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Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 17, 2024

7:30AM – 9:30AM

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

Meeting called by:	Kaitlin Hawkins, Pharm. D	Minutes: Luke Nelson (SFHP Pharmacy Vendor Oversight Program Manager)
Meeting Objective:	Vote on proposed formulary and prior authorization (PA) criteria changes	Type of meeting: Quarterly
Member Votes Cast:	<p>Committee Chair: Kaitlin Hawkins, Pharm. D (non-voting)</p> <p>Voting Members: Monique Yohanan, MD, MPH (SFHP Senior Medical Director) Nicholas Jew, MD Ronald Ruggiero, Pharm. D Linda Truong, Pharm. D Robert (Brad) Williams, MD James Lee, MD Maria Lopez, Pharm. D Steven Wozniak, MD Joseph Pace, MD</p>	<p>Others in Attendance: Tammie Chau, Pharm. D (SFHP Supervisor of Clinical Pharmacy) Jessica Shost, Pharm. D (SFHP Clinical Pharmacist) Eileen Kim, Pharm. D (SFHP Clinical Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager) Isabell Wu (SFHP APPE- UCSF Student)</p> <p>Guests: Dawn Dynak (Gilead Sciences Inc) Michael Pazirandeh (Gilead Sciences Inc) Michelle Bice (Karuna Therapeutics)</p>
Members Absent:	Jamie Ruiz, MD	
Meeting Materials:	<p>Summary of all approved changes is posted under “Materials” section at https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/</p> <p>SFHP formulary and prior authorization criteria are located at https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/</p>	

	Topic	Brought By	Discussion	Action
1.	Call to Order	Kaitlin Hawkins, Pharm. D	<p>The meeting was called to order at 7:35 am.</p> <ul style="list-style-type: none"> Attendance/Quorum Agenda overview Conflict of interest check 	Introduction and agenda topics done.
2.	Senior Medical Director informational updates	Monique Yohanan, MD, MPH	No updates this meeting.	n/a

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3.	Review and Approval of October 18, 2023 P&T minutes (pp.5 - 18 of January 2023 P&T Packet)	Kaitlin Hawkins, Pharm. D	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of October 18, 2023, P&T Minutes</u> Approved minutes as presented. <i>Vote: Unanimous approval (9/9)</i>
4.	Adjourned to Closed Session	Kaitlin Hawkins, Pharm. D	Closed session began: 7:40 am.	
5.	<u>Gastroenterology</u> Ulcerative Colitis and Crohn's Disease Class Review (pp.20 -30)		<i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i> <i>Major recommendations included the following:</i> Last reviewed: January 2021 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • No changes recommended Prior Authorization (PA) Criteria Update: • None (no active criteria) Drug Utilization Review (DUR) Update: • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	VOTE: <u>Collective vote on Consent Calendar items 5 through 11.</u> <u>Collective Consent Calendar Vote:</u> <u>Unanimous approval (9/9)</u>
6.	<u>Hematology</u> Thrombocytopenia Class Review (pp. 31 - 39)		<i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • No changes recommended PA Criteria Update: • None DUR Update: • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	
7.	<u>Neurology</u> Alzheimer's and Dementia Class Review (pp.40 - 47)		<i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • No changes recommended PA Criteria Update: • None (no active criteria) DUR Update: • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	

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8.	<p>Otorhinolaryngology Miscellaneous Otic Medications Class Review (pp.48 - 55)</p>		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet. Major recommendations included the following:</i></p> <p>Last reviewed: April 2020</p> <p>Formulary Update: (Healthy San Francisco only)</p> <ul style="list-style-type: none"> Remove carbamide peroxide (Debrox®) 6.5% drops (OTC) from formulary due to lack of use and to align with Healthy Workers HMO <p>Prior Authorization (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>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
9.	<p>Topical Rectal Miscellaneous Preparations Abbreviated Review (pp 56 - 59)</p>		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet. Major recommendations included the following:</i></p> <p>Last reviewed: July 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>	
10.	<p>Drug Utilization Review (DUR) Reports: Fraud, Waste and Abuse (FWA) DUR: Controlled Substances Report 3Q2023 (pp.60 - 63)</p>		<p><i>The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 3Q2023 for committee review via Consent Calendar portion of committee packet.</i></p> <p>Summary: The profile of an SFHP member with a controlled prescription is most likely to be white, 45 to 64 years-old, and English speaking. Of the members with the highest prescribing, a majority (76%) were on many medications, with less than half of their prescriptions being controlled substances. The prescribers with both a high quantity and a high rate of controlled substance prescribing had specialties consistent with prescribing primarily controlled medications. Those providers within the top ten who are general practitioners had a lower rate of controlled prescribing but may still be outliers when compared with other general practitioners.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Continue to monitor controlled substances use via quarterly report. 	

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11.	<p><u>Drug Utilization Review (DUR) Reports</u> Quarterly Prospective DUR Report 3Q2023 (pp.64 - 72)</p>		<ul style="list-style-type: none"> Consider outreaching to providers of members with chronic concomitant use of benzodiazepine and opioid medications. <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p> <p><i>The plan presented a 3Q2023 DUR report on prospective edits for committee review via Consent Calendar portion of committee packet.</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.</p> <p><u>Reporting Recommendations:</u></p> <ul style="list-style-type: none"> Continue quarterly review of the Prospective DUR Report, with presentation of notable findings and resulting recommendations for formulary changes to P&T as needed. Monitor refill-too-soon denials for trend due to increase in quarter 3. <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><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	
12.	<p><u>Cardiology</u> Hypertension Class Review (pp.74 - 92)</p>	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for cardiology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: January 2022</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"> Review separate DUR analysis of antihypertensive adherence <p><u>Committee Discussion:</u> <i>Dr. Yohanan asked about blood pressure goals for the SFHP member population. Dr. Pace commented that the goal of ≤130/80 endorsed via the SPRINT trial likely aligns best with the SFHP member population due to higher risk based on common comorbidities, and SFHN has adopted the same blood pressure target. Dr. Lee asked about current SFHP membership figures. Dr. Hawkins stated current Medi-Cal membership is roughly 150K, and Healthy Workers HMO membership is roughly 14K. While Medi-Cal members' pharmacy coverage is carved out to Medi-Cal Rx, SFHP monitors Medi-Cal utilization, maintains the DUR program, attends monthly DHCS meetings, and provides feedback regularly to advocate for our members.</i></p>	<p>VOTE: <u>Cardiology:</u> Approved recommendations as presented.</p> <p><u>Anticoagulants Class Review</u> <u>Vote: Unanimous approval (9/9)</u></p>

	Topic	Brought By	Discussion	Action
13.	<p>Cardiology Antihypertensive Adherence DUR Report (pp.93 - 96)</p>	Jessica Shost, Pharm. D	<p>The plan presented DUR report on adherence for cardiology medications.</p> <p>Goal:</p> <ul style="list-style-type: none"> Assess adherence for Medi-Cal and Healthy Worker HMO members on medications to treat hypertension. <p>Summary:</p> <p>The most common class of antihypertensive, ACE/ARBs, had a PDC over the 80% threshold for nonadherence and a low rate of single-fill non-adherence (30%). Other first line agents, CCBs and thiazide diuretics, had average PDCs over 80% for Healthy Workers HMO members and near 80% for Medi-Cal members. In general, diuretics had lower adherence and higher single-fill rates than other hypertensive classes. While all of these findings are consistent with prior reviews, non-adherence still puts members at risk for poor outcomes from their hypertension and should be addressed.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Explore additional avenues for discussing these trends with providers, such as collaborative groups on quality improvement Member education article in the spring newsletter on the importance and benefits of adherence to medications for chronic conditions including antihypertensives Continue to monitor antihypertensives in future reports <p>Committee Discussion:</p> <p><i>Dr. Ruggiero asked if SFHP was tracking potassium supplement adherence with loop diuretics. Dr. Shost stated that it is not currently but could be reviewed in a future DUR analysis. Dr. Lopez asked if claims data showed titration instructions or hold parameters. Dr. Shost replied that titration dosing is not contained in claims data and the sig (instructions) are inferred based on quantity and days' supply. Based on PDC most members are compliant. Dr. Hawkins clarified that PDC is calculated at the class level, so medication or dose changes within the class are captured in the data. Dr. Ruggiero asked what the current adherence rates for hypertension are. Dr. Shost stated that national numbers are roughly 22.5%, however 60% of SFHP members are at the 80% compliance threshold. Dr. Hawkins added that SFHP has been collaborating with larger delegated medical groups, which may be a leveraged to enhance and develop member engagement around adherence. The committee agreed that increased member engagement on health outcomes and chronic disease management would be valuable.</i></p>	Non-voting item
14.	<p>Cardiology Lodoco® (colchicine) Monograph (pp.97 - 106)</p>	Kaitlin Hawkins, Pharm. D	<p>The plan presented a drug monograph and recommendations for a cardiology medication.</p> <p>Major recommendations included the following:</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 cost-effective alternatives available and limited place in therapy 	<p>VOTE: Cardiology: Approved recommendations as presented.</p> <p>Lodoco® (colchicine) Monograph <u>Vote: Unanimous approval (9/9)</u></p>

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			<p>PA Criteria Update:</p> <ul style="list-style-type: none"> Implement new criteria for use requiring documentation of cardiovascular history and trial and failure or inability to use guideline-directed therapy (antiplatelet/anticoagulant, statin, beta blocker) as indicated <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
15.	<p>Endocrinology Gaucher Disease Class Review (pp.107 - 114)</p>	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for endocrinology medications. Major recommendations included the following:</i></p> <p>Last reviewed: October 2021</p> <p>Formulary Update: (Healthy Workers HMO only):</p> <ul style="list-style-type: none"> Add Opfolda® (miglustat) to formulary tier 3 with prior authorization required for diagnosis and quantity limit of #8 capsules per 28 days due to limited alternatives available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update and rename Gaucher Disease Treatment criteria to incorporate requirements for Opfolda® based on labeling and the pivotal trial <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>Gaucher Disease Class Review <u><i>Vote: Unanimous approval (9/9)</i></u></p>
16.	<p>Endocrinology Zepbound™ (tirzepatide) Monograph (pp.115 – 125)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a drug monograph and recommendations for an endocrinology medication.</i></p> <p><i>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"> Add Zepbound™ (tirzepatide) to formulary tier 3 with PA required and quantity limit #2 mL per 28 days, on par with Saxenda® (liraglutide) and Wegovy® (semaglutide) based on comparative cost-effectiveness for weight loss <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Anti-Obesity Medications criteria to reflect formulary changes above <p>DUR Update:</p> <ul style="list-style-type: none"> None; review anti-obesity class utilization by early 2025 for continued close management <p>Committee Discussion: <i>Dr. Williams inquired about potential denials of Mounjaro® (tirzepatide) for obesity. Dr. Hawkins confirmed that those requests would be denied as off-label as Mounjaro® is not FDA approve for weight loss, only diabetes. Dr. Yohanan inquired about current PA criteria for the class. Dr. Hawkins addressed criteria and provider attestations</i></p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Zepbound™ (tirzepatide) Monograph <u><i>Vote: Unanimous approval (9/9)</i></u></p>

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17.	<p>Hematology Erythropoietin Stimulating Agents Class Review (pp. 126 – 142)</p>	Kaitlin Hawkins, Pharm. D	<p><i>requirements that are necessary for PA submissions to be reviewed. The committee recommended SFHP assess adherence to and persistence on weight loss medications in a future review.</i></p> <p><i>The plan presented a class review and recommendations for hematology medications. Major recommendations included the following:</i></p> <p>Last reviewed: July 2020</p> <p>Formulary Update: (Healthy Workers HMO only):</p> <ul style="list-style-type: none"> • Add Jesduvroq (daprodustat) to formulary tier 3 with PA required to allow for an oral option • Remove Epogen® (epoetin alfa), Procrit® (epoetin alfa), and Aranesp® (darbepoetin alfa) from formulary due to lack of use and cost-effective alternative available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Erythropoietin Stimulating Agents (ESAs) criteria to reflect formulary changes above and require documentation of established dialysis and inability to use Retacrit® (epoetin alfa-epbx) for Jesduvroq <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>Erythropoietin Stimulating Agents Class Review</u> <i>Vote: Unanimous approval (9/9)</i></p>
18.	<p>Pulmonology Cystic Fibrosis Class Review (pp. 143 – 153)</p>	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for pulmonology medications. Major recommendations included the following:</i></p> <p>Last reviewed: October 2020</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Maintain Bronchitol® (mannitol) as non-formulary due to limited evidence of benefit, alternatives available, and no utilization <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Cystic Fibrosis criteria to incorporate Bronchitol® as non-formulary <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: Pulmonology: Approved recommendations as presented.</p> <p><u>Cystic Fibrosis Class Review</u> <i>Vote: Unanimous approval (9/9)</i></p>

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19.	<p><u>DUR Program Updates, Reports, and/or Educational Items</u> Fraud, Waste and Abuse (FWA) DUR: Multiple Providers and Multiple Pharmacies 3Q2023 (pp. 154 - 157)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 3Q2023 for committee review.</i></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 pharmacy utilization appeared to be at risk of avoidable waste. Members with high provider and pharmacy usage have increased ED usage and likely have multiple primary care as well as specialty providers. High multiple provider utilization may also present a risk for duplicative therapy, supported by evidence of high number of unique medications.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Coordinate with CM to ensure that clients with multiple providers or multiple pharmacies receive a referral to ECM • Continue to monitor with quarterly reports <p>Committee Discussion: <i>Dr Yohanan asked if any multi-pharmacy situations could be due to medication shortages. Dr. Shost stated that it is possible, but only paid claims would be captured in the data so it is less likely. Dr. Lee asked about the potential for large shared practice clinics to generate multiple prescribers. Dr. Shost stated that even though multi-provider members may be seen in a larger clinic, sampling data is only collecting members with 10+ medications. Dr. Yohanan asked if SFHP could identify large clinic and resident usage to further identify issues in the future. Dr. Lee asked about Enhanced Care Management (ECM) utilization with sampled members. Dr. Hawkins stated that ECM is through our provider network, and as such exact numbers are currently unknown. As these programs grow, SFHP expects those figures should be better reported and shared. Dr. Lee asked if there are many repeat members captured in this report quarter over quarter. Dr. Shost stated that it is more likely to occur on the controlled substances utilization report, and she typically identifies unique members in sampling for the presented report.</i></p>	Non-voting item
20.	<p><u>DUR Program Updates, Reports, and/or Educational Items</u> <u>Opioid Repository reporting tool walk-through</u> (no packet materials for topic and demo)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a walkthrough and demonstration of the SFHP internal opioid repository tool.</i></p> <p>Summary: Dr. Shost provided a visual demonstration of SFHP interactive reporting for the committee.</p> <p>Committee Discussion: <i>Dr. Lee asked if SFHP could share the demonstrated data with the relevant medical groups within the provider network. Dr. Hawkins stated that SFHP is currently looking into the best way to share the data with providers, given the sensitivity and protected nature of the data. Dr. Shost reminded the committee of the prior Opioid Workgroup at the plan, which was collaborative with external partners including medical groups, and volunteered to speak at local provider groups if requested for a presentation. Dr. Pace indicated that SFHN has an</i></p>	Non-voting item

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			<i>ongoing controlled substances stewardship group and will connect with Dr. Shost regarding a presentation.</i>	
21.	DUR Program Updates, Reports, and/or Educational Items Hepatitis C monitoring update (no packet materials for topic)	Jessica Shost, Pharm. D	<i>The plan prepared an update on hepatitis C monitoring for committee review.</i>	Non-voting item <i>*Agenda item skipped due to time constraints*</i>
22.	Reconvene in Open Session	Kaitlin Hawkins, Pharm. D	Open session resumed: 9:20 am. Dr. Hawkins summarized the formulary changes approved in closed session.	
23.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.158 - 161)	Sue Chan	<i>The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i> Document Changes <u>Pharm-15: Generic Drug Management Update:</u> <ul style="list-style-type: none"> Added hepatitis C medications as an exception to the 90-day supply policy for generic medications. While generic hepatitis C medications are now available, dispensing in this class continues to be limited to two-week supplies due to high cost and to allow close monitoring. Updated references to include recent law and regulation. Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)</u> Approved recommendations as presented. <i>Vote: Unanimous approval (9/9)</i>
24.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.162 - 163)	Eileen Kim, Pharm. D	<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> Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approved recommendations as presented. <i>Vote: Unanimous approval (9/9)</i>
25.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.164 - 166)	Eileen Kim, Pharm. D	<i>The plan presented interim formulary changes and formulary status for new drugs to market.</i> Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented. <i>Vote: Unanimous approval (9/9)</i>

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26.	Appendix Magellan Pipeline Report 4Q2023 (pp. 167 - 213)	Steve Nolan, Pharm. D	<i>The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q4 2023.</i>	<i>Non-voting item</i>
27.	Adjournment	Kaitlin Hawkins, Pharm. D	The meeting adjourned at 9:32 am. 2024 P&T Committee Meeting dates are: <ul style="list-style-type: none"> • Wednesday, April 17, 2024 • Wednesday, July 17, 2024 • Wednesday, October 16, 2024 • Wednesday, January 15, 2025 	

Respectfully submitted by:



Kaitlin Hawkins, PharmD, BCPS
Pharmacy & Therapeutics Committee Chair, on behalf of

Eddy Ang, MD
Chief Medical Officer

4/17/2024

Date