe (influenza vaccine trivalent 2024-2025 [65 yr up]/mf59c.1/pf)
7/5/2024	Influenza Virus Vaccines	Afluria trivalent 2024-25 (influenza virus vaccine tvs 2024-25 [36 mos up]/pf)
7/5/2024	Influenza Virus Vaccines	Afluria trivalent 2024-25 vial (influenza virus vaccine trivalent 2024-25 [6 mos and older])
7/5/2024	Influenza Virus Vaccines	Flublok trivalent 2024-25 syringe (influenza virus vaccine tv 2024-25 [18 yrs and older] rcmb/pf)
7/5/2024	Influenza Virus Vaccines	Fluarix trivalent 2024-25 syringe (influenza virus vaccine tvs 2024-2025 [6 months and older]/pf)
7/5/2024	Influenza Virus Vaccines	Flulaval trivalent 2024-25 syringe (influenza virus vaccine tvs 2024-2025 [6 months and older]/pf)
7/13/2024	Influenza Virus Vaccines	Fluzone trivalent 2024-25 vial (influenza virus vaccine trivalent 2024-25 [6 mos and older])
7/13/2024	Influenza Virus Vaccines	Fluzone trivalent 2024-25 syringe (influenza virus vaccine tvs 2024-2025 [6 months and older]/pf)
7/13/2024	Metabolic Disease Enzyme Replacement, Fabry's Dx	Elfabrio (pegunigalsidase alfa-iwxj) 5 mg/2.5 mL vial
7/13/2024	Amyloid Directed Monoclonal Antibody	Kisunla (donanemab-AZBT) 350 mg/20 mL vial
7/13/2024	Influenza Virus Vaccines	Fluzone high-dose trivalent 2024-25 (influenza virus vaccine tvs 2024-2025 [65 yr up]/pf)
7/20/2024	Complement Inhibitors	Piasky (crovalimab-AKKZ) 340 mg/2 mL vial
8/10/2024	Influenza Virus Vaccines	Flumist trivalent nasal 2024-25 (influenza vaccine trivalent live 2024-2025 [2 yrs-49 yrs])
8/24//2024	Ophthalmic VEGF-A and ANG-2 Inhib, Bispecific Ab	Vabysmo (faricimab-SVOA) 6 mg/0.05 mL intraocular syringe
9/7/2024	Parathyroid Hormones	Yorvipath 168 mcg/0.56 mL, 294 mcg/0.98 mL, 420 mcg/1.4 mL pen

The following products are not listed in the above table:

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