SAN FRANCISCO HEALTH PLAN *Here for you*	**Pharmacy Services** **San Francisco Health Plan Pharmacy & Therapeutics Committee** **Wednesday, October 19, 2016** **7:30AM – 9:30AM** **50 Beale St., 13th Floor, San Francisco, CA 94119**	
Meeting called by:	James Glauber, MD	**Minutes Taker:** Andrew Costiniano, CPhT (SFHP Specialist, Pharmacy Services)
Meeting Objective:	Vote on proposed formulary and PA criteria changes	**Type of meeting:** Quarterly
Attendees:	**Voting Members:** James Glauber, MD (SFHP Chief Medical Officer) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Ted Li, MD Jamie Ruiz, MD Linda Truong, Pharm. D. Brad Williams, MD Steven Wozniak, MD Shawn Houghtaling, Pharm. D. Nicolas Jew, MD	**Others Present:** Olga Mostovetsky, Pharm. D (SFHP Clinical Pharmacist) Keira Truong, Pharm. D (SFHP Pharmacy Resident) Sheila Zeno, CPhT (SFHP Analyst, Pharmacy Services) Jenna Heath, Pharm. D (PerformRx Clinical Pharmacist) Stacey Bannach RD (Gilead Sciences) Jennifer Denning (Bristol-Myers Squibb) Cheryl Donahue (Sarepta) Suzanne Hensley (MannKind) Phillip L. Santa Maria (Avanir) Reatanak Kong (Amgen)
Members Absent:	Joseph Pace, MD Ronald Ruggiero, Pharm. D Roger Tiao, Pharm. D	
Meeting Materials: October 2016 P&T Packet	Summary of all approved changes are posted under "Materials" section at http://www.sfhp.org/providers/formulary/pharmacy-therapeutics-committee/ SFHP formulary is located at http://www.sfhp.org/providers/formulary/sfhp-formulary/ SFHP prior authorization criteria are located at http://www.sfhp.org/files/providers/formulary/Prior_Auth_Criteria.pdf	

	Topic	Brought By	Time/ Duration	Discussion	Action
1.	Call to Order and Instructions	James Glauber, MD	2 mins	The meeting was called to order at 7:30am.	
2.	Agenda overview and other topics	James Glauber, MD	2 mins	James Glauber, MD introduced agenda topics.	

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3.	Informational Updates	James Glauber, MD	2 mins	The committee was informed that effective 12/01/16, SFHP will manage the pharmacy benefit for the Healthy Workers membership.	
4.	Review and Approval of July 20, 2016 P&T Minutes	James Glauber, MD	2 mins	The committee had no corrections to the minutes.	**VOTES:** **Review and Approval of July 20, 2016 P&T Minutes** 7 approved, 0 denied, 0 abstained *1st Motion*: Lisa Ghotbi, Pharm. D ***2 expected attendees were absent during the vote*
	******Adjourn to Closed Session****** Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)				
5.	Discussion and Recommendation for Changes to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes **Cardiovascular** • Dyslipidemia (P17-63 of October 2016 P&T Packet)	Jenna Heath, Pharm. D	5 mins	The plan presented therapeutic review and recommendations for dyslipidemia medications. Major recommendations included: • Removing quantity limits from formulary medications • Adding rosuvastatin (Crestor ®) to formulary without restrictions. • Updating the step therapy rule for Zetia® to require atorvastatin or rosuvastatin. • Removing the following medications from formulary due to lack of utilization: Fenofibrate (Lipofen®) 50, 150mg capsule, Fluvastatin (Lescol ®) 20mg, 40mg capsule, Amlodipine/Atorvastatin (Caduet®) tablet, Vytorin® (ezetimibe/simvastatin) tablet The plan clarified that even though quantity limits are being removed at the formulary level, safety edits are in place at the benefit level to prevent doses greater than two times maximum recommended dose from being dispensed at the pharmacy. The committee had no comments or questions.	**VOTES:** **Cardiovascular** 8 approved, 0 denied, 0 abstained *1st Motion:* Lisa Ghotbi, Pharm. D *** 1 expected attendee was absent during the vote*
	Endocrine/Metabolism • Androgens (P68-79 of October 2016 P&T Packet)	Keira Truong, Pharm. D	10 Mins	The plan presented therapeutic review and recommendations for androgen medications with a focus on testosterone replacement products. Major recommendations included the following: • Adding quantity limit of #5ml per 30 days to	**VOTES:** **Endocrine/Metabolism** 9 approved, 0 denied, 0 abstained *1st Motion:* Nicolas Jew, MD

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				formulary testosterone cyprionate. • Adding the following products to formulary with prior authorization (PA) requirement of trial with injectable testosterone: testosterone 50mg 1% gel tube, testosterone 25mg 1% gel packet and 1.25 pump, Testosterone 2% pump and Androderm® transdermal 2mg and 4mg • Removing methyltestosterone tablets (Testred®, Android®, METHITEST®) from formulary • Removing Testopel® implant from formulary as it is a medical benefit. The committee had no comments or questions.	
	Neurologic • Alzheimer's Disease/ Dementia (P80-94 of October 2016 P&T Packet) • Narcolepsy (P95-108 of October 2016 P&T Packet) • Neuromuscular Disorders (P109-132 of October 2016 P&T Packet) • Parkinson's Disease (P133-151 of October 2016 P&T Packet) • Seizure disorders (P152-168 of October 2016 P&T Packet)	Jenna Heath, Pharm. D Olga Mostovetsky, Pharm. D	20 Mins	The plan presented therapeutic review and recommendations for medications used for neurologic conditions including Alzheimer's Disease/dementia, narcolepsy, neuromuscular disorders, Parkinson's Disease and seizure disorders. Recommendations are listed below. **Alzheimer Disease/Dementia:** The plan recommended adding all non-formulary or PA required medications to formulary without restrictions and removing existing quantity limits from formulary medications. **Narcolepsy:** The plan recommended removing the PA requirement for use of stimulants prior to modafinil for indication of narcolepsy as modafinil is considered a first-line agent. The committee had a question regarding coverage duration for Xyrem® and plan responded that duration of approval is indefinite. Committee also asked for clarification whether modafinil still requires a PA and plan confirmed that PA is still required. **Neuromuscular Disorders:** The plan recommended removing quantity limits	**FOLLOW UP ITEMS:** • Update PA criteria for tetrabenazine (Xenazine®) to include requirement for baseline total chorea score • Keep amantadine on formulary **VOTES:** **Alzheimer Disease/Dementia:** 9 approved, 0 denied, 0 abstained *1st Motion:* Lisa Ghotbi, Pharm. D **Narcolepsy** 9 approved, 0 denied, 0 abstained *1st Motion:* Lisa Ghotbi, Pharm. D **Neuromuscular disorders:** 9 approved, 0 denied, 0 abstained *1st Motion:* Ted Li, MD **Parkinson Disease:** 9 approved, 0 denied, 0 abstained *1st Motion:* Shawn Houghtaling, Pharm. D. **Seizure Disorders:** 9 approved, 0 denied, 0 abstained *1st Motion:* Nicolas Jew, MD

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				from formulary medications, adding tetrabenazine (Xenazine®) to formulary with PA and adding mycophenolic acid (Myfortic®) to formulary without restrictions. Criteria for tetrabenazine were reviewed and supported by a neurologist reviewer from Medical Review Institute of America (MRIoA). The committee recommended adding requirement of total baseline chorea score to tetrabenazine (Xenazine®) PA criteria. **Parkinson Disease:** Major recommendations included: • Removing quantity limits from formulary medications • Removing Apokyn® (Apomorphine) 10mg/ml subcutaneous solution, Neupro® (Rotigotine) transdermal patch and amantadine from formulary due to lack of utilization • Adding bromocriptine, carbidopa-levodopa ODT, benztropine and trihexylphenidyl to formulary The committee requested to keep amantadine on formulary given low cost and use for other indications such as influenza. **Seizure Disorder Meds:** Major recommendations included: • Removing quantity limits from formulary medications except gabapentin • Adding all newer antiepileptic medications (e.g. Onfi®, Vimpat®) to formulary without restrictions to minimize barriers to access with the exception of Lyrica which will remain formulary with PA requirement. • Removing non-tablet/capsule formulations from formulary or adding to formulary with age limit depending on utilization The plan confirmed that it will continue to refer eligible members to California Children's	

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				Services (CCS) for potential coverage of antiepileptic medications.	
	Psychiatric • Antidepressants (P169-205 of October 2016 P&T Packet) • Alcohol Nicotine Opioid Dependence (P206-221 of October 2016 P&T Packet) • Benzodiazepines (P222-234 of October 2016 P&T Packet) • Schizophrenia, Psychosis , Bipolar Disorder (P235-251 of October 2016 P&T Packet)		20 Mins	SFHP presented therapeutic review and recommendations for psychiatric medication classes including antidepressants, dependence medications, benzodiazepines and schizophrenia/psychosis/bipolar disorder medications. Major recommendations are listed below. **Antidepressants:** The plan recommended removing quantity limits from formulary medications, adding age limit of 12 years to formulary liquid formulations and removing several products from formulary including fluoxetine tablets. The committee was concerned about high citalopram utilization given cardiovascular risks associated with citalopram use and inquired whether there is an opportunity for provider education. The plan will include information on cardiovascular risks associated with citalopram in the upcoming SFHP monthly provider newsletter. The plan pointed out that trazodone utilization is higher than that of other antidepressants but this could be due to its use for insomnia indications. The committee requested a report of proportion of members on doses higher than 100 mg per day which are commonly used for depression. **Alcohol Nicotine Opioid Dependence:** Recommendations included • Adding several naloxone, buprenorphine and buprenorphine/naloxone formulations to formulary for lines of business other than Medi-Cal • Updating quantity limits for Chantix to allow 6 months of therapy per year • Removing products not recommended for pediatric use from Healthy Kids formulary	**FOLLOW UP ITEMS:** Include educational materials on cardiovascular risk associated with citalopram in the upcoming monthly provider newsletter. **FOLLOW UP ITEMS:** Conduct utilization analysis for trazodone to identify proportion of members on higher doses used for depression **VOTES:** **Antidepressants:** 9 approved, 0 denied, 0 abstained *1st Motion:* Steve Wozniak, MD **Alcohol Nicotine Opioid Dependence:** 9 approved, 0 denied, 0 abstained *1st Motion:* Steve Wozniak, MD **Benzodiazepines:** 9 approved, 0 denied, 0 abstained *1st Motion:* Steve Wozniak, MD **Schizophrenia, Psychosis , Bipolar Disorder:** 9 approved, 0 denied, 0 abstained *1st Motion:* Brad Williams, MD

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				The plan asked the committee whether in their practices Chantix is used first-line given potentially higher efficacy over other smoking cessation products. One committee member responded that Chantix is preferred in his practice, while another committee member stated that Chantix is not preferred due to risk of suicidality and need for closer monitoring. Per EAGLES trial, Chantix did not have higher rate of neuropsychiatric adverse events relative to nicotine patch. **Benzodiazepines:** Recommendations included adding quantity limits to all formulary medications currently without quantity limits. Change will apply to new utilizers only. The plan explained that this recommendation was proposed as a result of over-utilization patterns identified in the SFHP population. Examples included members filling higher than maximum daily doses of benzodiazepine medications and estimation that approximately 40% of members on clonazepam are using it as an adjunct to another seizure medication. The committee commented that 40% could be an overestimate as members could be using gabapentin or another antiepileptic medication for pain rather than seizure diagnoses. The committee asked to clarify why quantity limit for lorazapem 2 mg is being increased and the plan responded that the change is to allow for maximum daily dosing (10 mg/day). **Schizophrenia, Psychosis, Bipolar Disorder:** Recommendations included removing all injectable medications from formulary as a medical benefit. The committee inquired why some injectable medications are on the pharmacy formulary while	

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				others are excluded as medical benefit. The plan explained that office-administered injectables are considered a medical benefit, whereas self-injectable medications are a pharmacy benefit. Additionally, per Department of Healthcare Services (DHCS) regulations, certain office-based injectables are considered a pharmacy benefit. The committee also discussed alternatives to thorazine for retractable hiccups and one member suggested baclofen.	
	Biologic and Non-biologic DMARDs (P252-276 of October 2016 P&T Packet)		5 Mins	The plan presented therapeutic review and recommendations for biologic and non-biologic DMARDs. Major recommendation was to incorporate PA criteria for off-label indication of guttate psoriasis. Original proposed recommendation was more stringent but was updated after specialty consultation with SFHP Medical Director specializing in rheumatology. The committee inquired why Symponi® is not one of the preferred medications given once monthly dosing compared to weekly dosing with Enbrel® and every two week dosing with Humira®. The plan responded that Enbrel® and Humira® are preferred due to higher request volume and rebate considerations.	**VOTES:** **Biologic and Non-biologic DMARDs:** 9 approved, 0 denied, 0 abstained *1st Motion:* Nicolas Jew, MD
	Annual Formulary review (P278-276 of October 2016 P&T Packet)	Olga Mostovetsky	10 Mins	The plan discussed recommendations proposed as a result of annual formulary review process. Major recommendation included placing an age limit on codeine containing products to prevent use in children < 12 years per recommendation from American Academy of Pediatrics advising against use of these products in children due to risk of respiratory depression and death. The plan also discussed changes to SFHP Medi-Cal formulary to ensure compliance with FFS Medi-Cal covered drug list (CDL) per DHCS regulations.	**VOTES:** **Annual Formulary review** 9 approved, 0 denied, 0 abstained *1st Motion:* Ted Li, MD

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			******RECONVENE IN OPEN SESSION******		
6.	**Summary of Closed Session**	James Glauber, MD	2 Mins	Reconvened Open session around 9:10am	*Non-voting*
7.	**Additional Proposed Changes to SFHP Prior Authorization Criteria** (P278-280 of October 2016 P&T Packet)	Olga Mostovetsky, Pharm D	10 Mins	SFHP presented summary of changes to the SFHP PA criteria, including list of new criteria and revisions to existing criteria. The committee had no questions or concerns.	**VOTES:** **Additional Proposed Changes to SFHP Prior Authorization Criteria** 9 approved, 0 denied, 0 abstained *1st Motion:* Shawn Houghtaling, Pharm. D.
8.	**Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** (P280-305 of October 2016 P&T Packet)		5 Mins	SFHP presented interim formulary changes and formulary status for new drugs to market. In the interest of time, clinical overview of new drugs was not discussed. The committee had no questions or comments.	**VOTES:** **Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** 9 approved, 0 denied, 0 abstained *1st Motion:* Lisa Ghotbi, MD
9.	**Pharmacy Policy and Procedure Updates** (P306-307 of October 2016 P&T Packet)		5 Mins	Pharmacy Policy and Procedure (P&P) Pharm–13 After-Hours Pharmacy Access has been updated to change look back period for reviewing prescriptions claims from three business days to three calendar days post emergency room discharge to reflect current report specifications.	**VOTES:** **Pharmacy Policy and Procedure Updates** 9 approved, 0 denied, 0 abstained *1st Motion:* Ted Li, MD
10.	**Follow up discussion from July 2016 P&T Committee Meeting** (P308-309 of October 2016 P&T Packet)		5 Mins	The plan provided follow up items from July P&T Committee meeting. The committee agreed that continued updates on gabapentin and emergency contraceptive utilization are no longer needed unless plan identifies significant shifts.	*Non-Voting.*
11.	**Informational Update on New Developments in the Pharmacy Market**	Jenna Heath, Pharm. D	5 Mins	The plan discussed recent pharmacy market developments. The committee had no questions or concerns.	*Non-voting*
12.	**Adjournment**	James Glauber, MD	2 Mins	The meeting adjourned at 9:28am. 2017 P&T Committee Meeting dates are: • Wednesday, January 18, 2017 • Wednesday, April 19, 2017 • Wednesday, July 19, 2017 • Wednesday, October 18, 2017	

The meeting was adjourned at 9:28 AM

Respectfully submitted by:

---------- November 1, 2016

James Glauber, MD, MPH Date:
Chief Medical Officer