

Regular Meeting of the

Santa Clara County Health Authority Pharmacy and Therapeutics (P&T) Committee

Thursday, December 19, 2019, 6:00-8:00 PM

Santa Clara Family Health Plan, Redwood Conference Room

6201 San Ignacio Ave, San Jose, CA 95119

AGENDA

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 Santa Clara Family Health Plan (SCFHP) 3Q2019 P&T Open Minutes Possible Action: Approve SCFHP P&T Open Minutes	Dr. Lin	6:10	2 min
4. Standing Agenda Items			
a. Chief Medical Officer Health Plan Updates	Dr. Nakahira	6:12	5 min
b. Plan/Global Medi-Cal Drug Use Review	Dr. Otomo	6:17	3 min
c. Appeals & Grievance 3Q2019 Report	Mr. Breakbill	6:20	3 min
d. National Committee for Quality Assurance (NCQA) Member Connection Standards – 2019 Pharmacy Report	Dr. Nguyen	6:23	3 min
e. CY2020 Utilization Management Drug PA Grid	Dr. Otomo	6:26	1 min
Adjourn to Closed Session <i>Pursuant to Welfare and Institutions Code Section 14087.36 (w)</i>			
5. Closed Meeting Minutes Review SCFHP 3Q2019 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	2 min
c. Drug Use Evaluation	Dr. Huynh	6:33	1 min
d. Drug Utilization & Spend	Dr. McCarty	6:34	10 min

- 7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria**
- | | | | |
|---|-------------|------|-------|
| a. Pharmacy Benefit Manager 3Q2019 P&T Minutes | Dr. McCarty | 6:44 | 2 min |
| b. Pharmacy Benefit Manager 4Q2019 P&T Part D Actions | | | |
- Possible Action:** Approve MedImpact Minutes & Actions
- 8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal & Prior Authorization Criteria**
- | | | | |
|---|-------------|------|--------|
| a. Old Business/Follow-Up | Dr. Huynh | 6:46 | 4 min |
| i. Continuous glucose monitors (CGM) | | | |
| ii. Opioid point-of-sale safety edits | | | |
| iii. Insulin vial and insulin pen | | | |
| iv. Prior authorization approval length | | | |
| b. Formulary Modifications | Dr. Otomo | 6:50 | 5 min |
| Possible Action: Approve recommendations | | | |
| c. Fee-for-service Contract Drug List Comparability | Dr. McCarty | 6:55 | 5 min |
| Possible Action: Approve recommendations | | | |
| d. Prior Authorization Criteria | Dr. Nguyen | 7:00 | 10 min |
| i. <u>New or Revised Criteria</u> | | | |
| 1. Non-formulary | | | |
| 2. Hepatitis C Policy | | | |
| 3. Epclusa (sofosbuvir/velpatasvir) | | | |
| 4. Mavyret (glecaprevir/pibrentasvir) | | | |
| 5. Norditropin Flexpro (somatropin) | | | |
| 6. Retacrit (epoetin alfa-epbx) | | | |
| ii. <u>Annual Review</u> | | | |
| 1. Zarxio (filgrastim-sndz) | | | |
| Possible Action: Approve criteria | | | |
- 9. New Drugs and Class Reviews**
- | | | | |
|--|-------------|------|--------|
| | Dr. McCarty | 7:10 | 45 min |
|--|-------------|------|--------|
- a. Review**
- i. Vumerity (diroximel fumarate)
 - ii. Nourianz (istradefylline)
 - iii. Glucagon-like peptide-1 (GLP-1) Class – Diabetes
- Possible Action:** Approve recommendations
- b. Informational Only**
- i. Adakveo (crizanlizumab) – Sickle Cell Disease
 - ii. Beovu (brolucizumab) – Age-Related Macular Degeneration
 - iii. Nubeqa (darolutamide) – Prostate Cancer
 - iv. Rozlytrek (entrectinib) – Oncology
 - v. Inrebic (fedratinib) – Oncology
 - vi. Reyvow (lasmiditan) – Migraine
 - vii. Ubrogepant – Migraine
 - viii. Rimegepant – Migraine
 - ix. Palforza (AR101) – Peanut Allergy
 - x. Bonsity (teriparatide) – Osteoporosis
 - xi. Pretomanid – Tuberculosis
 - xii. Aklief (trifarotene) – Acne
 - xiii. Guideline Updates – Pulmonary Arterial Hypertension
 - xiv. Biosimilar Update
 - xv. New and Expanded Indications

Reconvene in Open Session

10. Discussion Items

- a. New and Generic Pipeline

Dr. McCarty 7:55 5 min

11. Adjournment

Next meeting Thursday, March 19, 2020

Dr. Lin 8:00

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.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- 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 Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com

Pharmacy & Therapeutics Committee

OPEN MEETING MINUTES

MINUTES –Open Session Draft

Regular Meeting of the

Santa Clara County Health Authority Pharmacy and Therapeutics (P&T) Committee

Thursday, September 19, 2019, 6:00-8:00 PM

Santa Clara Family Health Plan, Redwood Conference Room

6201 San Ignacio Ave, San Jose, CA 95119

Voting Committee Members	Specialty	Present (Y or N)
Jimmy Lin, MD, Chairperson	Internal Medicine	Y
Hao Bui, BS, RPh	Community Pharmacy (Walgreens)	Y
Minh Thai, MD	Family Practice	N
Peter Nguyen, MD	Family Practice	Y
Amara Balakrishnan, MD	Pediatrics	N
Narinder Singh, PharmD	Health System Pharmacy (SCVMC)	Y
Jesse Parashar-Rokicki, MD	Family Practice	Y
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Dolly Goel, MD	VHP Chief Medical Officer	N
Xuan Cung, PharmD	VHP Pharmacy Supervisor	Y
Laurie Nakahira, DO	SCFHP Chief Medical Officer	Y
Dang Huynh, PharmD	SCFHP Pharmacy Director	Y

Non-Voting Committee Members	Specialty	Present (Y or N)
Darryl Breakbill	SCFHP Appeals & Grievance Director	Y
Tami Otomo, PharmD	SCFHP Clinical Pharmacist	Y
Michelle Huynh	SCFHP Pharmacy Coordinator	Y
Amy McCarty, PharmD	MedImpact Clinical Program Manager	Y
Janet Gambatese	SCFHP Provider Network Management Director	Y

Public	Title/Association	Present (Y or N)
Gio Ottobre	Immunology Account Representative, Merck	Y

1. Roll Call / Establish Quorum

Dr. Lin called the meeting to order at 6:11 PM. Roll call was taken. Quorum was established.

2. Public Comment

There were no comments from the public.

3. Open Meeting Minutes

The committee reviewed the Pharmacy & Therapeutics Committee meeting minutes from June 20, 2019. Dr. Lin motioned to accept the meeting minutes as presented. It was motioned by Dr. Nguyen and seconded by Dr. Alkoraishi. The motion carried.

4. Standing Agenda Items

a. CMO Health Plan Updates

Dr. Nakahira stated that SCFHP recently completed the Centers for Medicare & Medicaid Services (CMS) validation audit and is awaiting results. SCFHP's Healthy Kids line of business will be ending on October 1, 2019. All current Healthy Kids members, except two members, will be transitioned into the Medi-Cal line of business. The two members not getting transitioned are siblings and are not eligible to be Medi-Cal members. SCFHP is currently working with the two members to determine if they would be eligible to be enrolled into the Valley Kids system.

b. Plan/Global Medi-Cal Drug Use Review: Concomitant Anticholinergic and Antipsychotic Use

Dr. Otomo shared a summary of a recent educational article posted by the Department of Health Care Services (DHCS) Drug Use Review (DUR) Board regarding the risks of concomitant anticholinergic and antipsychotic use. Dr. Otomo stated that SCFHP completed a retrospective study earlier this year which revealed that there were only two Medi-Cal members on both a second generation antipsychotic and either trihexyphenidyl or benztropine for six months or longer. The doctors of these two members were aware of the risks of concomitant therapy with these drugs.

c. Appeals & Grievance 2Q2019 Report

Mr. Breakbill presented the 2019 2nd Quarter Appeals and Grievance reports:

- i. For Medi-Cal, there were a steady number of appeals and number of appeals upheld. The majority of appeals were upheld due to lack of medical necessity.
- ii. For Cal MediConnect, the volume of appeals and the uphold rate were lower than Medi-Cal. The higher volume of Medi-Cal appeals may be partially attributed to second prior authorization request submissions that are forwarded to Appeals & Grievances if received within 60 days of a denied prior authorization for the same medication from the same provider. Some of the commonly appealed medications in Cal MediConnect include: sildenafil, diclofenac 1% gel, Lyrica, and hydrocodone-acetaminophen.

d. P&T Committee Charter

Dr. Huynh presented the revised P&T Committee Charter, which is reviewed annually. The main revision was the addition of the statement that SCFHP's Chief Medical officer and Director of Pharmacy shall be automatically designated as voting P&T Committee members. Additional revisions were limited to formatting.

Dr. Nguyen motioned to accept the charter as presented, and it was seconded by Dr. Bui. The motion carried.

Adjourn to Closed Session

Pursuant to Welfare and Institutions Code Section 14087.36 (w)

- 5. Closed Meeting Minutes**
- 6. Metrics & Financial Updates**
 - a. **Membership Report**
 - b. **Pharmacy Dashboard**
 - c. **Drug Use Evaluation**
 - d. **Drug Utilization & Spend**
- 7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria**
 - a. **MedImpact 2Q2019 P&T Minutes**
 - b. **MedImpact 3Q2019 P&T Ad Hoc Minutes**
 - c. **MedImpact 3Q2019 P&T Part D Actions**
- 8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal & Healthy Kids Formulary & Prior Authorization Criteria**
 - a. **Old Business/Follow-Up**
 - i. Ciprodex Indication
 - ii. Mycobutin TB Treatment Duration
 - b. **Formulary Modifications**
 - c. **Fee-for-Service Contract Drug List Comparability**
 - d. **Prior Authorization Criteria**
- 9. New Drugs and Class Reviews**
 - a. **Sleep Pharmacology**
 - b. **Rheumatoid Arthritis**
 - c. **Oncology Update**
 - d. **Community-Acquired Bacterial Pneumonia**
 - e. Irritable Bowel Syndrome with Constipation **informational only*
 - f. Vyleesi (bremelanotide) **informational only*
 - g. Lumateperone **informational only*
 - h. Semaglutide (oral) **informational only*
 - i. New Derivatives/Formulations/Combinations **informational only*
 - j. Biosimilar Update **informational only*
 - k. New and Expanded Indications **informational only*

Reconvene to Open Session

Committee reconvened to open session at 7:50 PM.

10. Discussion Items

a. New and Generic Pipeline

Dr. McCarty presented the new and generic pipeline. Oral semaglutide is awaiting approval, and it is expected to be a "blockbuster drug" coming out in October 2019. AR101, a drug for peanut allergy, may also be a "blockbuster drug" potentially in the first quarter of next year. Generic Lyrica was released in July and is much more cost-effective than the brand product.

11. Adjournment

Next meeting is Thursday, December 12, 2019.

The meeting was adjourned at 7:54 PM.

Jimmy Lin, MD
Chair of P&T Committee

Date

Pharmacy & Therapeutics Committee

STANDING AGENDA ITEMS

RETROSPECTIVE DRUG UTILIZATION REVIEW (DUR) MORPHINE EQUIVALENCY INITIATIVE

OBJECTIVE:

To improve the quality of pain treatment among non-cancer, non-hospice Santa Clara Family Health Plan (SCFHP) members at increased risk of opioid overdose

BACKGROUND:

- In 2016, the Centers for Disease Control and Prevention (CDC) released a guideline for prescribing opioids for chronic pain and reported that between 1999 and 2014, more than 165,000 people in the United States died from opioid overdose. Although there is no established safe dose of opioids, cumulative morphine equivalent daily dose (MEDD) may be utilized as an indicator of potential dose-related risks, including overdose. Varying cumulative MEDD thresholds have been proposed by different organizations and experts as the point to trigger provider consultation to prevent serious adverse effects from opioid use. In 2017 and 2018, the Centers for Medicare & Medicaid Services (CMS) recommended that plans identify members with MEDD exceeding 120 mg as potential opioid overutilizers and provide case management when warranted.

METHODS:

- Inclusion criteria:
 - o Paid prescription opioid claims >14 days supply with fill dates during the measurement period (between October 1, 2017 and October 31, 2018).
 - Morphine equivalent daily dose (MEDD) was calculated for each claim.
 - Members with any month total of >120 MEDD were included.
 - o Continuously eligible Medi-Cal member during the measurement period
- Exclusion criteria:
 - o Not a continuously eligible member during the measurement period
 - o Diagnosis of cancer
 - o Residing in a long-term care facility or under hospice care
 - o Approved prior authorization on file for the opioid medication on the fill date
 - o Concomitant use of buprenorphine
- After inclusion and exclusion criteria were applied, a total of 124 members were found to have at least one month with prescription opioid claims >120 MEDD.
 - o Out of these 124 members, 26 members had prescription opioid claims >120 MEDD per month for 3 or more consecutive months.

DISCUSSION:

- This retrospective DUR aimed to improve the quality of pain treatment and prevent opioid overdose in members with at least one month of prescription opioid claims exceeding 120 MEDD.
- For the 124 identified members, there were a total of 363 unique providers.
- 530 mailed communications were sent to the 363 providers that contained the following:
 - o An educational outreach letter

- Member opioid claims history from October 1, 2017 and October 31, 2018
- A response form to confirm evaluation of the member
- Out of the 530 mailed provider communications:
 - 108 response forms were received from a total of 70 providers (20.4% response rate).
 - The 108 response forms represented 84 members (67.7% of identified members).
 - 422 response forms were either not received or may have been returned mail
- The response form allowed providers to select up to 16 different statements regarding their patients. SCFHP received the following responses:

Number of Responses	Statement
42	This patient is not under my care, but was previously a patient of mine.
16	This patient is not under my care, however, I did prescribe medication while covering for another physician or in the ER.
15	This patient is under my care. I reviewed the information and will continue without change.
14	This patient is under my care, however, has not seen me recently.
9	This patient is under my care and has an appointment to discuss drug therapy.
9	This patient is under my care. I tried to modify drug therapy; however, the patient refuses to change
8	This patient is under my care, and the benefits outweigh the risks
8	This patient is under my care. I prescribed naloxone and educated on proper use and administration.
6	This patient is under my care. I reviewed the information and will modify drug therapy.
5	This patient is under my care. I plan to prescribe naloxone and will educate on proper use and administration.
3	This patient is under my care and should be <i>excluded</i> from this DUR because this patient has a diagnosis of cancer
3	This patient is under my care. I tried to modify drug therapy; however, symptoms reoccurred.
3	This patient is not under my care and has never been under my care.
0	This patient is under my care and should be <i>excluded</i> from this DUR because this patient resides in a long-term care facility or is under hospice care
0	This patient is under my care and should be <i>excluded</i> from this DUR because this patient is currently undergoing medication-assisted treatment with buprenorphine

0	This patient is not under my care because the patient recently expired.
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- For the 3 responses of ‘This patient is not under my care and has never been under my care’ and for 3 other members where the provider commented that the member was either not their patient or dismissed from their practice, SCFHP conducted telephonic outreach to the pharmacies that processed the opioid prescriptions to investigate further.
 - o For 3 of these cases, the pharmacy did not type the prescription under the correct prescriber. SCFHP escalated these cases to the pharmacy benefit manager for appropriate handling.
 - o For the other 3 cases, the pharmacy confirmed that the prescriptions were typed under the correct prescriber and verified the validity and legality of the prescriptions.

FUTURE INTERVENTIONS:

- Opioid safety edits at point-of-sale (POS) will be implemented for all Medi-Cal members, which will prospectively identify and prevent potential opioid overutilization.
- SCFHP will continue ongoing monitoring of Medi-Cal pharmacy claims and prior authorization requests to identify:
 - o Potential opioid-related fraud, waste, and abuse
 - o Opportunities for case management services
- SCFHP may conduct a similar DUR in the future with a lower MEDD threshold of >90 MEDD to align with current practice recommendations.

REFERENCES:

- Medi-Cal DUR Board:
 - o Clinical Review: Morphine Equivalent Daily Dose to Prevent Opioid Overuse. September 30, 2015.
 - o DUR Educational Outreach to Providers: Morphine Equivalent Daily Dose (MEDD) Letter. Last Update October 24, 2017.
- Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.
- Medical Board of California. Guidelines for prescribing controlled substances for pain. November 2014. Available at: http://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf. Accessed February 13, 2019.
- Washington State Agency Medical Directors’ Group. Interagency Guideline on Prescribing Opioids for Pain. June 2015. Available at: http://www.agencymeddirectors.wa.gov/Files/2015_AMDG_Opioid_Guideline.pdf. Accessed February 13, 2019.
- Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. April 4, 2016. Available at: <https://www.cms.gov/Medicare/Health-plans/MedicareAdvvtgSpecRateStats/Downloads/Announcement2017.pdf>. Accessed February 13, 2019.
- Announcement of Calendar Year (CY) 2018 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter and Request for

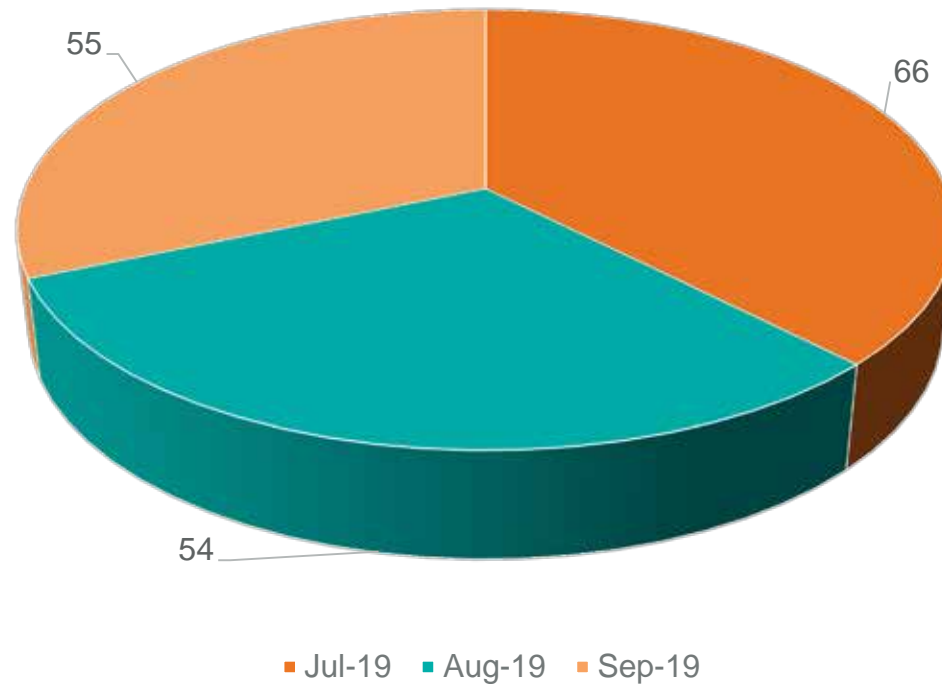
Information. April 3, 2017. Available at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>. Accessed February 13, 2019.



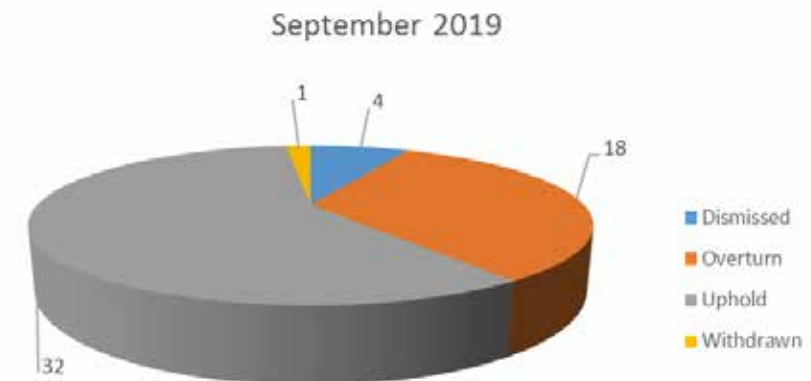
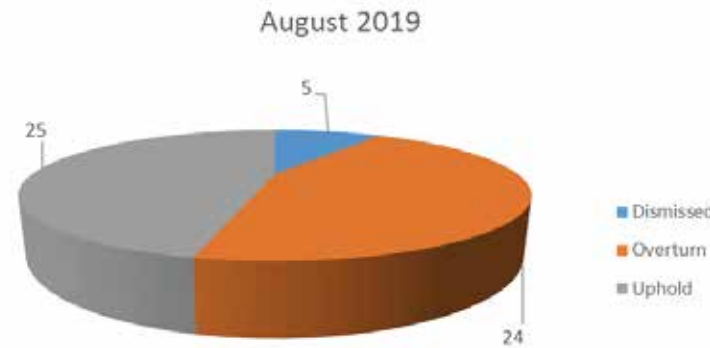
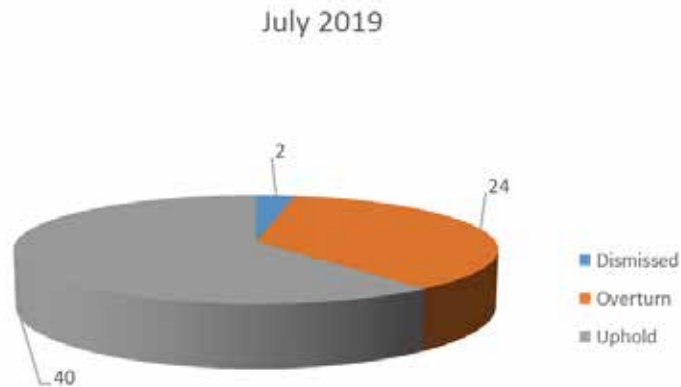
**Santa Clara Family
Health Plan™**

Grievance & Appeals Department
Q3 2019 Reporting

Q3 2019 Medi-Cal Appeals Volume

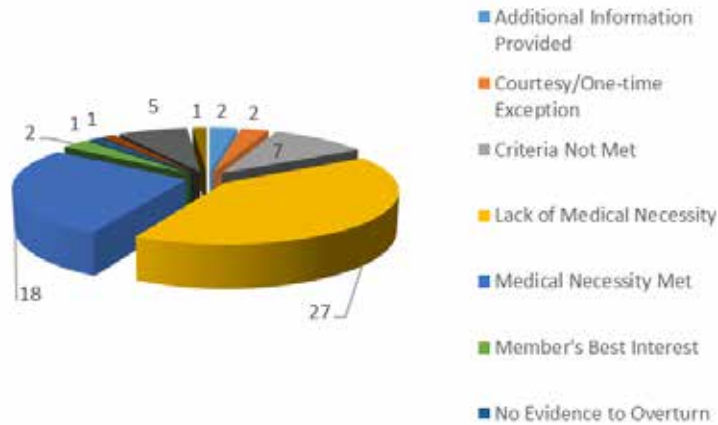


Q3 2019 Appeals by Decision

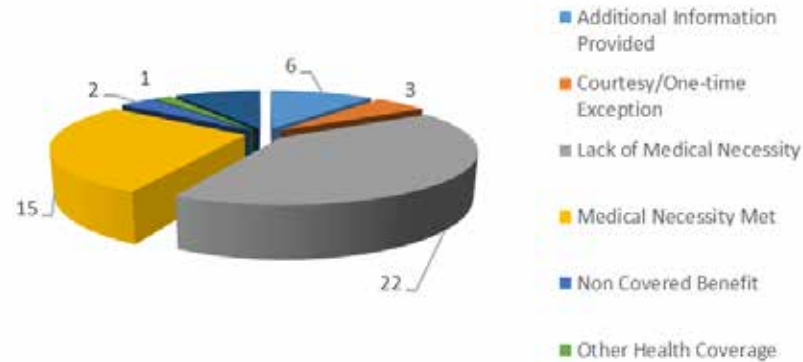


Q3 2019 Appeals by Rationale

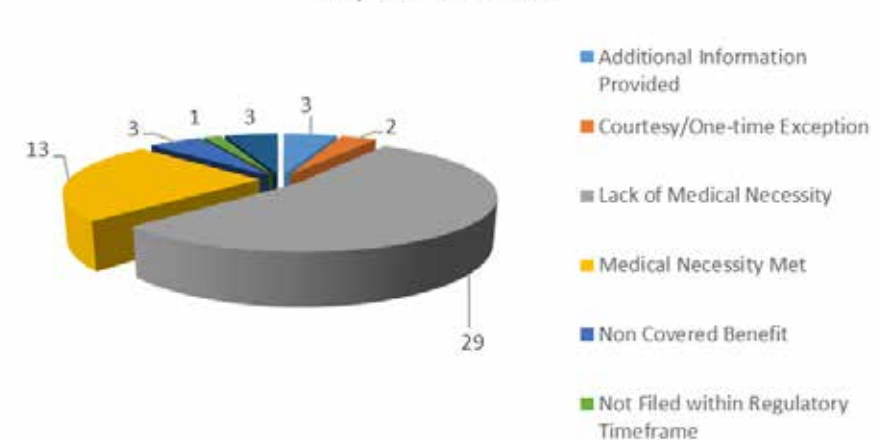
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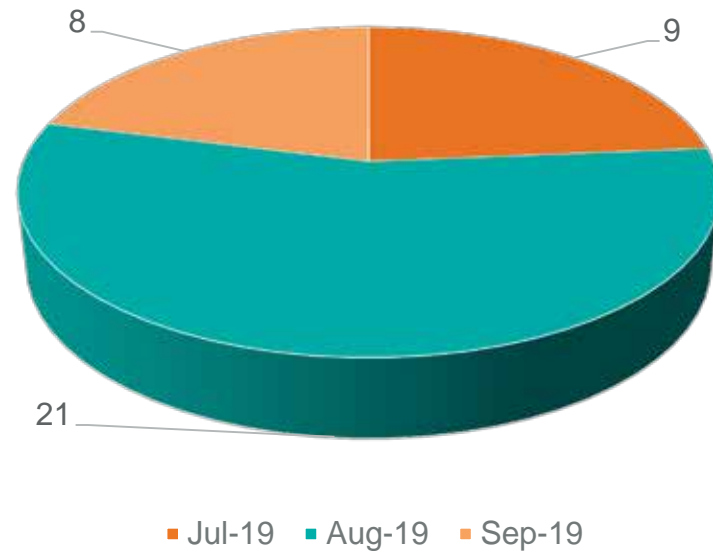
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September 2019

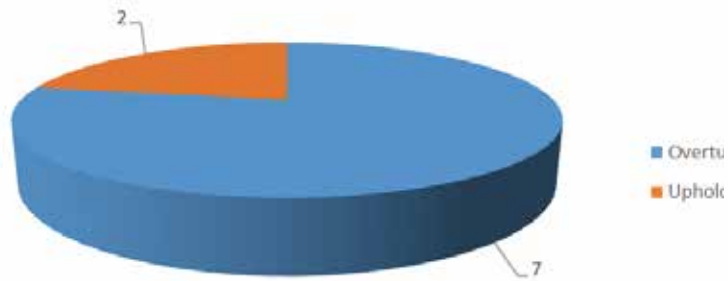


Q3 2019 Cal MediConnect Appeals Volume

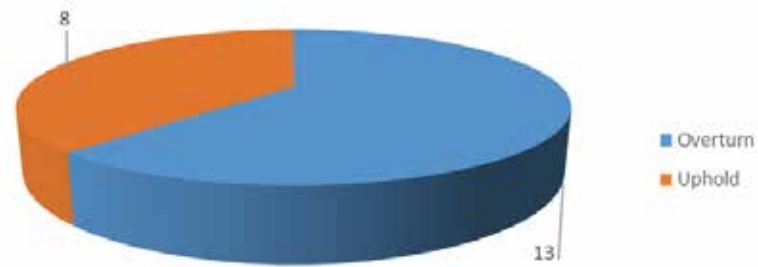


Q3 2019 CMC Appeals by Decision

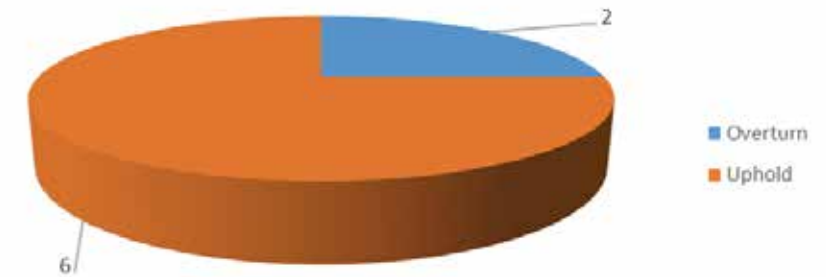
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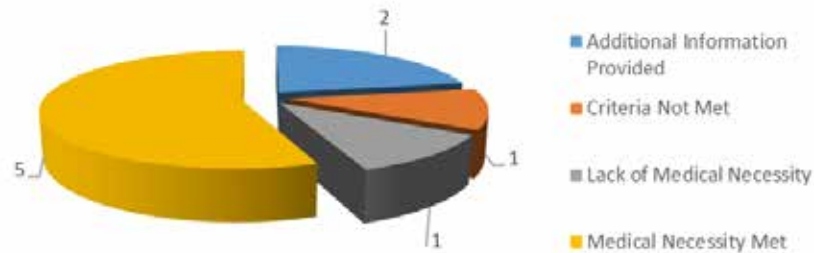


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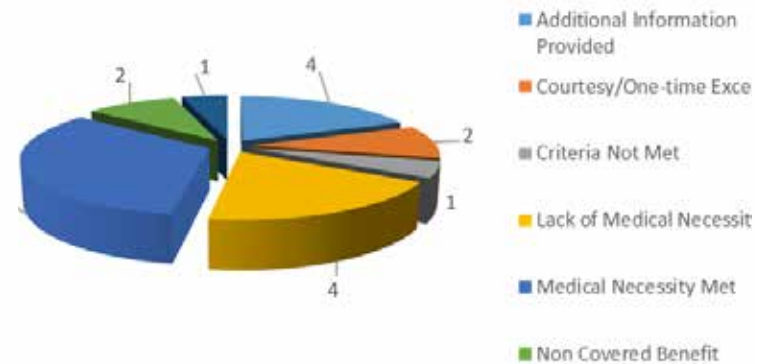


Q3 2019 CMC Appeals by Rationale

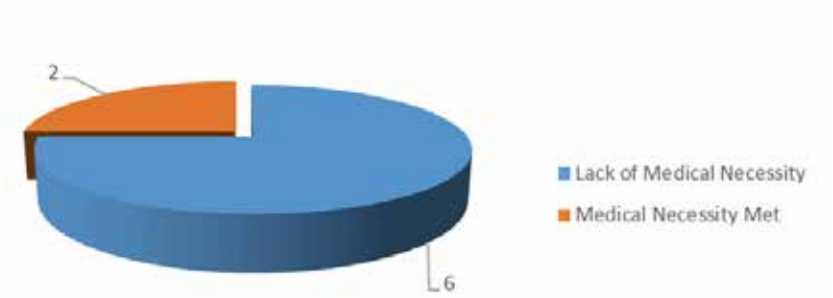
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SANTA CLARA FAMILY HEALTH PLAN

Pharmacy Benefit Information: 2019

Accuracy and Quality Analysis

Santa Clara Family Health Plan Pharmacy Benefit Information: 2019 Accuracy and Quality Analysis

I: Overview

Pharmacy benefits and pharmaceutical costs are of concern to all members with any chronic or acute condition treatment. Santa Clara Family Health Plan (SCFHP) has a responsibility to provide accurate, quality information on pharmacy benefits to members through the website.

In an effort to make this information readily available, the website allows the member to self-serve and find information on drugs, coverage, cost and effectiveness. The member may also obtain this information from Customer Service or the Pharmacy Department.

Pharmaceutical benefits and drugs change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information displayed on the web site is accurate and current. SCFHP audits pharmacy information annually to identify any opportunities to improve pharmacy benefit interactions with the members.

II: Methodology: Web

Annually, Santa Clara Family Health Plan audits the information on the website that is available to members. The auditor randomly selects a drug in each of the 4 formulary tiers, one excluded drug, and one newly added drug (6 total). The selected drugs will be tested through 5 test members at each LIS levels from 0 to 4. The drugs are checked for accurate reflection of financial responsibility per LIS level (copays), drug to drug interactions, side effects and significant risks and the availability of a generic substitution. For each test member, pharmacy search is conducted for 3 different types of pharmacies (choice 90 retail, long term care, home infusion) to locate an in-network pharmacy and pharmacy proximity search conducted based on 3 random zip codes in Santa Clara County. For the exception request validation, 3 actual members' completed coverage determinations will be audited to make sure MedImpact was able to receive the requests and all the fields populate correctly. The audit will be performed on an annual basis by collecting data on the quality and accuracy of the pharmacy benefit information (see Appendix A for Audit Sheet). The look-back period is up to 24 months.

Goal:

Accuracy: 100%

Quality: 100%

Santa Clara Family Health Plan Pharmacy Benefit Information: 2019 Accuracy and Quality Analysis

III: Data

Table 1: Accuracy of Pharmacy Benefit Information on the Website

Measure	Total sample	Accuracy Goal Met	% Goal Accuracy Goal Met
Members can access the following in one session:			
1. Determine financial responsibility for a drug, based on pharmacy benefit	30	30	100%
2. Initiate the exceptions process	3	3	100%
3. Order a refill for an existing, unexpired mail-order prescription	NA	NA	NA
4. Find the location of an in-network pharmacy	15	15	100%
5. Conduct a Pharmacy proximity search based on zip codes	15	15	100%
6. Determine potential drug-drug interactions	30	30	100%
7. Determine a drug's common side effects and significant risks	30	30	100%
8. Determine the availability of generic substitution	30	30	100%
Total	153	153	100%

Santa Clara Family Health Plan Pharmacy Benefit Information: 2019 Accuracy and Quality Analysis

Table 2: Quality of the Website: Quality of the information is assessed for the following during the accuracy review:

Measure	Total Sample	Quality Goal Met	%Goal Quality Goal Met
Information is legible, complete and allows the member to understand:			
1. Their financial responsibility for a drug, based on pharmacy benefit	30	30	100%
2. How to initiate the exceptions process	3	3	100%
3. How to order a refill for an existing, unexpired mail-order prescription	NA	NA	NA
4. How to find the location of an in-network pharmacy	15	15	100%
5. How to conduct a Pharmacy proximity search based on zip codes	15	15	100%
6. How to determine potential drug-drug interactions	30	30	100%
7. How to determine a drug's common side effects and significant risks	30	30	100%
8. How to determine the availability of generic substitution	30	30	100%
<i>Other items that also reflect the quality of the web site:</i>			
9. The contact number for assistance or chat are available on site	30	30	100%
10. The links move to the correct page	30	30	100%
11. No spelling errors identified	30	30	100%
Total	243	243	100%

IV: Accuracy and Quality Analysis

Both Accuracy and Quality measures met goal at 100%. There were no deficiencies identified.

SCFHP did not test the quality and accuracy of the ability for members to order a refill on an existing, mail-order prescription because SCFHP does not offer a mail order service. Members

Santa Clara Family Health Plan Pharmacy Benefit Information: 2019 Accuracy and Quality Analysis

are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is NA for SCFHP.

Ongoing audit will be performed annually and the future look back period will be up to 24 months.

The following drugs require prior authorization for all Santa Clara Family Health Plan members. Additional required actions, restrictions, or limits on use are indicated in the right column.

Abbreviations used in this document include:

ST: Step Therapy

PA: Prior Authorization

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY)		
Cinvanti	Aprepitant	PA
Emend IV	Fosaprepitant	PA
Aloxi	Palonosetron	PA
ANTIHEMOPHILIC AGENTS		
Hemlibra	Emicizumab-kxwh	PA
CAR-T CELL IMMUNOTHERAPY		
Yescarta	Axicabtagene ciloleucel	PA
Kymriah	Tisagenlecleucel	PA
ERYTHROPOIESIS STIMULATING AGENTS		
Aranesp	Darbepoetin alfa	PA, ST: Retacrit
Epogen, Procrit	Epoetin alfa	PA, ST: Retacrit
Retacrit	Epoetin alfa-epbx	PA
COLONY STIMULATING FACTORS		
Neupogen	Filgrastim	PA, ST: Zarxio or Nivestym
Neulasta, Neulasta Onpro	Pegfilgrastim	PA, ST: Fulphila or Udenyca
Granix	Tbo-filgrastim	PA, ST: Zarxio or Nivestym
Leukine	Sargramostim	PA, ST: Zarxio, Nivestym, Fulphila, or Udenyca
GAUCHER DISEASE		
Cerezyme	Imiglucerase	PA
ElELYso	Taliglucerase alfa	PA
Vpriv	Velaglucerase alfa	PA
HEREDITARY ANGIOEDEMA		
Berinert, Cinryze, Haegarda	C1 esterase inhibitor, human	PA
Ruconest	C1 esterase inhibitor, recombinant	PA
Kalbitor	Ecallantide	PA
Firazyr	Icatibant	PA
Takhzyro	Lanadelumab-flyo	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
IV IMMUNOGLOBULIN (IVIG)		
Bivigam, Carimune NF, Cuvitru, Flebogamma DIF, Gamastan, Gamastan S/D, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, Hyqvia, Octagam, Panzyga, Privigen, Xembify	Immune globulin, Immune globulin lyophilized, Immune globulin non- lyophilized	PA
MULTIPLE SCLEROSIS		
Tysabri	Natalizumab	PA
Ocrevus	Ocrelizumab	PA
NEUROMUSCULAR BLOCKING AGENTS		
Dysport	AbobotulinumtoxinA	PA
Xeomin	IncobotulinumtoxinA	PA
Botox	OnabotulinumtoxinA	PA
Myobloc	RimabotulinumtoxinB	PA
OPHTHALMIC AGENTS		
Eylea	Aflibercept	PA
Lucentis	Ranibizumab	PA
Luxturna	Voretigene neparvovec-rzyl	PA
OSTEOPOROSIS OR BONE MODIFIERS		
Prolia, Xgeva	Denosumab	PA
Boniva	Ibandronate sodium (IV)	PA
Aredia	Pamidronate disodium	PA
Reclast, Zometa	Zoledronic acid	PA
PULMONARY HYPERTENSION		
Flolan, Veletri	Epoprostenol	PA
Remodulin	Treprostinil (injection)	PA
RESPIRATORY		
Aralast NP, Glassia, Prolastin-C, Zemaira	α-1 Proteinase inhibitor	PA
Nucala	Mepolizumab	PA
Xolair	Omalizumab	PA
Synagis	Palivizumab	PA
Cinqair	Reslizumab	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
RHEUMATOLOGY/IMMUNOSUPPRESSANTS		
Orencia	Abatacept	PA
Humira, Cyltezo, Amjevita, Hyrimoz, Hadlima	Adalimumab, Adalimumab-adbm, Adalimumab-atto, Adalimumab-adaz, Adalimumab-bwwd	Pharmacy Benefit Only
Cimzia	Certolizumab pegol	Pharmacy Benefit Only
Enbrel, Erelzi	Etanercept, Etanercept-szss	Pharmacy Benefit Only
Simponi Aria	Golimumab	PA
Tremfya	Guselkumab	PA
Remicade	Infliximab	PA, ST: Inflectra, Renflexis, or Ixifi
Inflectra, Renflexis, Ixifi	Infliximab-dyyb, Infliximab-abda, Infliximab-qbtx	PA
Taltz	Ixekizumab	Pharmacy Benefit Only
Rituxan, Rituxan Hycela	Rituximab, Rituximab/hyaluronidase	PA, ST: Truxima or Ruxience
Truxima, Ruxience	Rituximab-abbs, Rituximab-pvvr	PA
Actemra	Tocilizumab IV	PA
Stelara	Ustekinumab IV	PA
Entyvio	Vedolizumab	PA
MISCELLANEOUS		
Exondys 51	Eteplirsen	PA
Spinraza	Nusinersen	PA
Onpattro	Patisiran	PA
Krystexxa	Pegloticase	PA
Nplate	Romiplostim	PA
Radicava	Edaravone	PA
Zolgensma	Onasemnogene abeparvovec-xioi	PA
UNCLASSIFIED		
Unclassified drugs and biologics		PA

Pharmacy & Therapeutics Committee

DISCUSSION ITEMS

High Impact-Interest Agent Pipeline

June 2019 Updates

Vyleesi (HSDD)-C

October 2019

Beovu (AMD)-C †
 Descovy (HIV PrEP indication)-NI,C
 Vumerity (MS)-C
 Bonsity (osteoporosis)-C
 Reyvow (migraine)-C
 Trikafta (cystic fibrosis)-A

August 2019

Wakix (narcolepsy)-C
 Rinvoq (RA)-C
 Inrebic (myelofibrosis)-C

December 2019

cabotegravir/rilpivirine (HIV)-C †
 lumateperone (schizophrenia)-C
 Vascepa (CV indication)-NI,A

2nd Quarter 2020

DS-8201 (breast cancer)-C †
 obeticholic acid (NASH)-BT
 Orilissa-NI, C



September 2019
 Rybelsus (type 2 diabetes)-C

November 2019
 crizanlizumab (sickle cell disease)-A †

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

2nd Half 2020
 Viaskin Peanut (peanut allergy)-C
 Rolontis (neutropenia)-C

Not Yet Filed
 BCX7353 (HAE)-C
 BMN 270 (valrox)-BT
 filgotinib (RA)-C
 inclisiran (hypercholesterolemia)-C
 leronlimab (HIV)-A
 risdiplam (SMA)-C
 roxadustat (anemia of CKD)-C
 relugolix (uterine fibroids)-C

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

Generic Pipeline

HIGH IMPACT

2019 - 2020
Afinitor*
Nuvaring

Jan 2020
Novolog †
Novolog Flexpen†
Novolog Mix Flexpen†

2020
Restasis*
Thalomid

4Q19

1Q20

2Q20

Oct 2019
Jadenu*

Nov 2019
Zohydro ER

Jan 2020
Silenor

March 2020
Zortress

June 2020
Mydayis

Mid 2019
Evzio†
Azasite*

2019 - 2020
Byetta
Travatan Z
Cuvposa
Zytiga 500mg
Apriso
Aptensio XR
Noxafil susp*

MEDIUM /LOW IMPACT

*NO exclusivity
† Authorized Generic