AGENDA

For a Regular Meeting of the

Santa Clara County Health Authority
Pharmacy and Therapeutics Committee

Thursday, June 20, 2019, 6:00-8:00 PM

Santa Clara Family Health Plan, Redwood Conference Room

6201 San Ignacio Blvd., San Jose, CA 95119

1.	**Roll Call / Establish Quorum**	Dr. Lin	6:00	5 min.
2.	**Public Comment** 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	Dr. Lin	6:05	5 min.
3.	**Open Meeting Minutes** Review SCFHP 1Q2019 P&T Open minutes **Possible Action:** Approve SCFHP P&T Open minutes	Dr. Lin	6:10	2 min.
4.	**Standing Agenda Items**			
	a. CMO Health Plan Updates	Dr. Nakahira	6:12	3 min.
	b. SCFHP/DHCS Global DUR	Dr. Otomo	6:15	5 min.
	i. Anticholinergic Initiative			
	c. Appeals & Grievance	Mr. Breakbill	6:20	2 min.
	i. 2018 4th Quarter Report			
	ii. 2019 1st Quarter Report			
	d. Emergency Supply Report	Dr. Nguyen	6:22	5 min.
	i. 2018 2nd Quarter Report			
	ii. 2018 3rd Quarter Report			

Adjourn to Closed Session
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5.	**Closed Meeting Minutes** Review SCFHP 1Q2019 P&T Closed minutes **Possible Action:** Approve SCFHP P&T Closed minutes	Dr. Lin	6:27	2 min.
6.	**Metrics & Financial Updates**			
	a. Membership Report	Dr. Nakahira	6:29	2 min.
	b. Pharmacy Dashboard	Dr. Otomo	6:31	3 min.
	c. Drug Use Evaluation	Dr. McCarty	6:34	2 min.
	d. Drug Utilization & Spend	Dr. McCarty	6:36	10 min.

7. **Discussion and Recommendations for Changes to SCFHP Cal MediConnect (CMC) Formulary & Coverage Determination Criteria**

a.	MedImpact 1Q2019 P&T Meetings Minutes	Dr. McCarty	6:46	2 min.
b.	MedImpact 2Q2019 P&T Part D Actions		6:48	2 min.

   Possible Action: Approve MedImpact Minutes & Actions

8. **Discussion and Recommendations for Changes to SCFHP Medi-Cal & Healthy Kids Formulary & Prior Authorization (PA) Criteria**

a.	Formulary Modifications	Dr. Otomo	6:50	5 min.

   Possible Action: Approve recommendations

b.	Fee-for-Service Contract Drug List Comparability	Dr. McCarty	6:55	5 min.

   Possible Action: Approve recommendations

c.	Prior Authorization Criteria	Dr. Nguyen	7:00	10 min.

   i. New or Revised Criteria
   1. Copaxone (glatiramer acetate)
   2. Diabetic supplies
   3. Non-Formulary
   4. Oncology
   5. Malarone (atovaquone-proguanil)
   6. Lysteda (tranexamic acid)
   7. Sporanox (itraconazole)
   8. Intron A (interferon alfa-2b)
   9. Gilenya (fingolimod)
   10. Avonex, Rebif (interferon beta-1a)
   11. Rhopressa (netarsudil)
   12. Santyl (collagenase)
   13. Ciprodex (ciprofloxacin-dexamethasone)
   14. Mycobutin (rifabutin)
   15. Norditropin Flexpro (somatropin)
   16. Makena (hydroxyprogesterone caproate)

   ii. Annual Review
   1. Tymlos (abaloparatide)
   2. Dovonex (calcipotriene)
   3. Restasis (cyclosporine)
   4. Enablex (darifenacin)
   5. Marinol (dronabinol)
   6. Hycet (hydrocodone-acetaminophen)
   7. Lupron/Lupron Depot (leuprolide)
   8. Provigil (modafinil)
   9. Lovaza (omega-3 acid ethyl esters)
   10. Nebupent (pentamidine)
   11. Elmiron (pentosan polysulfate sodium)
   12. Symlin (pramlintide)
   13. Lyrica (pregabalin)
   14. Exelon (rivastigmine)
   15. Revatio (sildenafil)
   16. Androgel (testosterone)
   17. Xenazine (tetrabenazine)
   18. Viroptic (trifluridine)
   19. Oral liquids – NF
   20. Pain medications – terminally ill

21. Reauthorization
Possible Action: Approve criteria

9. **New Drugs and Class Reviews**   Dr. McCarthy   7:10   45 min.
    a. Inhaled Glucocorticoids – Asthma/COPD
    b. Xelpros (latanoprost) – Prostaglandin analog
    c. Motegrity (prucalopride) – Chronic idopathic constipation
    d. Dupixent (dupilumab) – Expanded indication
    e. Apadaz (benzhydrocodone/acetaminophen) – New Prodrug
    f. Spravato (esketamine) – Treatment Resistant Depression
    g. Spinal Muscular Atrophy - Zolgensma *informational only*
    h. Hereditary & Acquired TTR-Mediated Amyloidosis - Tafamidis *informational only*
    i. New Entities *informational only*
        i.   Edsivo (celiprolol)
        ii. NKTR-181 (loxicodegol)
        iii. Inbrija (levodopa)
        iv. Cablivi (caplacizumab-YHDP)
        v.   Dovato (dolutegravir/lamivudine)
        vi. Diacomit (stiripentol)
    j. Oncology Update *informational only*
        i.   Elzonris (tagraxofusp-erzs)
        ii. Balversa (erdafitinib)
        iii. Herceptin Hylecta (trastuzumab/hyaluronidase)
        iv. Asparlas (calaspargase pefol-mknl)
    Possible Action: Approve recommendations

Reconvene in Open Session

10. **Discussion Items**
    New and Generic Pipeline   Dr. McCarty   7:55   5 min.

11. **Adjournment**   Dr. Lin   8:00
    Next meeting Thursday, September 19, 2019

Notice to the Public—Meeting Procedures

- Persons wishing to address the Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.

- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Nancy Aguirre 48 hours prior to the meeting at 408-874-1835.

- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at 408-874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Avenue, San Jose.

- This agenda and meeting documents are available at www.scfhp.com

Meeting Minutes

Regular Meeting of the
Santa Clara County Health Authority d.b.a. Santa Clara Family Health Plan
OPEN SESSION - **Pharmacy & Therapeutics Committee**
Thursday, March 21, 2019
6:00 PM - 8:00 PM
6201 San Ignacio Avenue San Jose, CA 95119

MINUTES

Voting Committee Members	Specialty	Present (Y or N)
Jimmy Lin, MD	Internal Medicine	Y
Hao Bui, BS, RPh	Community Pharmacy (Walgreens)	Y
Minh Thai, MD	Family Practice	N
Amara Balakrishnan, MD	Pediatrics	N
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	N
Xuan Cung, PharmD	VHP Pharmacy Supervisor	N
Laurie Nakahira, DO	SCFHP Chief Medical Officer	Y
Johanna Liu, PharmD, MBA	SCFHP Director of Quality and Pharmacy	Y

Non-Voting Committee Members	Specialty	Present (Y or N)
Lily Boris, MD	SCFHP Medical Director	N
Nancy Aguirre	SCFHP Administrative Assistant	N
Dang Huynh, PharmD	SCFHP Pharmacy Manager	Y
Tami Otomo, PharmD	SCFHP Clinical Pharmacist	Y
Duyen Nguyen, PharmD	SCFHP Clinical Pharmacist	Y
Amy McCarty, PharmD	MedImpact Clinical Program Manager	Y
Tiffanie Pham, CPhT	SCFHP Pharmacy Coordinator	Y

	Topic and Discussion	Follow-Up Action
1	**Introductions**	
	The meeting convened at 6:08 PM. Dr. Liu commented to let the minutes reflect that Dr. Robertson is no longer a member of the P&T Committee.	
2	**Public Comment**	
	No public comment.	

3	**Past Meeting Minutes**	
	At the scheduled time for this part of the agenda, quorum was not reached. This item was pended until quorum was reached. Quorum was reached at 6:20. The SCFHP 4Q2018 P&T Minutes from December 13, 2018 were reviewed by the Committee as submitted. Requested corrections to the minutes: - Under Voting Committee Members, Laurie Nakahira's title should be DO	Upon motion duly made and seconded, the SCFHP 4Q2018 P&T Minutes from December 13, 2018 were approved as corrected and will be forwarded to the QI Committee and Board of Directors.
4	**Standing Agenda Items**	
	CMO Health Plan Updates Dr. Nakahira shared that SCFHP reached a milestone by receiving NCQA accreditation for three years. SCFHP is currently in the middle of DHCS and DMHC audits. The Facility Site Reviews (FSR) are scheduled for the end of April.	

	SCFHP/DHCS Global DUR
	Dr. Otomo presented updates on the plan's global drug utilization review (DUR) programs:
	1. Morphine equivalency initiative
	   a. Finance department is still working on applying inclusion and exclusion criteria to identify members for this program
	2. Anticholinergic initiative
	   a. After inclusion and exclusion criteria were applied, two members were identified. Although the report write up states that the plan will mail educational outreach letter and response form to impacted providers, the plan will be amending this to instead forwarding these members to Case Management for provider and member outreach.	

	Opioid Utilization Monitoring Dr. Otomo presented the current opioid monitoring in place for Cal MediConnect: 1. CMS Opioid Overutilization Monitoring System Reports 2. SCFHP Opioid Clinical Program 3. Point-of-Sale Safety Edits For the Medi-Cal line of business, the H.R.6 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT)	

	for Patients and Communities Act requires plans to implement the following point-of-sale safety edits by October 1, 2019:
	    1. Opioid cumulative dosing edit(s)
	    2. Opioid-benzodiazepine concurrent use edit
	    3. Opioid-antipsychotic concurrent use edit
	SCFHP is working with MedImpact to meet this implementation deadline. The SUPPORT Act also expects plans to monitor antipsychotic prescribing for children.	

	Annual Pharmacy Policy Review
	Dr. Liu presented the following pharmacy policies for annual review. There were no changes made.
	    1. PH01 Pharmacy and Therapeutics Committee
	    2. PH02 Formulary Development and Guideline Management
	    3. PH03 Prior Authorization
	    4. PH04 Pharmacy Clinical Programs and Quality Monitoring
	    5. PH05 Continuity of Care for Pharmacy Services
	    6. PH06 Pharmacy Communications
	    7. PH07 Drug Recalls
	    8. PH08 Pain Management Drugs for Terminally Ill
	    9. PH09 Medications for Members with Behavioral Health Conditions
	    10. PH11 340B Program Compliance
	    11. PH14 Medications for Cancer Clinical Trial
		Upon motion duly made and seconded, the pharmacy policies were approved for annual review as presented.

	Adjourn to Closed Session Committee adjourned to closed session at 6:27 PM.	
5	**Metrics & Financial Updates**	
6	**Discussion and Recommendations for changes to SCFHP Cal MediConnect Formulary & Prior Authorization Criteria**	
7	**Discussion and Recommendations for Changes to SCFHP Medi-Cal & Healthy Kids Formulary & Prior Authorization Criteria**	
8	**Discussion and Recommendations for Changes to SCFHP Medical Benefit Drug Prior Authorization Grid for SCFHP CMC, Medi-Cal, & Healthy Kids**	
9	**New Drugs and Class Reviews**	
	Reconvene in Open Session Committee reconvened to open session at 7:52 PM.	
10	**Discussion Items**	
	Update on New Drugs and Generic Pipeline	

	Dr. McCarty presented the new drugs and generic pipeline.	
	High impact-interest agent pipeline: Cablivi, esketamine, and a drug to treat peanut allergy were a few notable drugs, as well as a lot of drugs to treat multiple sclerosis.	
	Generic pipeline: Impactful generics (for Ventolin HFA, ProAir HFA, Advair Diskus) in the asthma/COPD class were released in January. Generic for Lyrica is scheduled to be released in July.	
11	**Adjournment at 7:57 PM**	

_____   _____
Jimmy Lin, MD   Date
Chair of P&T Committee

Standing Agenda Items

RETROSPECTIVE DRUG UTILIZATION REVIEW (DUR)
ANTICHOLINERGIC INITIATIVE

OBJECTIVE:
- To improve the quality of care among Santa Clara Family Health Plan's (SCFHP) Medi-Cal members age 65 years and older with concomitant use of second-generation antipsychotic and anticholinergic medications

BACKGROUND:
- Anticholinergics, including benztropine and trihexyphenidyl, are commonly used to prevent and treat antipsychotic-induced extrapyramidal symptoms (EPS) such as akathisia, dystonia, and parkinsonism. However, there is a lack of systematic reviews and meta-analyses that support this practice. When assessment of ongoing medical necessity of anticholinergics is not routinely conducted, long-term use of these agents may contribute to cognitive impairment, confusion, and exacerbation of tardive dyskinesia, especially in patients 65 years of age and older.

METHODS:
- Inclusion criteria:
    o Pharmacy claims with fill dates during the measurement period (between September 1, 2017 and September 30, 2018)
    o Continuously eligible Medi-Cal member during the measurement period
    o 65 years of age and older
    o Regular, concomitant use of second-generation antipsychotic medications and anticholinergics, defined as both:
        ▪ Total days supply greater than 180 days of a second-generation antipsychotic medication; and
        ▪ Total days supply greater than 180 days of benztropine and/or trihexyphenidyl
- A total of two members met the inclusion criteria listed above.
- The claims data showed that each member had one provider for both the anticholinergic medication and the antipsychotic medication.

OUTCOMES:
- Since there were only two impacted providers, SCFHP performed direct telephonic outreach to those providers instead of conducting a mailing. Both providers currently work at a Behavioral Health Clinic.
- The two impacted providers were cautioned of the potential risks of concomitant anticholinergic and antipsychotic use. Both providers were aware of these risks and attested that the members are stable on therapy.

DISCUSSION:
- This retrospective DUR aimed to identify SCFHP Medi-Cal members 65 years and older who are at risk for potential drug-drug interactions caused by concomitant use of benztropine or

trihexyphenidyl and a second-generation antipsychotic. After applying the eligibility and age inclusion criteria to pharmacy claims between September 1, 2017 and September 30, 2018:

- o A total of 8 members had at least one paid claim for benztropine or trihexyphenidyl.
    - § 2 of these members had a total days supply greater than 180 days of benztropine and/or trihexyphenidyl.
  - o A total of 9 members had at least one paid claim for a second-generation antipsychotic.
    - § 6 of these members had a total days supply greater than 180 days of a second-generation antipsychotic.
  - o A total of 2 members had paid claims for a total days supply greater than 180 days for both benztropine and/or trihexyphenidyl and a second-generation antipsychotic.
- For members identified to be taking these drug classes concomitantly, the use was identified as appropriate, with both provider and member awareness of potential risks and no plans to change drug therapy.
- In SCFHP's Medi-Cal population of members 65 years and older, benztropine or trihexyphenidyl and a second-generation antipsychotic does not appear to be commonly co-prescribed.

REFERENCES:
- Medi-Cal DUR Board:
  - o Clinical Review: Concomitant Use of Anticholinergics and Antipsychotics. November 30, 2015.
  - o DUR Educational Outreach to Providers: Anticholinergic Letter. Last Update October 24, 2017.
- Lehman AF, Lieberman JA, Dixon LB, et al. Practice Guideline for the Treatment of Patients With Schizophrenia, 2nd ed. *Am J Psychiatry*. 2004;161(2 suppl)1-56. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf. Accessed: February 11, 2019.
- Kreyenbuhl J, Buchanan RW, Dickerson FB, et al. The Schizophrenia Patient Outcomes Research Team (PORT): Updated Treatment Recommendations 2009. *Schizophr Bull*. 2010;36(1):94-103. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2800150/. Accessed February 11, 2019.

Appeals & Grievance

Q4 2018 & Q1 2019 Reporting

Q4 2018: Medi-Cal Appeals by Determinations

Santa Clara Family Health Plan

Pharmacy Appeals
50% 37% 6% 7% 1%

Medical Appeals
26% 58% 7% 8% 1%

Legend: Overturned | Upheld | Partially Favorable | Withdrawn | Dismissed | In Process

February 13, 2019   6
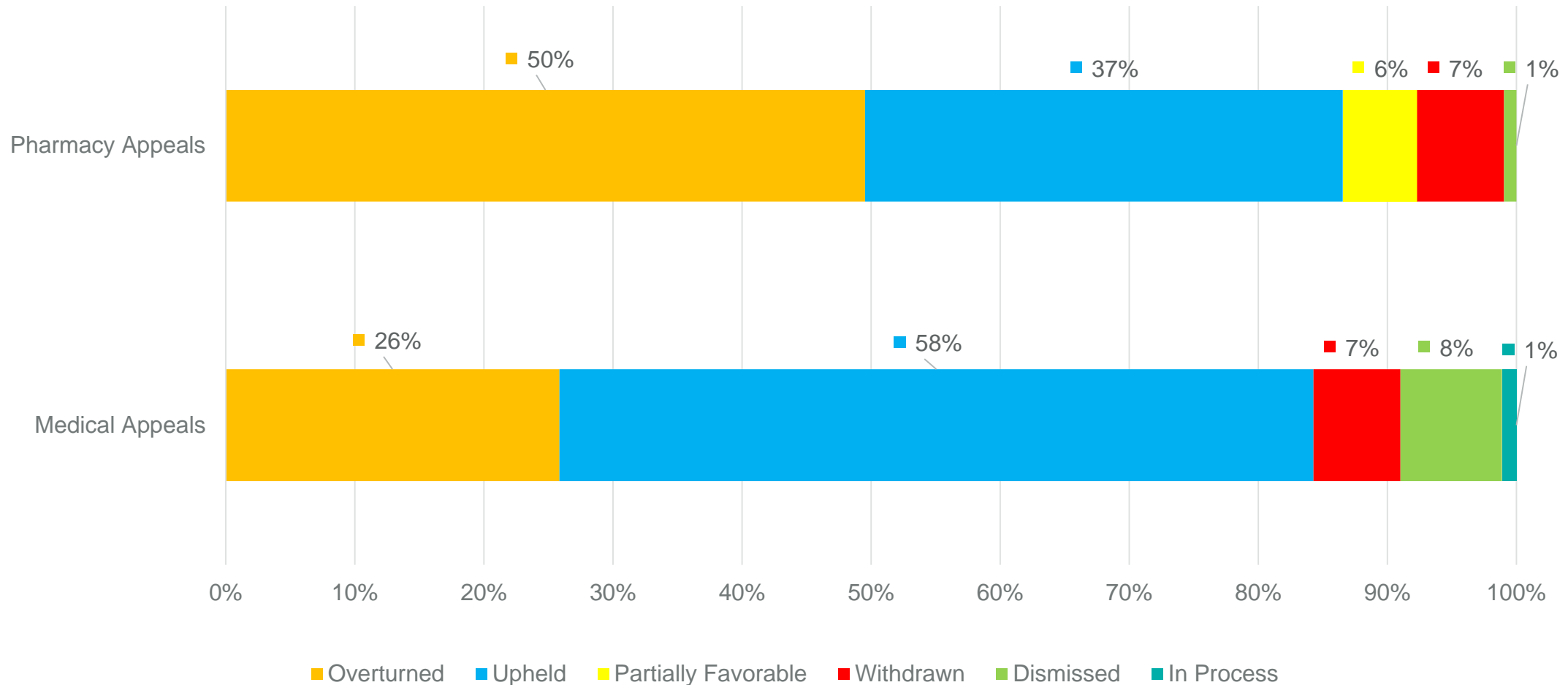
Q4 2018 CMC Appeals by Determination
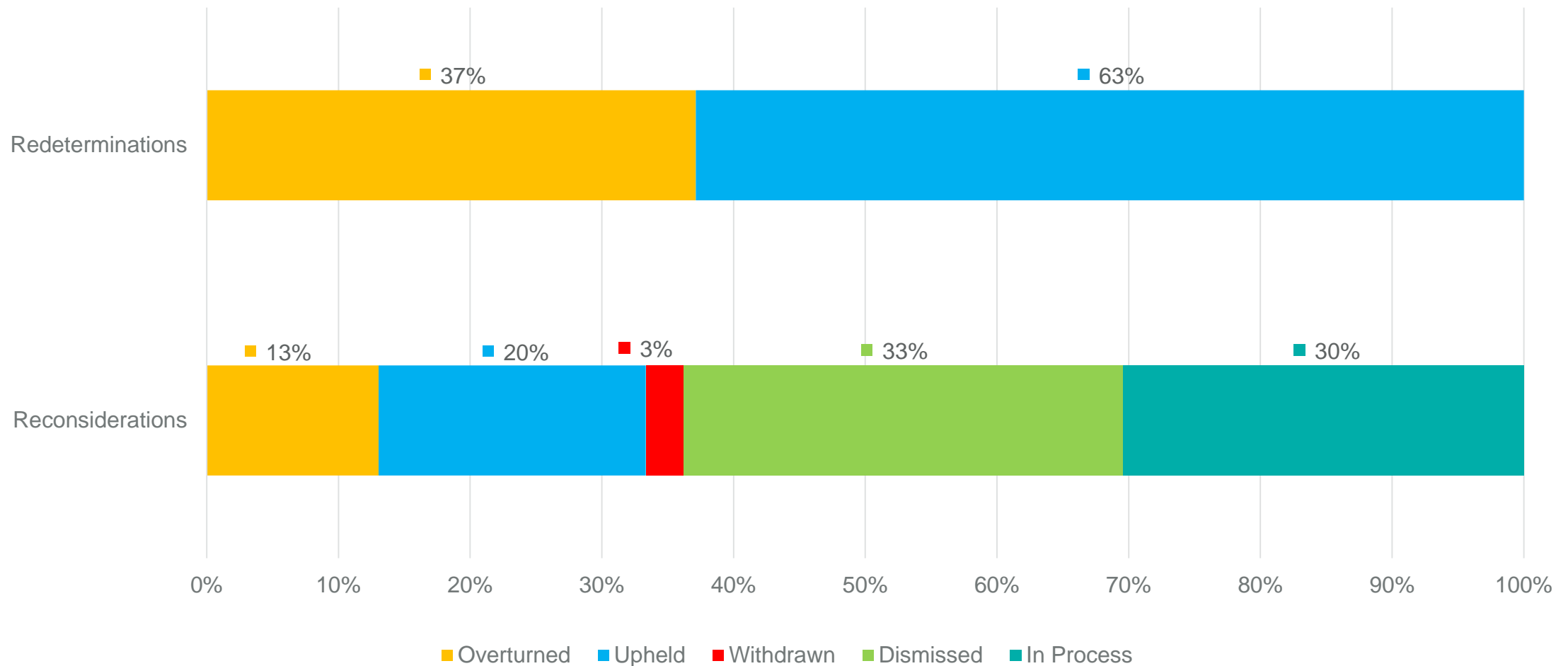
Q1 2019: Medi-Cal Appeals by Determinations

Medi-Cal Appeals by Determinations

Pharmacy: Overturned 19, Upheld 50, Partially Favorable 1

Medical: Overturned 66, Upheld 81, Partially Favorable 7

Legend: Overturned, Upheld, Partially Favorable
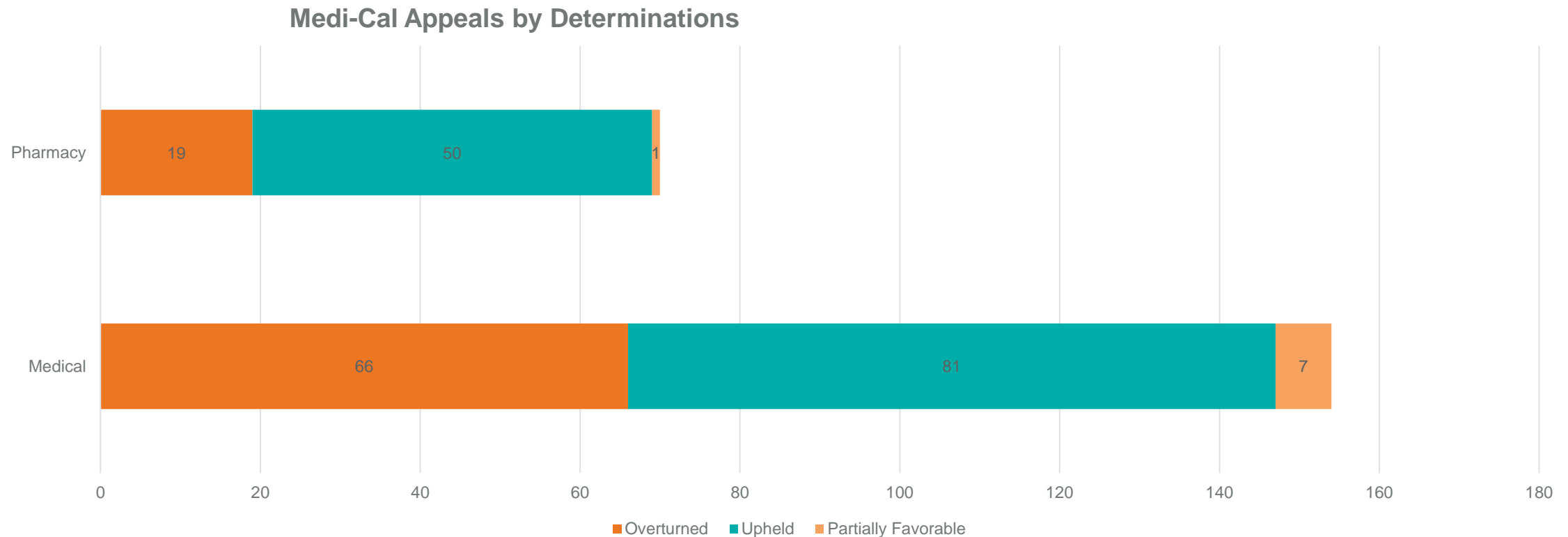
Q1 2019 CMC Appeals by Determination

CMC Appeals by Determination
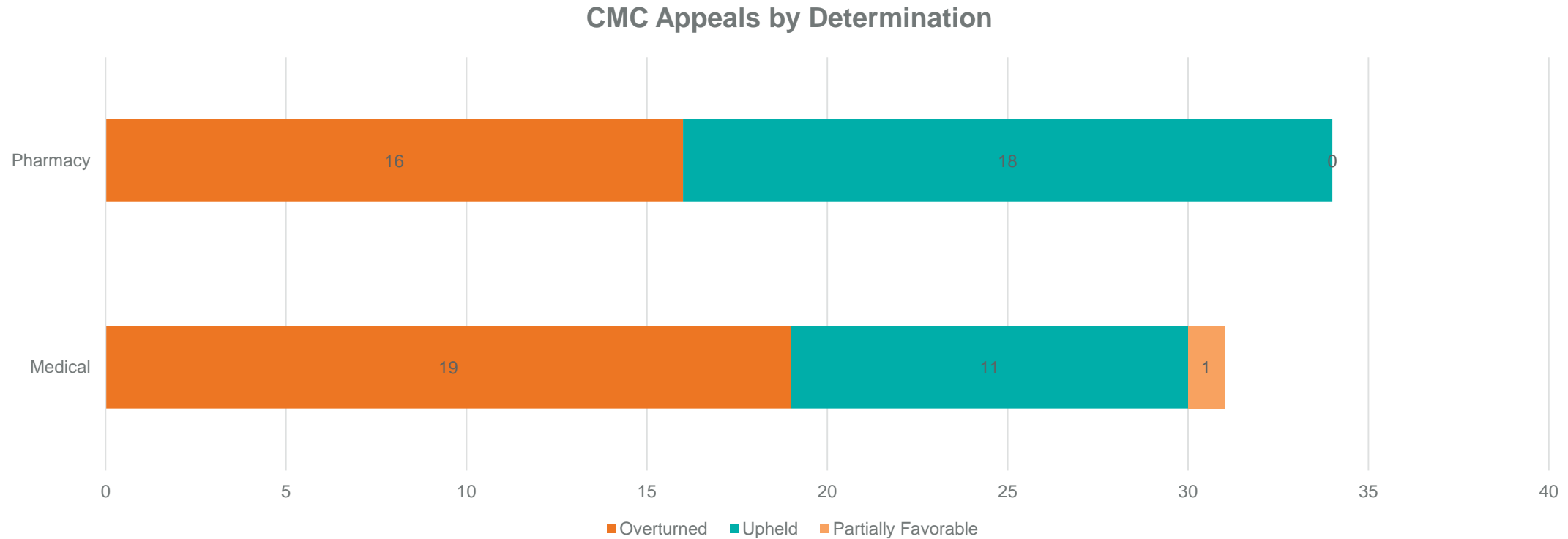
Emergency Prescription Access Report
2nd Quarter 2018
Santa Clara Family Health Plan

Analysis Goal: Evaluate access to medications prescribed pursuant to an emergency room (ER) visit and determine whether any barriers to care exist.

Methodology: Claims and encounter records for an emergency room visit during a calendar quarter will be evaluated and analyzed by network, primary diagnosis, and claims status. Prescription claims history will be evaluated to assess if any prescriptions were filled by the member within 72 hours of the ER visit date. Key diagnosis used will be urinary tract infection (UTI) due to clinical determination that such a diagnosis will require a prescription, particularly for antibiotic. Analysis includes: 1. Approved antibiotic claims: sampling of cases to evaluate for sufficient quantity based on diagnosis and medication per nationally recognized drug compendia and the Infectious Disease Society of America (IDSA) guidelines; 2. Denied antibiotic claims: sampling of cases to evaluate sufficient quantity based on diagnosis and medication as well as denial reasons; 3. No claims history: sampling of cases through claims history review as well as chart review of no related prescription claims history following an emergency room visit to identify non-pharmacy point-of-sale in-hospital dispensing or completion of in-house antibiotics regimen.

Summary of Findings:

Section 1 – ER Visits

In 2018Q2, SCFHP had total 22,602 ER visits from claims and encounter data.

Table 1: Members by Provider Network

Network	Unique Members	ER Visit Rx	ER Visit w/o Rx	Total ER Visits
No Network	770	192	796	1,106
Non-Delegated	1,649	1,225	1,030	2,622
Valley Health Plan	10,364	6,888	7,139	15,848
Palo Alto Medical Foundation	358	223	252	557
Physician Medical Group	3,201	2,250	1837	5,253
Premier Care	634	467	303	963
Grand Total	16,976	11,245	11,357	22,602

Section 2 – Diagnosis

Table 2: Key Diagnosis

		2Q2018		
Code	Diagnosis	Rx	No Rx	% Rx
N390	UTI, SITE NOT SPEC	420	121	77.6%

<div align="center">**Section 3 – Claims Analysis**</div>

Approved Claims
Treatment guidelines for urinary tract infection/uncomplicated cystitis treatment are typically for at least 3 days, with the exception of fluconazole, fosfomycin, and ofloxacin that are administered as a single dose. Of prescriptions processed, we evaluated quantity per day supply and total day supply. There were no prescriptions filled inappropriately for less than a quantity of 1 per day. In this section we will focus on approved prescriptions with 2 day supply or less to evaluate if sufficient quantity and day supplies were written.

Table 3: Approved Antibiotics Prescribed for UTI 3-Day Supply or Less

DRUG	Day Supply	Svc Prov Name	Approved
FLUCONAZOLE	1	O'Connor Hospital	2
		Regional Med Center SJ	1
Grand Total			**3**

We did not identify any issues with approved claims. Fluconazole was appropriately written for a 1 day supply for three prescriptions. The rest of the prescriptions were appropriately written for 3 or more day supply.

Denied Claims
5 members total had denied prescription claims for antibiotics. All 5 members had denied claims due to primary insurance coverage outside of SCFHP.

No Claims
121 unique members diagnosed with UTI ER claims did not result in a prescription processed within 72 hours. We initially excluded 46 members with primary insurance coverage outside of SCFHP from this analysis. We subsequently randomly chose a sample of 23 by using Excel, then excluded 4 additional members with primary insurance coverage outside of SCFHP. We requested 15 chart notes from different hospitals. We received chart notes for 14 members, a medication list for 1 member, and reviewed claims history for 4 members. The 1 medication list did not document sufficient information and was therefore excluded from the sample of 19 members, resulting in a total of 18 samples. From the 18 samples below, we found 4 members had prescriptions filled 1, 2, 4, and 5 days prior to hospital ER claim. 1 member had prescription filled 12 days prior to hospital ER claim, however, the day supply was 10 so the member just finished the antibiotics course two days prior to hospital ER claim. We were unsure if 1 member had prescription or not, however, the chart stated that "will treat based on symptomatology and prior urine culture showing UTI susceptible to Keflex." This member filled Cephalexin 500mg, #40/10, 20 days prior to hospital ER claim. The remaining 11 members had prescriptions, but were not filled.

Mbr	Hospital	DOS	Findings
1	O'Connor Hospital	06/29/2018	Filled Cephalexin 500mg, #40/10 on 06/17/18
2	Regional Medical of SJ	05/03/2018	Filled Ciprofloxacin 500mg, #14/7 on 05/01/18
3	El Camino Hospital	04/16/2018	Filled Cefdinir 250mg/5mL, #60/10 on 04/12/18. Pt was admitted to same ER 4 days earlier for UTI on 4/12/18.
4	Dominican Hospital	06/09/2018	Filled Nitrofurantoin 100mg, #14/7 on 06/08/2018
5	St. Louise Regional Hospital	06/20/2018	Filled Cephalexin 500mg, #40/10 on 06/19/2018
6	Good Samaritan Hospital	06/29/2018	Rx for Cephalexin 500mg, #10/5, not filled

7	Good Samaritan Hospital	06/18/2018	Ceftriaxone 1 gram x1 ER, Rx for Sulfamethoxazole/Trimethoprim DS 800-160mg, #20/10, not filled
8	Good Samaritan Hospital	04/06/2018	Ceftriaxone 1 gram x1 ER, Rx for Ciprofloxacin 500mg, #14/7, not filled
9	O'Connor Hospital	05/03/2018	Rx for Nitrofurantoin 100mg #14/7, not filled
10	O'Connor Hospital	05/29/2018	Rx for Nitrofurantoin 100mg, #20/10, not filled
11	Regional Medical Center of SJ	04/01/2018	Per chart, "will treat based on symptomatology and prior urine culture showing UTI susceptible to Keflex." Filled Cephalexin 500mg, #40/10 on 03/11/2018. No new Rx mentioned. Received Pyridium 200mg x1 in ER for symptom relief.
12	Regional Medical Center of SJ	04/03/2018	Rx for Cephalexin, QS/DS not stated in chart
13	Regional Medical Center of SJ	04/05/2018	Per chart, "discharged on antibiotics." No medication name stated.
14	Regional Medical Center of SJ	06/25/2018	Per chart, "discharged on antibiotics." No medication name stated.
15	San Mateo Medical Center	06/15/2018	Rx for Nitrofurantoin 100mg, #14/7
16	Sutter Memorial Hospital, Sacramento	05/01/2018	Rx Cephalexin 500mg, #28/7
17	El Camino Hospital	04/07/2018	Per chart, pt was also admitted on 04/02/18 for UTI, gave Rx for Nitrofurantoin 100mg, #14/7. Returned to ER on 4/7/18, no new Rx given due to urine analysis showed 0-1 wbc's and 0-1 rbcs, "clearly UTI is under control." Pt instructed to complete Nitrofurantoin regimen.
18	El Camino Hospital	05/16/2018	Per chart, pt took old Rx Nitrofurantoin 50mg capsule x3 capsules. Urine analysis was unremarkable, Rx given for Cephalexin 250mg/5mL susp for 7 days, did not fill.

Section 4 – Pharmacies

Pharmacy Locations

SCFHP has six 24-hour in-network pharmacies within Santa Clara County for members to access. In addition, the majority of retail chain pharmacies are open until 9 P.M.

Table 4: 24-Hour In-Network Pharmacies in Santa Clara County

NABP	NPI	Pharmacy Name	Address	City	Zip
501507	1962417238	WALGREENS	121 E. EL CAMINO REAL	MT. VIEW	94040
514667	1730194002	WALGREENS	350 NORTH CAPITOL AVE.	SAN JOSE	95133
533011	1255346532	WALGREENS	440 BLOSSOM HILL ROAD	SAN JOSE	95123
552287	1710921549	CVS PHARMACY	2514 BERRYESSA RD	SAN JOSE	95132
580591	1730194069	WALGREENS	423 N SANTA CRUZ AVE	LOS GATOS	95030
5660015	1285081596	SANTA CLARA VALLEY MEDICAL CENTER	751 S BASCOM AVE MAIN HOSPITAL BUILDING	SAN JOSE	95128

Summary: Members with a diagnosis of UTI who do not have access to medications after an ER visit are at high risk for complications or readmissions. For this quarter, all approved and denied claims were appropriate. For members with no antibiotic claims after an ER visit for UTI, we continue to find members who were given prescriptions but did not fill them. No readmissions for the same diagnosis

were found for members with diagnosis of UTI in the same quarter. No readmissions for the same diagnosis were found for members from the previous quarter 2018Q1.

Next Steps: Continue quarterly assessment of emergency prescription access using medical and pharmacy data. Follow up on members who did not have prescription claims to identify any trends and readmissions. Cases with potential barriers of care will be forwarded to SCFHP Quality Department.

Emergency Prescription Access Report
3rd Quarter 2018
Santa Clara Family Health Plan

Analysis Goal: Evaluate access to medications prescribed pursuant to an emergency room (ER) visit and determine whether any barriers to care exist.

Methodology: Claims and encounter records for an emergency room visit during a calendar quarter will be evaluated and analyzed by network, primary diagnosis, and claims status. Prescription claims history will be evaluated to assess if any prescriptions were filled by the member within 72 hours of the ER visit date. Key diagnosis used will be urinary tract infection (UTI) due to clinical determination that such a diagnosis will require a prescription, particularly for antibiotic. Analysis includes: 1. Approved antibiotic claims: sampling of cases to evaluate for sufficient quantity based on diagnosis and medication per nationally recognized drug compendia and the Infectious Disease Society of America (IDSA) guidelines; 2. Denied antibiotic claims: sampling of cases to evaluate sufficient quantity based on diagnosis and medication as well as denial reasons; 3. No claims history: sampling of cases through claims history review as well as chart review of no related prescription claims history following an emergency room visit to identify non-pharmacy point-of-sale in-hospital dispensing or completion of in-house antibiotics regimen.

Summary of Findings:

Section 1 – ER Visits

In 2018Q3, SCFHP had total 22,266 ER visits from claims and encounter data.

Table 1: Members by Provider Network

Network	Unique Members	ER Visit Rx	ER Visit w/o Rx	Total ER Visits
No Network	806	202	877	1,106
Non-Delegated	1,770	1,317	1,198	2,622
Valley Health Plan	9,841	6,581	6,776	15,848
Palo Alto Medical Foundation	358	221	280	557
Physician Medical Group	3,135	2,126	1901	5,253
Premier Care	642	468	319	963
Grand Total	16,552	10,915	11,351	22,266

Section 2 – Diagnosis

Table 2: Key Diagnosis

		3Q2018		
Code	Diagnosis	Rx	No Rx	% Rx
N390	UTI, SITE NOT SPEC	477	147	76.4%

Section 3 – Claims Analysis

Approved Claims

Treatment guidelines for urinary tract infection/uncomplicated cystitis treatment are typically for at least 3 days, with the exception of fluconazole, fosfomycin, and ofloxacin that are administered as a single dose. Of prescriptions processed, we evaluated quantity per day supply and total day supply. There were no prescriptions filled inappropriately for less than a quantity of 1 per day. In this section we will focus on approved prescriptions with 2 day supply or less to evaluate if sufficient quantity and day supplies were written.

Table 3: Approved Antibiotics Prescribed for UTI 3-Day Supply or Less

DRUG	Day Supply	Svc Prov Name	Approved
FLUCONAZOLE	**1**	O'Connor Hospital	1
		Regional Med Center SJ	5
		El Camino Hospital	2
CEPHALEXIN	**2**	SCVMC Hospital	1
Grand Total			**9**

We did not identify any issues with approved claims. Fluconazole was appropriately written for a 1 day supply for 8 prescriptions. One prescription for Cephalexin 250mg capsule was filled for 2 capsules for 1 day supply. Upon further review, this member also filled Cephalexin 500mg capsule for #24 for 7 days the day after. The rest of the prescriptions were appropriately written for 3 or more day supply.

Denied Claims

14 members total had denied prescription claims for antibiotics. 7 members had denied claims due to primary insurance coverage outside of SCFHP. 7 members had denied claims due to ineligibility.

No Claims

147 unique members diagnosed with UTI ER claims did not result in a prescription processed within 72 hours. We initially excluded 50 members with primary insurance coverage outside of SCFHP from this analysis. We subsequently randomly chose a sample of 20 by using Excel, then excluded 2 additional members with primary insurance coverage outside of SCFHP. We requested 11 chart notes from different hospitals. We received chart notes for 7 members and reviewed claims history for 5 members, resulting in a total of 12 samples. From the 12 samples below, 2 members had prescriptions filled 4 days after hospital ER claim, 1 member had a prescription filled 6 days after hospital ER claim, 1 member had a prescription filled 2 days prior to hospital ER claim, 1 member had a denied prescription due to "ID submitted is associated with a sanction prescriber", and 1 member had a claim reversed (prescription not picked up) 4 days after hospital ER claim. For the remaining 6 members, chart notes were reviewed. All 6 of these members were given prescriptions, but did not fill them.

Mbr	Hospital	DOS	Findings
1	El Camino Hospital	07/07/2018	Filled Sulfamethoxazole/Trimethoprim DS 800-160mg, #6/3 on 07/11/18
2	Santa Clara Valley Medical Center	09/22/2018	Filled Nitrofurantoin 100mg , #14/7 on 09/26/2018
3	Sutter Health Roseville Med Ct	08/09/2019	Filled Cephalexin 500mg, #14/7 on 08/07/2018
4	Dominican Hospital	09/26/2018	Filled Nitrofurantoin 100mg, #10/5 on 10/02/18 (chart received)
5	Regional Medical Center of SJ	07/20/2018	Cephalexin 500mg, #14/7 reversed on 7/24/18, not picked up

6	Regional Medical Center of SJ	09/17/2018	9/21/18 had denied claims for Nitrofurantoin 25mg/5mL suspension, #50mL/7, for "ID submitted is associated with a sanction prescriber."
7	Regional Medical Center of SJ	07/31/2018	Per chart note, Rx for Cephalexin (no SIG), not filled
8	Regional Medical Center of SJ	07/09/2018	Per chart note, Rx for Cephalexin (no SIG), not filled
9	St. Louise Regional Hospital	08/07/2018	Per chart note, Rx for Cephalexin 500mg cap, #28/7, not filled
10	St. Louise Regional Hospital	09/27/2018	Per chart note, Rx for Cephalexin 500mg cap, #28/7, not filled
11	O'connor Hospital	07/26/2018	Per chart note, Rx for Nitrofurantoin capsule x1 in ER, then Rx for #10/5, not filled
12	Kern County Hospital Authority	08/05/2018	Per chart note, Rx for Ciprofloxacin x7 days for UTI, not filled

Section 4 – Pharmacies

Pharmacy Locations

SCFHP has six 24-hour in-network pharmacies within Santa Clara County for members to access. In addition, the majority of retail chain pharmacies are opened until 9 P.M.

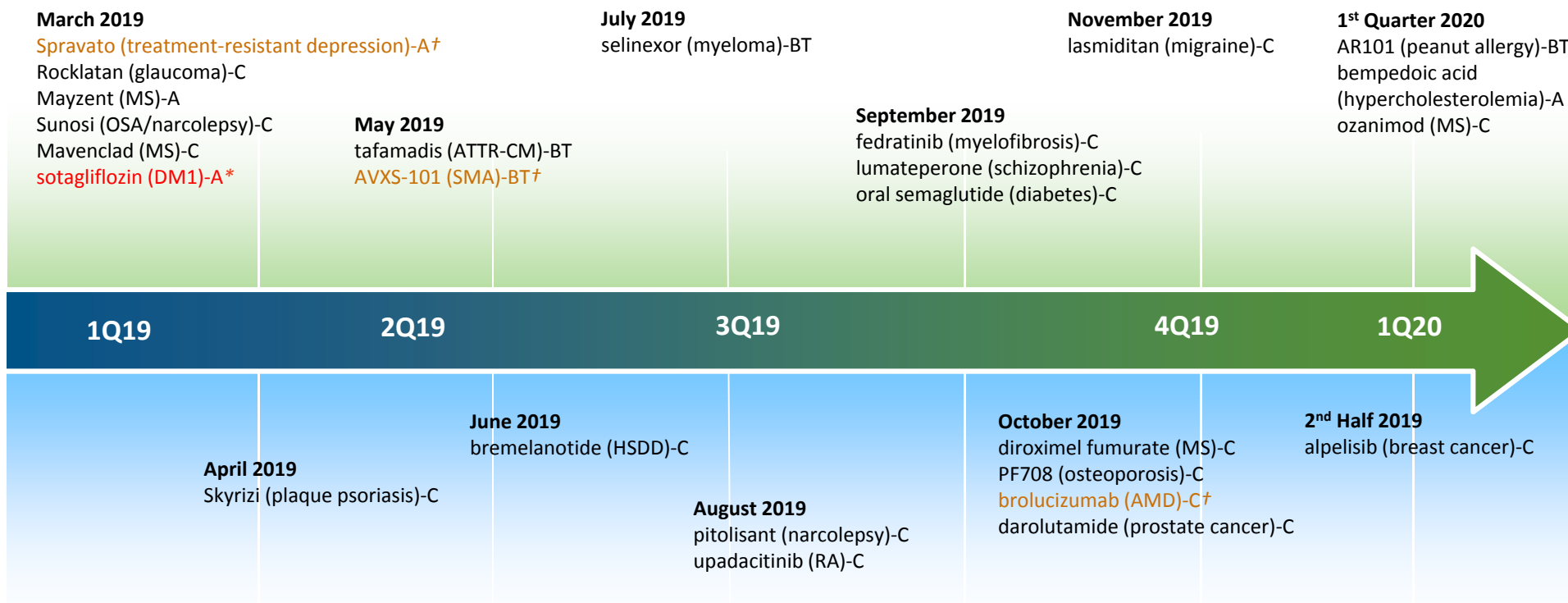**Table 4: 24-Hour In-Network Pharmacies in Santa Clara County**

NABP	NPI	Pharmacy Name	Address	City	Zip
501507	1962417238	WALGREENS	121 E. EL CAMINO REAL	MT. VIEW	94040
514667	1730194002	WALGREENS	350 NORTH CAPITOL AVE.	SAN JOSE	95133
533011	1255346532	WALGREENS	440 BLOSSOM HILL ROAD	SAN JOSE	95123
552287	1710921549	CVS PHARMACY	2514 BERRYESSA RD	SAN JOSE	95132
580591	1730194069	WALGREENS	423 N SANTA CRUZ AVE	LOS GATOS	95030
5660015	1285081596	SANTA CLARA VALLEY MEDICAL CENTER	751 S BASCOM AVE MAIN HOSPITAL BUILDING	SAN JOSE	95128

Summary: Members with a diagnosis of UTI who do not have access to medications after an ER visit are at high risk for complications or readmissions. For this quarter, all approved and denied claims were appropriate. For members with no antibiotic claims after an ER visit for UTI, we continue to find members who were given prescriptions did not fill them. No readmissions for the same diagnosis were found for the members with diagnosis of UTI in the same quarter. No readmissions for the same diagnosis were found for members from the previous quarter 2018Q2.

Next Steps: Continue quarterly assessment of emergency prescription access with medical and pharmacy data. Follow up on members who did not have prescription claims to identify any trends and readmissions. Cases with potential barriers of care will be forwarded to SCFHP Quality Department.

Discussion Items

High Impact-Interest Agent Pipeline

March 2019
Spravato (treatment-resistant depression)-A†
Rocklatan (glaucoma)-C
Mayzent (MS)-A
Sunosi (OSA/narcolepsy)-C
Mavenclad (MS)-C
sotagliflozin (DM1)-A*

May 2019
tafamadis (ATTR-CM)-BT
AVXS-101 (SMA)-BT†

July 2019
selinexor (myeloma)-BT

September 2019
fedratinib (myelofibrosis)-C
lumateperone (schizophrenia)-C
oral semaglutide (diabetes)-C

November 2019
lasmiditan (migraine)-C

1st Quarter 2020
AR101 (peanut allergy)-BT
bempedoic acid
(hypercholesterolemia)-A
ozanimod (MS)-C

1Q19   **2Q19**   **3Q19**   **4Q19**   **1Q20**

April 2019
Skyrizi (plaque psoriasis)-C

June 2019
bremelanotide (HSDD)-C

August 2019
pitolisant (narcolepsy)-C
upadacitinib (RA)-C

October 2019
diroximel fumurate (MS)-C
PF708 (osteoporosis)-C
brolucizumab (AMD)-C†
darolutamide (prostate cancer)-C

2nd Half 2019
alpelisib (breast cancer)-C

Not Yet Filed
crizanlizumab (sickle cell disease)-A†
leronlimab (HIV)-A
roxadustat (anemia of CKD)-C
voxelotor (sickle cell disease)-BT
eflapegrastim (neutropenia)-C

KEY
C = Pipeline agent will **compete** with current standard of care
A = Pipeline agent will be used in **addition** to current therapy or expands the patient population treated
BT = Pipeline agent is a **breakthrough**/novel treatment in an area where no comparable drug therapy previously existed
† = Medical Cost
* = Complete Response Letter

Generic Pipeline

HIGH IMPACT

1H 2019
Nuvaring

April 2019
Humalog‡
Humalog Kwikpen‡
Letairis

July 2019
Lyrica capsule*
Lyrica solution*

2019
Restasis

2Q19 | **3Q19** | **4Q19**

April 2019
Azasite*
Vesicare

Mid 2019
Evzio‡

July 2019
Rozerem
Delzicol
Firazyr

Sept 2019
Emend Inj.

Oct 2019
Jadenu*

1H 2019
Faslodex*

2019
Byetta
Tracleer*
Tarceva
Travatan Z

MEDIUM /LOW IMPACT

*NO exclusivity
‡ Authorized Generic