SAN FRANCISCO HEALTH PLAN *Here for you*	**Pharmacy Services** **San Francisco Health Plan Pharmacy & Therapeutics Committee** **Wednesday, April 20, 2022** **7:30AM – 9:30AM** **50 Beale St., 13th Floor, San Francisco, CA 94119 (Held remotely via MS Teams)**	
Meeting called by:	Kaitlin Hawkins, Pharm. D	**Minutes:** Luke Nelson (SFHP Pharmacy Analyst)
Meeting Objective:	Vote on proposed formulary and prior authorization (PA) criteria changes	**Type of meeting:** Quarterly
Member Votes Cast:	**Voting Members:** Nicholas Jew, MD Ronald Ruggiero, Pharm. D Jamie Ruiz, MD Laura Feeney, Pharm. D (Representing Dr Truong who is on leave) Maria Lopez, Pharm. D Steven Wozniak, MD Joseph Pace, MD Robert (Brad) Williams, MD	**Others in Attendance:** Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Eileen Kim, Pharm. D (SFHP Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist)
Members Absent:	Fiona Donald, MD (SFHP Chief Medical Officer)	
Meeting Materials:	Summary of all approved changes is posted under "Materials" section at https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/ SFHP formulary and prior authorization criteria are located at https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/	

	Topic	Brought By	Discussion	Action
1.	Call to Order	Kaitlin Hawkins, Pharm. D	The meeting was called to order at 7:31 am. • Agenda overview • Conflict of Interest check	Introduction agenda topics done.
2.	Informational Updates	Kaitlin Hawkins, Pharm. D	Medi-Cal Rx pharmacy benefits carve-out went live 1/1/2022 • DHCS has temporarily removed some claim processing restrictions and rejection edits • DHCS has delayed reactivating edits while they work on a Quality Improvement and Communication plan to better communicate with providers. • Removal of Continuity of Care overrides is currently planned for 7/1, at which point Prior Authorizations need to be renewed. ○ No proactive resubmission acceptance date set or announced by DHCS	

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			Committee Discussion: The committee inquired about navigating claim rejections after the transition period and noted clear information was needed from DHCS. The committee also inquired about informational materials; a plan analysis comparing the current DHCS contract drugs list and former SFHP formulary is underway and will be shared when available.	
3.	Review and Approval of January 19, 2022 P&T minutes *(pp.5 - 8 of April 2022 P&T Packet)*	Kaitlin Hawkins, Pharm. D	The committee approved the minutes as presented.	**VOTE:** **Review and Approval of January 19, 2022 P&T Minutes** Approved minutes as presented. *Vote: Unanimous approval (8/8)*
4.	**Cardiology** Dyslipidemia Class Review *(pp.9 - 26)*	Jessica Shost, Pharm. D	*The plan presented class reviews and recommendations for cardiology medications.* *Major recommendations included the following:* **Last reviewed:** April 2019 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • No changes recommended at this time **Prior Authorization (PA) Criteria Update:** • Update PSCK9 Inhibitors criteria to include Leqvio® as non-formulary and maintain Repatha® as preferred based on comparable cost-effectiveness **Drug Utilization Review (DUR) Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Cardiology:** Approved recommendations as presented. **Dyslipidemia Class Review** *Vote: Unanimous approval (8/8)*
5.	**Cardiology** Heart Failure, Stable Angina, and Coronary Artery Disease Class Review *(pp.27 - 48)*	Kaitlin Hawkins, Pharm. D	*Major recommendations included the following:* **Last reviewed:** October 2020 **Formulary Update***:* (Healthy Workers HMO): • Based on current guideline recommendations, remove step requirement for Entresto® (move to tier 2) to allow initiation upon diagnosis of symptomatic heart failure and use regardless of ejection fraction per current guidelines **PA Criteria Update:** • Retire Entresto® criteria based on formulary change above • Update SGLT2 Inhibitors criteria to incorporate expanded FDA-approval of Jardiance® to include heart failure with preserved ejection fraction **DUR Update:** • See separate analysis of heart failure adherence and regimens for Medi-Cal members **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Cardiology:** Approved recommendations as presented. **Heart Failure, Stable Angina, and Coronary Artery Disease Class Review** *Vote: Unanimous approval (8/8)*

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6.	**Cardiology** Heart Failure Adherence and Regimen Selection Drug Utilization Review *(pp.49 - 52)*	Jessica Shost, Pharm. D	*The plan presented a DUR monitoring review of heart failure medications.* **Goal:** • Assess adherence and evaluate regimen selection for Medi-Cal members on medications to treat heart failure. **Future Plans:** • Explore the feasibility of adding "diagnosis" as a filter for the PDC dashboard going forward. • Provide supplemental education to members on the importance of strict adherence to heart failure medication regimens to reduce risk of poor outcomes. • Provide supplemental education to providers on strategies to assess and address medication adherence. • Provide educational materials to providers outlining the guideline recommendations for heart failure, including CDL formulary status and possible opportunities for regimen optimization identified in this analysis. **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
7.	**Immunology** Rezurock™ (belumosudil) Monograph *(pp.53 - 58)*	Jessica Shost, Pharm. D	*The plan presented a monograph and recommendations for an immunology medication.* *Major recommendations included the following:* **Last reviewed:** n/a **Formulary Update:** (Healthy Workers HMO): • Add Rezurock™ to formulary tier 3 with PA required to ensure appropriate diagnosis **PA Criteria Update:** • Utilize existing Oral and Intravenous Oncolytics general criteria for any requests, allowing approval per NCCN guidelines **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Immunology:** Approved recommendations as presented. **Rezurock™ (belumosudil) Monograph** *Vote: Unanimous approval (8/8)*

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8.	**Infectious Disease** Antiparasitics Class Review *(pp.59 - 79)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for antiparasitic medications.* *Major recommendations included the following:* **Last reviewed:** October 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Remove Alinia® (nitazoxanide) 100mg/5mL oral suspension from formulary due to lack of utilization and whole tablet dosage form available **PA Criteria Update:** • None **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Infectious Disease:** Approved recommendations as presented. **Antiparasitics Class Review** *Vote: Unanimous approval (8/8)*
9.	**Infectious Disease** Formulary Modification Request: Vemlidy® (tenofovir alafenamide) *(pp.80 - 83)*	Kaitlin Hawkins, Pharm. D	*The plan presented a formulary modification request sent by a network provider.* *Review of request and major recommendations included the following:* **Formulary Update***:* (Healthy Workers HMO): • Recommend maintaining Vemlidy® as formulary tier 3 with PA required at this time due to availability of other cost-effective first-line options **PA Criteria Update:** • Recommend no changes to Hepatitis B criteria **Committee Discussion:** *The committee reviewed PA criteria and noted the option for PA approval across a variety of circumstances (such as HIV drug-drug interactions). The committee also noted that while bone and renal adverse effects may be lesser with Vemlidy® versus tenofovir disoproxil fumarate, lipid abnormalities and cardiovascular adverse effects may be of concern, and available data is more limited.*	**VOTE:** **Infectious Disease:** Approved recommendations as presented. **Formulary Modification Request: Vemlidy® (tenofovir alafenamide)** *Vote: Unanimous approval (8/8)*
10.	**Neurology** Qulipta™ (atogepant) Monograph *(pp.84 - 95)*	Kaitlin Hawkins, Pharm. D	*The plan presented monographs and recommendations for neurology medications.* *Major recommendations included the following:* **Last reviewed:** n/a **Formulary Update:** (Healthy Workers HMO): • Add Qulipta™ to formulary tier 3 and require prior authorization to ensure appropriate diagnosis and use of preferred alternatives **PA Criteria Update:** • Update Migraine Prevention criteria to incorporate Qulipta™ on par with Emgality® and preferred over Nurtec® ODT **DUR Update:** • None **Committee Discussion:**	**VOTE:** **Neurology:** Approved recommendations as presented. **Qulipta™ (belumosudil) Monograph** *Vote: Unanimous approval (8/8)*

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			The committee had no comments or questions.	
11.	**Neurology** Trudhesa™ (dihydroergotamine mesylate) Monograph *(pp.96 - 102)*	Kaitlin Hawkins, Pharm. D	*Major recommendations included the following:* **Last reviewed:** n/a **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Maintain non-formulary at this time; utilize general Non-Formulary Medications criteria for any requests **PA Criteria Update:** • None **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Neurology:** Approved recommendations as presented. **Trudhesa™ (belumosudil) Monograph** *Vote: Unanimous approval (8/8)*
12.	**Rheumatology** Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs Class Review *(pp.103 - 148)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for rheumatology medications.* *Major recommendations included the following:* **Last reviewed:** July 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Remove the following biologic DMARDs from formulary tier 3 based on non-preferred status per criteria and minimal utilization (authorize continuity): Cimzia® (certolizumab), Simponi® (golimumab), Kineret® (anakinra), Xeljanz®/XR (tofacitinib) • Remove Trexall® (methotrexate) tablet from formulary tier 3 due to lack of drug-specific criteria for use and no utilization **PA Criteria Update:** • Update Disease Modifying Biologics Criteria to incorporate recently approved FDA indications: o JIA and AS for Xeljanz®/XR o PsA for Tremfya®, Skyrizi®, and Rinvoq® **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Rheumatology:** Approved recommendations as presented. **Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs Class Review** *Vote: Unanimous approval (8/8)*

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13.	DUR Program Updates and Educational Items *(pp. 149 - 163)*	Jessica Shost, Pharm. D	*The plan presented DUR program updates and educational items.* **Topics:** • Managing Chronic Pain • Emergency Contraception • Understanding Migraines and Preventive Therapy • Naloxone: How to Use • Pertussis Information Sheet • Safe Disposal of Medication **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
14.	Medication Therapy Management (MTM) 2020 Program Summary and Results (pp. 164 - 171)	Jessica Shost, Pharm. D	*The plan presented an annual review of the MTM program.* **Program Goals:** • Individualize an optimal medication regimen for members engaged in Care Management. • Support member self-management with medication knowledge and compliance aids. • Meet DHCS program expectations and NCQA accreditation requirements for MTM. **Summary**: • Pharmacists complete comprehensive medication assessments and medication reconciliation to ensure optimal drug, dose, and regimen for the members. All interventions and recommendations are documented in the Care Management system to promote transparency and integration of member's care. **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
15.	Annual Pharmacy Policies and Procedures (P&Ps) Review *(pp.172 - 194)*	Kaitlin Hawkins, Pharm. D	*The plan presented changes to the Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:* **Document Changes** ***Pharm-01:*** *Pharmacy and Therapeutics Committee* **Update:** • In response to comments from DMHC filing: o Added provision requiring P&T be majority comprised of individuals who are practicing physicians, practicing pharmacists, and other practicing health care professionals who are licensed to prescribe drugs, consistent with Section 1367.41(b)(2). o Added provision of requiring at least 20 percent of PT committee membership shall not have a conflict of interest with respect to the issuer or any pharmaceutical manufacturer, consistent with Section 1367.41(e). o Added provision of having a mental health (MH)/ substance use disorder (SUD) as a voting member of the P&T committee to ensure parity of medical/surgical and MH/SUD services due to SB-855 Mental Health/Substance Use Disorder Coverage. o Added incorporation of applicable nonprofit	**VOTE:** **Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)** Approved recommendations as presented. *Vote: Unanimous approval (8/8)*

	Topic	Brought By	Discussion	Action
			organization-developed MH/SUD criteria under sources used in adoption of o UM criteria for SB-855 Mental Health/Substance Use Disorder Coverage. o Added the APL under References. • Removed/cleaned up Medi-Cal LOB language as the pharmacy benefit has transitioned over to Medi-Cal Rx. • In response to DMHC APL 22-004 Step Therapy Coverage Guidance: o Added regulatory required PA criteria, including step therapy criteria, are referenced to determine SFHP's PA criteria. ***Pharm-02:*** *Pharmacy Prior Authorization* **Update:** • In response to comments from DMHC filing: o Clarified that copies of the clinical review criteria or benefit provision used in the UM determination will be provided at no cost. 1374.721(e)(3). o Aligned definition of "Reconsiderations" to be consistent with 1300.68(a)(1) and they are processed as grievances/ appeals. o Added definition of Medical Necessity, to clarify the inclusion of MH/SUD treatments. • Removed/cleaned up Medi-Cal LOB language as the pharmacy benefit has transitioned over to Medi-Cal Rx. • In response to DMHC APL 22-004 Step Therapy Coverage Guidance: o Provided more explicit language to clarify SFHP's Pharmacy Prior Authorization process includes reviewing Step Therapy exceptions requests, along with other exception requests such as formulary limits, or formulary exception requests. ***Pharm-08:*** *Annual Review of Formulary, Prior Authorization Criteria, and Policies* **Update:** • In response to comments from DMHC filing: o For SB-855, added provisions to ensure, if/when applicable, Mental Health (MH)/Substance Use Disorder (SUD) criteria developed by nonprofit professional associations named in APL 21-002 are applied accordingly. • Removed/cleaned up Medi-Cal LOB language as the pharmacy benefit has transitioned over to Medi-Cal Rx. ***Pharm-13:*** *After-Hours Pharmacy Access* **Update:** • Updated Monitoring item #1 and #2 to reflect current process.	

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			• Clarified that the quarterly claims tracking report consists of SFHP Medi-Cal prescription claims. • SFHP Pharmacy monitors SFHP's HW HMO Pharmacy network to ensure a 24-hour pharmacy location and not Medi-Cal Rx's Pharmacy network. benefit. **Committee Discussion:** *The committee had no comments or questions.*	
16.	Review and Approval of Prior Authorization Criteria Interim Changes *(pp.195 - 197)*	Kaitlin Hawkins, Pharm. D	*The plan presented Prior Authorization Criteria interim changes (New Criteria, Revised Existing Criteria & a table of criteria that were evaluated per the Annual review process where no clinical changes were made) for review and approval* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Prior Authorization Criteria Interim Changes** Approved recommendations as presented. *Vote: Unanimous approval (8/8)*
17.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market *(pp.198 - 201)*	Kaitlin Hawkins, Pharm. D	*The plan presented interim formulary changes and formulary status for new drugs to market.* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** Approve recommendations as presented. *Vote: Unanimous approval (8/8)*
18.	**Appendix** Magellan Pipeline Report *(pp 202 -245)*	Steve Nolan, Pharm. D	*The plan provided information published by Magellan Rx regarding new developments in the pharmacy market.* **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
19.	Adjournment	Kaitlin Hawkins, Pharm. D	The meeting adjourned at 9:31 am. 2022-2023 P&T Committee Meeting dates are: • Wednesday, July 20, 2022 • Wednesday, October 19, 2022 • Wednesday, January 18, 2023 • Wednesday, April 19, 2023	

Respectfully submitted by:

7/20/2022

Eddy Ang, MD
Senior Medical Director

Date