### Pharmacy Services

**San Francisco Health Plan Pharmacy & Therapeutics Committee**  
**Wednesday, October 18, 2018**  
**7:30AM – 9:30AM**  
**50 Beale St., 13th Floor, San Francisco, CA 94119**

<table>
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<tr>
<th>Meeting called by:</th>
<th>James Glauber, MD</th>
<th>Minutes: Sheila Zeno, CPhT (SFHP Pharmacy Analyst) Back-up: Andrew Costiniano, CPhT (SFHP Pharmacy Specialist)</th>
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<tr>
<td>Meeting Objective:</td>
<td>Vote on proposed formulary and prior authorization (PA) criteria changes</td>
<td>Type of meeting: Quarterly</td>
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<tr>
<th>Attendees:</th>
<th>Voting Members:</th>
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<tr>
<td></td>
<td>James Glauber, MD (SFHP Chief Medical Officer)</td>
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<td>Ronald Ruggiero, Pharm. D</td>
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<td>Shawn Houghtaling, Pharm. D</td>
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<td></td>
<td>Steven Wozniak, MD</td>
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<td>Jamie Ruiz, MD</td>
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<td>Linda Truong, Pharm. D</td>
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<td>Robert (Brad) Williams, MD</td>
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<td>Ted Li, MD</td>
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<td>Maria Lopez, Pharm. D</td>
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<td>Joseph Pace, MD</td>
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<th>Others in Attendance:</th>
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<tr>
<td>Kaitlin Hawkins, Pharm. D (SFHP Pharmacist)</td>
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<tr>
<td>Ralph Crowder, R.Ph (SFHP Pharmacist)</td>
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<td>Jessica Shost, Pharm. D (SFHP Pharmacist)</td>
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<td>Ken Truong, Pharm. D (SFHP Resident Pharmacist)</td>
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<td>Jenna Heath, Pharm. D (PerformRx Pharmacist)</td>
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<td>Patrick DeHoratius, Pharm. D (PerformRx Pharmacist)</td>
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<tr>
<td>Stephanie Roman, Pharm. D (Mission Wellness Resident)</td>
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<td>Yuna Song (SFHP APPE- UCSF Student)</td>
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<th>Guests:</th>
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<td>Alan Kaska, MBA (Abbott)</td>
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<th>Members Absent:</th>
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<tr>
<td>Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy)</td>
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<td>Nicholas Jew, MD</td>
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<th>Meeting Materials:</th>
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<tr>
<td>Summary of all approved changes are posted under “Materials” section at <a href="http://www.sfhp.org/providers/formulary/pharmacy-therapeutics-committee/">http://www.sfhp.org/providers/formulary/pharmacy-therapeutics-committee/</a></td>
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<td>SFHP formulary is located at <a href="http://www.sfhp.org/providers/formulary/sfhp-formulary/">http://www.sfhp.org/providers/formulary/sfhp-formulary/</a></td>
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<td>SFHP prior authorization criteria are located at <a href="http://www.sfhp.org/files/providers/formulary/Prior_Auth_Criteria.pdf">http://www.sfhp.org/files/providers/formulary/Prior_Auth_Criteria.pdf</a></td>
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| 1. Call to Order | James Glauber | The meeting was called to order at 7:31 am.  
- Conflict of interest check  
- Agenda overview | Conflict of Interest checked and instructions given. Introduction agenda topics done. |
| 2. Informational Updates | James Glauber | Topics:  
- Health Homes  
- Health Care Services- Aggregated Quality scores  
- Local Specialty pharmacy contract wrapping up (Mission Wellness Pharmacy) |
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| 3. Review and Approval of July 18, 2018 P&T minutes (pp.5 - 15 of October 2018 P&T Packet) | James Glauber | The committee approved the minutes as presented. | VOTE: **Review and Approval of July 18, 2018 P&T Minutes**
Approved recommendations as presented.

Motion: Maria Lopez, Pharm. D.
2nd: Ronald Ruggiero, Pharm. D
Vote: Unanimous approval (10/10) |

| 4. Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. | Kaitlin Hawkins | The following drug classes were reviewed for pertinent literature (including meta-analyses and pivotal clinical trials), guideline updates, and drug additions to or removals from market since last class review. Major recommendations included the following: | VOTE: **Formulary Maintenance Items:**
Approved recommendations as presented.

**AWhite Blood Cell Stimulant Class Review**

Motion: Maria Lopez, Pharm. D.
2nd: Shawn Houghtaling, Pharm. D.
Vote: Unanimous approval (10/10) |

| 5. Formulary Maintenance Items: (NSAIDS) Non-Steroidal Anti-Inflammatory Drugs (pp.16 - 27 of October 2018 P&T Packet) | Kaitlin Hawkins | Formulary Recommendations:
(Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco)
- Added diclofenac potassium to formulary tier 1 and ketorolac to formulary tier 1 with quantity limit to ensure appropriate use
- Added age limit to naproxen suspension to ensure appropriate use in pediatrics
- Removed the following tier 3 medications from formulary due to no utilization and lack of drug specific prior authorization criteria:
  - meloxicam oral suspension
  - ketoprofen IR and ER capsules
  - meclofenamate capsule
  - mefenamic acid capsule
  - tolmetin capsule and tablet
  - fenoprofen capsule

PA Criteria Recommendations:
- Updated Topical NSAIDs criteria to reflect current diclofenac 1% gel quantity limit

DUR Recommendations:
- None

Committee Discussion:
The committee asked that indomethacin ER capsule be |

VOTE: **Formulary Maintenance Items:**
Approved recommendations as presented with the addition of adding indomethacin ER capsule to formulary.

**(NSAIDS) Non-Steroidal Anti-Inflammatory Drugs**

Motion: Maria Lopez, Pharm. D.
2nd: Shawn Houghtaling, Pharm. D.
Vote: Unanimous approval (10/10) |
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| 6. **Formulary Maintenance Items:** Infectious Disease: Anti-parisitics (pp.16 - 27 of October 2018 P&T Packet) | Kaitlin Hawkins | **Formulary Recommendations:** (Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco)  
- Extended quantity limit of Albenza® to reflect typical dosing for intestinal roundworms  
- Added quantity limit to praziquantel tablet to reflect typical dosing for tapeworms  
- Removed Pin-X® chewable tablet from formulary due to lack of utilization (obsolete) and available alternatives  
- Removed Pentam® 300 IV solution from formulary as it is a medical benefit drug  
**PA Criteria Recommendations:**  
- None  
**DUR Recommendations:**  
- None  
**Committee Discussion:**  
The committee had no comments or questions. | VOTE:  
Formulary Maintenance Items:  
Approved recommendations as presented. |
| 7. **Infectious Disease**  
Systemic and Topical Antibiotics Class Review (pp.28 - 53 of October 2018 P&T Packet) | Kaitlin Hawkins | The plan presented class reviews and recommendations for Infectious Disease medications.  
Major recommendations included the following:  
**Formulary Recommendations:** (Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco)  
- Remove prior authorization from cefadroxil 500 mg capsule and maintain on formulary tier 1 due to cost effectiveness  
- Remove step therapy requirement from vancomycin capsules and Firvanq® suspension and maintain on formulary tier 1 with quantity limits to align with guideline recommendations  
- Remove days' supply limits from amoxicillin-clavulanate due to lack of concern for overuse  
- Add age limit, maximum of 12 years to the following solutions, suspensions, and chewable tablets to align with other liquid and chewable formulations on formulary:  
  - amoxicillin 125 mg/5 mL, 200 mg/ 5mL, 250 mg/5 mL, 400 mg/5 mL suspension reconstituted  
  - amoxicillin/clavulanate 600-42.9 mg/5 mL oral suspension  
  - penicillin V potassium 125 mg/5 mL, 250 mg/5 mL suspension  
  - amoxicillin 125, 250 mg chewable tablet | VOTE:  
Infectious Disease  
Approved recommendations as presented.  

**Systemic and Topical Antibiotics**  
**Motion:** Shawn Houghtaling, Pharm. D.  
2nd: Robert (Brad) Williams, MD  
**Vote:** Unanimous approval (10/10) |
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<td><strong>Infectious Disease</strong>&lt;br&gt;Oral and Topical Antifungals Class Review (pp.54 - 76 of October 2018 P&amp;T Packet)</td>
<td>Jenna Heath</td>
<td>• Remove ketoconazole 2% foam and Xologel 2% gel from formulary and remove prior authorization due to lack of utilization and cost-effective alternatives available&lt;br&gt;PA Criteria Recommendations:&lt;br&gt;• None&lt;br&gt;DUR Recommendations:&lt;br&gt;• None&lt;br&gt;Committee Discussion:&lt;br&gt;The committee had no comments or questions.</td>
<td>8. Unanimous approval (10/10)</td>
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| 9. | **Infectious Disease** Antiviral Class Review *(pp. 77 - 88 of October 2018 P&T Packet)* | Jenna Heath | Formulary Recommendations:  
(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco)  
- Add valganciclovir tablet to formulary and require prior authorization to align with prior authorization criteria  
- Remove age limit from oseltamivir 30mg capsule to allow for appropriate renal dosing in adults  
- Add fill limit to oseltamivir oral solution to align with other dosage forms, and apply max days’ supply limit per fill to ensure appropriate use  
- Add age limit to acyclovir suspension to ensure appropriate pediatric use  
- Add quantity limits to famciclovir tablets to ensure appropriate use:
  - 125 mg: #2 tablets/day (max 1 tablet BID for episodic/recurrent herpes in immunocompetent patients)  
  - 250 mg: #3 tablets/day (max 1 tablet TID for initial herpes episode)  
  - 500 mg: #4 tablets/day (max 2 tablets BID for episodic/recurrent herpes)  
- Remove rimantadine from formulary due to removal of (ACIP) Advisory Committee on Immunization Practices recommendations and lack of other indications  
**PA Criteria Recommendations:**  
- Update valganciclovir criteria to include oral solution  
**DUR Recommendations:**  
- None  
**Committee Discussion:**  
The committee had no comments or questions.  
**VOTE:**  
**Infectious Disease**  
Approved recommendations as presented. |  
| 10. | **Infectious Disease** Immunizations Abbreviated Review *(pp. 89 – 91 of October 2018 P&T Packet)* | Kent Truong | Formulary Recommendations:  
(Medi-Cal):  
- None  
**PA Criteria Recommendations:**  
- None; no active criteria  
**DUR Recommendations:**  
- None  
**Committee Discussion:**  
The committee had no comments or questions.  
**VOTE:**  
**Infectious Disease**  
Immunizations Abbreviated Review  
No changes therefore no vote |  
| 11. | **Hematology** Erythropoietin Stimulating Agents Class Review *(pp. 92 - 102 of October 2018 P&T Packet)* | Jenna Heath | The plan presented class reviews and recommendations for Hematology medications.  
**Major recommendations included the following:**  
**Formulary Recommendations:**  
(Medi-Cal, Healthy Kids HMO and Healthy Workers HMO):  
- Add Retacrit™ to formulary tier 3 and require prior authorization to ensure appropriate diagnosis  
**PA Criteria Recommendations:**  
- None  
**VOTE:**  
**Hematology**  
Approve recommendations as presented. |
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<td><strong>12. Hematology</strong>&lt;br&gt;Hematology Class Review&lt;br&gt;(pp. 103 - 114 of October 2018 P&amp;T Packet)</td>
<td>Jenna Heath</td>
<td>• Update criteria to prefer biosimilar Retacrit™ over alternatives&lt;br&gt;<strong>DUR Recommendations:</strong>&lt;br&gt;• None&lt;br&gt;<strong>Committee Discussion:</strong>&lt;br&gt;The committee had no comments or questions.</td>
<td><strong>VOTE:</strong>&lt;br&gt;Hematology&lt;br&gt;Approve recommendations as presented. <strong>Thrombocytopenia Class Review</strong>&lt;br&gt;&lt;br&gt;Motion: Ronald Ruggiero, Pharm. D&lt;br&gt;2nd: Joseph Pace, MD&lt;br&gt;Vote: Unanimous approval (10/10)</td>
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<td><strong>13. Neurology</strong>&lt;br&gt;Anticonvulsants Class Review&lt;br&gt;(pp.115 - 127 of October 2018 P&amp;T Packet)</td>
<td>Jenna Heath</td>
<td>The plan presented a class review and recommendations for Neurology medications.&lt;br&gt;Major recommendations included the following:&lt;br&gt;<strong>Formulary Recommendations:</strong>&lt;br&gt;(Medi-Cal, Healthy Kids HMO and Healthy Workers HMO):&lt;br&gt;• None&lt;br&gt;<strong>PA Criteria Recommendations:</strong>&lt;br&gt;• Update Thrombopoietin Receptor Agonists criteria:&lt;br&gt;  o Prefer Promacta® based on range of indications and comparative cost-effectiveness&lt;br&gt;  o Include Tavalisse as second-line after TPA&lt;br&gt;  o Include Doptelet® and Mulpleta® listed as non-formulary, preferring Mulpleta® over Doptelet® for thrombocytopenia associated with chronic liver disease in patients requiring elective procedures&lt;br&gt;<strong>DUR Recommendations:</strong>&lt;br&gt;• None&lt;br&gt;<strong>Committee Discussion:</strong>&lt;br&gt;The committee had no comments or questions.</td>
<td><strong>VOTE:</strong>&lt;br&gt;Neurology&lt;br&gt;Approve recommendations as presented with the addition of increasing the age restriction to 16 years of age or younger. <strong>Anticonvulsants Class Review</strong>&lt;br&gt;&lt;br&gt;Motion: Robert (Brad) Williams, MD&lt;br&gt;2nd: Maria Lopez, Pharm. D.&lt;br&gt;Vote: Unanimous approval (10/10)</td>
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| **14.** Pain | Kaitlin Hawkins | The plan presented a class review and recommendations for a Pain medication. Major recommendations are listed below.  
**Formulary Recommendations:**  
(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO):  
- Add the following to formulary tier 1 due to some utilization and cost-effectiveness:  
  - pramoxine 1% lotion  
  - lidocaine 4% cream, with quantity limit of #60/30 days to align with other formulary options  
- Add age limit, maximum age of 12 years, to gabapentin 250 mg/5 mL solution to align with other liquid formulations and allow appropriate pediatric use  
- Remove gabapentin 250 mg/5 mL unit dose solution from formulary due to lack of utilization  
**PA Criteria Recommendations:**  
- Update Lyrica® criteria to include extended release formulation quantity limit  
**DUR Recommendations:**  
- None  
**Committee Discussion:**  
After discussion the committee determined to add OTC lidocaine 4% patch to the formulary and change from prior authorization to step therapy for Lyrica. | VOTE:  
Pain  
Approve recommendations as presented with the addition to add OTC lidocaine patch to the formulary and change from prior authorization to step therapy for Lyrica.  

*Non-Opioid Pain Management Class Review*  
**Motion:** Linda Truong, Pharm. D  
**2nd:** Ronald Ruggiero, Pharm. D  
**Vote:** Unanimous approval (10/10) |

| **15.** Rheumatology | Kent Truong | The plan presented a monograph with recommendations for Rheumatology medications. Major recommendations are listed below.  
**Formulary Recommendations:**  
(Medi-Cal, Healthy San Francisco and Medicare/Medi-Cal)  
- Maintain Olumiant® as non-formulary  
**PA Criteria Recommendations:**  
- Update Disease Modifying Biologics criteria to include Olumiant® as non-formulary  
**DUR Recommendations:** | VOTE:  
Rheumatology  
Olumiant® (baricitinib) Monograph  
Approve recommendations as presented.  

*Motion:* Maria Lopez, Pharm. D  
**2nd:** Shawn Houghtaling, Pharm. D  
**Vote:** Unanimous approval (10/10) |
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<td>16. <strong>Topical</strong> Antiseptics Abbreviated Review (pp.153 - 157 of October 2018 P&amp;T Packet)</td>
<td>Kaitlin Hawkins</td>
<td>The plan presented an abbreviated class review with recommendations for Topical medications. Major recommendations are listed below. <strong>Formulary Recommendations:</strong> (Medi-Cal, Healthy San Francisco and Medicare/Medi-Cal)  - None <strong>PA Criteria Recommendations:</strong> - None <strong>DUR Recommendations:</strong> - None <strong>Committee Discussion:</strong> The committee had no comments or questions.</td>
<td>VOTE: <strong>Topical</strong> Antiseptics Abbreviated Review No changes therefore no vote</td>
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<td>17. <strong>Follow-up Item</strong> Probiotics Review (pp.158 - 167 of October 2018 P&amp;T Packet)</td>
<td>Kaitlin Hawkins</td>
<td>The plan presented a class review with recommendations for Probiotics medications. Major recommendations are listed below. <strong>Formulary Recommendations:</strong> (Medi-Cal and Healthy San Francisco)  - Consider adding the following probiotic products to formulary based on utilization, low cost, and available literature:  - saccharomyces boulardii (Florastor®)(tier 1)  - Culturelle® (lactobacillus rhamnosus GG[LGG]) (tier 2)  - Consider adding VSL#3® to formulary tier 3 based on guideline recommendations and utilization, with prior authorization to ensure appropriate diagnosis (Medi-Cal only) <strong>PA Criteria Recommendations:</strong>  - Update Acidophilus criteria to address all probiotic requests <strong>DUR Recommendations:</strong> - None <strong>Committee Discussion:</strong> The committee discussed and agreed to add pediatric formulation Culturelle Kids as well as adult dosing.</td>
<td>VOTE: <strong>Follow-up Item</strong> Approve recommendations as presented. <strong>Probiotics Review</strong> Motion: Ronald Ruggiero, Pharm. D 2nd: Maria Lopez, Pharm. D. Vote: Unanimous approval (10/10)</td>
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<td>18. <strong>Follow-up Item</strong> Drug Utilization Review (DUR) (Presenter provider a handout to committee)</td>
<td>Jessica Shost</td>
<td><strong>DUR Program Updates</strong>  - SFHP DUR Follow-up Impact Analysis on the 7-day Limit on Initial Opioid prescriptions 5/17/18-8/17/2018</td>
<td>Non-voting item</td>
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**RECONVENE IN OPEN SESSION**

19. Summary of Closed Session | James Glauber | Reconvened Open session around 9:05 am | Non-voting item |
<p>| 20. Annual Pharmacy Policies and Procedures (P&amp;Ps) Review (pp.168 - 184 October 2018 P&amp;T | Ralph Crowder | The plan presented changes to the Pharmacy Policy and Procedures (P&amp;P) for P&amp;T committee annual review and approval: | VOTE: <strong>Annual Pharmacy Policy and Procedure Review</strong> Approve recommendations as presented. |</p>
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| Pharm-03: Oversight of Delegated Pharmacy Provider Credentialing Process Credentialing | | None | Motion: Maria Lopez, Pharm. D.  
2nd: Joseph Pace, MD  
Vote: Unanimous approval (10/10) |
| Pharm-09: Drug Recalls and Safety Withdrawals - Pharmaceutical Patient Safety | Updates: the policy statement to specify compliance with regulatory and quality standards and timely notification and tracking and the procedure regarding responsibility PBM, SFHP (Pharmacy, Marketing, Provider Relations and Customer Service) departments in identifying recalls and actions, notification of possibly affected members, providers and pharmacies as well as addressing calls SFHP may receive regarding notification. | | |
| Added HMO to Healthy Kids & Workers lines of business (LOBs) for rebranding, affected parties within SFHP (Marketing, Provider Relations and Customer Service) and related quality standard of from NCQA. | Rewording the monitoring process and the definition of Market Withdrawal. | | |
| Pharm-10: PGY1 Managed Care Pharmacy Residency Program | Document Changes: None | | |
| Pharm-11: Member Reimbursements for Pharmacy Services | Added HMO to Healthy Kids & Workers lines of business (LOBs) for rebranding. | | |
| Updates: procedures for the Claim Submission Process noting that the member reimbursement is documented through the PBM case review system and that all requests will be reviewed if documentation is less than 1 year old and those greater will be considered based on circumstances. For the Payment Determination Process noting that approvals are placed in the PBM case management system and checks are requested by the PBM from the claims processor which the detail is documented in the check stub. Decisions may take up to 30 days of the request submission. | | |
| Committee Discussion: The committee had no comments or questions. | | | |
| VOTE: Review and Approval of Prior Authorization Criteria Interim Changes  
Approve recommendations as presented. | | | |
| Motion: Maria Lopez, Pharm. D.  
2nd: Joseph Pace, MD  
Vote: Unanimous approval (10/10) | | | |
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<td>22.</td>
<td>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.190 – 194 of October 2018 P&amp;T Packet)</td>
<td>Kaitlin Hawkins</td>
<td>The plan presented interim formulary changes and formulary status for new drugs to market. Committee Discussion: The committee had no comments or questions.</td>
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<td>23.</td>
<td>Informational Update on New Developments in the Pharmacy Market (pp.195 – 203 of October 2018 P&amp;T Packet)</td>
<td>Jenna Heat</td>
<td>The plan provided information on new developments in the pharmacy market. (For detail of changes, please see pages 195 - 203 of P&amp;T packet.)</td>
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<td>24.</td>
<td>Adjournment</td>
<td>James Glauber</td>
<td>The meeting adjourned at 9:25 am. 2019 P&amp;T Committee Meeting dates are: • Wednesday, January 16, 2019 • Wednesday, April 17, 2019 • Wednesday, July 17, 2019 • Wednesday, October 16, 2019</td>
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Respectfully submitted by:

James Glauber, MD, MPH
Chief Medical Officer

November 6, 2018