



Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 21, 2021

7:30AM – 9:30AM

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

Meeting called by:	James Glauber, MD	Minutes: Luke Nelson, CPhT (SFHP Pharmacy Analyst)
Meeting Objective:	Vote on proposed formulary and prior authorization (PA) criteria changes	Type of meeting: Quarterly
Attendees:	<p>Voting Members:</p> <p>James Glauber, MD (SFHP Health Plan Physician Advisor) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Nicholas Jew, MD Joseph Pace, MD Ronald Ruggiero, Pharm. D Robert (Brad) Williams, MD Jamie Ruiz, MD Linda Truong, Pharm. D Steven Wozniak, MD</p>	<p>Others in Attendance:</p> <p>Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Account Manager)</p> <p>Guests: *No guests due to remote meeting format in response to COVID-19*</p>
Members Absent:		
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	James Glauber, MD	<p>The meeting was called to order at 7:30 am.</p> <ul style="list-style-type: none"> Agenda overview 	Introduction agenda topics done.
2.	Informational Updates <i>(pp.5 - 8 of July 2021 P&T Packet)</i>	James Glauber, MD Lisa Ghotbi, Pharm. D	<ul style="list-style-type: none"> SFHP Magellan Rx PBM implementation update <ul style="list-style-type: none"> Introduction of SFHPs new PBM Account Manager Steve Nolan Review of Magellan Rx resources Recognition and appreciation of Ralph Crowder’s contributions to SFHP and committee well-wishing towards his upcoming retirement in October 	
3.	Review and Approval of January 20, 2021 P&T minutes <i>(pp.9 - 19)</i>	James Glauber, MD	The committee approved the minutes as presented.	VOTE: Review and Approval of April 21, 2021 P&T Minutes

	Topic	Brought By	Discussion	Action
				Approved minutes as presented. <i>Vote: Unanimous approval (9/9)</i>
4.	<p>Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes.</p> <p>Formulary Maintenance Items: <u>Gastroenterology:</u> Bile Salts (pp.20 - 24)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The following drug classes were reviewed for pertinent literature (including meta-analyses and pivotal clinical trials), guideline updates, and drug additions to or removals from market since last class review. Major recommendations included the following:</i></p> <p>Last reviewed: October 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • No changes are recommended <p>Prior Authorization (PA) Criteria Update: Update Ocaliva® criteria to require documentation patient does not have decompensated cirrhosis, a prior decompensation event, or compensated cirrhosis with portal hypertension to reflect updated labeling</p> <p>Drug Utilization Review (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: Formulary Maintenance Items: Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (9/9)</i> (Committee collectively voted on items 4 thru 8)</p>
5.	<p>Formulary Maintenance Items: <u>Nephrology:</u> Potassium Binders (pp.25 - 26)</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: April 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • No changes are 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>	
6.	<p>Formulary Maintenance Items: <u>Psychiatry:</u> Anxiolytics (pp.27 - 29)</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: October 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Remove midazolam 5mg/mL injection solution from formulary due to lack of utilization and 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>In response to the noted ~50% decrease in benzodiazepine use compared to the prior review period, the committee asked if the shift towards tele-health may have contributed to decreased benzodiazepine new starts. It was noted that Medi-Cal requires a face to face visit for such starts, and during COVID that was likely a reason for decreased new start therapy.</i></p>	
7.	<p>Formulary Maintenance Items: <u>Pulmonology:</u> Pulmonary Fibrosis</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: January 2020</p> <p>Formulary Update:</p>	

	Topic	Brought By	Discussion	Action
	(pp.30 - 31)		(Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> • None PA Criteria Update: <ul style="list-style-type: none"> • None DUR Update: <ul style="list-style-type: none"> • None Committee Discussion: <i>The committee had no comments or questions.</i>	
8.	Formulary Maintenance Items: Rheumatology: Gout (pp.32 - 33)	Kaitlin Hawkins, Pharm. D	Last reviewed: January 2020 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) <ul style="list-style-type: none"> • None PA Criteria Update: <ul style="list-style-type: none"> • None DUR Update: <ul style="list-style-type: none"> • None Committee Discussion: <i>The committee had no comments or questions.</i>	
9.	Cardiology Verquvo™ (vericiguat) Monograph (pp.34 - 42)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a monograph and recommendations for cardiology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: n/a, FDA approved 1/19/2021 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) <ul style="list-style-type: none"> • Maintain non-formulary at this time due to limited evidence for use and available alternatives PA Criteria Update: <ul style="list-style-type: none"> • Implement new criteria for use to ensure appropriate diagnosis and baseline therapy 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. Verquvo™ (vericiguat) Monograph <i>Vote: Unanimous approval (9/9)</i>
10.	Endocrinology Imcivree® (setmelanotide) Monograph (pp.43 - 48)	Kaitlin Hawkins, 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, FDA approved 11/27/2020 Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco) <ul style="list-style-type: none"> • Maintain non-formulary at this time; utilize general Non-Formulary Medications criteria to review any requests, with approval based on diagnosis PA Criteria Update: <ul style="list-style-type: none"> • None DUR Update: <ul style="list-style-type: none"> • None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Endocrinology: Approved recommendations as presented. Imcivree (setmelanotide) Monograph <i>Vote: Unanimous approval (9/9)</i>

	Topic	Brought By	Discussion	Action
11.	<p>Gastroenterology Gastroenterology Miscellaneous Medications Abbreviated Review (pp.49 - 68)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for gastroenterology medications. Major recommendations included the following:</i></p> <p>Last reviewed: January 2020</p> <p>Formulary Update: (Medi-Cal only)</p> <ul style="list-style-type: none"> • Add methylcellulose (Citrucel®) 500mg tablet (OTC) formulary tier 1 due to comparative cost-effectiveness • Maintain Sutab® non-formulary due to cost-effective alternatives available and disadvantageous tolerability profile • Remove docusate sodium 60mg/15mL syrup (OTC) from formulary due to lack of use and cost-effective alternatives available <p>(Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> • List Nexium® (esomeprazole mag) 20mg DR tablet (OTC) and esomeprazole strontium 49.3mg DR capsule non-formulary to link relevant criteria <p>(Healthy Workers HMO only)</p> <ul style="list-style-type: none"> • Remove sucralfate (Carafate®) 1g/10mL suspension, famotidine 40mg/5mL suspension, and lansoprazole (Prevacid®) DR rapid disintegrating tablet from formulary due to minimal use (authorize continuity) and lack of pediatric membership <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Proton Pump Inhibitors criteria to include non-formulary esomeprazole dosage forms above and clarification on lansoprazole DR rapid disintegrating tablet status (formulary for Medi-Cal only) <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>Dr. Ruiz noted for the committee that famotidine suspension has been a good alternative for the market removed ranitidine in pediatric patient use.</i></p>	<p>VOTE: Gastroenterology: Approved recommendations as presented.</p> <p>Gastroenterology Miscellaneous Medications Abbreviated Review <i>Vote: Unanimous approval (9/9)</i></p>
12.	<p>Infectious Disease Systemic and Topical Antibiotics Therapeutic Class Review (pp.69 - 98)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for infectious disease. Major recommendations included the following:</i></p> <p>Last reviewed: January 2020</p> <p>Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> • List Difucid® tier 5 non-formulary to link relevant criteria due to alternatives available • Remove tier 5 non-formulary listing for Nuzyra® (omadacycline) tablet due to lack of use and alternatives available on formulary • Remove tier 5 non-formulary listings for penicillin 5mm unit vial and sulfamethoxazole-trimethoprim 80-16mg/mL vial due to oral alternatives on formulary <p>(Healthy San Francisco)</p> <ul style="list-style-type: none"> • Remove bacitracin zinc 500u/g ointment (OTC) from Healthy 	<p>VOTE: Infectious Disease: Approved recommendations as presented.</p> <p>Systemic and Topical Antibiotics Therapeutic Class Review <i>Vote: Unanimous approval (9/9)</i></p>

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			<p>San Francisco formulary to align with Healthy Workers HMO and due to lack of use (Healthy Workers HMO only)</p> <ul style="list-style-type: none"> Apply quantity limit of #120 per 30 days to tetracycline 250, 500mg capsule to align with Medi-Cal Remove all oral suspensions and solutions from formulary, which had no utilization, due to lack of pediatric membership <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Difcid® (fidaxomicin) criteria to incorporate oral solution as non-formulary, allowing approval for patients with difficulty swallowing Clarify wording on Oral Fluoroquinolones criteria to allow guideline-recommended uses as well as FDA-approved indications <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>Dr. Glauber notified the committee of an expansion of proposed CMS Core Adult quality measures to avoid antibiotic therapy in bronchitis in children as well as adults.</i></p>	
13.	<p>Neurology Ponvory™ (ponesimod) Monograph (pp.99 - 108)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and recommendations for neurology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: n/a, FDA approved 3/18/2021 Formulary Update: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> Maintain non-formulary due to preferred alternatives on formulary; list tier 5 to link class-specific criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Multiple Sclerosis criteria to list Ponvory™ as non-formulary and require trial/failure of preferred disease-modifying therapies for approval <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: Neurology: Approved recommendations as presented.</p> <p><u>Ponvory (ponesimod) Monograph</u> <i>Vote: Unanimous approval (9/9)</i></p>
14.	<p>Ophthalmology Ophthalmology Miscellaneous Medications Abbreviated Review (pp.109 - 122)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for ophthalmology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: January 2020 Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add Pataday® Once Daily 0.7% eye drops (OTC) to formulary tier 3, with step therapy requiring prior use of ketotifen due to comparative cost-effectiveness Due to market removal, remove Hypotears (polyethylene glycol-polyvinyl) 1-1% drops (OTC) from formulary tier 1 and non-formulary listings for Pazeo® (olopatadine) 0.7% and Emadine® 	<p>VOTE: Ophthalmology: Approved recommendations as presented.</p> <p><u>Ophthalmology Miscellaneous Medications Abbreviated Review</u> <i>Vote: Unanimous approval (9/9)</i></p>

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			<p>(emedastine)</p> <ul style="list-style-type: none"> Add step requirement (neomycin-based antibiotic steroid combination ointments) to TobraDex® ointment due to cost-effective alternatives available <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Ophthalmic Antihistamines criteria to reflect formulary changes above <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>Psychiatry Antidepressants Therapeutic Class Review (pp.123 - 128)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented three class reviews and recommendations, and two DUR adherence analyses for psychiatry medications. Major recommendations included the following:</i></p> <p>Last reviewed: July 2020</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add desvenlafaxine (Pristiq®) ER tablet to formulary with step therapy (venlafaxine ER capsule) based on utilization and relative cost-effectiveness <p>(Healthy Workers HMO only)</p> <ul style="list-style-type: none"> Remove venlafaxine ER tablet from formulary to align with Medi-Cal (no utilization) Remove liquid SSRI formulations due to lack of utilization and pediatric membership <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Antidepressants criteria to reflect the recommended formulary changes <p>DUR Update:</p> <ul style="list-style-type: none"> Review separate DUR analysis of antidepressant adherence, including proportion of days covered and single-fill non-adherence rates <p>Committee Discussion: <i>The committee moved that desvenlafaxine be instead moved to Tier 1 for member ease of access versus a higher tier with Step logic, and addition of fluoxetine tablet to formulary for similar reasoning.</i></p>	<p>VOTE: Psychiatry: Approved recommendations as presented with an amendment to change formulary status of desvenlafaxine and fluoxetine tablets to Tier 1.</p> <p>Antidepressants Therapeutic Class Review <i>Vote: Unanimous approval (9/9)</i></p>

	Topic	Brought By	Discussion	Action
16.	Psychiatry Antidepressants Adherence DUR (pp.129 - 146)	Jessica Shost, Pharm. D	<p>Goal:</p> <ul style="list-style-type: none"> Assess adherence for Medi-Cal members on medications to treat depression. <p>Summary: While no drug class had an average PDC above 80%, the relatively high average PDCs for the first line agents suggest that many SFHP members are taking their antidepressant medication regularly. Adherence is largely consistent across ethnic groups and drug classes. SARIs are consistently an outlier, likely due to their “as needed” use in the treatment of insomnia. Education targeted at members newly diagnosed with depression could address the 30-40% rate of single fill non-adherence. This education should also include a focus on the importance of adherence to SSRIs and SNRIs for the first six weeks for initial response and then the first four months for full effect.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Create and disseminate member education around initiation of medication therapy for depression. <p>Committee Discussion: <i>The committee asked regarding any known reason for non-adherence, which is not available in pharmacy claims data. The plan may assess intervention programs available from behavioral health vendor Beacon. The committee also recommended a follow-up analysis to identify therapy changes between classes following a single fill of primary antidepressant classes, to help assess adherence issues and point to potential side effect reasons for change. The committee supported development of member education as recommended.</i></p>	<i>Non-voting item</i>
17.	Psychiatry Attention Deficit Hyperactivity Disorder Therapeutic Class Review (pp.147 - 161)	Kaitlin Hawkins, Pharm. D	<p><i>Major recommendations included the following:</i></p> <p>Last reviewed: January 2020</p> <p>Formulary Update: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> Maintain Qelbree™ (viloxazine) non-formulary due to cost-effective alternatives available and link criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update CNS Stimulants for ADHD criteria to include requirements for Qelbree™ approval, including diagnosis and trial/failure of alternatives <p>DUR Update:</p> <ul style="list-style-type: none"> Recommended extension of stimulant look-back for continuity based on Prospective DUR quarterly report below <p>Committee Discussion: <i>The committee requested an evaluation for interruptions to stimulant pharmacotherapy and extending look-back for pediatric stimulant use to allow continuation in members aging into adulthood to two years (from standard six months).</i></p>	<p>VOTE: Psychiatry: Approved recommendations as presented with the addition of extending look-back for pediatric stimulant use to allow continuation in members aging into adulthood to two years (from standard six months).</p> <p>Attention Deficit Hyperactivity Disorder Therapeutic Class Review <i>Vote: Unanimous approval (9/9)</i></p>
18.	Psychiatry	Jessica Shost, Pharm. D	<i>Major recommendations included the following:</i>	VOTE:

	Topic	Brought By	Discussion	Action
	<p>Opioid, Nicotine & Alcohol Dependence Therapeutic Class Review and DUR (pp.162 - 176)</p>		<p>Last reviewed: April 2020 Formulary Update: (Medi-Cal, 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"> • Coordinate with the SFHP Pain and Opioid Workgroup and prescriber network and consider QI plan to target buprenorphine adherence • Develop member education on smoking cessation using resources from the CDC <p>DUR Summary: Less than half of SFHP members with identified OUD were prescribed buprenorphine in 2020. Of the 1,075 members prescribed buprenorphine, 22% received only one claim during 2020. This represents a potential area of intervention for SFHP. Guidelines recommend that buprenorphine therapy be long-term and intervention when buprenorphine is initiated could lead to better outcomes.</p> <p>Committee Discussion: <i>The committee observed the challenge with initiating buprenorphine due to withdrawal periods and poor tolerance. Micro dosing therapy is being used in practice to potentially help with retention by minimizing withdrawal symptoms. Committee asked regarding any data that shows potential racial disparities within the community that may prevent access to care. Data on naloxone prescribing in the setting of chronic opioid therapy was requested during discussion and provided to the committee later during the meeting. Data shows 23.5% of members on opioid therapy as of Q1 2021 were prescribed naloxone.</i></p>	<p>Psychiatry: Approved recommendations as presented.</p> <p><u>Opioid, Nicotine & Alcohol Dependence Therapeutic Class Review</u> <i>Vote: Unanimous approval (9/9)</i></p>
19.	<p><u>Drug Utilization Review (DUR)</u> Prospective Program Reports (pp.177 – 186)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan provided DUR program updates and reports for committee review (deferred presentation due to time)</i></p> <p><u>Prospective DUR quarterly report Q1.2021</u></p> <p>Reporting Update:</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 <p>Drug-Specific Formulary Update:</p> <ul style="list-style-type: none"> • Evaluate stimulant continuity for children with attention deficit-hyperactivity disorder aging into adulthood, to consider lengthening look back period from 6 months to 2 years, based on high denials and high prior authorization rates observed for adults <p>DUR Education Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: N/A</p>	Non-voting item

	Topic	Brought By	Discussion	Action
20.	<p><u>Medication Therapy Management (MTM) Program</u> 2020 Program Summary and Results (pp. 187 – 195)</p>	Tammie Chau, Pharm. D	<p><i>The plan provided MTM program updates and results for committee review (presentation deferred due to time)</i></p> <p>MTM 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. • Meet DHCS program expectations and 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.</p> <p>Next Steps: With the Medi-Cal Rx Transition slated for January 1, 2022, Pharmacy team can develop reports to identify and provide support to members on critical medications that cannot be interrupted during this transition. Medication reconciliation can be useful to support members and providers in reviewing pharmacy access changes and reduce transition confusion. The projected impact may require more pharmacy staffing to meet the medication therapy management needs.</p> <p>Committee Discussion: N/A</p>	Non-voting item

21.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.196 - 244)	Ralph Crowder, RPh	<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</p> <p><u>Pharm-01: Pharmacy and Therapeutics Committee</u></p> <p>Update:</p> <ul style="list-style-type: none"> • Update based on impact of PBM change. PerformRx policies removed from related policies/procedures section. • Added clarification that review process includes substance use disorder diagnoses in policy statement. • Updated HOI to Health Services Programs in Affected Departments/Parties section. <p><u>Pharm-02: Pharmacy Prior Authorization</u></p> <p>Update:</p> <ul style="list-style-type: none"> • Updates are based on impact of PBM change along with service changes in this area. Pharmacy Prior Authorizations are now fully delegated to the new PBM. • Magellan Rx Management is NCQA accredited in UM. Oversight functions are updated based on changes due newly delegated functions. • PBM name removed from policy under Affected Departments. • PerformRx policies removed from related policies/procedures section. <p><u>Pharm-03: Oversight of Delegated Pharmacy Provider Credentialing Process</u></p> <p>Update:</p> <ul style="list-style-type: none"> • Updates are based on impact of PBM change. • References to previous PBM's policies are removed. • Clarified that the process of credentialing includes verifying the pharmacy is enrolled with DHCS as a Medi-Cal registered provider. <p><u>Pharm-07: Emergency Medication Supply</u></p> <p>Update:</p> <ul style="list-style-type: none"> • Updated references to prior PBM PerformRx to generic language. • Call support are available 24/7/365 to all providers, not just pharmacies. <p><u>Pharm-11: Member Reimbursement for Pharmacy Services</u></p> <p>Update:</p> <ul style="list-style-type: none"> • Updates are based on impact of PBM change. Members can now submit a reimbursement request for pharmacy services using SFHP's reimbursement form or PBM's form. • PBM's form includes the option of submitting a reimbursement mailing address. <p><u>Pharm-14: Pharmacy Drug Utilization Review (DUR) Program</u></p> <p>Update:</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>
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			<ul style="list-style-type: none"> • Policy updated with the impact of Medi-Cal Rx implementation: • Prospective DUR program will only be applicable to HW HMO when Medi-Cal Rx goes live. • SFHP is committed to participate in DHCS Pharmacy Directors meeting and other DHCS-organized committees as requested. • Three clinical monitoring reports were added. • Made formulary clarifications: <ul style="list-style-type: none"> ○ Low-dose aspirin (OTC) is covered under HW HMO. ○ 365 day-supply of contraceptive therapy is covered under all lines of business. <p><u>Pharm-15: Generic Drug Management</u> Update:</p> <ul style="list-style-type: none"> • Updated references to prior PBM PerformRx to generic language. <p><u>Pharm-16: Pharmacy Systems User Access</u> Update:</p> <ul style="list-style-type: none"> • Updated references to prior PBM PerformRx to generic language, including forms in appendix. • PerformRx policies removed from related policies/procedures section. <p><u>Committee Discussion:</u> <i>The committee inquired about the rationale for full Prior Auth delegation with the transition to Magellan. Rationale was explained as both in preparation for the pharmacy carve-out and that after detailed discussions with Magellan PA staff that the clinical approach in case review very closely matches SFHP's own. The committee was assured that SFHP maintains oversight of prior authorizations and receives daily reporting for review. The committee has requested follow-up reporting on PA approval/denial rates at future meetings.</i></p>	
22.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.245 - 246)	Kaitlin Hawkins, 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><u>Committee Discussion:</u> <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>
23.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.247 - 250)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p><u>Committee Discussion:</u> <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>
24.	Adjournment	James Glauber, MD	<p>The meeting adjourned at 9:31 am. 2021-2022 P&T Committee Meeting dates are:</p>	

			<ul style="list-style-type: none">• Wednesday, October 20, 2021• Wednesday, January 19, 2022• Wednesday, April 20, 2022• Wednesday, July 20, 2022	
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Respectfully submitted by:



James Glauber, MD, MPH
Health Plan Physician Advisor

10/20/2021

Date