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Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 18, 2023

7:30AM – 9:30AM

50 Beale St., 13th Floor, San Francisco, CA 94119 (Held remotely via MS Teams)

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 Interim Chief Medical Officer) Nicholas Jew, MD Maria Lopez, Pharm. D Joseph Pace, MD Ronald Ruggiero, Pharm. D Linda Truong, Pharm. D Robert (Brad) Williams, MD James Lee, 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)
Members Absent:	Steven Wozniak, MD 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 7:32 am. <ul style="list-style-type: none"> Agenda overview Conflict of Interest check 	Introduction and agenda topics done.
2.	Informational Updates	Eddy Ang, MD Kaitlin Hawkins, Pharm. D	Updates <ul style="list-style-type: none"> Brown Act waiver ending February 28th, 2023 In-person P&T to resume in April <ul style="list-style-type: none"> Remote option available under extenuating circumstances with plan being informed beforehand Medi-Cal Rx phase 3 retirement of transition policy (continuity of care logic) for beneficiaries 22 years of age and older to start March 24, 2023 <ul style="list-style-type: none"> SFHP is currently developing an impact analysis report to identify target drugs for provider education and will provide to committee when available 	

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			<ul style="list-style-type: none"> Introduction of Dr. Lee from NEMS as newest P&T committee member 	
3.	Review and Approval of October 19, 2022 P&T minutes (pp.5 - 15 of January 2023 P&T Packet)	Eddy Ang, MD	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of October 19, 2022 P&T Minutes</u> Approved minutes as presented. <i>Vote: Unanimous approval (8/8)</i>
4.	Cardiology Pulmonary Hypertension Class Review (pp.15 - 35)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a class review and recommendations for cardiology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2021 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Maintain Tyvaso DPI™ and Tadiq® as non-formulary at this time due to available alternatives Prior Authorization (PA) Criteria Update: <ul style="list-style-type: none"> Update Pulmonary Hypertension criteria to list Tyvaso DPI™ and Tadiq® among non-formulary products Drug Utilization Review (DUR) Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Cardiology:</u> Approved recommendations as presented. <u>Pulmonary Hypertension Class Review</u> <i>Vote: Unanimous approval (8/8)</i>
5.	Endocrinology Androgens Class Review (pp.36 - 48)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a class review and recommendations for endocrinology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2020 Formulary Update: (Healthy Workers HMO only): <ul style="list-style-type: none"> Add Kyzatrex™ (testosterone undecanoate) oral capsule to formulary tier 3 with PA required to ensure appropriate diagnosis and trial/failure of preferred alternatives PA Criteria Update: <ul style="list-style-type: none"> Update Testosterone Replacement criteria to reflect formulary change listed above, list Tlando® (testosterone undecanoate) as nonformulary, and remove Striant® (testosterone) buccal tablet DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Endocrinology:</u> Approved recommendations as presented. <u>Androgens Class Review</u> <i>Vote: Unanimous approval (8/8)</i>
6.	Endocrinology Recorlev® (levoketoconazole) Monograph (pp.49 - 56)	Eileen Kim, Pharm. D	<i>The plan presented a monograph and recommendations for endocrinology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: n/a	VOTE: <u>Recorlev® (levoketoconazole) Monograph</u> <i>Vote: Unanimous approval (8/8)</i>

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			<p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Maintain Recorlev® as non-formulary at this time due to low utilization of class and other options available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Combine PA criteria for Recorlev® and Isturisa® (osilodrostat) into class criteria for adrenal steroid inhibitors <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
7.	<p><u>Gastroenterology</u> Antispasmodics Class Review (pp.57 - 65)</p>	Eileen Kim, 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"> Maintain Dartisla® (glycopyrrolate) ODT as non-formulary due to cost-effective alternatives available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> None <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: <u>Gastroenterology:</u> Approved recommendations as presented.</p> <p><u>Antispasmodics Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>
8.	<p><u>Hematology</u> Sickle Cell Class Review (pp.66 - 74)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for hematology medications.</i> <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"> None <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: <u>Hematology:</u> Approved recommendations as presented.</p> <p><u>Sickle Cell Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>

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9.	Hematology White Blood Cell Stimulators Class Review (pp.75 - 89)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for hematology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: April 2021</p> <p>Formulary Update: (Healthy Workers HMO only):</p> <ul style="list-style-type: none"> • Add Releuko® (filgrastim-ayow) and Flyneta® (pegfilgrastim-pbbk) to formulary and remove Nivestym® (filgrastim-aafi) and Ziextenzo® (pegfilgrastim-bmez) due to comparative cost-effectiveness • Maintain Rolvedon™ (eflapegrastim-xnst) and Stimufend™ (pegfilgrastim-fpgk) as non-formulary due to lack of safety or efficacy benefit and cost-effective alternatives available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update White Blood Cell Stimulators criteria to reflect formulary changes above and include Rolvedon™ among non-formulary long-acting products <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: Hematology: Approved recommendations as presented.</p> <p><u>White Blood Cell Stimulators Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>
10.	Infectious Disease Oral and Topical Antibiotics Class Review (pp.90 – 120)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented class reviews and recommendations for infectious disease medications.</i></p> <p><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"> • No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • None; maintain PA requirement for Dificid® (fidaxomicin) but allow preferred use over vancomycin for initial CDI episode in patients with risk for recurrence <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: Infectious Disease: Approved recommendations as presented.</p> <p><u>Oral and Topical Antibiotics Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>

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11.	Infectious Disease Vivjoa™ (oteseconazole) Monograph (pp.121 - 127)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a monograph and recommendations for infectious disease medications.</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 cost-effective alternatives available PA Criteria Update: <ul style="list-style-type: none"> Implement new Vivjoa™ criteria requiring documentation of recurrent VVC and trial/failure of fluconazole for approval DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Infectious Disease: Approved recommendations as presented. Vivjoa™ (oteseconazole) Monograph <i>Vote: Unanimous approval (8/8)</i>
12.	Neurology Multiple Sclerosis Class Review (pp.128 - 141)	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: October 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Maintain Ponvory® (ponesimod) and Tascenso (fingolimod) ODT™ as non-formulary due to other available alternatives PA Criteria Update: <ul style="list-style-type: none"> Update Multiple Sclerosis criteria to include Ponvory® and Tascenso ODT™ as non-formulary 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. Multiple Sclerosis Class Review <i>Vote: Unanimous approval (8/8)</i>
13.	Obstetrics & Gynecology Contraceptives Class Review (pp.142 – 152)	Jessica Shost, Pharm. D	<i>The plan presented a class review and recommendations for obstetrics and gynecology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: April 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> Add OTC levonorgestrel 1.5mg tablet to formulary tier 1 based on utilization and cost-effectiveness Remove medroxyprogesterone acetate (Depo-Provera®) injection from formulary due to lack of utilization and availability on the medical benefit PA Criteria Update: <ul style="list-style-type: none"> None (no active criteria) DUR Update: <ul style="list-style-type: none"> Review separate analysis of contraceptive PDC and regimen choice Committee Discussion: <i>Committee discussed options regarding medroxyprogesterone</i>	VOTE: Obstetrics & Gynecology: Approved amended recommendations, with decision to keep medroxyprogesterone on formulary after committee discussion. Contraceptives Class Review <i>Vote: Unanimous approval (8/8)</i>

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			<p><i>formulary status, deciding to retain formulary status for current lines of business.</i></p>	
14.	<p>DUR Analysis: Contraceptives Adherence (pp. 153 - 156)</p>	<p>Jessica Shost, Pharm. D</p>	<p><i>The plan presented a DUR analysis on member adherence for contraceptive medications.</i></p> <p>Summary: Overall, average adherence of contraceptive medications not at the goal PDC of 80%. Strict adherence to oral contraceptives is imperative in preventing pregnancies. If three or more days of treatment is missed, or if it has been longer than 48 hours of taking an OCP, other methods of contraception are recommended to prevent unwanted pregnancy. To improve PDC, it may be beneficial to supply education to members about the importance of adherence to treatment regimens and redistribute education to pharmacies. Medi-Cal members using emergency contraception are at a higher risk of not receiving another form of hormonal birth control, further increasing their risk of unintended pregnancy. Hispanic and Black identifying members are also more likely to have a low PDC for contraceptive medications. Utilization of the one-year supply of contraceptives remains low after the educational outreach in 2019; this may reflect member and provider concerns around storage and/or tolerance.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Members may be using oral contraceptives for reasons other than birth control such as the treatment of acne. • Members may receive birth control through another source, such as planned parenthood or a college health program, which would not be reflected in SFHP's data. • Claims data may not always be representative of how members are taking their medications. • Claims data for Medi-Cal was limited to a three-month period while Healthy Workers HMO was assessed for one year. <p>Committee Discussion: <i>Dr. Wozniak stated that his practice has observed long term solutions such as intrauterine devices (IUDs) and the vaginal ring options tend to be superior therapy vs oral therapies due to ease of adherence. Dr. Ruggiero commented on the availability of a long-term intravaginal ring option which works for one year. SFHP then clarified that the mentioned therapies are covered on formulary as either a medical or pharmacy benefit. The committee suggested evaluating IUD and injectable contraceptive utilization in the medical benefit at the next review. The committee discussed outreach options to providers and pharmacies regarding improving adherence for contraceptives, including email campaign to pharmacies regarding the 12-month contraceptive dispensing option and provider lettering.</i></p>	<p><i>Non-voting item</i></p>

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15.	Obstetrics & Gynecology Miscellaneous Medications Abbreviated Review (pp.157 - 165)	Jessica Shost, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for obstetrics and gynecology medications. 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"> • Add mifepristone to formulary tier 1 based on new availability through pharmacies and limited alternatives • Remove Crinone® (progesterone) gel and Endometrin® (progesterone, micronized) vaginal insert from formulary due to primary use in an excluded indication (infertility) and lack of utilization • Remove Makena® (hydroxyprogesterone) autoinjector and hydroxyprogesterone vial from formulary due to no utilization and likely impending removal from market <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Retire Hydroxyprogesterone Caproate and Endometrin® Vaginal Inserts criteria based on formulary removal <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>SFHP clarified for the committee that removals were due to lack of utilization and market removals due to lack of efficacy (i.e., Makena)</i></p>	<p>VOTE: Obstetrics & Gynecology: Approved recommendations as presented.</p> <p>Miscellaneous Medications Abbreviated Review <i>Vote: Unanimous approval (8/8)</i></p>
16.	Psychiatry Insomnia Class Review (pp.166 - 179)	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for psychiatry medications. Major recommendations included the following:</i></p> <p>Last reviewed: October 2021</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Maintain Quviviq® (daridorexant) as non-formulary due to cost-effective alternatives available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Insomnia criteria to list Quviviq® as non-formulary and remove age limits of ≥16 from criteria to reflect Healthy Workers HMO population (no pediatric membership) <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: Psychiatry: Approved recommendations as presented.</p> <p>Insomnia Class Review <i>Vote: Unanimous approval (8/8)</i></p>
17.	Rheumatology Sotyktu™ (deucravacitinib) Monograph (pp.180 - 193)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented monographs and recommendations for rheumatology medications. Major recommendations included the following:</i></p> <p>Last reviewed: n/a</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Maintain non-formulary at this time due to multiple alternatives available on formulary <p>PA Criteria Update:</p>	<p>VOTE: Rheumatology: Approved recommendations as presented.</p> <p>Sotyktu™ (deucravacitinib) Monograph <i>Vote: Unanimous approval (8/8)</i></p>

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			<ul style="list-style-type: none"> Update Disease Modifying Drugs and Biologics criteria to incorporate Sotyktu™ as non-preferred <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>	
18.	DUR Program Updates and Educational Items (pp. 194 - 195)	Jessica Shost, Pharm. D	<p><i>The plan provided a fraud, waste and abuse DUR review for multiple providers and multiple pharmacies for Q4 2022. Presentation was deferred due to time constraints</i></p> <p>Summary Members with 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><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	Non-voting item
19.	DUR Program Updates and Educational Items (pp. 196 - 198)	Jessica Shost, Pharm. D	<p><i>The plan provided a DUR program member education document for committee review and discussion. Presentation was deferred due to time constraints.</i></p> <p>Summary</p> <ul style="list-style-type: none"> Condition information and symptoms Long-term or controller medicine Rescue medicine Mental health Tips Free resources <p><u>Committee Discussion:</u> <i>During discussion, Dr Ang informed the committee that Asthma medications and control vs rescue utilization ratios is a new HEDIS quality measure health plans are accountable for in 2023.</i></p>	Non-voting item

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20.	DUR Program Updates and Educational Items (pp. 199 - 201)	Jessica Shost, Pharm. D	<p><i>The plan provided a DUR program member education document for committee review and discussion. Presentation was deferred due to time constraints.</i></p> <p>Summary The most recent rDUR review performed by Magellan Rx identified far more members and providers than the prior rDUR efforts. This reflects the choice of a disease state common to the Health Workers HMO population, diabetes. It also underscores that appropriate statin therapy in diabetic patients is an area for improvement. Overall, this intervention has the possibility of positive impact among the wider Healthy Workers HMO population.</p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	Non-voting item
21.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.202 - 205)	Sue Chan	<p><i>The plan presented changes to the Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i></p> <p>Document Changes <u>Pharm-15: Generic Drug Management</u> Update: Updated to reflect current PBM's support with select monitoring reporting:</p> <ul style="list-style-type: none"> Updated to reflect current PBM's process that not all utilization data is normalized to a 30-day supply for benchmark comparability. Updated frequency of generic utilization metrics provided by the PBM (currently quarterly) <p>Clarified the responsible party for maximum allowable cost (MAC) list maintenance and review is SFHP's Pharmacy Services staff.</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 (8/8)</i></p>
22.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.206 - 207)	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 (8/8)</i></p>
23.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.208 - 210)	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 (8/8)</i></p>
24.	Appendix Magellan Pipeline Report 3Q2022 (pp 211 - 258)	Steve Nolan, Pharm. D	<p><i>The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q4 2022.</i></p>	Non-voting item

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25.	Adjournment	Eddy Ang, MD	The meeting adjourned at 9:32 am. 2023-2024 P&T Committee Meeting dates are: <ul style="list-style-type: none">• Wednesday, April 19, 2023• Wednesday, July 19, 2023• Wednesday, October 18, 2023• Wednesday, January 17, 2024	

Respectfully submitted by:



Eddy Ang, MD
Interim Chief Medical Officer

4/19/2023

Date