



Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 24, 2018

7:30AM – 9:30AM

50 Beale St., 13th Floor, San Francisco, CA 94119

Meeting called by:	James Glauber, MD, MPH	Minutes: Sheila Zeno, CPt (SFHP Pharmacy Analyst) Back-up: Grace Dadios (SFHP Health Services Dept. Specialist)
Meeting Objective:	Vote on proposed formulary and prior authorization(PA) criteria changes	Type of meeting: Quarterly
Attendees:	<p>Voting Members: James Glauber, MD, MPH (SFHP Chief Medical Officer) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Ronald Ruggiero, Pharm. D Shawn Houghtaling, Pharm. D. Linda Truong, Pharm. D. Joseph Pace, MD *Nicolas Jew, MD (Off-Site Vote received 1/25/18 by email) *Maria Lopez, Pharm. D (Off-Site Vote received 1/26/18 by email) *Jamie Ruiz, MD (Off-Site Vote received 1/26/18 by email)</p>	<p>Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph. (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Ryan Cotten, Pharm. D (SFHP Resident Pharmacist) Jessica Shost, Pharm. D (SFHP Resident Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist)</p> <p>Marc Rueckert (Pfizer) Jeannie Timberman (Pfizer)</p>
Members Absent:	Steven Wozniak, MD Ted Li, MD Robert (Brad) Williams, MD	
Meeting Materials:	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	Discussion	Action
1.	Call to Order	James Glauber	The meeting was called to order at 7:30 am.	
2.	Agenda overview and other topics	James Glauber	Introduction agenda topics.	Conflicts of Interest checked and instructions given.
3.	Informational Updates	James Glauber	SFHP has (NCQA) National Committee for Quality Assurance accreditation.	
4.	Informational Update on New Developments in the Pharmacy Market	Jenna Heath	<i>The plan provided information on new developments in the pharmacy market.</i> For detail of changes, please see pages 242-250 of P&T packet.	<i>Non-voting item</i>
5.	Drug Utilization Review	Tammie Chau	<ul style="list-style-type: none"> Acetaminophen Accumulator Safety Edit Pharmacy Education Fax 7-Day Initial Opioid Safety Edit Provider FAQ Multiple Prescribers and Pharmacies DUR Report 	<i>Non-voting item</i>

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6.	Review and Approval of October 18, 2017 P&T minutes	James Glauber	The committee approved the minutes as presented with noted correction below: <i>from "Benign Prostatic Hypertension Class Review" to corrected "Benign Prostatic Hyperplasia Class Review"</i>	VOTE: <u>Review and Approval of October 18, 2017 P&T Minutes</u> <i>Motion: Joseph Pace, MD</i> <i>Vote: Unanimous approval (9/9)</i>
****Adjourn to Closed Session**** Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)				
7.	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. <u>Endocrinology:</u> GnRH Agonist Analogs Class Review (pp.14- 28 of January 2018 P&T Packet)	Kaitlin Hawkins	<i>The plan presented therapeutic review and recommendations for Endocrinology medications. Major recommendations included the following:</i> Formulary Recommendations: <u>Medi-Cal, HealthyKids HMO, HealthyWorkers HMO and HealthySanFrancisco</u> <ul style="list-style-type: none"> Remove Vantas® implant kit from formulary due to lack of utilization and status as medical benefit Prior Authorization Criteria Recommendations: <ul style="list-style-type: none"> Propose new criteria for obstetric indications and update Lupron Depot-PED® criteria to incorporate other GnRH agonists for CPP and delay of puberty in transgender individuals Drug Utilization Review Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Endocrinology:</u> Approved recommendations as presented. <u>GnRH Agonist Analogs Class Review</u> <i>Motion: Ronald Ruggiero, Pharm. D</i> <i>Vote: Unanimous approval (9/9)</i>
8.	<u>Obstetrics/Gynecology</u> <ul style="list-style-type: none"> Obstetrics/Gynecology Miscellaneous Abbreviated Review (pp.29 - 35 of January 2018 P&T Packet) 	Kaitlin Hawkins	<i>The plan presented therapeutic review and recommendations for Obstetrics/Gynecology medications. Major recommendations included the following:</i> Formulary Recommendations: <u>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco)</u> <ul style="list-style-type: none"> Add tranexamic acid 650mg tablet to formulary tier 1 based on utilization and lack of alternatives, with quantity limit #30/30 days based on recommended dosing Remove Relagard® and AVC cream from formulary due to lack of utilization and alternatives available on formulary PA Criteria Recommendations: <ul style="list-style-type: none"> None Drug Utilization Review Criteria Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Obstetrics/Gynecology:</u> <u>Obstetrics/Gynecology Miscellaneous Abbreviated Review</u> <i>Motion: Shawn Houghtaling Pharm. D</i> <i>Vote: Unanimous approval (9/9)</i>
9.	<u>Cardiology</u> <ul style="list-style-type: none"> Dyslipidemia Class Review (pp.36 -69 of January 2018 P&T 	Jenna Heath	<i>The plan presented therapeutic review and recommendations for Cardiology.</i> <i>Major recommendations included the following:</i>	VOTE: <u>Cardiology</u>

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	Packet)		<p>Formulary Recommendations: <u>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</u></p> <ul style="list-style-type: none"> Remove prior authorization from colestipol 1 g tablet and maintain on formulary (add to HSF tier 1) Remove step therapy from ezetimibe 10 mg tablet and maintain on formulary (tier 1) Remove Juxtapid® from formulary due to lack of utilization and available alternatives <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Retire criteria for ezetimibe (Zetia™) Update bile acid sequestrant criteria to reflect formulary status of colestipol Update PCSK9 inhibitor criteria to reflect recent guideline changes <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: The committee had no comments or questions.</p>	<p><u>Dyslipidemia Class Review</u> Approve recommendations as presented.</p> <p><u>Motion:</u> Shawn Houghtaling, PharmD <u>Vote:</u> Unanimous approval (9/9)</p>
10.	<p><u>Immunology</u></p> <ul style="list-style-type: none"> Hereditary Angioedema Class Review (pp.70- 82 of January 2018 P&T Packet) 	Ryan Cotten	<p><i>The plan presented therapeutic review and recommendations for Immunology medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <u>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</u></p> <ul style="list-style-type: none"> Add danazol to formulary tier 1 based on cost-effectiveness Add Haegarda® and Kalbitor® to formulary tier 4 with prior authorization due to limited formulary alternatives <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> New criteria proposed requiring diagnosis, weight, dose, quantity, and prior drug therapy <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee discussed adding a prescriber restriction which resulted in noted changes.</i></p>	<p>VOTE: <u>Immunology</u></p> <p><u>Hereditary Angioedema Class Review</u> Approve recommendations as presented with noted changes below:</p> <ul style="list-style-type: none"> Add Prescriber Restriction: Allergist Remove Firazyr® from formulary with grandfathering <p><u>Motion:</u> Lisa Ghotbi, Pharm. D <u>Vote:</u> Unanimous approval (9/9)</p>

	Topic	Brought By	Discussion	Action
11.	<p><u>Immunology</u></p> <ul style="list-style-type: none"> Hereditary Tyrosinemia Class Review (pp.83- 90 of January 2018 P&T Packet) 	Jenna Heath	<p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add Nityr® to formulary tier 3 with prior authorization based on cost effectiveness and limited formulary alternatives <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> Criteria proposed requiring confirmed diagnosis and preferring Nityr® over Orfadin® <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update criteria for Genitourinary Antispasmodics and Anti-Cholinergics with editorial changes. <p>Committee Discussion: <i>The committee discussed Orfadin and removing it from the formulary which resulted in notes changes.</i></p>	<p>VOTE: <u>Immunology</u></p> <p><u>Hereditary Tyrosinemia Class Review</u> Approve recommendations as presented with noted changes below:</p> <ul style="list-style-type: none"> Remove Orfadin® from formulary, no grandfathering required <p><i>Motion:</i> Lisa Ghotbi, Pharm D <i>Vote:</i> Unanimous approval (9/9)</p>
12.	<p><u>Immunology</u></p> <ul style="list-style-type: none"> Hereditary Benlysta Monograph (pp.91- 99 of January 2018 P&T Packet) 	Kaitlin Hawkins	<p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> Keep Benlysta® subcutaneous non-formulary <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> No drug specific criteria recommended <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Immunology</u></p> <p><u>Hereditary Benlysta Monograph</u> Approve recommendations as presented:</p> <p><i>Motion:</i> Shawn Houghtaling, Pharm. D <i>Vote:</i> Unanimous approval (9/9)</p>
13.	<p><u>Infectious Disease</u></p> <ul style="list-style-type: none"> Baxdela Monograph (pp.100-108 of January 2018 P&T Packet) 	Kaitlin Hawkins	<p><i>The plan presented therapeutic review and recommendations for Infectious Disease medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> Keep Baxdela® non-formulary <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Oral Fluoroquinolones PA criteria to list Baxdela® as non-formulary and remove obsolete products <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Infectious Disease</u></p> <p><u>Baxdela Monograph</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Ronald Ruggiero, Pharm D <i>Vote:</i> Unanimous approval (9/9)</p>

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14.	<p><u>Pulmonology</u></p> <ul style="list-style-type: none"> Asthma/Chronic Obstructive Pulmonary Disease Class Review (pp.109-130 of January 2018 P&T Packet) 	Jessica Shost	<p><i>The plan presented therapeutic review and recommendations for Pulmonology medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <u>Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco</u></p> <ul style="list-style-type: none"> Add the following to formulary with quantity limits: All strengths of fluticasone/salmeterol (AirDuo RespiClick®) tier 1 with QL #1/30 <ul style="list-style-type: none"> Stiolto® tier 2 with QL #4/30 Striverdi Respimat® tier 2 with QL #4/30 Arcapta Neohaler® tier 2 with QL #30/30 Add Brovana® to formulary tier 3 with prior authorization required Add theophylline ER 200mg and albuterol 0.63mg/3mL solution for nebulization to formulary tier 1 Remove quantity limits from nebulized albuterol <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Long-Acting Beta Adrenergic Agonists (LABA) PA criteria to include Brovana® <p>Drug Utilization Review Recommendations: Review members with multiple prescriptions for a SABA in a 12 month period without any maintenance inhalers</p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Pulmonology</u></p> <p><u>Asthma/Chronic Obstructive Pulmonary Disease Class Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Joseph Pace, MD <i>Vote:</i> Unanimous approval (9/9)</p>
15.	<p><u>Pulmonology</u></p> <ul style="list-style-type: none"> Asthma/Chronic Obstructive Pulmonary Disease Devices Abbreviated Review (pp.131-133 of January 2018 P&T Packet) 	Jessica Shost	<p>Formulary Recommendations: <u>Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco</u></p> <ul style="list-style-type: none"> No change <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> No change <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> No change <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Pulmonology</u></p> <p><u>Asthma/Chronic Obstructive Pulmonary Disease Devices Abbreviated Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Lisa Ghotbi, Pharm D <i>Vote:</i> Unanimous approval (9/9)</p>
16.	<p><u>Neurology</u></p> <ul style="list-style-type: none"> Sleep Disorders Class Review (pp.134-149 of January 2018 P&T Packet) 	Ryan Cotten	<p><i>The plan presented therapeutic review and recommendations for Neurology medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <u>Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco</u></p> <ul style="list-style-type: none"> None <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Provigil® and Nuvigil® criteria to include accepted off-label indication depression <p>Drug Utilization Review Recommendations:</p>	<p>VOTE: <u>Neurology</u></p> <p><u>Sleep Disorders Class Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Joseph Pace, MD <i>Vote:</i> Unanimous approval (9/9)</p>

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			<ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
17.	<p><u>Psychiatry</u></p> <ul style="list-style-type: none"> Attention Deficit Hyperactive Disorder Class Review (pp.150-161 of January 2018 P&T Packet) 	Jenna Heath	<p><i>The plan presented therapeutic review and recommendations for Psychiatry medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <u>Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco</u></p> <ul style="list-style-type: none"> Add atomoxetine to formulary as tier 1. Add generic dexamethylphenidate ER to formulary with QL #60/30d and AL 5-18 years old. <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> Retire atomoxetine criteria to reflect formulary change Update CNS stimulants for ADHD criteria to include o Cotempla® XR-ODT under non-formulary, long-acting Zenedi® and Evekeo® under non-formulary, short-acting <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Psychiatry</u></p> <p><u>Attention Deficit Hyperactive Disorder Class Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Joseph Pace, MD <i>Vote:</i> Unanimous approval (9/9)</p>
18.	<p><u>Supplements/Enteral Nutrition</u></p> <ul style="list-style-type: none"> Endari Monograph (pp.162-169 of January 2018 P&T Packet) 	Jenna Heath	<p><i>The plan presented therapeutic review and recommendations for Supplements/Enteral Nutrition medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <u>Medi-Cal, Healthy Kids and Healthy Worker</u></p> <ul style="list-style-type: none"> Add Endari™ as formulary tier 3 requiring prior authorization <p>Prior Authorization Criteria Recommendations:</p> <ul style="list-style-type: none"> New criteria is proposed for Endari™ requiring diagnosis, history of sickle cell vasocclusive crises, and trial/failure of or inability to use hydroxyurea <p>Drug Utilization Review Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Supplements/Enteral Nutrition</u></p> <p><u>Endari Monograph</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Joseph Pace, MD <i>Vote:</i> Unanimous approval (9/9)</p>

	Topic	Brought By	Discussion	Action
19.	<u>Topical</u> <ul style="list-style-type: none"> Dental Miscellaneous Abbreviated Review (pp.170-175 of January 2018 P&T Packet) 	Kaitlin Hawkins	Formulary Recommendations: <u>Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco</u> <ul style="list-style-type: none"> Add Biotene® mouthwash and Oral Relief® spray to formulary tier 2 based on potential utilization and requests from SFHP Health Services, and listing on the Medi-Cal FFS Contract Drugs List Prior Authorization Criteria Recommendations: <ul style="list-style-type: none"> None Drug Utilization Review Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Topical</u> <u><i>Dental Miscellaneous Abbreviated Review</i></u> Approve recommendations as presented. <u>Motion:</u> Joseph Pace, MD <u>Vote:</u> Unanimous approval (9/9)
****RECONVENE IN OPEN SESSION****				
20.	Summary of Closed Session	James Glauber	Reconvened Open session around 9:20am	<i>Non-voting</i>
21.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.181-200 January 2018 P&T Packet)	Ralph Crowder	<i>The plan presented changes to the Pharmacy Policy and Procedures (P&P) for P&T committee annual review and approval:</i> <u>Pharm-01: Pharmacy and Therapeutic Committee</u> <u>Pharm-02: Pharmacy Prior Authorization</u> <u>Pharm-07: Emergency Medication Supply</u> <u>Pharm-08: Pharmacy Annual Review</u> <u>Pharm-13: After-Hours Pharmacy Access</u> Committee Discussion: <i>The committee had no comments or questions</i>	VOTE: <u>Annual Pharmacy Policy and Procedure Review</u> Approve recommendations as presented. <u>Motion:</u> Joseph Pace, MD <u>Vote:</u> Unanimous approval (9/9)
22.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.201-206 of January 2018 P&T Packet)	Kaitlin Hawkins	<i>The plan presented interim formulary changes and formulary status for new drugs to market.</i> Committee Discussion: <i>The committee had no comments or questions</i>	VOTE: <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented. <u>Motion:</u> Lisa Ghotbi, Pharm D <u>Vote:</u> Unanimous approval (9/9)
22.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.207 January 2018 P&T Packet)	Kaitlin Hawkins	<i>The plan presented Prior Authorization interim changes for review and approval:</i> Committee Discussion: <i>The committee had no comments or questions</i>	VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approve recommendations as presented. <u>Motion:</u> Lisa Ghotbi, Pharm D <u>Vote:</u> Unanimous approval (9/9)
20.	Adjournment	James Glauber	The meeting adjourned at 9:30 am. 2018 P&T Committee Meeting dates are: <ul style="list-style-type: none"> Wednesday, April 18, 2018 Wednesday, July 18, 2018 Wednesday, October 17, 2018 	

The meeting was adjourned at 9:30 AM

Respectfully submitted by:

February 7, 2018



James Glauber, MD, MPH
Chief Medical Officer

Date