San Francisco Health Plan Pharmacy & Therapeutics Committee Wednesday January 27, 2016 7:30AM - 9:30AM 50 Beale St., 12th Floor, San Francisco, CA 94119

Voting Members present:	James Glauber, MD (SFHP Chief Medical Officer) Lisa Ghotbi, Pharm.D. (SFHP Director of Pharmacy) Ron Ruggiero, Pharm.D., OB-Gyn Roger Tiao, Pharm.D. Linda Truong, Pharm.D. Brad Williams , MD Jaimer Ruiz, MD (e-vote 01/28/16)
Members Absent	Jamie Ruiz, MD Kathleen Liu, Pharm. D. Ted Li, MD Shawn Houghtaling, Pharm.D. Joseph Pace, MD Lauren Goldman, MD
Others Present:	Olga Mostovetsky, Pharm. D (SFHP Clinical Pharmacist) Dai Tan, Pharm.D (SFHP Pharmacy Resident) Kenneth Garcia, CPhT (SFHP Analyst, Pharmacy Services) Alicia Wong (UCSF Student) Andrew Costiniano, CPhT (SFHP Pharmacy Coordinator) Jenna Heath, Pharm.D. (PerformRx Clinical Pharmacist) William Lam, Pharm.D. (PerformRx Clinical Account Executive) Alan Kaska (Abbott) Jennifer Denning (Bristol Myers Squibb)

TOPICS and DISCUSSIONS	OUTCOME/ ACTION
I. Call to Order & Introductions	
 A) Agenda overview and other topics - (James minutes B) Informational Updates –(James Glauber, Kenon-voting item -5 minutes Introduction of new Director of Phan Ghotbi 	enneth Garcia) - 7:32am, introduced Lisa Ghotbi as the new Director of Pharmacy and provided a brief overview of the upcoming on-line acute pain
 Acute Pain Management online trai Healthcare Concepts (go-live Feb 2 Implementation of 90 days supply p maintenance brand medications eff Auvi-Q and Ventolin recalls Blood Pressure Utilization 	(016)of an online training by Healthcare Concepts for Acute Pain Management. Further details regarding

	 Ventolin HFA lot level recall: based on FDA website, affected lot #s were only distributed to Mississippi and Vermont. Since this is a lot# recall, it is unlikely that SFHP members are affected, so no further action has been taken. Blood Pressure Utilization: covered as pharmacy benefit effective 8/1/15 as discussed in October P&T Meeting. Since implementation through 12/31/2015, there have been 1574 claims for 1574 unique member IDs for BP monitors. Dr. Glauber noted that the utilization for Blood Pressure monitors has been robust.
C) Review and approval of October 21, 2015 P&T (James Glauber) – 2 minutes – <u>vote</u>	minutes –
 D) Adjourn to Closed Session – 60 minutes Discussion and Recommendations for SFHP Formulary and Prior Authorizations select drug classes - 40 minutes - <u>vote</u> Urinary Antispasmodics Inhaled Corticosteroids Acne medications 	8
 Additional Proposed Changes to SFHF 5 minutes - <u>vote</u> Closed Session pursuant to Welfare an Code Section 14087.36 (w) Olga Mostovetsky, PharmD, Clinical P San Francisco Health Plan 	nd Institutions
 E) Reconvene in Open Session F) Summary of Closed Session – (James Glaube minutes –non voting G) Annual SFHP Prior Authorization Criteria Review 	
 Mostovetsky and Dai Tan)- 40 minutes –<u>vote</u> H) Review and approval of Interim Formulary Cha Formulary Placement for New Drugs to Market Mostovetsky and Jenna Marks)-15 minutes-<u>vo</u> 	nges and –(Olga <u>te</u>
 Follow up discussion from July2015 P&T Com Meeting –(Olga Mostovetsky and Kenneth Gar minutes- non-voting 	cia) – 5
 J) Informational Update on New Developments in Pharmacy Market –(Jenna Marks) -5 minutes- item 	
 K) Adjournment Next P&T Committee meeting – 2 minition Wednesday, April 20, 2016 P&T Committee Member Forms 	utes
II. Review and approval of October 21, 20 minutes P&T Meeting Minutes (James Glauber, MD, CMO) – 2 minutes- vote	minutes.

2015_10_21_PT_Min utes_signed	<u>Votes:</u> 7 Approved, <u>0</u> Denied, <u>0</u> abstained <u>Notes:</u> Alan Kaska and Jennifer Denning left the room at 7:39am due to closed session.
**** Adjourn to Closed Session **** Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)	The P&T Committee reviewed and voted on the following items: III.A.1 Urinary Antispasmodics
III. Discussion and Recommendations for Changes to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes (Jenna Marks, PharmD, Regional Clinical Pharmacist, PerformRx and Dai Tan, PharmD, Resident) – 40 minutes – <u>vote</u>	<u>Votes:</u> 7 approved, 0 denied, 0 abstained <u>1st Motion:</u> Ron Ruggiero, Pharm.D. <u>2nd Second</u> : Roger Tiao, Pharm.D.
A) 1. Urinary Antispasmodics • Proposed Formulary Changes • PA Criteria	Notes: Jenna Heath, PharmD, presented on the antispasmodic agents for urinary incontinence. Topics covered included their place in current clinical guidelines, pharmacology, formulary status, current PA criteria, cost, utilization, PA history, proposed formulary status changes and proposed PA criteria.
Current_Criteria_Uri 3.1.02_Proposed nary_Antispasmodics Formulary_Changes_	Clarification was made that the standard step therapy look back period is 180 days. Ron Ruggiero, PharmD stated that he is surprised that Mybetriq is not requested more given the advertisements on TV. Per Jenna Heath, PharmD, this may be due national guidelines not recommending Mybetriq over the older agents.
	Toviaz was originally proposed to have Step Therapy but due to recent pricing changes, recommendation was made to keep Toviaz non- formulary.
	Approved changes can be found at the following locations: Formulary changes: under "Materials" section at http://www.sfhp.org/providers/formulary /pharmacy-therapeutics-committee/ PA criteria: http://www.sfhp.org/files/providers/formula ry/Prior_Auth_Criteria.pdf
2. Inhaled CorticosteroidsProposed Formulary Changes	III.A.2 Inhaled Corticosteroids

PA Criteria Pore Current Criteria_RespCurrent_Criteria_Res Steroids CurrentCriteria_RespCurrent_Criteria_Res iratory_Asthma_COP piratory_Asthma_CS Proposed_Criteria_R 3.2_02_Proposed espiratory_CorticosteFormulary_Changes_	 Votes: 7 approved, 0 denied, 0 abstained <u>1st Motion</u>: Roger Tiao, Pharm.D. <u>2nd Second</u>: Notes: Jenna Heath, PharmD, presented the Inhaled Corticosteroid agents. Topics covered included their place in current clinical guidelines, pharmacology, formulary status, current PA criteria, cost, utilization, PA history, proposed formulary status changes and proposed PA criteria. Ron Ruggiero, Pharm.D. asked if once a day dosed medications cost more than twice a day dosed medications. Per Jenna, the difference is not substantial and the once daily agents are lower compared to some formulations.
	Jenna Heath, PharmD discussed indicated treatments by age group. Advair requires a PA except for children 4-12 years of age. For children aged 13 who have been getting Advair in the past, there is currently no self-grandfathering in place to allow them to continue treatment with Advair. A prior authorization would have to be submitted if continuation of treatment with Adair is needed. This would be discussed further with PerformRx offline per Dr. James Glauber, MD. Olga Mostovetsky recommended that we increase the quantity limit for Asmanex HFA and other inhaled corticosteroids to 2 units per month rather than the recommended 1unit per month. James Glauber, MD concurred, commenting that it is common for patients to increase their dosage
	during an exacerbation or cold, so it would be reasonable to allow more than 1 unit per month. Approved changes can be found at the following locations: Formulary changes: under "Materials"
	section at <u>http://www.sfhp.org/providers/formulary</u> /pharmacy-therapeutics-committee/ PA criteria: <u>http://www.sfhp.org/files/providers/formula</u> ry/Prior_Auth_Criteria.pdf
 3. Acne Medications Proposed Formulary Changes PA Criteria 	III.A.3 Acne MedicationsVotes:7 approved, 0 denied, 0 abstained $\underline{1^{st} Motion:}$ Dr. Ron Ruggiero, Pharm.D. $\underline{2^{nd} Second}$:

ClassReview_Monogr Proposed_Formulary Current_Criteria_Acn aph_Acne_Rosacea _Change_AcneProdu e_medications Proposed_Criteria_A cne_Medications	Notes: Jenna Heath, PharmD, presented the acne agents. Topics covered included place in therapy, clinical guidelines, pharmacology, formulary status, current PA criteria, cost, utilization, PA history, proposed formulary status changes and proposed PA criteria. Concerning current drug pregnancy risk factor ratings, per Ron Ruggiero, PharmD there will be new labeling laws coming into effect to replace the current system. Brad Williams, MD asked if Clindamycin/Benzoyl Peroxide combination products are relatively inexpensive. Per Dr. Jenna, Marks, MD, the combination products are significantly more expensive than using single ingredient products. Approved changes can be found at the following locations: Formulary changes: under "Materials" section at http://www.sfhp.org/providers/formulary /pharmacy-therapeutics-committee/ PA criteria: http://www.sfhp.org/files/providers/formular ry/Prior_Auth_Criteria.pdf
	The P&T Committee reviewed and voted on the
B) Additional Proposed Changes to SFHP Formulary (Olga Mostovetsky, PharmD, Clinical Pharmacist)- 5 minutes – vote 4.00.01_Proposed Formulary_Changes_	following items:following items:III.B. Additional Proposed Changes to SFHP FormularyVotes:7 approved, 0 denied, 0 abstained 1st Motion:Dr. Brad Williams, MD 2nd Second:Notes:Olga Mostovetsky, Pharm D discussed additional proposed changes to the SFHP formularies. Discussions covered proposed changes for over 10 individual medications (e.g. making memantine immediate release formulary preferred (Tier 1))James Glauber, MD inquired if SFHP has received any prior authorization requests for PCSK9 inhibitors. Dr. Olga Mostovetsky, PharmD, responded that there has been no requests were submitted.Approved changes can be found under "Materials"

	section
	at <u>http://www.sfhp.org/providers/formulary/pharm</u> acy-therapeutics-committee/
 ****RECONVENE IN OPEN SESSION****	
	Reconvened to open session around 8:30am.
IV. Summary of Closed Session – 2 minutes (James Glauber MD, CMO)-2 minutes –non voting	Non-Voting item
	Dr. Ron Ruggiero, Pharm.D. left the room around 8:30am.
 V. Annual SFHP Prior Authorization Criteria Review	The P&T Committee reviewed and voted on the
(Olga Mostovetsky PharmD, Clinical Pharmacist and Dai Tan, Pharm.D. Pharmacy Resident)- 40 minutes – <u>vote</u>	following changes:
	<u>Votes:</u> 7 approved, 0 denied, 0_abstained <u>1st Motion:</u> Dr. Ruggiero, PharmD <u>2nd Second</u> :
6.1_SFHP_Prior_Aut h_CriteriaV3.pdf	Notes: Olga Mostovetsky, PharmD discussed the annual formulary review process conducted by SFHP in preparation for January P&T. Discussion covered proposed changes for over 30 prior authorization criteria.
	Ron Ruggiero, Pharm.D. returned at 8:41am (5 minutes into presentation).
	Olga Mostovetsky, PharmD discussed additional PA criteria updates for several drug classes that were not included in pre-P&T packets (examples include 2 nd generation antihistamines, colchicine and enteral nutrition products).
	Dai Tan, PharmD discussed new criteria developed by SFHP as part of the annual PA criteria review process.
	<u>Short-Acting Opiates:</u> James Glauber, MD asked the committee for feedback on duration of approval for short-acting opiates for acute pain. Per Dr. Ruggiero, there has been news regarding high school students from Ohio becoming addicted to opiates and moving onto illicit substances such as heroin after being treated with short acting opiates for sports-related injuries. James Glauber, MD suggested updating the PA criteria to limit the approval period for short-acting opiates for acute pain from 1 year to 3 months.
	Onychomychosis agents: Dai Tan, Pharm.D. discussed new criteria for onychomychosis agents including the requirement for culture or KOH test positive for fungal infection. James Glauber, MD asked. Brad Williams, MD for feedback on the testing requirement. Per Dr.

	"Materials" section at <u>http://www.sfhp.org/providers/formulary/pharm</u>
B) New Drugs to Market	Approved changes can be found under
B) New Drugs to Market	Jenna Marks, PharmD, highlighted most notable drugs introduced to market since the last meeting.
2015_10_Interim_Fo 2015_09_Interim_Fo rmulary_Changes rmulary_Changes	market and formulary changes needed as a result of drug discontinuations.
Interim_Formulary_C 2015_12_Interim_Fo 2015_11_Interim_Fo hanges_adhoc rmulary_Changes rmulary_Changes	January P&T committee meeting which included adding Suprax capsule to formulary and monthly review and formulary placement for new drugs to
PDF PDF	Notes: Olga Mostovetsky, PharmD discussed interim formulary changes that took place prior to
(Olga Mostovetsky PharmD, Clinical Pharmacist and Jenna Heath PharmD, Clinical Pharmacist)-15 minutes- <u>vote</u> A) Interim Formulary Changes	<u>Votes:</u> 7 approved, 0 denied, 0 abstained 1^{st} <u>Motion</u> : Dr. Roger Tiao, Pharm.D. 2^{nd} <u>Second</u> :
and PA criteria and Formulary Placement for New Drugs to Market	following items:
VI. Review and Approval of Interim Formulary Changes	The P&T Committee reviewed and voted on the
	http://www.sfhp.org/files/providers/formula ry/Prior_Auth_Criteria.pdf
	armacy-therapeutics-committee/
	List of updated PA criteria: "Materials" section at http://www.sfhp.org/providers/formulary/ph
	Approved changes can be found at the following locations:
	that a 2-3 mont trial of each of the three preferred medications is required.
	Linda Truong, PharmD asked whether a 2-3 month trial period is required for all three preferred agents combined or each preferred agent prior to approval of Viibryd. She emphasized that SSRIs take at least 6-8 weeks to work. SFHP clarified
	Viibryd:
	for culture or KOH test positive for fungal infection. Brad Williams, MD inquired about the efficacy of Jublia and if the newer agents are comparable to Penlac. Dr. Dai Tan, Pharm.D., the cure rate for newer topical agents is relatively low (10-15%), and similar to Penlac.
	Williams, he does not employ these tests and treats empirically and relates that empiric treatment is the common standard of care. James Glauber, MD requested removal of the requirement

PDF	acy-therapeutics-committee/
Q1_New_Product_R eview	
VII. Follow up discussion from October 2015 P&T	Non-Voting item
Committee Meeting	
(Kenneth Garcia, Analyst-Pharmacy Services and Dai Tan-Pharmacy Resident) – 5 minutes – non-voting	Notes: Kenneth Garcia, CPhT discussed the
rairr naimacy Resident) = 5 minutes = non-voting	increase in utilization of Exjade and Eliquis. There has been a 64% increase in the utilization of
A. Xarelto and Eliquis Utilization	Eliquis and a 104% increase in the utilization of
	Xarelto subsequent to adding these agents to
	formulary on August 15 th 2015. Kenneth Garcia,
	CPhT asked if the committee wanted to continue
	monitoring the utilization of these agents. Per
	committee, no further updates are needed in
	upcoming P&T meetings regarding Xarelto and
	Eliquis utilization.
	In October 2015 meeting, the committee asked if
B. Immunization Reports for Individual Clinics	there was a possibility of providing immunization
	reports to individual clinics regarding their patients
	receiving immunizations in the pharmacy. As a
	follow-up, Dai Tan, Pharm.D. stated that currently, SFHP is unable to provide member reports to
	individual clinics informing them of when their
	patients receive immunization/s at retail
	pharmacies. Dai Tan, Pharm.D. discussed other avenues for providers to check immunization
	history for their patients.
	<u>Surescript (e-prescribing)</u>
	-this module should display pharmacy
	claims history per patient.
	<u>California Immunization Registry (CAIR)</u>
	-state registry that consolidates
	immunization records into a state wide
	database. Dai Tan, Pharm.D. stated that although SFHP providers are not required
	to sign up to this system, it is highly
	recommended that providers sign-up or
	register to this module.
	Dr. Brad Williams, MD inquired about the
	formulary status of ZostavaxDai Tan, PharmD,
	clarified that for members meeting
	requirementZostavax is covered as a pharmacy benefit without a PA requirement.
	benefit without a r A requirement.
VIII. Informational Update on New Developments in the	Non-voting item:
Pharmacy Market – non-voting item	
(Jenna Marks, PharmD, Regional Clinical Pharmacist,	Notes: Jenna Marks, PharmD discussed
PerformRx) -5 minutes	important pharmacy market developments

	 including Praxbind (Idarucizumab) approval for the reversal of the novel oral anti-coagulant Pradaxa and HCV treatment. Question was raised whether Praxbind should be on pharmacy formulary. This will be researched further and discussed at April 2016 meeting. Linda Truong, PharmD mentioned that there is an Andexanet alfa agent underway for the reversal of Xarelto and other direct Factor Xa inhibitors.
 IX. Adjournment Next P&T Committee meeting – 2 minutes Wednesday, April 20, 2016 P&T Committee Member Forms 	Non-Voting itemMeeting adjourned at 9:25 amNotes: Olga Mostovetsky, PharmD reminded the committee that the next meeting is on April 20th 2016 and that yearly forms are due to be submitted.

The meeting was adjourned at 9:25 AM

Respectfully submitted by:

Jaule am.

0<u>2/05/16</u>

Date

James Glauber, MD, MPH SFHP Chief Medical Officer