SAN FRANCISCO HEALTH PLAN™ *Here for you*	**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	
Meeting called by:	James Glauber, MD	Minutes: Sheila Zeno, CPhT (SFHP Pharmacy Analyst) Back-up: Andrew Costiniano, CPhT (SFHP Pharmacy Specialist)
Meeting Objective:	Vote on proposed formulary and prior authorization(PA) criteria changes	Type of meeting: Quarterly
Attendees:	Voting Members: James Glauber, MD (SFHP Chief Medical Officer) Ronald Ruggiero, Pharm. D Shawn Houghtaling, Pharm. D Steven Wozniak, MD Jamie Ruiz, MD Linda Truong, Pharm. D Robert (Brad) Williams, MD Ted Li, MD Maria Lopez, Pharm. D Joseph Pace, MD	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Ken Truong, Pharm. D (SFHP Resident Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Patrick DeHoratius , Pharm. D (PerformRx Pharmacist) Stephanie Roman, Pharm. D (Mission Wellness Resident) Yuna Song (SFHP APPE- UCSF Student) Guests: Alan Kaska, MBA (Abbott)
Members Absent:	*Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy)* Nicholas Jew, 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 7:31 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)*
	****Adjourn to Closed Session**** Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)			
4.	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. Formulary Maintenance Items: White Blood Cell Stimulant *(pp.16 - 27 of October 2018 P&T Packet)*	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:* Formulary Recommendations: (Medi-Cal, HealthyKids HMO, HealthyWorkers HMO) • No Formulary changes made Prior Authorization (PA) Criteria Recommendations: • Updated White Blood Cell Stimulators criteria to include Nivestym™ and Fulphila™ as non-formulary Drug Utilization Review (DUR) Recommendations: • None Committee Discussion: *The committee had no comments or questions.*	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: o meloxicam oral suspension o ketoprofen IR and ER capsules o meclofenamate capsule o mefenamic acid capsule o tolmetin capsule and tablet o 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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			added to the formulary after a brief discussion and added indomethacin ER capsule to formulary due to some use and prior authorization approval rate.	
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. *Infectious Disease* Motion: Maria Lopez, Pharm. D. 2nd: Shawn Houghtaling, Pharm. D. *Vote: Unanimous approval (10/10)*
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: o amoxicillin 125 mg/5 mL, 200 mg/ 5mL, 250 mg/5 mL, 400 mg/5 mL suspension reconstituted o amoxicillin/clavulanate 600-42.9 mg/5 mL oral suspension o penicillin V potassium 125 mg/5 mL, 250 mg/5 mL suspension o 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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			o amoxicillin/clavulanate 200-28.5, 400-57 mg chewable tablet o azithromycin 100mg/5mL, 200mg/5mL suspension reconstituted o sulfamethoxazole/trimethoprim 200-40mg/5mL oral suspension o cephalexin 125mg/5mL, 250mg/5mL oral suspension o nitrofurantoin 25mg/5mL oral suspension • Remove the following medications from formulary and remove prior authorization due to lack of utilization and no prior authorization criteria: o cefadroxil 250mg/5mL, 500mg/5mL suspension reconstituted o cefadroxil 1g tablet o cefditoren 200, 400mg tablet • Remove Primsol (trimethoprim) 50mg/5mL oral solution from tier 5, and maintain as non-formulary as it is no longer listed on the Fee- For-Service Contract Drug List PA Criteria Recommendations: • Update criteria for clostridium difficile infections to reflect the formulary changes for vancomycin and Firvanq® DUR Recommendations: • None Committee Discussion: *The committee had no comments or questions.*	
8.	<u>Infectious Disease</u> Oral and Topical Antifungals Class Review (*pp.*54 - 76 of October 2018 P&T Packet)	Jenna Heath	Formulary Recommendations*:* (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco • Remove ketoconazole 2% foam and Xologel 2% gel from formulary and remove prior authorization due to lack of utilization and cost-effective alternatives available PA Criteria Recommendations: • None DUR Recommendations: • None Committee Discussion: *The committee had no comments or questions.*	VOTE: <u>Infectious Disease</u> Approved recommendations as presented. <u>Oral and Topical Antifungals Class Review</u> *<u>Motion:</u> Ronald Ruggiero, Pharm. D* *2nd: Shawn Houghtaling, Pharm. D.* *<u>Vote</u>: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
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: o 125 mg: #2 tablets/day (max 1 tablet BID for episodic/recurrent herpes in immunocompetent patients) o 250 mg: #3 tablets/day (max 1 tablet TID for initial herpes episode) o 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. *Systemic and Topical Antibiotics* *Motion: Shawn Houghtaling, Pharm. D.* 2nd: Robert (Brad) Williams, MD *Vote: Unanimous approval (10/10)*
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:	VOTE: Hematology Approve recommendations as presented. *Topical Corticosteroids Abbreviated Review* *Motion: Joseph Pace, MD* *2nd: Shawn Houghtaling, Pharm. D.* *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
			• Update criteria to prefer biosimilar Retacrit™ over alternatives DUR Recommendations: • None Committee Discussion: *The committee had no comments or questions.*	
12.	Hematology Thrombocytopenia Class Review (pp. 103 - 114 of October 2018 P&T Packet)	Jenna Heath	Formulary Recommendations: (Medi-Cal, Healthy Kids HMO and Healthy Workers HMO): • None PA Criteria Recommendations: • Update Thrombopoietin Receptor Agonists criteria: o Prefer Promacta® based on range of indications and comparative cost-effectiveness o Include Tavalisse as second-line after TPA 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 DUR Recommendations: • None Committee Discussion: *The committee had no comments or questions.*	VOTE: *Hematology* Approve recommendations as presented. *Thrombocytopenia Class Review* *Motion: Ronald Ruggiero, Pharm. D* *2nd: Joseph Pace, MD* *Vote: Unanimous approval (10/10)*
13.	Neurology Anticonvulsants Class Review (pp.115 - 127 of October 2018 P&T Packet)	Jenna Heath	*The plan presented a class review and recommendations for Neurology medications.* *Major recommendations included the following:* *Formulary Recommendations:* *(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO and Healthy San Francisco):* • Remove quantity limits from Dilantin® 30 mg ER capsule and divalproex 125 mg DR sprinkles to align with other anticonvulsants due to lack of safety concerns and to allow titration • Add age restriction, limiting to members 12 years of age or younger to the following medications, to align with other non-solid dosage formulations on formulary: o ethosuximide 250 mg/5 mL solution o phenytoin 50 mg chewable tablet o carbamazepine 100 mg chewable tablet o phenobarbital 25 mg/5 ml elixir • Remove the following medications from formulary due to lack of utilization and/or requests: o Peganone® 250 mg tablet o Lamotrigine IR dose packs o Celontin® 300 mg capsule o Phenytoin 50 mg/5 mL vial (medical benefit)	VOTE: Neurology Approve recommendations as presented with the addition of increasing the age restriction to 16 years of age or younger. *Anticonvulsants Class Review* *Motion: Robert (Brad) Williams, MD* *2nd: Maria Lopez, Pharm. D.* *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
			o Banzel® 40 mg/mL oral suspension PA Criteria Recommendations: • None; no active criteria DUR Recommendations: • None Committee Discussion: *The committee has determined to increase the recommended age restriction for non-solid formulations of anticonvulsants to 16 years from 12 years to account for developmental delay in members with epilepsy.*	
14.	Pain Non-Opioid Pain Management Class Review (pp.128 -139 of October 2018 P&T Packet)	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: o pramoxine 1% lotion o 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 needed to step therapy for Lyrica (requiring gabapentin).*	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 Olumiant® (baricitinib) Monograph (pp.140 - 152 of October 2018 P&T Packet)	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)*

	Topic	Brought By	Discussion	Action
			• None Committee Discussion: *The committee had no comments or questions.*	
16.	Topical Antiseptics Abbreviated Review (pp.153 - 157 of October 2018 P&T Packet)	Kaitlin Hawkins	*The plan presented an abbreviated class review with recommendations for Topical medications. Major recommendations are listed below.* Formulary Recommendations: *(Medi-Cal, Healthy San Francisco and Medicare/Medi-Cal)* • None PA Criteria Recommendations: • None DUR Recommendations: • None Committee Discussion: *The committee had no comments or questions.*	VOTE: Topical *Antiseptics Abbreviated Review* No changes therefore no vote
17.	Follow-up Item Probiotics Review (pp.158 - 167 of October 2018 P&T Packet)	Kaitlin Hawkins	*The plan presented a class review with recommendations for Probiotics medications. Major recommendations are listed below.* Formulary Recommendations: *(Medi-Cal and Healthy San Francisco)* • Consider adding the following probiotic products to formulary based on utilization, low cost, and available literature: o saccharomyces boulardii (Florastor®)(tier 1) o 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) PA Criteria Recommendations: • Update Acidophilus criteria to address all probiotic requests DUR Recommendations: • None Committee Discussion: *The committee discussed and agreed to add pediatric formulation Culturelle Kids as well as adult dosing.*	VOTE: Follow-up Item Approve recommendations as presented. *Probiotics Review* *Motion: Ronald Ruggiero, Pharm. D* 2nd: Maria Lopez, Pharm. D. *Vote: Unanimous approval (10/10)*
18.	Follow-up Item Drug Utilization Review (DUR) (Presenter provider a handout to committee)	Jessica Shost	*DUR Program Updates* • SFHP DUR Follow-up Impact Analysis on the 7-day Limit on Initial Opioid prescriptions 5/17/18-8/17/2018	*Non-voting item*
			****RECONVENE IN OPEN SESSION****	
19.	Summary of Closed Session	James Glauber	Reconvened Open session around 9:05 am	*Non-voting item*
20.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.168 - 184 October 2018 P&T	*Ralph Crowder*	*The plan presented changes to the Pharmacy Policy and Procedures (P&P) for P&T committee annual review and approval:*	VOTE: Annual Pharmacy Policy and Procedure Review Approve recommendations as presented.

	Topic	Brought By	Discussion	Action
	Packet)		*Pharm-03: Oversight of Delegated Pharmacy Provider Credentialing Process Credentialing* *Document Changes:* None 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. Update 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.*	*Motion:* Maria Lopez, Pharm. D. 2nd: *Joseph Pace, MD* *Vote: Unanimous approval (10/10)*
21.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.185 – 189 October 2018 P&T Packet)	Kaitlin Hawkins	*The plan presented Prior Authorization interim changes of (New Criteria, Revised Existing Criteria & a table of criteria that were evaluated per the Annual review process where no clinical changes were mad) for review and approval that will be implemented on 8/20/2018:* 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)*

	Topic	Brought By	Discussion	Action
22.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.190 – 194 of October 2018 P&T Packet)	Kaitlin Hawkins	*The plan presented interim formulary changes and formulary status for new drugs to market*. Committee Discussion: *The committee had no comments or questions.*	VOTE: Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market Approve recommendations as presented. *Motion: Joseph Pace, MD* 2nd: *Robert (Brad) Williams, MD* *Vote: Unanimous approval (10/10)*
23.	Informational Update on New Developments in the Pharmacy Market (pp.195 – 203 of October 2018 P&T Packet)	Jenna Heath	*The plan provided information on new developments in the pharmacy market.* (For detail of changes, please see pages 195 - 203 of P&T packet.)	*Non-voting item*
24.	Adjournment	James Glauber	The meeting adjourned at 9:25 am. 2019 P&T Committee Meeting dates are: • Wednesday, January 16, 2019 • Wednesday, April 17, 2019 • Wednesday, July 17, 2019 • Wednesday, October 16, 2019	

Respectfully submitted by:

James Glauber, MD, MPH
Chief Medical Officer

November 6, 2018

Date