



Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, April 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-ups: Grace Dadios (SFHP Health Services Dept. Specialist) Andrew Costiniano, CPhT (SFHP Pharmacy Specialist)
Meeting Objective:	Vote on proposed formulary and prior authorization(PA) criteria changes	Type of meeting: Quarterly
Attendees:	<p>Voting Members: James Glauber, MD (SFHP Chief Medical Officer) Ronald Ruggiero, Pharm. D Shawn Houghtaling, Pharm. D. Joseph Pace, MD Nicholas Jew, MD Jamie Ruiz, MD Steven Wozniak, MD Ted Li, MD Maria Lopez, Pharm. D.</p> <p><i>***Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy): On the phone but ineligible to vote at this meeting. Voting requires an in-person vote.</i></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) Patrick DeHoratius, Pharm. D (PerformRx Pharmacist)</p> <p>No members of the public were in attendance</p>
Members Absent:	Linda Truong, Pharm. D. Robert (Brad) Williams, MD	
Meeting Materials:	<p>Summary of all approved changes are posted under “Materials” section at http://www.sfhp.org/providers/formulary/pharmacy-therapeutics-committee/</p> <p>SFHP formulary is located at http://www.sfhp.org/providers/formulary/sfhp-formulary/</p> <p>SFHP prior authorization criteria are located at http://www.sfhp.org/files/providers/formulary/Prior_Auth_Criteria.pdf</p>	

	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	Update on 7-day limit on initial short-acting opioid prescriptions. Out of network providers have been subject to the edit since Jan 2018, it goes into effect for everyone in May 2018.	

	Topic	Brought By	Discussion	Action
4.	Review and Approval of January 24, 2018 P&T minutes	James Glauber	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of January 24, 2018 P&T Minutes</u> Approved recommendations as presented. <i>Motion:</i> Ronald Ruggiero, Pharm. D <i>2nd:</i> Steven Wozniak, MD <i>Vote:</i> Unanimous approval (7/7)* <i>Two committee members arrived afterwards</i>
5.	Annual Formulary 2017	Kaitlin Hawkins	DHCS approved February 9, 2018. The committee approved the annual formulary review as presented.	VOTE: <u>Review and Approval of Annual Formulary:</u> Approved recommendations as presented. <i>Motion:</i> Shawn Houghtaling, Pharm. D <i>2nd:</i> Nicholas Jew, MD <i>Vote:</i> Unanimous approval (7/7) * <i>Two committee members arrived afterwards</i>
**** Adjourn to Closed Session**** Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)				
6..	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. Cardiology: Pulmonary Hypertension Therapeutic Class Review <i>(pp.35 - 49 of April 2018 P&T Packet)</i>	Kaitlin Hawkins	<i>The plan presented therapeutic review and recommendations for Cardiology medications. Major recommendations included the following:</i> Formulary Recommendations: <u>(Medi-Cal, HealthyKids HMO & HealthyWorkers HMO)</u> <ul style="list-style-type: none"> Update Ventavis® formulary status to tier 4 to reflect limited distribution status (M-Cal, HK-HMO only) Add Adempas® 2, 2.5mg strengths to formulary with prior authorization required/specialty drug (tier 4) to align with other strengths Prior Authorization (PA) Criteria Recommendations: <ul style="list-style-type: none"> Update Pulmonary Arterial Hypertension criteria to address use of Adempas® for chronic thromboembolic pulmonary hypertension (CTEPH) and prefer sildenafil among PDE-5 inhibitors for pulmonary arterial hypertension (PAH). Drug Utilization Review (DUR) Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Cardiology: Approved recommendations as presented. <u>Pulmonary Hypertension Therapeutic Class Review</u> <i>Motion:</i> Ted Li, MD <i>2nd:</i> Joseph Pace, MD <i>Vote:</i> Unanimous approval (9/9)
7.	Hypertension Therapeutic Class Review <i>(pp.50 - 70 of April 2018 P&T Packet)</i>	Ryan Cotten	Formulary Recommendations: <u>(Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco)</u> <ul style="list-style-type: none"> Remove quantity limits for all formulary medications except clonidine patch due to cost-effectiveness 	VOTE: <u>Hypertension Therapeutic Class Review</u> <i>Motion:</i> Motion: Joseph Pace, MD <i>2nd:</i> Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (9/9)

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			<ul style="list-style-type: none"> ○ Angiotensin II receptor blockers (ARB)s: losartan, valsartan, irbesartan, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, and irbesartan/hydrochlorothiazide ○ Calcium channel blockers (CCB)s: nifedipine ER 24H tablet, nifedipine ER tablet, felodipine, and amlodipine/valsartan ○ adrenergic alpha (a2) agonist: guanfacine <ul style="list-style-type: none"> • Add amiloride 5mg tablet and furosemide 40mg/4mL solution to formulary tier 1 based on cost-effectiveness • Add indapamide to formulary tier 1 based cardiovascular diseases (CVD) benefit and American Heart Association (AHA) recommendations • Add six additional home blood pressure monitors (HBPMs) to formulary tier 1 with quantity limit of 1 per 5 years based on high demand and cost-effectiveness • Remove nifedipine 20mg capsule from formulary due to safety concerns and list tier 5 due to CDL status <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update the following criteria to remove quantity limits: <ul style="list-style-type: none"> ○ Non-Formulary ARBS and ARB Combination Products ○ Non-Formulary angiotensin converting enzyme (ACE) Inhibitors and ACE Combination Products <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • Initiate an educational campaign with retail pharmacy network to increase awareness of HBPM benefit <p>Committee Discussion: <i>The committee asked why the recommendation of the increase in the numbers of HBPM brands on the formulary? The plan wants to increase the brands available to increase immediate HBPM access for our members. This will assist in avoiding the member having to return to the pharmacy to obtain their prescribed HBPM immediately and the risk is the member most likely not returning to get it. Also, there was discussion about the plan considering possible incentives for pharmacists to recommend and educate members on HBPMs in the future.</i></p>	

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8..	<p><u>Infectious Disease</u></p> <ul style="list-style-type: none"> Human Immunodeficiency Virus (HIV) Therapeutic Class Review (pp.71 - 90 of April 2018 P&T Packet) 	Jenna Heath	<p><i>The plan presented therapeutic review and recommendations for Infectious Disease medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> Add Isentress® 600 mg, Biktarvy® 50-200-25 mg, and Juluca® 50-25 mg tablet to formulary <p>(Healthy Kids HMO)</p> <ul style="list-style-type: none"> Remove quantity limit from tenofovir disoproxil fumarate 300 mg tablet Add Descovy®, Genvoya®, Odefsey® and Triumeq® to formulary tier 3 with prior authorization based on approved use in pediatrics Add Tivicay® 10, 25 mg tablets, Isentress® 600 mg tablets and 100 mg powder pack, and nevirapine ER 100 mg tablet to formulary tier 3 with require prior authorization to align with other strengths/formulations <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> New criteria for Healthy Kids PA drugs <p>DUR 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> Approved recommendations as presented.</p> <p><u>Human Immunodeficiency Virus (HIV) Therapeutic Class Review</u> <i>Motion:</i> Joseph Pace, MD 2nd: Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (9/9)</p>
9.	<p><u>Psychiatry</u></p> <ul style="list-style-type: none"> Antipsychotics Therapeutic Class Review (pp.91 - 105 of April 2018 P&T Packet) 	Jenna Heath	<p><i>The plan presented therapeutic review and recommendations for Psychiatry medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Healthy Kids HMO):</p> <ul style="list-style-type: none"> Add risperidone oral solution to align with Healthy Workers HMO Remove risperidone oral disintegrating tab from formulary and remove prior authorization <p>(Healthy Workers HMO)</p> <ul style="list-style-type: none"> No changes recommended <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> None <p>DUR 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> Approved recommendations as presented.</p> <p>VOTE: <u>Antipsychotics Therapeutic Class Review</u> <i>Motion:</i> Steven Wozniak, MD 2nd: Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (9/9)</p>
10.	<ul style="list-style-type: none"> Antidepressants Therapeutic Class Review (pp.106 - 116 of April 2018 P&T Packet) 	Jenna Heath	<p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Kids HMO & Healthy San Francisco):</p> <ul style="list-style-type: none"> Add mirtazapine ODT to formulary tier 1 due to cost- 	<p>VOTE: <u>Antidepressants Therapeutic Class Review</u> Approve recommendations as presented.</p>

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			<p>effectiveness</p> <ul style="list-style-type: none"> Add trazodone 300mg tablet to formulary tier 1 to align with other strengths <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> None <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion & Follow-up request: <i>The committee would like to see an analysis of trazodone prescriptions by strength to assess indication (depression versus insomnia).</i></p>	<p><u>Motion:</u> Maria Lopez, Pharm. D 2nd: Steven Wozniak, MD <u>Vote:</u> Unanimous approval (9/9)</p>
11.	<ul style="list-style-type: none"> Anxiolytics Therapeutic Class Review (pp. 117 - 125 of April 2018 P&T Packet) 	Jessica Shost	<p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> Remove quantity limits from buspirone tablets (all strengths) due to lack of safety concerns <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> None <p>DUR Recommendations:</p> <ul style="list-style-type: none"> Review members with prescriptions for concurrent opioid and sedative hypnotic medications Opioid repository currently being created with the multidisciplinary opioid safety group and Business Intelligence(BI) department <p>Committee Discussion & Follow-up request: <i>The committee would like to see an analysis of benzodiazepine use stratified by age.</i></p>	<p>VOTE: <u>Anxiolytics Therapeutic Class Review</u> Approve recommendations as presented.</p> <p><u>Motion:</u> Steve Wozniak MD 2nd Ronald Ruggiero, Pharm. D <u>Vote:</u> Unanimous approval (9/9)</p>
12.	<ul style="list-style-type: none"> Insomnia Therapeutic Class Review (pp. 126 - 137 of April 2018 P&T Packet) 	Jessica Shost	<p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> None <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Insomnia Medications criteria to include Belsomra® and Hetlioz® <p>DUR Recommendations:</p> <ul style="list-style-type: none"> Review members with prescriptions for concurrent opioid and sedative hypnotic medications Opioid repository currently being created with the opioid safety group and Business Intelligence (BI) <p>Committee Discussion: <i>The committee discussed finding ways to further educate chronic users of the risk of insomnia medications.</i></p> <p>Committee Follow-up request: <i>The committee would like to see an analysis of insomnia</i></p>	<p>VOTE: <u>Insomnia Therapeutic Class Review</u> Approve recommendations as presented.</p> <p><u>Motion:</u> Shawn Houghtaling, Pharm. D 2nd Maria Lopez, Pharm. D <u>Vote:</u> Unanimous approval (9/9)</p>

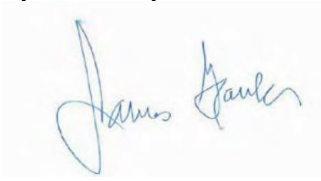
	Topic	Brought By	Discussion	Action
13.	Gastroenterology <ul style="list-style-type: none"> Symproic® (naldemedine tosylate) Monograph (pp.138 - 143 of April 2018 P&T Packet) 	Jenna Heath	<p><i>drug use stratified by age.</i></p> <p><i>The plan presented a monograph and recommendations for a Gastroenterology medication. Major recommendations included the following:</i></p> <p>Formulary Recommendations: <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO):</i></p> <ul style="list-style-type: none"> Add Symproic® to formulary tier 3 with prior authorization required <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Constipation Agents criteria to include Symproic® as second-line option following laxative therapy <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Gastroenterology Approve recommendations as presented:</p> <p><u>Symproic® (naldemedine tosylate) Monograph</u></p> <p><i>Motion:</i> Maria Lopez, Pharm. D <i>2nd</i> Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (9/9)</p>
14.	Neurology <ul style="list-style-type: none"> Nuedexta® (dextromethorphan/quinidine) Monograph (pp.144 -150 of April 2018 P&T Packet) 	Jessica Shost	<p><i>The plan presented a monograph and recommendations for a Neurology medication. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO):</i></p> <ul style="list-style-type: none"> Add Nuedexta® to formulary tier 3, prior authorization required <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> New criteria requiring diagnosis of pseudobulbar affect (PBA) for coverage <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Neurology Approve recommendations as presented.</p> <p><u>Nuedexta® (dextromethorphan/quinidine) Monograph</u></p> <p><i>Motion:</i> Joseph Pace, MD <i>2nd:</i> Nicholas Jew, MD <i>Vote:</i> Unanimous approval (9/9)</p>
15.	Ophthalmology <ul style="list-style-type: none"> Vyzulta™ (latanoprostene bunod ophthalmic solution) Monograph (pp.151 -162 of April 2018 P&T Packet) 	Kaitlin Hawkins	<p><i>The plan presented a monograph and abbreviated class review with recommendations for Ophthalmology medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO and Healthy San Francisco)</i></p> <ul style="list-style-type: none"> Keep Vyzulta™ non-formulary <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Ophthalmic Glaucoma Agents criteria to include Vyzulta™ <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion:</p>	<p>VOTE: Ophthalmology Approve recommendations as presented.</p> <p><u>Vyzulta™ (latanoprostene bunod ophthalmic solution) Monograph</u></p> <p><i>Motion:</i> Joseph Pace, MD <i>2nd:</i> Nicholas Jew, MD <i>Vote:</i> Unanimous approval (9/9)</p>

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			<i>The committee had no comments or questions.</i>	
16.	<ul style="list-style-type: none"> Miscellaneous Ophthalmic Preparations Abbreviated Class Review (pp.163-176 of April 2018 P&T Packet) 	<i>Kaitlin Hawkins</i>	<p>Formulary Recommendations: <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO and Healthy San Francisco)</i></p> <ul style="list-style-type: none"> Add Xiidra® to formulary tier 3 with prior authorization required Add step therapy requirement to the following due to cost-effective alternatives on formulary: <ul style="list-style-type: none"> Pred Mild® 0.12% drops, requiring prior use of prednisolone 1% drops Blephamide® drops and Blephamide SOP® ointment, requiring sulfacetamide and prednisolone drops Remove Zylet® from formulary and remove prior authorization due to lack of utilization <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Updated Restasis® criteria to include Xiidra® and rename to Ophthalmic Anti-inflammatory Immunomodulators <p>DUR 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>Neurology</u></p> <p><u>Miscellaneous Ophthalmic Preparations Abbreviated Class Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Nicholas Jew, MD 2nd: Joseph Pace, MD <i>Vote:</i> Unanimous approval (9/9)</p>
17.	<p>SFHP Drug Utilization Review (DUR) Analysis: (pp.177-184 of April 2018 P&T Packet)</p>	<i>Tammie Chau Kaitlin Hawkins Ryan Cotton Jessica Shost</i>	<p><i>The plan presented DUR analysis reports for 2017:</i></p> <ul style="list-style-type: none"> <i>Non-Adherence Single Fills Report 3Q2017</i> <i>Proportion of Days Covered Report 2017</i> <i>Morphine Milligram Equivalent Accumulator Monitoring Report</i> <i>Top Drug Claims Data Annual Report 2017</i> <i>(This report was not presented but was made available to the committee for review)</i> 	<i>Non-voting item</i>
****RECONVENE IN OPEN SESSION****				
18.	Summary of Closed Session	James Glauber	Reconvened Open session around 9:19 am	<i>Non-voting</i>
19.	Annual Pharmacy Policies and	Ralph Crowder	<i>The plan presented changes to the Pharmacy Policy and</i>	VOTE:

	Topic	Brought By	Discussion	Action
	Procedures (P&Ps) Review (pp.185 -191 April 2018 P&T Packet)		<p><i>Procedures (P&P) for P&T committee annual review and approval:</i></p> <p><u>Pharm-02: Pharmacy Prior Authorization</u></p> <p><u>Changes:</u> Changed the reviewer of off-label use PA requests for medications without SFHP-approved PA criteria to SFHP Clinical Pharmacist.</p> <p><u>Additions:</u> If PA request is considered "Experimental/Investigational" and not supported in criteria, approved compendia, or published clinical trials but the off-label indication is considered to be "life-threatening" or "seriously debilitating"(Section 1370.4), the "Experimental/Investigational" request must be sent to external independent review (IMR) by a specialist appropriate to the requested diagnosis.</p> <p><i>If the independent reviewer does not find evidence to support the experimental/investigational off-label request and the plan decides to deny coverage then the denial notice of action (NOA) will state that it is being denied as experimental/ investigational.</i></p> <p><u>Deletions:</u> SFHP will not deny coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA). (see: H&S Section 1367.21)</p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p><u>Annual Pharmacy Policy and Procedure Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Ronald Ruggiero, Pharm. D <i>2nd:</i> Jaime Ruiz, MD <i>Vote:</i> Unanimous approval (9/9)</p>
20.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.192 – 195 April 2018 P&T Packet)	Kaitlin Hawkins	<p><i>The plan presented Prior Authorization interim changes for review and approval:</i></p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p><u>VOTE:</u> <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Nicholas Jew, MD <i>2nd:</i> Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (9/9)</p>
21.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.196 – 199 of April 2018 P&T Packet)	Kaitlin Hawkins	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p><u>VOTE:</u> <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Maria Lopez, Pharm. D <i>2nd:</i> Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (9/9)</p>
22.	Informational Update on New Developments in the Pharmacy Market	Jenna Heath	<p><i>The plan provided information on new developments in the pharmacy market.</i></p> <p><i>For detail of changes, please see pages 200 -208 of P&T packet. (Unfortunately, meeting ran out of time and this document was not presented but available in the meeting packet for review.)</i></p>	<p><i>Non-voting item</i></p>
23.	Adjournment	James Glauber	<p>The meeting adjourned at 9:32 am. 2018 P&T Committee Meeting dates are:</p>	

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none">• Wednesday, July 18, 2018• Wednesday, October 17, 2018	

Respectfully submitted by:



April 27, 2018

James Glauber, MD, MPH
Chief Medical Officer

Date