



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

MINUTES

Voting Committee Members	Specialty	Present (Y or N)
Jimmy Lin, MD	Internal Medicine	Y
Hao Bui, BS, PharmD	Community Pharmacy (Walgreens)	Y
Minh Thai, MD	Family Practice	N
Amara Balakrishnan, MD	Pediatrics	Y
Peter Nguyen, MD	Family Practice	Y
Jesse Parashar-Rokicki, MD	Family Practice	Y
Narinder Singh, PharmD	Health System Pharmacy (SCVMC)	N
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Dolly Goel, MD	VHP Chief Medical Officer	Y
Xuan Cung, PharmD	Pharmacy Supervisor (VHP)	Y
Johanna Liu, PharmD, MBA	SCFHP Director of Quality and Pharmacy	Y
Jeff Robertson, MD	SCFHP Chief Medical Officer	Y

Non-Voting Committee Members	Specialty	Present (Y or N)
Lily Boris, MD	SCFHP Medical Director	N
Caroline Alexander	SCFHP Administrative Assistant, Medical Management	Y
Christine Tomcala	SCFHP Chief Executive Officer	N
Tami Otomo, PharmD	SCFHP Clinical Pharmacist	Y
Dang Huynh, PharmD	SCFHP Pharmacy Manager	Y
Amy McCarty, PharmD	MedImpact Clinical Program Manager	Y
Darryl Breakbill	SCFHP Grievance and Appeals Manager	Y

	Topic and Discussion	Follow-Up Action
1	Introductions	
	The meeting convened at 6:05 PM. Introduced new committee members Dolly Goel, MD and Xuan Cung, PharmD. Dr. Robertson reviewed the Brown Act Meeting requirements with the committee.	
2	Past Meeting Minutes	
	The SCFHP 2Q2017 P&T Minutes from June 15, 2017 were reviewed by the Committee as submitted.	Upon motion duly made and seconded, the SCFHP 2Q2017 P&T Minutes from June 15, 2017 were approved as submitted and will be forwarded to the QI



		Committee and Board of Directors.
3	Public Comment	
	No public comment.	
4	Informational Updates	
	<p>Health Plan Updates Dr. Robertson shared that SCFHP completed a claims system conversion from Xpress to QNXT for all lines of business. Small glitches on claims payments. Received results of DHCS audit. There were two pharmacy related findings (Emergency Prescription Access Monitoring and Denial Notices Member Language).</p> <p>Membership Dr. Robertson shared that total membership is currently down to 271,328 members. There has been a slight decrease in membership since June in both Medi-Cal and CMC lines of business. Medi-Cal membership is at 261,702 and CMC is at 7,383. Speculation that the slight drop in membership may be due to concerns regarding immigration. No market forces are impacting membership.</p>	
	<p>Appeals & Grievances Mr. Breakbill presented the Appeals and Grievances report. Small spike around May for Pharmacy Medi-Cal appeals. Average approximately 1700/month. Over half of appeals are upheld. There was a spike in Medicare appeals in May (100 to 120 PA/month). Almost 50% overturned due to submission of additional documentation.</p>	Next report list higher utilized drugs.
	<p>Adjourn to Closed Session Committee adjourned to closed session at 6:25 p.m. to discuss the following items: Pharmacy Dashboard, MTM Oversight (2017Q1 & 2017Q2), Emergency Rx Access Monitoring, Formulary Modifications and Prior Authorization Criteria, New Drugs and Class Reviews, as well as Drug Utilization and Spend Review.</p>	
5	Pharmacy Dashboard	
	<p>Dr. Otomo presented the Pharmacy Dashboard for Medi-Cal and CMC. For Medi-Cal, PA volume has been relatively steady from June to August. Above 95% turnaround time for both urgent and standard PAs. For CMC, above 95% turnaround time for both urgent and standard PA's. Prior authorization approval rate for Standard PA's is at 51% and approval rate for Expedited PA's is at 60% as of August. Oversight is done on PBM to make sure following CMS approved criteria. Inter rater reliability is done on prior authorizations. Every individual must pass inter rater reliability by 80%. Pass rate is 100% April through June.</p> <p>Dr. Huynh presented the pharmacy claim count from Q2 2017. In Medi-Cal, there were 549,455 approved claims and 229,922 denied claims. In</p>	<p>Dr. Liu and Dr. Huynh to verify computational methodology on prior authorization approval rate with other similar plans.</p> <p>Revise Goal column for next report.</p>



	<p>Healthy Kids, there were 1,086 approved claims and 1,557 denied claims. In CMC, there were 79,550 approved claims and 34,778 denied claims.</p>	
	<p>MTM Oversight (2017Q1 & 2017Q2) Dr. Otomo presented the Medication Therapy Management (MTM) Oversight update. Comprehensive medication review (CMR) completion rate was at 23% as of August; no data yet for September. On track for goal of 22% completion rate at year end.</p>	
	<p>Emergency Rx Access Monitoring Dr. Huynh presented the Emergency Prescription Access Report. Procedure will be updated. DHCS recommended being more proactive regarding prescriptions that were not received (one of the findings, other finding was around prior authorization language needing to be more “member friendly”). Asked for committee feedback on prior authorization letters. Should one be issued specific to provider and one letter specific to member? No preference from committee members.</p>	
	<p>Discussion and Recommendations for changes to SCFHP Cal MediConnect Formulary & Prior Authorization Criteria Dr. Huynh presented an overview of the MedImpact 2Q2017 P&T minutes as well as the MedImpact 3Q2017 P&T Part D Actions.</p>	<p>Upon motion duly made and seconded the MedImpact 2Q2017 P&T Minutes, and MedImpact 3Q2017 P&T Part D Actions were approved as submitted.</p>
	<p>Discussion and Recommendations for Changes to SCFHP Medi-Cal & Healthy Kids Formulary & Prior Authorization Criteria Formulary Modifications Dr. Otomo presented the formulary changes since the last P&T meeting. Notable changes included remove nystatin oral powder, Biltricide, Mistassist from formulary. Add generic fluticasone/salmeterol respiclick to formulary with QL 1/30 days. Change ST on Symbicort to look for 5/180 days of generic fluticasone/salmeterol. Add QL 10.2/30 days to Symbicort. Add Gilenya to formulary with PA and QL 1/day for PO option of MS treatment. Change QL on diltiazem 12 hr ER to 2/day. Change refill threshold on narcotic analgesics from 85% to 90% to prevent opioid overutilization. Add age limit for use in ≥ 12 years to all tramadol containing products. Recommendation by committee member Peter Nguyen that health plan notify all providers about formulary changes regarding top ten medications prescribed. Asked if committee would like formulary changes sent monthly or quarterly. Committee requested quarterly.</p>	<p>Upon motion duly made and seconded, formulary modifications were approved as presented.</p>



	<p>Prior Authorization Criteria</p> <ul style="list-style-type: none"> - Dr. Otomo presented the following PA criteria for approval by the committee: <ul style="list-style-type: none"> - 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) 	<p>Upon motion duly made and seconded, prior authorization criteria were approved as requested.</p>
	<p>DHCS Medi-Cal CDL Updates & Comparability</p> <p>Dr. McCarty presented the DHCS Medi-Cal Updates and Comparability. For June 2017, five drugs added and one dosage form added. No proposed action for June 2017. For July 2017, one drug with quantity restriction added, two with strength added, and one with dosage form added. No proposed action for July 2017. For August 2017, one drug with prior authorization required added, two with dosage form added. No proposed action for August 2017.</p>	<p>Upon motion duly made and seconded, all recommendations were approved and presented.</p>
	<p>New Drugs and Class Reviews</p> <p>New Drug Reviews</p> <p>Dr. McCarty presented the following new drug reviews:</p> <ul style="list-style-type: none"> - Bevyxxa (betrixaban) –Extended duration VTE prophylaxis in acutely ill medical patients at high risk of VTE. - COPD – Trelegy Ellipta-Remain non-formulary with trial of up to 2 preferred COPD inhaler(s). - Tremfya (guselkumab) - New moderate-to-severe plaque psoriasis treatment. - Hepatitis C – Vosevi and Mavyret, Add Mavyret to preferred for specific genotype w/ prior authorization guideline - Glaucoma-Vuuzulta, Rhopressa, and Roclatan; CRL and FDA filing. - ADHD-Proposed actions-Continue Focalin XR, Concerta, Metadate CD, and Strattera as formulary with added quantity limit of 1 per day. Metadate ER quantity limit 	<p>Upon motion duly made and seconded, all recommendations were approved as presented.</p>



	2/day. Remove step for Focalin XR. Remove age limit restriction in adults for Strattera.	
	Drug Utilization and Spend Review Dr. McCarty presented the Drug Utilization and Spend Review report. MediCal top drug categories by Plan Paid were Diabetes, Infectious Disease-Viral, Inflammatory Disease, and Asthma/COPD. Top drug categories by prescription count were Hypertension, Allergy, Diabetes, Vitamin D or mineral deficiency. Cal MediConnect top drug categories by Plan Paid were Diabetes, Asthma/COPD, Behavioral Health-other, and Infectious Disease-viral. Top drug categories by prescription count were Hypertension, Diabetes, Lipid Irregular, and Behavioral Health-other.	
	Reconvene in Open Session Committee reconvened to open session at 7:55 p.m.	
6	Discussion Items	
	Pharmacy Policies <ul style="list-style-type: none">- PH11 340B Program Compliance policy was created to make sure Pharmacy Department will comply with all requirements and restrictions of the Public Health Service Act Section 340B pertaining to managed care organization (MCO) and the prohibition against duplicate discount/rebates under Medicaid pertaining.- PH14 Medications for Cancer Clinical Trial policy was created 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.	Upon motion duly made and seconded, policies PH11 and PH14 were approved as presented.
	P&T Charter Dr. Liu reviewed the P&T Charter with the committee. No changes, informational only.	
	Generic Pipeline – Informational Only	
7	Adjournment at 8:02 PM	