



Here for you

Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, April 19, 2023

7:30AM – 9:30AM

50 Beale St., 13th Floor, San Francisco, CA 94119

Meeting called by:	Eddy Ang, MD	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: Eddy Ang, MD (SFHP Chief Medical Officer) Nicholas Jew, MD Maria Lopez, Pharm. D Joseph Pace, MD (remote attendance) Ronald Ruggiero, Pharm. D Linda Truong, Pharm. D (remote attendance) Robert (Brad) Williams, MD (remote attendance) James Lee, MD Steven Wozniak, MD	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Eileen Kim, Pharm. D (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager) Veronica Garcia (SFHP Pharmacy Analyst)
Members Absent:	Jamie Ruiz, MD	
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	Eddy Ang, MD	The meeting was called to order at 7:34 am. <ul style="list-style-type: none"> Agenda overview Conflict of interest check Remote committee member attendance approval: three voting members attending remotely provided rationale (family illness/childcare) which meets legal requirements. Six voting members in physical attendance met quorum and voted to allow remote participation. Reviewed remote attendance procedures as per the Brown Act and AB 2449 	Introduction and agenda topics done. <i>Vote: Unanimous approval (6/6)</i>
2.	Informational Updates	Eddy Ang, MD,	Updates <ul style="list-style-type: none"> Kaitlin Hawkins is designated P&T committee chair position as a non-voting member 	

	Topic	Brought By	Discussion	Action
3.	Review and Approval of January 18, 2023 P&T minutes (pp.5 - 14 of April 2023 P&T Packet)	Eddy Ang, MD	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of January 18, 2023 P&T Minutes</u> Approved minutes as presented. <i>Vote: Unanimous approval (9/9)</i>
4.	Cardiology Camzyos™ (mavacamten) Monograph (pp.15 -20)	Jessica Shost, Pharm. D	<i>The plan presented a monograph and recommendations for cardiology medication.</i> <i>Major recommendations included the following:</i> Last reviewed: n/a Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Maintain non-formulary at this time due to small potentially eligible population and REMS requirement Prior Authorization (PA) Criteria Update: <ul style="list-style-type: none"> None; leverage Non-Formulary Medications criteria for any requests Drug Utilization Review (DUR) Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Cardiology: Approved recommendations as presented. <u>Camzyos™ (mavacamten) Monograph</u> <i>Vote: Unanimous approval (9/9)</i>
5.	Psychiatry Opioid, Nicotine, and Alcohol Dependence Class Review (pp.163 - 177) <i>**Presentation order adjusted from agenda for committee member schedule conflict</i>	Jessica Shost, Pharm. D	<i>The plan presented a class review and recommendations for psychiatry medications.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2021 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Add Kloxxado® (naloxone) nasal spray to formulary tier 2 based on comparative cost-effectiveness PA Criteria Update: <ul style="list-style-type: none"> Update Narcotic Withdrawal Therapy Agents criteria to remove discontinued Bunavail® and requirement for X license DUR Update: <ul style="list-style-type: none"> Review separate adherence analysis for drugs for dependence disorders Committee Discussion: <i>The committee commented on bupropion use for smoking cessation, including other dosage forms classified for depression. The plan confirmed that dosage forms indicated for depression could be used off-label for smoking cessation but are not included in this review.</i>	VOTE: Psychiatry: Approved recommendations as presented. <u>Opioid, Nicotine, and Alcohol Dependence Class Review</u> <i>Vote: Unanimous approval (9/9)</i>
6.	DUR Analysis: Dependence Medications Adherence (pp. 178 - 181) <i>**Presentation order adjusted from agenda for committee member</i>	Jessica Shost, Pharm. D	<i>The plan presented a DUR analysis on member adherence for dependence medications.</i> Goal: Assess adherence for Medi-Cal and Healthy Worker HMO members on medications to treat opioid use disorder, alcohol use disorder, and	<i>Non-voting item</i>

	Topic	Brought By	Discussion	Action
	schedule conflict		<p>tobacco use disorder.</p> <p>Summary: For all medications intended to treat substance use disorder, the average proportion of days covered (PDC) for SFHP members is well below the threshold for effectiveness and the single-fill rate for new-starts is high. This population is not well suited to the SFHP Care Management program; the program is intended to be a short-term relationship connecting members with care. Members experiencing substance use disorder often require sustained support from their care team to remain successful with treatment.</p> <p>For this reason, it is important that SFHP fosters a relationship with care organizations that focus on this population. Next steps will include an outreach to providers specializing in substance use disorder to determine if there are any ongoing projects on adherence SFHP can support. We will also be able to discuss the findings of this report and see if providers in the field feel that any of the results are unexpected.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Members may receive medications to treat dependence through another source, such as a treatment clinic with outside funding. • Data is not available for members on methadone to treat SUD. • Members may undergo a non-pharmacological approach to substance use treatment which would not be reflected here. • Claims data may not always be representative of how members are taking their medications. <p>Committee Discussion: <i>The committee asked regarding alcohol use treatment not represented for Healthy Workers HMO in Figure 1: Average PDC for Medications to Treat Dependence, CY2022. The plan advised that due to low number of HW utilizers (<12), PDC average could not be calculated.</i> <i>The committee discussed the correlation between high provider interaction and treatment continuation for dependence disorders. Provider outreach directly or via letters could be helpful. Patient linking, especially in jail situations and mental health would be a useful resource.</i> <i>The committee noted population inequities, such as higher PDC for Black-identified members for alcohol use disorder treatment and recommended further analysis of this population to identify best practices. SFHP is currently rolling out new programs, such as Community Supports, which may support member linkage to care and reduce barriers.</i></p>	
7.	<p>Endocrinology Diabetes Types 1 & 2 Therapeutic Class Review (pp.21 - 63)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for endocrinology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2021 Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Add the following basal insulins to formulary tier 1 based on comparative cost-effectiveness: <ul style="list-style-type: none"> ○ insulin glargine (Lantus Solostar®) and insulin glargine- 	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Diabetes Class Review <i>Vote: Unanimous approval (9/9)</i></p>

	Topic	Brought By	Discussion	Action
			<p>yfgn (Semglee®) pen and vial</p> <ul style="list-style-type: none"> ○ Rezvoglar™ Kwikpen® (insulin glargine-aglr) 100u/mL pen <ul style="list-style-type: none"> • Remove the following basal insulins from formulary (authorize continuity for current utilizers) based on cost-effective alternatives available: <ul style="list-style-type: none"> ○ Basaglar Kwikpen® (insulin glargine) 100u/mL pen ○ Levemir® (insulin detemir) 100u/mL pen and vial • Remove the following insulins from formulary due to limited/no utilization (authorize continuity for current utilizers) and cost-effective alternatives available: <ul style="list-style-type: none"> ○ Humalog® (insulin lispro) cartridge and insulin lispro (Humalog Jr Kwikpen®) pen ○ Humalog Mix® (insulin lispro protamine-lispro) 50-50u/mL pen and vial and 75-25u/mL vial ○ Humulin®/Novolin® (insulin human NPH-regular) 70-30u/mL pen and vial (OTC) <p><u>Healthy Workers HMO only:</u></p> <ul style="list-style-type: none"> • Update step requirement for insulin degludec to require new preferred glargine formulations above • Move Humulin R® U-500 (insulin regular) 500u/mL vial and pen from tier 1 to tier 3 and add step requirement (insulin glargine) • Add the SLT2i Farxiga® (dapagliflozin) and the following combinations to formulary tier 3 with metformin step therapy required based on utilization and comparative cost-effectiveness: <ul style="list-style-type: none"> ○ Xigduo® XR (dapagliflozin-metformin), Qtem® (dapagliflozin-saxagliptin) ○ Glyxambi® (empagliflozin-linagliptin), Trijardy® XR (empagliflozin-linagliptin-metformin) • Remove Invokana® (canagliflozin) and Invokamet®/XR (canagliflozin-metformin) from formulary due to cost-effective alternatives available with broader clinical use <p>Prior Authorization (PA) Criteria Update:</p> <ul style="list-style-type: none"> • Update Long-Acting (Basal) Insulins and SGLT2 Inhibitors criteria sets with formulary changes above <p>DUR Update:</p> <ul style="list-style-type: none"> • Recommend lettering campaign to providers to promote switch to cost-effective alternatives to Basaglar® • Review separate DUR analysis on diabetes medication adherence <p>Committee Discussion: <i>The committee commented on the interchangeability of new insulin formulations and indicated the usefulness of this information for provider education.</i></p>	
8.	<p>Endocrinology Diabetes Medications Adherence Drug Utilization Review (pp.64 - 67)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR analysis on member adherence for endocrinology medications.</i></p> <p>Goal: Assess adherence for Medi-Cal members on medications to treat diabetes.</p>	Non-voting item

	Topic	Brought By	Discussion	Action
			<p>Summary: Most drug classes had an average PDC at or above 80%, suggesting that many SFHP members and Healthy Workers HMO members are taking their antidiabetic medications regularly. Adherence is higher in the Asian and Pacific Islander population and lowest in the Black and Hispanic population. Single-fill non-adherence had a rate of 35% for new starts in 2Q22.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Create member educational materials around diabetes medication classes and the importance of adherence. • Build the single fill report to mimic the PDC report and analyze adherence by affinity groups. • Review members with single-fill non-adherence to metformin in order to ensure that they were not transitioned to another diabetic agent. • Outreach to the providers of members with single-fill non-adherence and recommend following up with the patient. • Outreach to clinics and organizations serving Black and Hispanic populations to provide support and gather recommendations. <p>Committee Discussion: <i>The committee inquired regarding available data on compliance and adherence with PCP visits and stratification by racial/ethnic. Requested SFHP analyze visit rate and engagement status.</i></p>	
9.	<p>Endocrinology Diabetes Supplies & Hypoglycemia Abbreviated Review (pp.68 - 81)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for endocrinology supplies and medications.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2021 Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Remove GlucaGen® HypoKit® kit and Gvoke vial, autoinjector and syringe from formulary due to lack of use and cost-effective alternatives available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • No changes recommended <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Diabetes Supplies & Hypoglycemia Abbreviated Review <i>Vote: Unanimous approval (9/9)</i></p>
10.	<p>Endocrinology Osteoporosis and Bone Disease Class Review (pp.82 - 96)</p>	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for endocrinology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Parathyroid Hormone criteria to remove preference for Tymlos® based on comparative cost-effectiveness 	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Osteoporosis and Bone Disease Class Review <i>Vote: Unanimous approval (9/9)</i></p>

	Topic	Brought By	Discussion	Action
11.	<p><u>Gastroenterology</u> Gastrointestinal Miscellaneous Medications Abbreviated Review (pp.97 - 106)</p>	Tammie Chau, Pharm D	<p>DUR Update:</p> <ul style="list-style-type: none"> None <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p> <p><i>The plan presented an abbreviated class review and recommendations for gastroenterology medications.</i> <i>Major recommendations included the following:</i></p> <p>Last reviewed: July 2021</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add quantity limit to loperamide (Imodium®) (quantity 30/30 days' supply) Maintain bismuth-metronidazole-tetracycline (Pylera®) capsule, Voquezna™, Clenpiq®, Konvomep® as non-formulary at this time due to cost-effective alternatives available Remove sucralfate (Carafate®) oral suspension from formulary due to cost-effective alternatives available and lack of pediatric population (authorize continuity for any current utilizers) <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Proton Pump Inhibitors criteria to list Konvomep® as nonformulary (not currently listed) <p>DUR Update:</p> <ul style="list-style-type: none"> Review member utilization for loperamide (Imodium®) in Healthy Workers HMO to assess for potential misuse <p><u>Committee Discussion:</u> <i>The committee pointed out that HIV patients may chronically use loperamide 2-3 times per day. SFHP will assess for concomitant HIV medications on DUR review.</i></p>	<p>VOTE: <u>Gastroenterology:</u> Approved recommendations as presented.</p> <p><u>Gastrointestinal Miscellaneous Medications Abbreviated Review</u> <i>Vote: Unanimous approval (9/9)</i></p>
12.	<p><u>Gastroenterology</u> Pancreatic Enzymes Class Review (pp.107 – 113)</p>	Tammie Chau, Pharm D	<p><i>The plan presented a class review and recommendations for gastroenterology medications.</i> <i>Major recommendations included the following:</i></p> <p>Last reviewed: October 2019</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> None (no active criteria) <p>DUR Update:</p> <ul style="list-style-type: none"> None <p><u>Committee Discussion:</u> <i>The committee stated that some groups (e.g., Russian populations) historically have used enzymes as a digestive. Current utilization may include this off-label use, as formulary products are not restricted by diagnosis.</i></p>	<p>VOTE: <u>Gastroenterology:</u> Approved recommendations as presented.</p> <p><u>Pancreatic Enzymes Class Review</u> <i>Vote: Unanimous approval (9/9)</i></p>

	Topic	Brought By	Discussion	Action
13.	Nephrology Chronic Kidney Disease and Mineral and Bone Disorder Class Review (pp.114 - 124)	Eileen Kim, Pharm. D	<i>The plan presented a class review and recommendations for nephrology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Remove Phoslyra® (calcium acetate) from the formulary due to available alternatives and no utilization PA Criteria Update: <ul style="list-style-type: none"> Update Phosphate Binders criteria to reflect above formulary change DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Nephrology: Approved recommendations as presented. Chronic Kidney Disease and Mineral and Bone Disorder Class Review <i>Vote: Unanimous approval (9/9)</i>
14.	Nephrology Filspari™ (sparsentan) Monograph (pp.125 - 130)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a monograph and recommendations for nephrology medication.</i> <i>Major recommendations included the following:</i> Last reviewed: n/a Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Maintain non-formulary at this time due to limited indication and efficacy data and safety concerns PA Criteria Update: <ul style="list-style-type: none"> None; leverage Non-Formulary Medications criteria for any requests DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Nephrology: Approved recommendations as presented. Filspari™ (sparsentan) Monograph <i>Vote: Unanimous approval (9/9)</i>
15.	Neurology Migraine Class Review (pp.131 - 148)	Eileen Kim, Pharm. D	<i>The plan presented a class review and recommendations for neurology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: April 2021 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Add Aimovig® to formulary tier 3 with PA required based on comparative cost-effectiveness Remove age limits to reflect Healthy Worker HMO population (no pediatric membership) PA Criteria Update: <ul style="list-style-type: none"> Update Triptans criteria to remove age limits DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Neurology: Approved recommendations as presented. Migraine Class Review <i>Vote: Unanimous approval (9/9)</i>

	Topic	Brought By	Discussion	Action
16.	Obstetrics & Gynecology Endometriosis and Uterine Fibroids Class Review (pp.149 - 162)	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for obstetrics/gynecology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: April 2020</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Remove Lupaneta® Pack from Endometriosis criteria due to manufacturer discontinuation • Update Uterine Fibroids criteria to include Lupron Depot® based on FDA-approved indication <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Obstetrics & Gynecology: Approved recommendations as presented.</p> <p>Endometriosis and Uterine Fibroids Class Review <i>Vote: Unanimous approval (9/9)</i></p>
17.	DUR Program Updates and Educational Items (pp. 182 - 183)	Jessica Shost, Pharm. D,	<p><i>The plan presented a fraud, waste and abuse DUR review for multiple providers and multiple pharmacies for Q1 2023.</i></p> <p>Goal: Review the top 50 utilizing SFHP Medi-Cal members with the highest count of unique prescribers and unique pharmacies in the past year to determine if Medi-Cal members are receiving proper continuity of care.</p> <p>Summary: Members utilizing multiple pharmacies or multiple providers were likely to be on ten or more unique medications. The members with a high number of different pharmacies used appeared to be at risk of avoidable waste. Members with many unique drugs and many different pharmacies are likely experiencing discontinuity of care – either as a result of ED use or multiple primary care providers. One clear exception is members using specialty pharmacies – these members must use multiple pharmacies in order to receive complete care. Of the individual members reviewed seeing multiple providers, none of the members reviewed received specialty care, and all had a high quantity of unique medications. Unlike prior reviews, this data suggests that members with high multiple provider utilization may also be at an unaddressed risk for duplicative therapy.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Refer members with top 50 multiple pharmacy utilization and no specialty pharmacy use to Care Management • Refer members with top 50 multiple provider utilization to Care Management • Continue to monitor with quarterly reports <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	Non-voting item
18.	DUR Program Updates and Educational Items (pp. 184 - 186)	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR program member education document on heart failure medications for committee review and discussion.</i></p> <p>Summary</p> <ul style="list-style-type: none"> • Condition information and symptoms • Medicines and side effects 	Non-voting item

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> Dietary Tips and Project Open Hand <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
19.	DUR Program Updates and Educational Items (pp. 187 - 190)	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR analysis on member utilization for rescue inhaler medications.</i></p> <p>Summary The updated GINA guidelines (2022) recommend against SABA-only treatment. Overutilization in this analysis was identified as adult members with six or more claims of rescue inhalers in the year 2022. This may indicate a heavy reliance on SABA use, which may put them at risk of urgent asthma-related healthcare and poor outcomes. Pharmacies could have auto-refill programs or fill a 90-day supply of rescue inhaler at a time, which may contribute to SABA overutilization in this analysis. Collaboration with providers and pharmacies may be an important step to making any impact on rescue inhaler use in our members.</p> <p>Recommendations</p> <ul style="list-style-type: none"> Educate top prescribers with updated GINA guidelines and emphasize use of controller inhalers Share data with medical groups: SFHN, UCSF, NEMS to help AMR initiatives Inquire with the top filling pharmacies on the following questions, and collaborate to reduce SABA overuse: <ul style="list-style-type: none"> Are they filling more than 30 days' supply at a time? Do they have albuterol or levalbuterol on an auto-refill program? Review the overutilizers with no diagnosis to assess for appropriate use of rescue inhalers Identify members who would benefit from the Medication Adherence Program (MAP) <p>Committee Discussion: <i>The committee noted that URI/bronchitis tends to increase albuterol utilization, and COVID impact may influence data as well. Provider outreach letter or survey for further information is recommended. Guideline recommendations have changed, and dual therapy inhalers are considered superior to albuterol alone based on mortality data. AMR is an at-risk HEDIS measure for SFHP and is currently one of the primary focuses of the 2023 quality improvement workplan.</i></p>	Non-voting item
20.	DUR Program Updates and Educational Items (pp. 191 - 199)	Kaitlin Hawkins, Pharm. D	<p><i>The plan provided a 4Q2022 DUR report on prospective edits for committee review and discussion. Presentation was deferred due to time restrictions.</i></p> <p>Summary & Recommendations This report and analysis provide regular oversight for prospective DUR edits, including denial and report-only errors, and supports optimization of the formulary for safe and effective treatment while preventing waste and abuse. This report represents the first iteration for Health Workers HMO only following transition of Medi-Cal to Medi-Cal Rx.</p> <p>Reporting Recommendations:</p>	Non-voting item

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> • Correction of Entresto® coding as above • Continue quarterly review of the Prospective DUR Report, with presentation of notable findings and resulting recommendations for formulary changes to P&T as needed. <p><u>Drug-Specific Formulary Recommendations:</u></p> <ul style="list-style-type: none"> • None <p><u>DUR Education Recommendations:</u></p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
21.	Annual Medication Therapy Management Program Results 2022 (pp. 200 – 206)	Tammie Chau, Pharm D	<p><i>The plan presented 2022 MTM Program results for committee review and discussion.</i></p> <p>Program Goals</p> <ul style="list-style-type: none"> • Individualize an optimal medication regimen for members engaged in Care Management. • Support member self-management with medication knowledge and compliance aids. • 3) Meet DHCS program expectations and National Committee for Quality Assurance (NCQA) accreditation requirements for MTM. <p>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. Medication Adherence Program was started in December 2022 as a quality improvement initiative for members who may not be eligible for Care Management program that could benefit from medication reconciliation.</p> <p>The pharmacy benefit transitioned from SFHP to Medi-Cal Rx on January 1, 2022. This limited SFHP Pharmacy team’s autonomy in coordination of medications such as medication synchronization, early refill overrides, covering over-the-counter products, and authorizing non-formulary medications based on medical necessity. SFHP Pharmacy team ensured continuity of care for members by advocating at State level and participating in Magellan weekly office hour calls.</p> <p>Next Steps: CMS has approved a MTM benefit for Medi-Cal beneficiaries; however, it is focused on community pharmacists providing face-to-face consultation. Advocacy for MTM benefit to include managed care pharmacists could increase the utility of this intervention, particularly for the high-risk population that are identified by Care Management and Quality Improvement program that require more support and care coordination.</p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	Non-voting item

	Topic	Brought By	Discussion	Action
22.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.207 - 213)	Sue Chan	<p><i>The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i></p> <p>Document Changes <u>Pharm-08: Annual Review of Formulary, Prior Authorization Criteria, and Policies</u> Update: This policy is up for annual review. No changes were made.</p> <p><u>Pharm-13: After-Hours Pharmacy Access</u> Update: This policy is up for annual review. No changes were made.</p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)</u> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (9/9)</i></p>
23.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.214 - 215)	Eileen Kim, Pharm. D	<p><i>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.</i></p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (9/9)</i></p>
24.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.216 - 218)	Eileen Kim, Pharm. D	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented.</p> <p><i>Vote: Unanimous approval (9/9)</i></p>
25.	Appendix Magellan Pipeline Report 1Q2023 (pp 219 - 270)	Steve Nolan, Pharm. D	<p><i>The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q1 2023.</i></p>	<p><i>Non-voting item</i></p>
26.	Adjournment	Eddy Ang, MD	<p>The meeting adjourned at 9:32 am.</p> <p>2023-2024 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> • Wednesday, July 19, 2023 • Wednesday, October 18, 2023 • Wednesday, January 17, 2024 • Wednesday, April 17, 2024 	

Respectfully submitted by:



Eddy Ang, MD
Interim Chief Medical Officer

7/19/2023

Date