

Regular Meeting of the

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

Thursday, June 18, 2020, 6:00-8:00 PM

Santa Clara Family Health Plan, Boardroom

6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference

(669) 900-6833

Meeting ID: 991 6011 6046

Password: SCFHP2020

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 the public comment period to 30 minutes.	Dr. Lin	6:05	5 min
3. Open Meeting Minutes Review Santa Clara Family Health Plan (SCFHP) 1Q2020 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. Medi-Cal Rx Update	Dr. Huynh	6:17	3 min
c. Plan/Global Medi-Cal Drug Use Review	Dr. Otomo	6:20	5 min
i. Global Medi-Cal DUR Board Activities			
ii. Drug Use Evaluation			
d. Emergency Supply Report	Dr. Nguyen	6:25	5 min
i. 2018 4 th Quarter Report			
ii. 2019 1 st Quarter Report			
Adjourn to Closed Session <i>Pursuant to Welfare and Institutions Code Section 14087.36 (w)</i>			
5. Closed Meeting Minutes Review SCFHP 1Q2020 P&T Closed Session Minutes Possible Action: Approve SCFHP P&T Closed Session Minutes	Dr. Lin	6:30	2 min
6. Metrics & Financial Updates			
a. Membership Report	Dr. Nakahira	6:32	2 min
b. Pharmacy Dashboard	Dr. Otomo	6:34	2 min
c. Drug Utilization & Spend	Dr. McCarty	6:36	5 min

<p>7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria</p> <p>a. Pharmacy Benefit Manager 1Q2020 P&T Minutes</p> <p>b. Pharmacy Benefit Manager 2Q2020 P&T Part D Actions Possible Action: Approve MedImpact Minutes & Actions</p>	<p>Dr. McCarty</p>	<p>6:41</p>	<p>2 min</p>
<p>8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal & Prior Authorization Criteria</p> <p>a. Old Business/Follow-Up</p> <p style="padding-left: 20px;">i. Vascepa (icosapent ethyl)</p> <p>b. Formulary Modifications Possible Action: Approve Recommendations</p> <p>c. Fee-for-Service Contract Drug List Comparability Possible Action: Approve Recommendations</p> <p>d. Prior Authorization Criteria</p> <p style="padding-left: 20px;">i. <u>New or Revised Criteria</u></p> <p style="padding-left: 40px;">1. Oncology</p> <p style="padding-left: 40px;">2. Hepatitis C Policy</p> <p style="padding-left: 40px;">3. Epclusa</p> <p style="padding-left: 40px;">4. Mavyret</p> <p style="padding-left: 40px;">5. Enablex</p> <p style="padding-left: 40px;">6. Rhopressa</p> <p style="padding-left: 40px;">7. Dovonex</p> <p style="padding-left: 40px;">8. Androgel</p> <p style="padding-left: 40px;">9. Elmiron</p> <p style="padding-left: 40px;">10. Lysteda</p> <p style="padding-left: 40px;">11. Provigil</p> <p style="padding-left: 40px;">12. Symlin</p> <p style="padding-left: 40px;">13. Tymlos</p> <p style="padding-left: 40px;">14. Mycobutin</p> <p style="padding-left: 40px;">15. Amitiza</p> <p style="padding-left: 40px;">16. Restasis</p> <p style="padding-left: 40px;">17. Marinol</p> <p style="padding-left: 40px;">18. Nebupent</p> <p style="padding-left: 20px;">ii. <u>Annual Review</u></p> <p style="padding-left: 40px;">1. Reauthorization</p> <p style="padding-left: 40px;">2. Non-Formulary - Oral Liquids</p> <p style="padding-left: 40px;">3. Terminally III – Pain Medications</p> <p style="padding-left: 40px;">4. Diabetic Supplies (Blood glucose meter, test strips, & lancets)</p> <p style="padding-left: 40px;">5. Ciprodex</p> <p style="padding-left: 40px;">6. Exelon</p> <p style="padding-left: 40px;">7. Hycet</p> <p style="padding-left: 40px;">8. Intron A</p> <p style="padding-left: 40px;">9. Lovaza</p> <p style="padding-left: 40px;">10. Makena</p> <p style="padding-left: 40px;">11. Malarone</p> <p style="padding-left: 40px;">12. Revatio</p> <p style="padding-left: 40px;">13. Santyl</p> <p style="padding-left: 40px;">14. Sporanox</p> <p style="padding-left: 40px;">15. Viroptic</p> <p style="padding-left: 40px;">16. Xenazine</p> <p style="padding-left: 40px;">17. Letairis</p> <p>Possible Action: Approve criteria</p>	<p>Dr. McCarty</p> <p>Dr. Otomo</p> <p>Dr. McCarty</p> <p>Dr. Nguyen</p>	<p>6:43</p> <p>6:46</p> <p>6:51</p> <p>6:56</p>	<p>3 min</p> <p>5 min</p> <p>5 min</p> <p>15 min</p>

9. New Drugs and Class Review

a. Chewable Birth Control Pills	Dr. Huynh	7:11	5 min
b. Diabetes Update			
i. Trulicity – Cardiovascular Outcomes	Dr. McCarty	7:16	10 min
ii. Continuous Glucose Monitor (CGM)			
iii. Farxiga – Heart Failure	Dr. Xia	7:26	10 min
c. Thyroid Eye Disease – Tepezza	Dr. McCarty	7:36	20 min
d. New Derivatives, Formulations, Combinations			
e. New/Expanded Indications			
Possible Action: Approve recommendations			
f. <u>Informational Only</u>			
i. Mycapssa - Acromegaly			
ii. Obeticholic acid – Non-alcoholic steatohepatitis			
iii. Fintepla - Dravet Syndrome			
iv. Ofatumumab - Multiple Sclerosis			
v. Opicapone - Parkinson’s Disease			
vi. Risdiplam - Spinal Muscular Atrophy			
vii. Ayvakit, Tazverik, Sarclisa – Oncology			
viii. Scenesse – Erythropoietic protoporphyria			

Reconvene in Open Session

10. Discussion Items

Dr. McCarty 7:56 4 min

- a. New and Generic Pipeline

11. Adjournment

Dr. Lin 8:00

Next meeting Thursday, September 17, 2020

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

Regular Meeting of the

Santa Clara County Health Authority Pharmacy & Therapeutics Committee

Thursday, April 30, 2020, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open)

Members Present

Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Xuan Cung, PharmD
Dolly Goel, MD
Dang Huynh, PharmD, Director of Pharmacy
Laurie Nakahira, D.O., Chief Medical Officer
Peter Nguyen, D.O.
Jesse Parashar-Rokicki, MD

Members Absent

Amara Balakrishnan, MD
Hao Bui, BS, RPh
Narinder Singh, PharmD
Minh Thai, MD

Staff Present

Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Nancy Aguirre, Administrative Assistant

Others Present

Amy McCarty, PharmD, Clinical Program
Manager, MedImpact
Patti Connery, RPh, Account Executive,
MedImpact
Jessica Wong, PharmD, VMC Pharmacy
Resident

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:09 pm. Roll call was taken and a quorum was not established.

2. Public Comment

There were no public comments.

3. Open Meeting Minutes

Review of the 4Q2019 Pharmacy & Therapeutics Committee (P&T) open meeting minutes was deferred until a quorum was established.

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, D.O., Chief Medical Officer (CMO), Santa Clara Family Health Plan (SCFHP), announced that Neal Jarecki, formerly the Controller at SCFHP, is now the Chief Financial Officer (CFO), as Dave Cameron retired. Also, Teresa Chapman joined SCFHP as the new Vice President of Human Resources, as Sharon Valdez retired.

During the current state of emergency due to coronavirus disease 2019 (COVID-19), roughly 96% of SCFHP's in-house staff are now working from home. SCFHP suspended prior authorizations (PA), with the exception of elective surgeries and procedures (effective 5/1/2020). Prescriptions are allowed to be filled for a 90-day supply. Some disinfectants and gloves were added to formulary with quantity limit restrictions.

A new telehealth capability for SCFHP's nurse advice line was recently implemented. Approximately 85 members have utilized this telehealth feature.

b. Plan/Global Medi-Cal Drug Use Review (DUR)

Tami Otomo, PharmD, SCFHP, announced that the due date for the annual Centers for Medicare and Medicaid Services (CMS) Managed Care Organization DUR Report has been extended to the end of September 2020 due to COVID-19.

c. Appeals & Grievance 4Q2019 Report

Dang Huynh, PharmD, Director of Pharmacy, SCFHP, presented the Appeals and Grievance 4Q219 Report. The Appeals & Grievance department is currently working on providing more detail on the types of cases handled by their team. Once completed, this analysis will be presented at an upcoming P&T Committee meeting.

d. Annual Pharmacy Policy Review

Dr. Huynh presented all of the pharmacy policies for annual review by the P&T Committee. He reported that the only policy with revisions was policy PH.10 Cal MediConnect Part D Transition (2020). Every year, the language in this policy is updated per CMS guidance and regulations. This policy was submitted and approved by CMS for calendar year 2020.

Motion to approve the policies was deferred until a quorum was established.

Adjourned to Closed Session at 6:44 p.m.

Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

6. Metrics and Financial Updates

a. Membership Report

b. Pharmacy Dashboard

Dolly Goel, MD, and Ali Alkoraishi, MD joined at 6:33 p.m. A quorum was established at this time.

c. Drug Use Evaluation

d. Drug Utilization & Spend

7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria

a. Pharmacy Benefit Manager 4Q2019 P&T Minutes

b. Pharmacy Benefit Manager 1Q2020 P&T Part D Actions

8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal & Prior Authorization Criteria

a. Old Business/Follow-Up

- i. Statin Adherence**
- ii. Diabetes Type I & Type II**

b. Formulary Modifications

c. Fee-for-Service Contract Drug List Comparability

d. Prior Authorization Criteria

i. New or Revised Criteria

- 1. Deferasirox - *new*
- 2. Diroximel fumarate - *new*
- 3. Fingolimod – *revised*;
- 4. Reauthorization-Opioids – *revised*;
- 5. Glatiramer acetate – *revised*;
- 6. Oxycodone extended-release – *revised*;
- 7. Tacrolimus ointment – *revised*;

ii. Annual Review

- 1. Ambrisentan – *no changes*
- 2. General Utilization Management – *no changes*
- 3. Milnacipran – *no changes*
- 4. Raloxifene – *no changes*

9. New Drugs and Class Reviews

a. Informational Only

- i. Multiple sclerosis – Ozanimod
- ii. Migraine Update – Eptinezumab
- iii. Hyperlipidemia – Nexletol, Nexlizet
- iv. Acute Hepatic Porphyria – Givlaari
- v. Epilepsy – Xcopri
- vi. Ulcerative Colitis Update
- vii. Sickle Cell Anemia Update
- viii. Oncology Update
- ix. Cystic Fibrosis Update
- x. Biosimilars Update
- xi. Autoimmune Updates
- xii. New Derivatives/formulations/combinations
- xiii. New and Expanded Label

Reconvened in Open Session at 7:15 p.m.

10. Discussion Items

a. New and Generic Pipeline

Dr. Huynh reviewed the New and Generic Pipeline and noted that Restasis has been on the generic pipeline for a long time with no release date.

11. Adjournment

The next P&T Committee meeting will be on June 18, 2020. The meeting was adjourned at 7:21 p.m.

Jimmy Lin, MD, Chair

Date

Pharmacy & Therapeutics Committee

STANDING AGENDA ITEMS

**Summary of Global Medi-Cal DUR Board Activities
(not required to document on the Annual Report to CMS)**

1. Review Board Goals and Priorities:

- a. Optimizing Drug Prescribing and Dispensing, including specialty drugs
- b. Optimizing Pain Management and Opioids
- c. Optimizing Chronic Disease Management, including prevention

Actions:

- a. Review board goals and priority areas at MCPs P&T/DUR Committee.
- b. Submit innovative practices on priority areas MCPs has worked on and share lessons learned
- c. Consider presenting best practices at future DUR board meetings

2. Ongoing Review of MCP's Reported Best Practices and Innovative Practices as Documented in the Plan's CMS DUR Annual Report

Actions:

- a. Consider sharing "how we did it" and "lessons learned" with the rest of the MCPs by volunteering to present at future Global Medi-Cal DUR board meetings
- b. Include "emerging" and "promising" practices

3. Review Health Plan Presentation by Partnership Health Plan of California: "Asthma Medication and Asthma Medication Ratio (AMR)"

Actions:

- a. Review measure description and understand how the ratio is calculated
- b. Assess whether your MCP can adopt any strategies to improve this measure performance.

4. Review Health Plan Presentation by LA Care: "The Role of Managed Care Pharmacists in Improving Outcomes of Patients with Type 2 Diabetes"

Action:

- a. Review the programs presented by LA Care where managed care pharmacists play key roles.

5. Review Board Actions and Recommendations from the November 19, 2019 DUR Board Meeting (see "Action Items" found in the last section of the meeting minutes)

Actions:

- a. Discuss the actions and recommendations at the MCP's P&T/DUR meeting.
- b. Review the process for MCP patients to obtain a SGLT2 inhibitor and a GLP1-RA to identify potential barriers, and ways to mitigate such barriers.
- c. Consider offering feedback at future DUR board meetings



Global Medi-Cal Drug Utilization Review Board 2020 Goals and Priorities

Timothy E. Albertson, MD, MPH, PhD, Board Chair

Pauline Chan, R.Ph., MBA

February 25, 2020



Global Medi-Cal DUR Board Goals 2020 - 1

- Support DHCS Medi-Cal Rx initiative
- Continue to promote dialogue and collaboration of FFS & MCPs
 - Present innovative practices and projects
 - Share approach and lessons learned
 - Disseminate DUR Educational Bulletins to MCPs
 - Integrate/align FFS and MCPs DUR Actions





Global Medi-Cal DUR Board Goals 2020 - 2

- Align goals with [Medi-Cal Healthier California for All](#) (formerly CalAIM)
- Align goals with [DHCS Comprehensive Quality Strategy](#)
 - Participate in Managed Care Quality Improvement Initiatives and Quality Conference
 - Poster presentations
 - Platform presentations



Global Medi-Cal DUR Board Goals 2020 - 3

- Join the CMS-led Affinity Workgroup to develop strategies and approaches to improve asthma control
 - Collaborate with MCPs and other relevant partners
 - Identify, implement, and scale asthma initiatives
 - Improve Asthma Medication Ratio (AMR-AD, AMR-CH)
- Revisit HEDIS measures
 - Medicaid Adult Core Set [Adult Core Set 2020](#)
 - Medicaid Child Core Set [Child Core Set 2020](#)





Global Medi-Cal DUR Board Goals 2020 - 4

- Implement DUR requirements in Section 1004 of the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#)
- Continue to use the Vital Directions Framework to focus on the three DUR priority areas established in 2018-2019



DUR Vital Directions Framework

Vision

- To work collaboratively to enable and to empower providers and beneficiaries to perform optimally, in drug prescribing and dispensing, with the goal of shifting and optimizing utilization towards safe, accessible, cost effective care.

Core Goals

- Better health and well-being
- High-value health care
- Strong science and technology





DUR Vital Directions Framework (cont.)

Action Priorities

- Optimizing drug prescribing and dispensing, including specialty drugs
- Optimizing pain management and opioid use
- Optimizing chronic disease management, including prevention

Essential Infrastructure Needs

- Measure what matters most
- Clinical practice guidelines
- Education and outreach



Questions ?



Emergency Prescription Access Report

4th 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 2018Q4, SCFHP had total 23,656 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	869	244	905	1,149
Non-Delegated	1,796	1,459	1,152	2,611
Valley Health Plan	10,293	7,088	7,069	14,157
Palo Alto Medical Foundation	366	195	276	471
Physician Medical Group	3,470	2,388	2,104	4,492
Premier Care	613	456	320	776
Grand Total	17,407	11,830	11,826	23,656

Section 2 – Diagnosis

Table 2: Key Diagnosis

		4Q2018		
Code	Diagnosis	Rx	No Rx	% Rx
N390	UTI, SITE NOT SPEC	437	106	80.4%

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	2
		Regional Med Center SJ	2
		El Camino Hospital – Los Gatos	1
		Doctors Hospital – Manteca	1
Grand Total			6

We did not identify any issues with approved claims. Fluconazole was appropriately written for a 1 day supply for 6 prescriptions.

Denied Claims

We did not identify any issues with denied claims. We excluded those members who had primary insurance coverage outside of SCFHP. 3 members total had denied prescription claims for antibiotics due to ineligibility.

No Claims

106 unique members diagnosed with UTI ER claims did not result in a prescription processed within 72 hours. We initially excluded 34 members with primary insurance coverage outside of SCFHP from this analysis. We subsequently randomly chose a sample of 20% of 72 members, which is 15 total members, using Excel. We requested 15 chart notes from different hospitals. We received chart notes for 9 members and reviewed claims history for 1 member, resulting in a total of 10 samples. Findings are presented below.

Mbr	Hospital	DOS	Findings
1	El Camino Hospital	11/13/2018	Filled Cephalexin 250mg/5mL suspension, #300mL/10 days on 11/12/18
2	Saint Louise Regional Hospital	11/03/2018	No ED visit, entered in error
3	Saint Louise Regional Hospital	11/08/2018	Chart reviewed. Received Zosyn 3.375gram IV x1 in ER, then admitted to inpatient. Urine culture + Enterococcus faecium.
4	Oconnor Hospital	10/23/2018	Chart reviewed. Cephalexin 250mg x1 ER. Rx for Cephalexin 250mg capsule, #40/10. Pt has active CCS SAR for micturition.
5	Dominican Hospital	12/10/2018	Chart reviewed. Nitrofurantoin given in ER. Rx for Nitrofurantoin (dose & duration not indicated). Not filled.

6	Good Samaritan Hospital	12/22/2018	Chart reviewed. Cephalexin 250mg/5mL oral suspension x1 ER. Rx for Cephalexin (dose & duration not indicated).
7	Good Samaritan Hospital	10/22/2018	Chart reviewed. Rx for Ciprofloxacin 500mg, #14/7. Not filled.
8	O'connor Hospital	11/26/2018	Chart reviewed. Ceftriaxone 250mg IV x1. Rx for Bactrim DS 800mg-160mg, #28/14. Not filled. Pt has active CCS SAR for type 2 diabetes.
9	Watsonville Community Hospital	12/30/2018	Chart reviewed. Cephalexin 500mg x1 ER. Rx for Cephalexin 500mg cap, #28/7. Not filled. Filled Cephalexin 500mg cap, #30/10 on 12/04/2018.
10	O'connor Hospital	11/14/2018	Chart reviewed. Previous dx of UTI. No Rx.

Section 4 – Pharmacies

Pharmacy Locations

SCFHP has four 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

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 sampled members from the previous quarter 2018Q3.

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.

Emergency Prescription Access Report

1st Quarter 2019

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.

During the recent Department of Health Care Services (DHCS) Audit in March 2020, there was an inquiry regarding SCFHP's decision to only assess the diagnosis of UTI quarter after quarter. SCFHP considered other potential diagnoses such as diabetes, pneumonia, etc. However, it was determined that chronic conditions such as diabetes are not ideal for this analysis due to the fact that a prescription may be not given at ER discharge. For pneumonia, members are often admitted inpatient, not discharged from the ER with a prescription. We opted to continue evaluating UTI to obtain our analysis goal due to the clinical determination that such a diagnosis will likely require a prescription upon ER discharge.

Summary of Findings:

Section 1 – ER Visits

In 2019Q1, SCFHP had total 24,290 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	924	279	910	1,189
Non-Delegated	1,888	1,514	1,194	2,708
Valley Health Plan	10,765	7,597	6,834	14,431
Palo Alto Medical Foundation	376	224	269	493
Physician Medical Group	3,606	2,614	2,005	4,619
Premier Care	668	512	338	850
Grand Total	18,227	12,740	11,550	24,290

Section 2 – Diagnosis

Table 2: Key Diagnosis

		4Q2018		
Code	Diagnosis	Rx	No Rx	% Rx
N390	UTI, SITE NOT SPEC	429	98	81.4%

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	2
		Regional Med Center SJ	3
		El Camino Hospital	1
		Sutter Valley Hospitals	1
		St Rose Dominican Hospital – San Martin Campus	1
		Regional Medical Center SJ	1
CIPROFLOXACIN			
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 ciprofloxacin 500mg was prescribed for #3 tablets for 2 days. Recommended duration of therapy is 3 days. Chart note reviewed, patient received ceftriaxone 1 gram IV x1 in ER then transferred to SCVMC for further workup. Patient was discharged and filled ciprofloxacin 2 days later.

Denied Claims

We did not identify any issues with denied claims. We excluded those members who had primary insurance coverage outside of SCFHP. A total of 2 members had denied prescription claims for antibiotics due to ineligibility.

No Claims

98 unique members diagnosed with UTI ER claims did not result in a prescription processed within 72 hours. We initially excluded 35 members with primary insurance coverage outside of SCFHP from this analysis. We subsequently randomly chose a sample of 20% of 63 members, totaling 13 members, using Excel. We requested 13 chart notes from different hospitals. We received and reviewed 8 appropriate charts. Findings are presented below.

Mbr	Hospital	DOS	Findings
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1	SCVMC Acute Care Hospital	01/29/2019	Chronic UTI with foley. No symptoms. Foley changed. Pt declined antibiotic.
2	Regional Medical Center of SJ	01/08/2019	Chart note reviewed. Rx for Keflex.
3	Regional Medical Center of SJ	02/15/2019	Chart note reviewed. Rx for 5 days of cephalexin.
4	Regional Medical Center of SJ	02/25/2019	Chart note reviewed. Rx for Keflex.
5	SCVMC Acute Care Hospital	03/09/2019	Chart note reviewed. Rx for Keflex 500mg, #20/10 days.
6	Regional Medical Center of SJ	01/10/2019	Chart note reviewed. Rx for Keflex.
7	O'Connor Hospital	02/24/2019	Chart note reviewed. Received ceftriaxone 1 gram IV x1 in ER. Rx for Keflex.
8	O'Connor Hospital	03/23/2019	Chart note reviewed. Rx for cephalexin 250mg/5mL, #120/10 days.

Section 4 – Pharmacies

Pharmacy Locations

SCFHP has four 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

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 approved claims, 8 were appropriate and 1 required further chart review to see why ciprofloxacin was prescribed for day supply of 2 (recommended duration of treatment for UTI is 3 days). Upon chart review, it was found to be appropriate. All 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 sampled members from the previous quarter 2018Q4.

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.

Pharmacy & Therapeutics Committee

DISCUSSION ITEMS

Pipeline Agents



Independent, Trend-Focused
Pharmacy Benefit Manager™



Santa Clara Family
Health Plan™

High Impact-Interest Agent Pipeline

2nd Quarter 2020

Tukysa (breast cancer)-C
 Farxiga (heart failure)-NI, A
 obeticholic acid (NASH)-BT
 ofatumumab (MS) -C
 Elagolix/E2/NE (fibroids)-NI, C

4th Quarter 2020

berotralstat (HAE)-C
 ide-cel (multiple myeloma) BT†
 inclisiran (hypercholesterolemia)-C
 Rolontis (neutropenia)-C
 roxadustat (anemia of CKD)-C
 leronlimab (HIV)-A

1Q20

2Q20

3Q20

4Q20

1Q21

1st Quarter 2020

Nexletol, Nexlizet (hypercholesterolemia)-A
 Zeposia (MS)-C

3rd Quarter 2020

filgotinib (RA)-C
 val-rox (hemophilia)-BT
 veverimer (metabolic acidosis)-C
 Viaskin Peanut (peanut allergy)-C
 risdiplam (SMA)-C

Not Yet Filed

aducanumab (Alzheimer's)-BT†
 relugolix/E2/NE (uterine fibroids)-C
 voclosporin (lupus nephritis) -C
 remdesivir (Covid-19)-BT

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*

E2/NE = estradiol/norethindrone acetate

Generic Pipeline

HIGH IMPACT

Aug 2020
Pomalyst

Sept 2020
Truvada
200mg/300mg

2020 - 2021
Restasis*
Thalomid

Nov 2020
Dulera

2Q2020

3Q2020

4Q2020

April 2020
Oxytrol for Women
Aptivus capsule
Aptivus oral soln
Humalog Mix 75/25
Kwikpen †

June 2020
Afinitor 10mg*

1H 2020
Aptensio XR
Saphris

2020
Nexium 20mg & 40mg pkt for
oral susp
Zytiga 500mg
Byetta
Cuvposa
Forteo
Kaletra tablets

Sept 2020
Atripila
Tykerb

Oct 2020
Omnaris
**Kuvan pwd for
oral susp
Kuvan tablet**

2H 2020
Korlym

Dec 2020
Absorica

MEDIUM /LOW IMPACT

Bold font = new to slide
Red font = launched
***NO exclusivity**
† Authorized Generic