



Regular Meeting of the  
Santa Clara County Health Authority d.b.a. Santa Clara Family Health Plan  
Pharmacy & Therapeutics Committee

Thursday, September 21, 2017

6:00 PM - 8:00 PM

210 E. Hacienda Avenue Campbell, CA 95008

## AGENDA

- |  |               |      |         |
|--|---------------|------|---------|
| <b>1. Introductions</b>  | Dr. Robertson | 6:00 | 10 min. |
| a. Introduction of New Committee members:<br>Dolly Goel, MD and Xuan Cung, PharmD  |               |      |         |
| b. Brown Act Meeting Requirements  |               |      |         |
| <b>2. Meeting Minutes</b>  |               |      |         |
| Review SCFHP 2Q2017 P&T Minutes (06.15.2017)   | Dr. Lin       | 6:10 | 5 min.  |
| <b>Possible Action:</b> Approve 06/15/2017 minutes   |               |      |         |
| <b>3. Public Comment</b>   | Dr. Lin       | 6:15 | 5 min.  |
| Members of the public may speak to any item not on the agenda; two minutes per speaker. The Committee reserves the right to limit the duration of public comment period to 30 minutes. |               |      |         |
| <b>4. Informational Updates</b>  |               |      |         |
| a. CMO Health Plan Updates & Membership  | Dr. Robertson | 6:20 | 5 min.  |
| b. Pharmacy Dashboard  | Dr. Otomo     | 6:25 | 5 min.  |
| c. MTM Oversight (2017Q1 & 2017Q2)   | Dr. Otomo     | 6:30 | 5 min.  |
| d. Appeals & Grievances  | Mr. Breakbill | 6:35 | 5 min.  |
| e. Emergency Rx Access Monitoring  | Dr. Huynh     | 6:40 | 1 min.  |
| <b>Adjourn to Closed Session</b>   |               |      |         |
| Pursuant to Welfare and Institutions Code Section 14087.36 (w)   |               |      |         |
| <b>5. Discussion and Recommendations for changes to SCFHP Cal MediConnect Formulary &amp; Prior Authorization Criteria</b>   |               |      |         |
| a. MedImpact 2Q2017 P&T Meetings Minutes   | Dr. Huynh     | 6:41 | 2 min.  |
| b. MedImpact 3Q2017 P&T Part D Actions   | Dr. Huynh     | 6:43 | 2 min.  |
| <b>Possible Action:</b> Approve MedImpact minutes & actions  |               |      |         |
| <b>6. Discussion and Recommendations for Changes to SCFHP Medi-Cal &amp; Healthy Kids Formulary &amp; Prior Authorization Criteria</b>   |               |      |         |
| a. Formulary Modifications   | Dr. Otomo     | 6:45 | 5 min.  |
| <b>Possible Action:</b> Approve formulary recommendations  |               |      |         |
| b. Prior Authorization Criteria  | Dr. Otomo     | 6:50 | 10 min. |



- Reauthorization – Opioids
- Hepatitis C
- Tymlos (abaloparatide)
- Adapalene (Differin)
- Proventil HFA (albuterol sulfate)
- Calcipotriene (Dovonex)
- Darifenacin (Enablex)
- Glatopa (glatiramer acetate)
- Modafinil (Provigil)
- Nicotine inhaler/nasal spray (Nicotrol/Nicotrol NS)
- Lovaza (omega-3-Acid Ethyl Esters)
- Elmiron (pentosan polysulfate sodium)
- Lyrica (pregabalin)
- Testosterone gel (Androgel)
- Tetrabenazine (Xenazine)

**Possible Action:** Approve prior authorization criteria

- |    |   |             |      |        |
|----|---|-------------|------|--------|
| c. | DHCS Medi-Cal CDL Updates & Comparability | Dr. McCarty | 7:00 | 5 min. |
|----|---|-------------|------|--------|

**Possible Action:** Approve formulary recommendations

- |    |                             |             |      |         |
|----|-----------------------------|-------------|------|---------|
| d. | New Drugs and Class Reviews | Dr. McCarty | 7:05 | 15 min. |
|----|-----------------------------|-------------|------|---------|

- Factor Xa inhibitor – (abbreviated)
- Bevyxxa (betrixaban)
- Chronic Obstructive Pulmonary Disease – (abbreviated)
- Trelegy Ellipta (umeclidinium/vilanterol/fluticasone)
- Plaque Psoriasis - (abbreviated)
- Tremfya (guselkumab)
- Hepatitis C
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir)
- Mavyret (glecaprevir/pibrentasvir)
- Glaucoma
- Vyzulta (latanoprostene bunod)
- Rhopressa (netarsudil)
- Roclatan (netarsudil/latanoprost)
- Attention-Deficit/Hyperactivity Disorder
- Atomoxetine
- Amphetamine-dextroamphetamine extended-release
- Methylphenidate extended-release
- Dexmethylphenidate

**Possible Action:** Approve formulary recommendations

- |    |                                   |             |      |         |
|----|-----------------------------------|-------------|------|---------|
| e. | Drug Utilization and Spend Review | Dr. McCarty | 7:30 | 10 min. |
|----|-----------------------------------|-------------|------|---------|

**Reconvene in Open Session**

**7. Discussion Items**

- |    |                          |           |      |        |
|----|--------------------------|-----------|------|--------|
| a. | P&T Charter              | Dr. Liu   | 7:40 | 5 min. |
| b. | Pharmacy Policies Update | Dr. Huynh | 7:45 | 5 min. |



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**Possible Action:** Approve policies

- c. Update on New Drugs and Generic Pipeline

Dr. McCarty      7:50      10 min.

**8. Adjournment**

Next Meeting: Thursday, December 14, 2017

Dr. Lin      8:00

## Membership

	<b>2017-03</b>	<b>2017-04</b>	<b>2017-05</b>	<b>2017-06</b>	<b>2017-07</b>	<b>2017-08</b>
AM	103	105	105	104	104	N/A
HK	2,752	2,794	2,757	2,732	2,633	2,618
MC	267,437	267,199	265,711	265,649	261,287	262,871
CMC	7,622	7,567	7,545	7,543	7,525	7,405
<b>Grand Total</b>	<b>277,914</b>	<b>277,665</b>	<b>276,118</b>	<b>276,028</b>	<b>271,549</b>	<b>272,894</b>

## Previous Quarter Claim Count

### Approved & Denied Claims – Q2 2017

Carrier HQ Code	Approved Claim Count	Denied Claim Count
SAC01	549,455	229,922
SAC02	1,086	1,557
SAC06	79,550	34,778
<b>Summary</b>	<b>630,091</b>	<b>266,257</b>

### Approved & Denied Claims – Q1 2017

Carrier HQ Code	Approved Claim Count	Denied Claim Count
SAC01	542,526	240,202
SAC02	953	1,458
SAC06	79,836	34,506
<b>Summary</b>	<b>623,315</b>	<b>276,166</b>

## Top 10 Requested Prior Authorizations YTD

Receipt Date: 1/1/2017 - 8/31/2017

SAC01 - Medi-Cal			
	Brand Name		Formulary Status
1	LYRICA		F w/ PA
2	HUMALOG KWIKPEN U-100		F w/ PA
3	XARELTO		F w/ PA
4	TRETINOIN		F w/ ST
5	DICLOFENAC SODIUM		NF
6	LIDOCAINE		NF
7	OXYCODONE HCL ER		F w/ PA
8	RESTASIS		F w/ PA
9	HUMIRA PEN		F w/ PA
10	JANUVIA		F w/ ST

**Comments:**

LIDOCAINE included:

- Lidocaine 5% patches
- Lidocaine 5% ointment
- Lidocaine 5% cream

DICLOFENAC SODIUM included:

- Diclofenac 1% gel
- Diclofenac 3% gel
- Diclofenac DR 75mg tab
- Diclofenac 1.5% topical solution

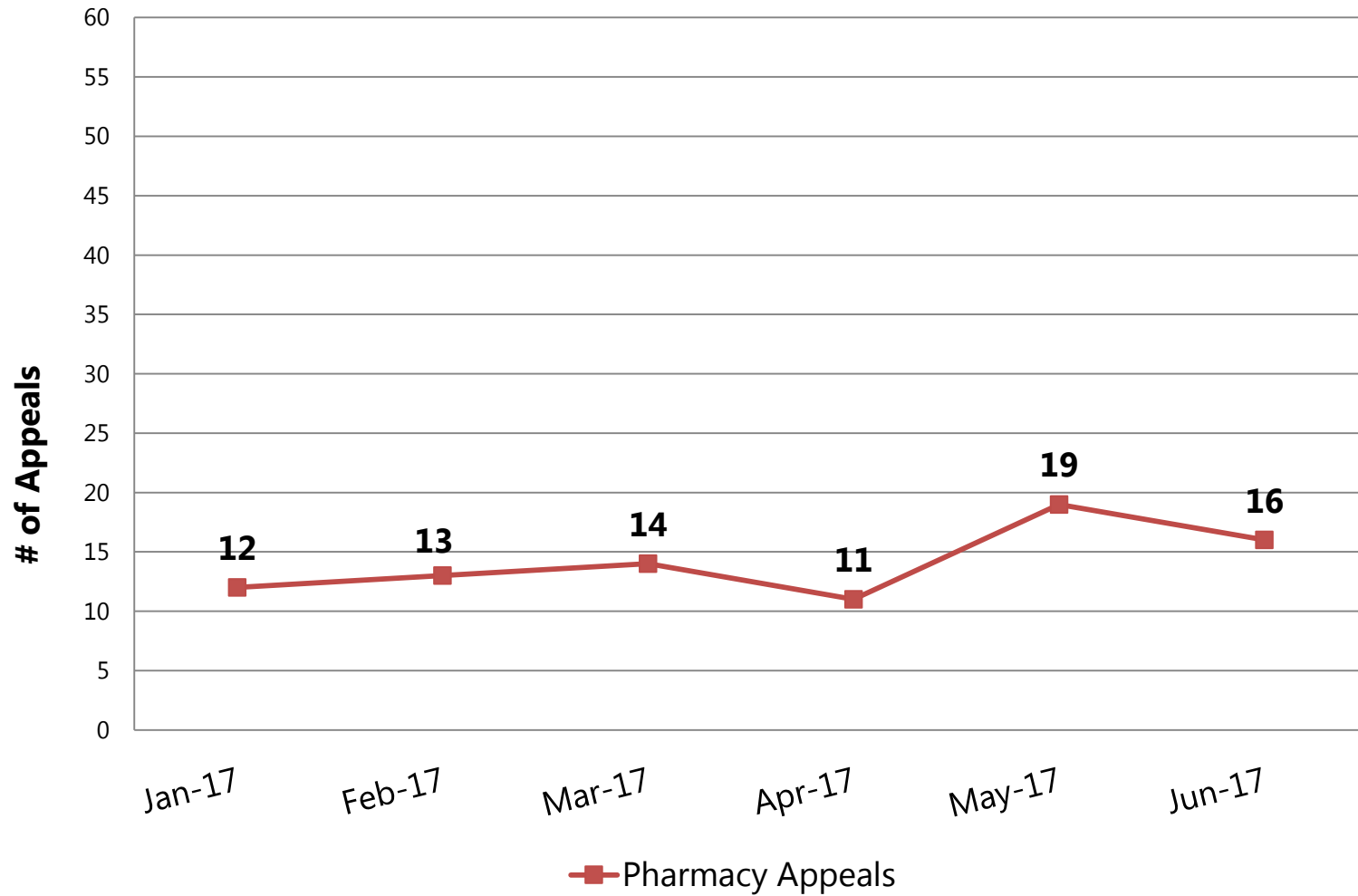
SAC02 - Healthy Kids			
	Brand Name		Formulary Status
1	TRETINOIN		F w/ ST
2	TACROLIMUS OINT		NF
3	TRANEXAMIC ACID		NF
4	METHYLPHENIDATE ER (GENERIC CONCERTA)		F w/ ST
5	PROMACTA		NF
6	SYMBICORT		F w/ ST
7	AZITHROMYCIN TAB		F w/ QL
8	ELIDEL		F w/ PA
9	CANASA		NF
10	CLOBETASOL PROPIONATE OINT		NF

**Comments:**

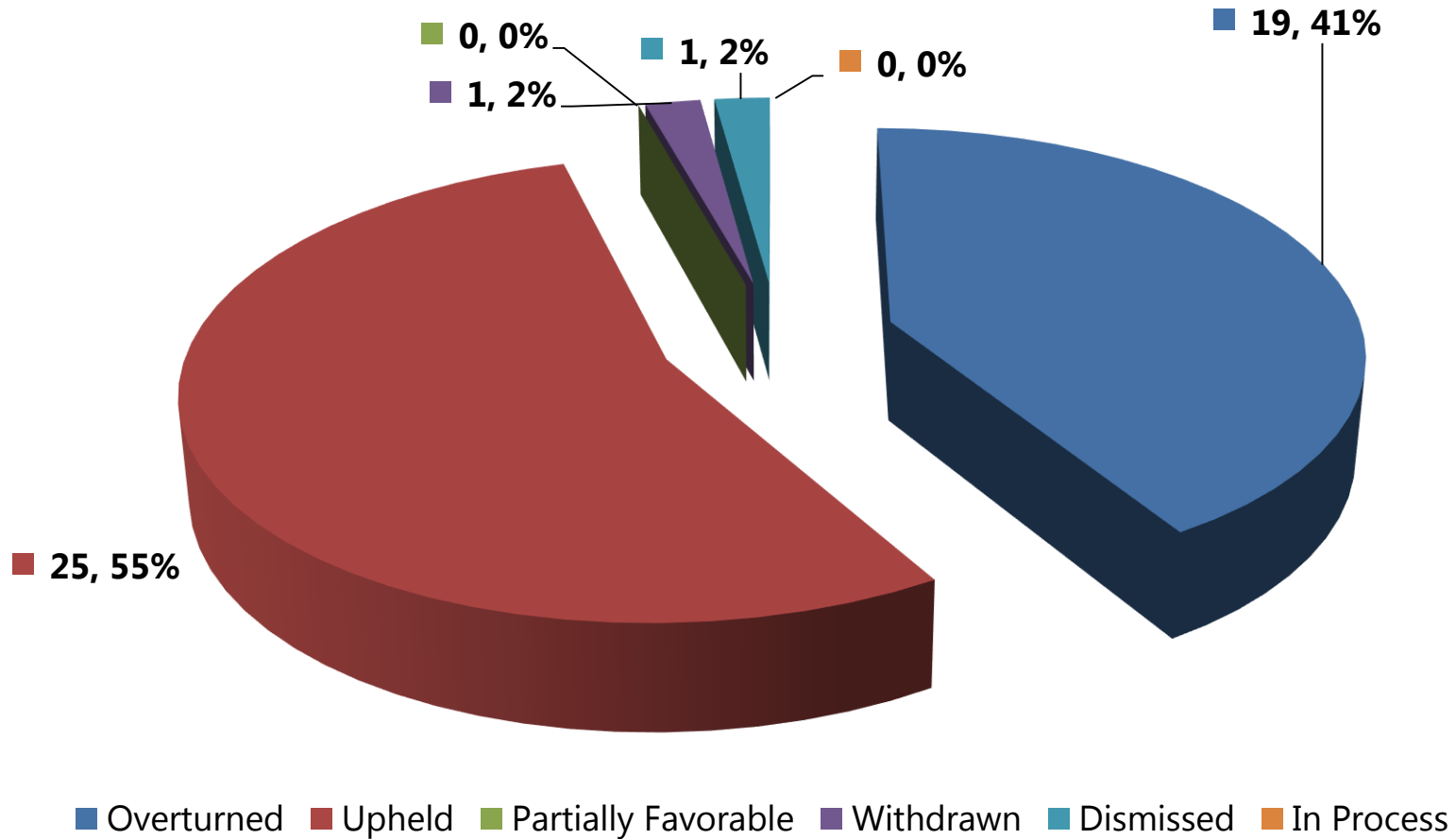
TACROLIMUS included:

- Tacrolimus 0.1% ointment
- Tacrolimus 0.03% ointment

# Q1-Q2 2017: Medi-Cal Appeals

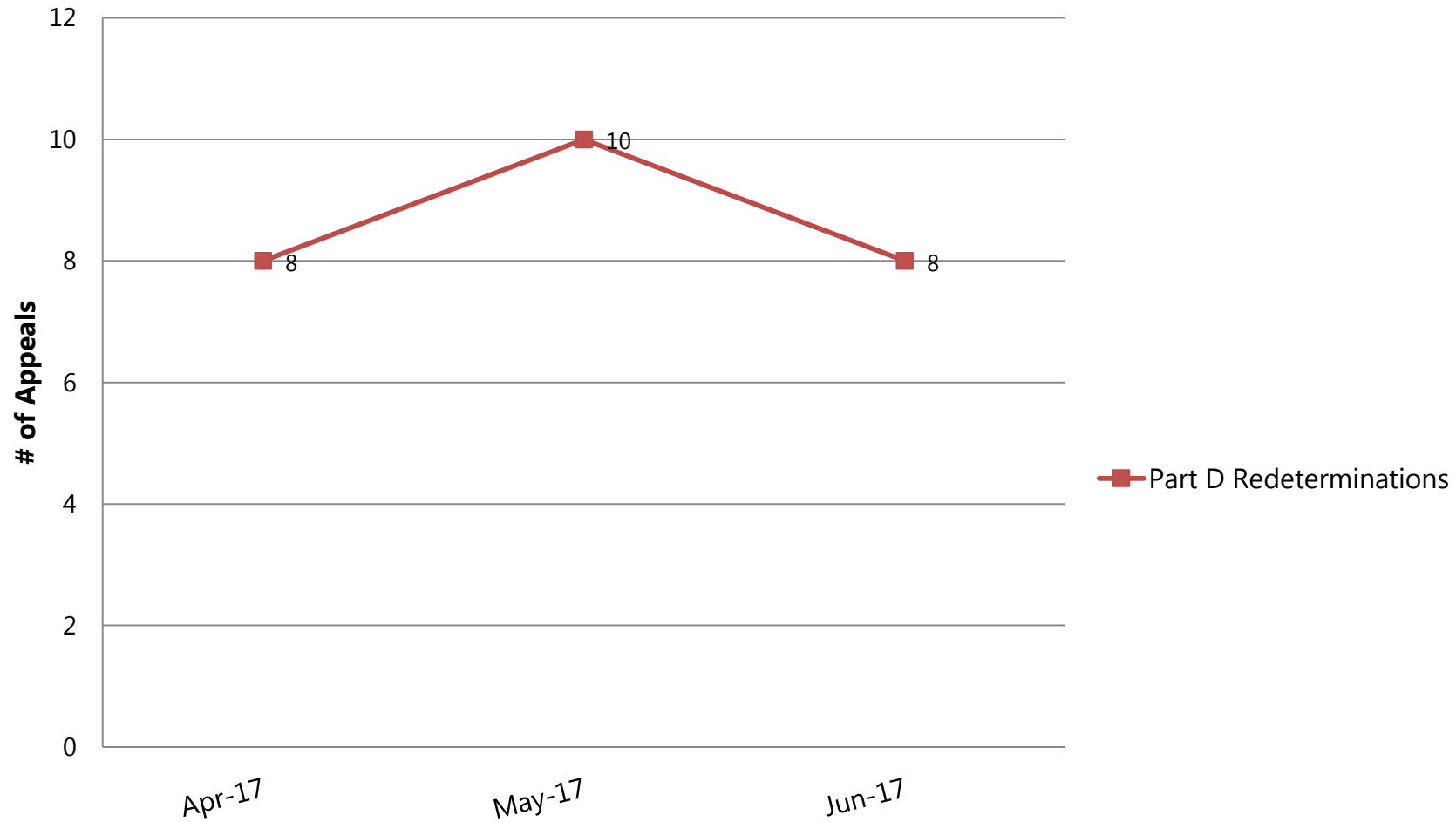


# Q2 2017 Medi-Cal Pharmacy Appeals

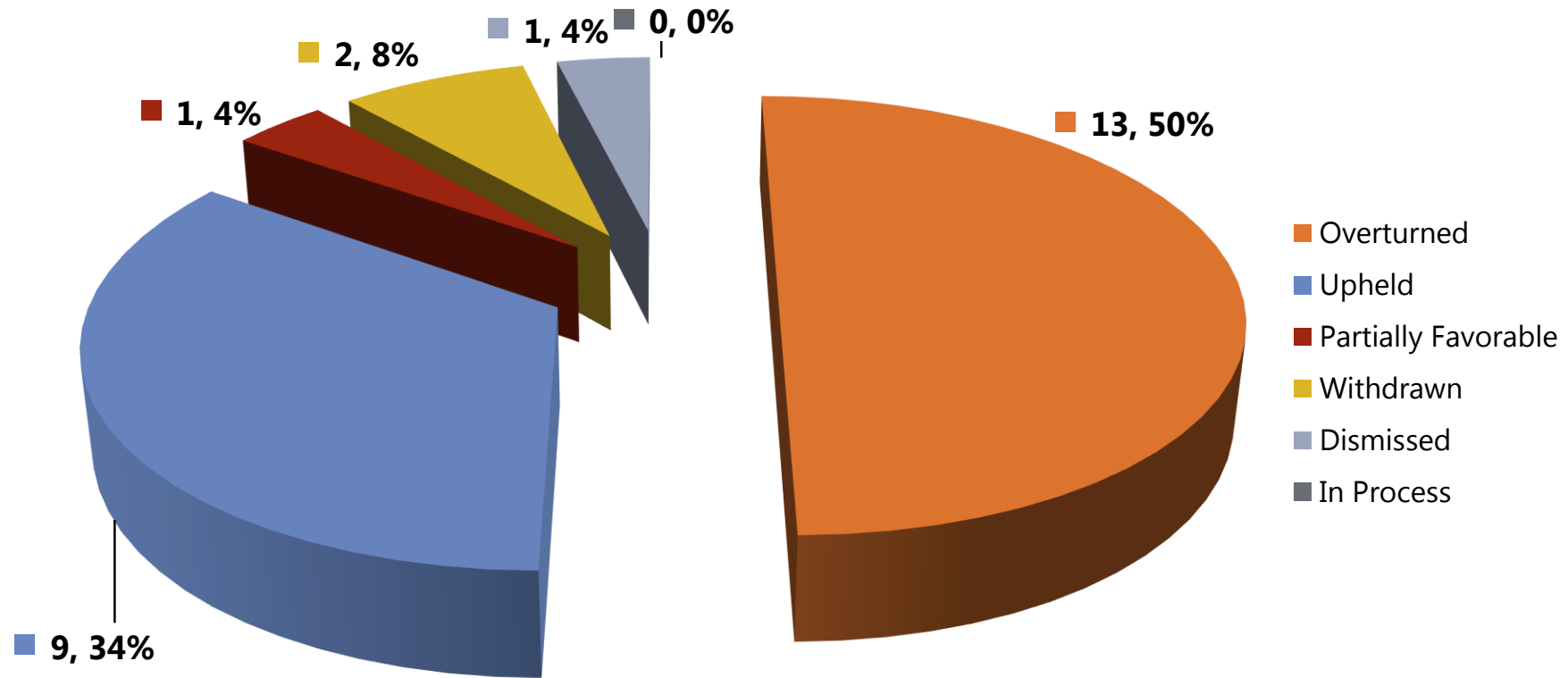




# Q2 2017: Part C&D Appeals



# CMC Part D Redeterminations by Determination Q2 2017





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## **Santa Clara County Health Authority**

### **Pharmacy and Therapeutics Committee Charter**

#### **Purpose**

The Pharmacy and Therapeutics (P&T) Committee shall provide oversight of the Santa Clara Family Health Plan (SCFHP) pharmacy program to promote safe, efficacious, and cost-effective drug therapies through policies, formularies, and clinical criteria.

The P&T Committee reports to the Quality Improvement Committee (QIC). Signed minutes of the Committee are presented to the QIC by the Chair or designee.

#### **Members**

The Pharmacy and Therapeutics (P&T) Committee shall have a sufficient number of members to provide the necessary expertise and work effectively as a group. Membership shall include physicians and pharmacists with a specialty mix that reflects the medical needs of the populations of the SCFHP membership, including a pediatrician, a community based pharmacist, and a psychiatrist or other prescribing behavioral health practitioner.

All P&T members, including the Chairperson, shall be appointed by the Health Plan's Chief Executive Officer (CEO). All P&T members, including the Chairperson, can serve up to three two-year terms. Additional terms may be appointed at the discretion of the CEO, provided that the member is in compliance with the requirements set forth in this charter.

No person who holds a direct financial interest in an affiliated health care entity is eligible for appointment. P&T Committee members shall annually sign a Confidentiality, Conflict of Interest, and Non-Discrimination Agreement. Failure to sign the agreement or abide by the terms of the agreement shall result in removal from the committee.

#### **Meetings**

Regular meeting of the P&T Committee shall be scheduled quarterly. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Committee members must attend at least two meetings per year. Attendance may be in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d). The presence of a majority of voting members shall constitute a quorum for the transaction of business.

The Committee may request other individuals, such as members of management, auditors, or other technical experts to participate in meetings and provide pertinent information relating to an agenda item, as necessary.

Meetings of the P&T Committee shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

**Responsibilities**

The following goals and objectives shall serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal and other conditions:

1. Review pharmacy department policies annually and changes as needed.
2. Review of therapeutic drug classes, standards of practice, peer review medical literature, and clinical practice guidelines.
3. Provide oversight of the plan’s formulary development and maintenance.
4. Oversee the development and maintenance of clinical criteria for prior authorization.
5. Verify that the pharmacy department functions meet the standards and requirements of regulatory and licensing bodies.
6. Review utilization reports for patterns of under and over utilization.
7. Promote the delivery of quality patient care in an efficient and cost effective manner.

**Duration of Charter**

The Director of Pharmacy, SCFHP, will review this charter annually from the date of approval.

<b>CY Version</b>	<b>Change (Original/ Reviewed / Revised)</b>	<b>Reviewing Director of Pharmacy</b>	<b>Director of Pharmacy Review Date</b>	<b>Reviewing Committee (if applicable)</b>	<b>Committee Action/Date (Recommend or Approve)</b>
2017	Revised	Johanna Liu, PharmD, MBA	09/05/2017	Pharmacy & Therapeutics Committee	

# POLICY



Santa Clara  
Family Health Plan

<b>Policy Title:</b>	<b>340B Program Compliance</b>	<b>Policy No.:</b>	PH11
<b>Replaces Policy Title (if applicable):</b>		<b>Replaces Policy No. (if applicable):</b>	
<b>Issuing Department:</b>	Pharmacy	<b>Policy Review Frequency:</b>	Annually
<b>Lines of Business (check all that apply):</b>	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Healthy Kids	<input type="checkbox"/> CMC

## I. Purpose

To outline the requirements of Santa Clara Family Health Plan (SCFHP) Pharmacy Department’s processes for complying with Federal and State 340B regulations.

## II. Policy

- A. SCFHP Pharmacy Department will comply with all requirements and restrictions of the Public Health Service Act Section 340B pertaining to a managed care organization (MCO) and the prohibition against duplicate discount/rebates under Medicaid pertaining.
- B. The department will work with the Finance and Information Technology Departments to ensure the Department of Health Care Services 340B data reporting requirements are met [Patient Protection and Affordable Care Act of 2010, Public Law 111-148].

## III. Responsibilities

- A. Director of Pharmacy, or designee, will maintain knowledge of regulation and policy changes that impact 340B program including, but not limited to, Health Resources & Service Administration/Office of Pharmacy Affairs rules.
- B. Director of Pharmacy, or designee, with the Pharmacy Benefit Manager (PBM) will ensure claims system availability of National Council for Prescription Drug Programs (NCPDP) Submission Clarification code 20 for 340B eligibility claim identification [California’s W&I Code Section 14105.46].
- C. Directory of Pharmacy, or designee, with the PBM will assist the Finance Department integrity audits.

## IV. References

1. Section 340B of the Public Health Service Act.
2. Health Resources and Services Administration, Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Duplicate Discounts and Rebates on Drug Purchases, 58 Fed Reg. 27293 (May 7, 1993).
3. State Plan under Title XIX of the Social Security Act State: California. Methods and Standards for Establishing Payment Rates –Prescribed Drugs. Supplement 2 to Attachment 4. 19-B. TN No. 09-21B. (January 30, 2014).
4. National Council for Prescription Drug Programs, Inc. 340B Information Exchange. Reference Guide Version 1.0. July 2011.

## POLICY

### V. Approval/Revision History

First Level Approval			Second Level Approval	
[signature on file]			[signature on file]	
Signature Johanna Liu, PharmD			Signature Jeff Robertson, MD	
Name Director of Quality and Pharmacy			Name Chief Medical Officer	
Title 08/08/2017			Title 09/11/2017	
Date			Date	
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original	Pharmacy & Therapeutics Committee		

# POLICY



Santa Clara  
Family Health Plan

<b>Policy Title:</b>	<b>Medications for Cancer Clinical Trial</b>	<b>Policy No.:</b>	PH14
<b>Replaces Policy Title (if applicable):</b>		<b>Replaces Policy No. (if applicable):</b>	
<b>Issuing Department:</b>	Pharmacy	<b>Policy Review Frequency:</b>	Annually
<b>Lines of Business (check all that apply):</b>	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> CMC

## I. Purpose

To define the process that provides prescription drug coverage to members diagnosed with cancer and accepted into a phase I, phase II, phase III, or phase IV clinical trial for cancer with therapeutic intended endpoints and not exclusively defined to test toxicity.

## II. Policy

- A. SCFHP shall define the process for coverage of routine patient care costs related to the clinical trial, including drugs that would otherwise be covered under the plan if those drugs were not provided in connection with an approved clinical trial program.
- B. Routine patient care costs does not include the costs associated with the provision of:
  - a. Drugs or devices that have not been approved by the federal Food and Drug Administration (FDA) and that are associated with the clinical trial.
- C. The plan shall provide coverage of routine patient care costs, including other drug coverage given that the cancer clinical trial involves a drug that is exempt under federal regulations from a new drug application or approved by one of the following:
  - a. National Institutes of Health (NIH);
  - b. The federal FDA, in the form of an investigational new drug application;
  - c. Department of Defense; or
  - d. Veterans' Administration.
- D. The plan may restrict coverage for clinical trials to participating hospitals and physicians if the protocol for the clinical trial is not provided.

## III. Responsibilities

- A. Director of Pharmacy, or designee, will ensure medications for cancer clinical trial members are processed in the appropriate timeframe.

## IV. References

1. Health and Safety Code Section 1370.6
2. Welfare and Institutions Code Sections 14087.11, 14132.98, and 1412.99.
3. Senate Bill 37, Chapter 172, Amended March 13, 2001.

# POLICY

## V. Approval/Revision History

First Level Approval		Second Level Approval		
[signature on file]		[signature on file]		
Signature Johanna Liu, PharmD		Signature Jeff Robertson, MD		
Name Director of Quality and Pharmacy		Name Chief Medical Officer		
Title 09/05/2017		Title 09/13/2017		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original	Pharmacy & Therapeutics Committee		



# High Interest and Impact Pipeline Agents

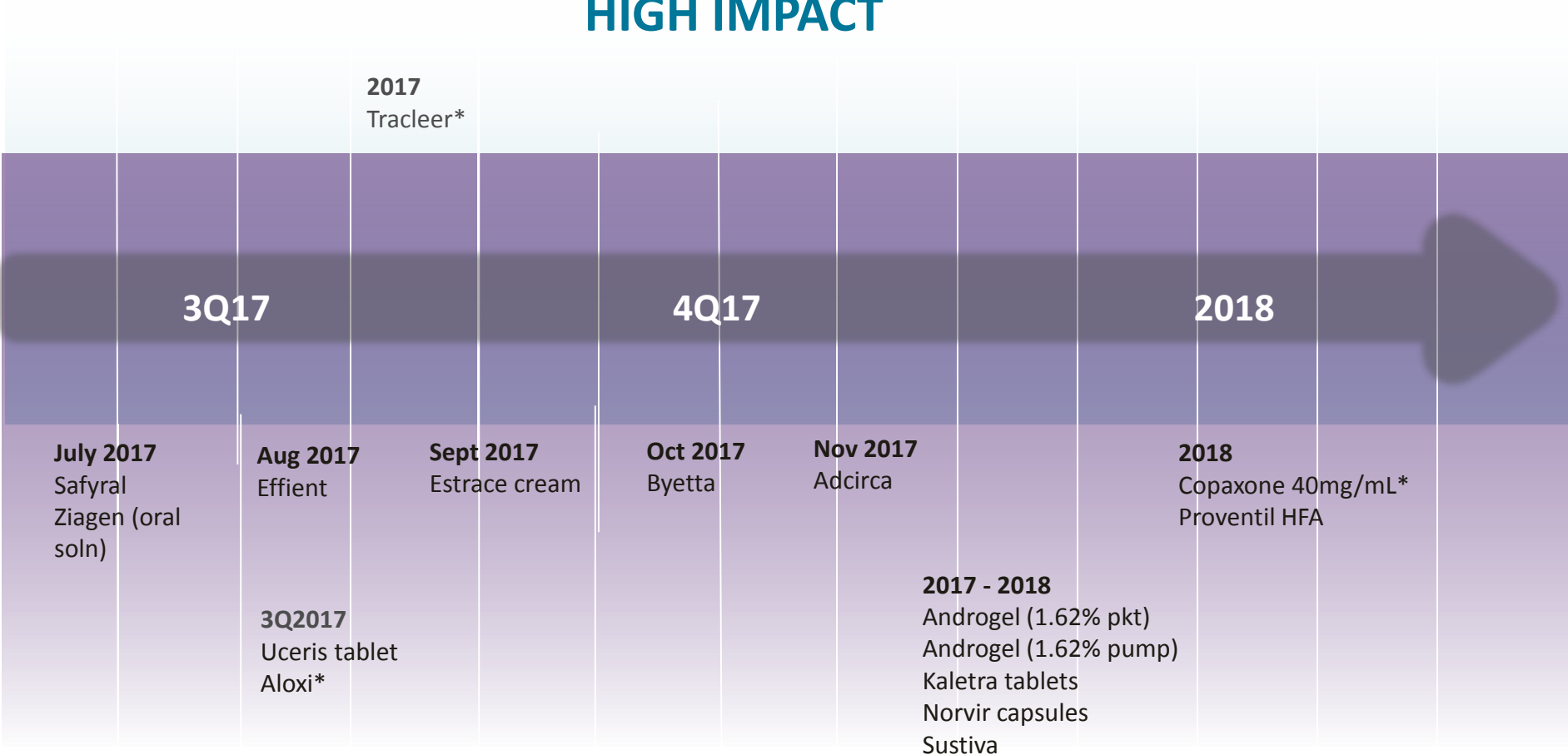


## 2H2017

Entity	Disease State	Anticipated FDA Decision	Route
romosozumab	Osteoporosis	July 19 <sup>th</sup> , 2017	SQ*
<i>Update – FDA issued Complete Response Letter</i>			
Kymriah (tisagenlecleucel-T)	Pediatric Acute Lymphoblastic Leukemia (ALL)	September 29 <sup>th</sup> , 2017	IV
<i>Update – Approved 8/30/17, Launched 9/11/17</i>			
Shingrix (shingles vaccine)	Herpes zoster vaccine	October 2017	IM*
KTE-C19 (axicabtagene ciloleucel)	Non-Hodgkin Lymphoma (NHL)	November 29 <sup>th</sup> , 2017	IV

# Generic Pipeline 3Q17

## HIGH IMPACT



## MEDIUM /LOW IMPACT

\*NO exclusivity