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Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 20, 2022

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 Senior Medical Director) Nicholas Jew, MD Ronald Ruggiero, Pharm. D Jamie Ruiz, MD Hong Vuong, Pharm. D (Representing Dr Truong who is on leave) Steven Wozniak, MD Joseph Pace, MD Robert (Brad) Williams, MD	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Eileen Kim, Pharm. D (SFHP Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager)
Members Absent:	Maria Lopez, Pharm. D	
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 	Introduction agenda topics done.
2.	Informational Updates	Eddy Ang, MD	Introduction of SFHP Interim CMO <ul style="list-style-type: none"> • Welcome and background of Dr. Ellen Piernot • DMHC/DHCS Requirements on COVID Therapeutics <ul style="list-style-type: none"> • Ensure payors allow for timely access to care <ul style="list-style-type: none"> ○ 5 days for oral ○ 7 days for injectables • SFDPH has been working to publish a list on their website of pharmacies that provide free delivery to patients. Greatly helpful for patients self-quarantining or forced to accommodate family due to living conditions. • CA pharmacists able to prescribe Paxlovid, SFHP payor system 	

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			<p>configured to allow these prescriptions</p> <p>Medi-Cal Rx has begun a phased approach reinstatement of claim edits.</p> <ul style="list-style-type: none"> Supplemental DHCS information sent to committee 	
3.	Review and Approval of April 20, 2022 P&T minutes (pp.5 - 13 of July 2022 P&T Packet)	Eddy Ang, MD	The committee approved the minutes as presented.	<p>VOTE: <u>Review and Approval of April 20, 2022 P&T Minutes</u> Approved minutes as presented.</p> <p><i>Vote: Unanimous approval (8/8)</i></p>
4.	<u>Dermatology</u> Atopic Dermatitis Class Review (pp.14 - 34)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for dermatology medications.</i></p> <p><i>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"> Add Cibinqo™ to formulary tier 3 with PA required to allow an oral option for atopic dermatitis inadequately controlled or not amenable to topical treatments <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Atopic Dermatitis criteria to incorporate requirements for newly approved systemic therapies <p>DUR Update:</p> <ul style="list-style-type: none"> None <p><u>Committee Discussion:</u> <i>The committee asked regarding pharmacy ability to administer injections for Dupixent®, or if they were self-administered only. SFHP does not exclude that option, it is up to the policies of individual pharmacy partners and their pharmacists. Dupixent® may be self-administered.</i></p>	<p>VOTE: <u>Dermatology:</u> Approved recommendations as presented.</p> <p><u>Atopic Dermatitis Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>
5.	<u>Endocrinology</u> Systemic and Topical Corticosteroids Abbreviated Review (pp.35 - 55)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated review and recommendations for endocrinology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: January 2021</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add desoximetasone (Topicort®) 0.25% ointment to formulary with quantity limit based on comparative cost-effectiveness and PA requests Expand quantity limit for fluticasone 0.05% cream from #60 to #240 grams per 30 days to align with other dosage forms Remove the following from formulary based on no/minimal use and cost-effective alternatives available: <ul style="list-style-type: none"> betamethasone dipropionate augmented 0.05% gel fluocinolone (Synalar®) 0.025% cream prednisolone sodium phosphate 15mg/5mL and 5mg base/5mL (Pediapred®) oral solutions 	<p>VOTE: <u>Endocrinology:</u> Approved recommendations as presented.</p> <p><u>Systemic and Topical Corticosteroids Abbreviated Review</u> <i>Vote: Unanimous approval (8/8)</i></p>

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			<ul style="list-style-type: none"> Remove OTC formulations of hydrocortisone 1% cream and ointment from formulary to align with evidence of coverage; members may continue to utilize prescription formulations Maintain Tarpeyo™ non-formulary at this time due to minimal data available and niche indication; utilize general Non-Formulary Drugs criteria for any requests, which would allow approval based on FDA-approved indication <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Topical Steroids criteria to reflect formulary changes above and remove obsolete and OTC listings <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>Gastroenterology Bylavy™ (odevixibat), Livmarli™ (maralixibat) Monograph (pp.56 - 62)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a dual monograph and recommendations for gastroenterology medications.</i> <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"> Maintain non-formulary at this time due to limited place in therapy and lack of utilization/requests <p>PA Criteria Update:</p> <ul style="list-style-type: none"> None; utilize general Non-Formulary Medications criteria for any requests <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: Gastroenterology: Approved recommendations as presented.</p> <p><u>Bylavy™ (odevixibat) & Livmarli™ (maralixibat) Dual Monograph</u> <i>Vote: Unanimous approval (8/8)</i></p>
7.	<p>Infectious Disease Oral and Topical Antifungals Class Review (pp.63 - 82)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for infectious disease 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"> Remove PA requirement for itraconazole (Sporanox®) 100mg capsule and move to tier 1 based on comparable cost-effectiveness and 100% PA approval Add ciclopirox (Loprox®) 1% shampoo to formulary tier 1 with quantity limit #120 mL per 30 days to align with other dosage forms based on comparable cost-effectiveness and 100% PA approval Add quantity limit to clotrimazole 1% solution #180 mL per 30 days to align with other dosage forms Remove OTC formulation of clotrimazole (Lotrimin® AF) 1% cream from formulary to align with plan exclusions (maintain Rx formulation tier 1) <p>PA Criteria Update:</p>	<p>VOTE: Infectious Disease: Approved recommendations as presented.</p> <p><u>Oral and Topical Antifungals Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>

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			<ul style="list-style-type: none"> Update Azole Antifungals criteria and Onychomycosis criteria to reflect formulary change for itraconazole capsule and reflect market removal of Onmel® (itraconazole) tablet <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
8.	<p>Ophthalmology Miscellaneous Ophthalmic Preparations Abbreviated Review (pp.83 - 98)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated review and recommendations for ophthalmology 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 Natacyc® (natamycin) 5% suspension drops to formulary tier 2 due to lack of formulary alternatives Remove Blephamide® (sulfacetamide-prednisolone) 10%-0.2% suspension drops and ointment from formulary tier 3 (step) due to lack of utilization and cost-effective alternatives available Remove Xiidra® (lifitegrast) 5% dropperette from formulary tier 3 (PA required) due to cost-effective alternative (generic cyclosporine) available Maintain Tyrvaya™ and Verkazia® as non-formulary due to lack of use/requests and cost-effective alternatives available; utilize general Non-Formulary Medications criteria for any requests <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Ophthalmic Anti-Inflammatory Immunomodulators criteria to reflect formulary changes above Update Ophthalmic Antihistamines criteria to list Zerviate® (cetirizine) as nonformulary (not currently listed) <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: Ophthalmology: Approved recommendations as presented.</p> <p>Miscellaneous Ophthalmic Preparations Abbreviated Review <i>Vote: Unanimous approval (8/8)</i></p>
9.	<p>Pain Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Class Review (pp.99 - 109)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for pain medications.</i> <i>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"> Remove naproxen (Naprosyn®) 125mg/5mL and Indocin® (indomethacin) 25mg/5mL suspensions from formulary due to lack of use, available alternatives, and no pediatric population <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: Pain: Approved recommendations as presented.</p> <p>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Class Review <i>Vote: Unanimous approval (8/8)</i></p>

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10.	Pulmonology Asthma and Chronic Obstructive Pulmonary Disease (COPD) Class Review (pp.110 - 133)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented class reviews and recommendations for pulmonology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: April 2021</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Remove Proair® Respiclick® (albuterol) from formulary due to lack of utilization and 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: Pulmonology: Approved recommendations as presented.</p> <p><u>Asthma and Chronic Obstructive Pulmonary Disease (COPD) Class Review</u> <u>Vote: Unanimous approval (8/8)</u></p>
11.	Pulmonology Asthma/COPD Inhalers Drug Utilization Review: Adherence and Regimen Review (pp.134 - 138)	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR monitoring review of pulmonology medications.</i></p> <p>Summary: Average adherence with maintenance asthma and COPD medications is consistently below the goal PDC of 80%. To improve PDC, it may be beneficial to supply education to members about the importance adherence to treatment regimens in preventing poor outcomes such as exacerbations and, in the case of COPD, disease progression.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Explore the feasibility of adding “diagnosis” as a filter for the PDC dashboard going forward. Provide supplemental education to members on the importance maintenance medication in the treatment of asthma and COPD. Provide supplemental education to providers on strategies to assess and address medication adherence. Provide educational materials to providers outlining the guideline recommendations for asthma and COPD, including Medi-Cal Rx formulary status and possible opportunities for regimen optimization identified in this analysis. Create a follow-up analysis of asthma and COPD regimens that includes diagnosis information in order to better ascertain the appropriateness of members’ drug regimens. <p>Committee Discussion: <i>The committee asked regarding PDC of pre-COVID versus post-COVID numbers. This will require a separated historical analysis which could be presented in the future.</i></p>	Non-voting item

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12.	<u>Pulmonology</u> Pulmonary Biologics Class Review (pp.139 - 150)	Eileen Kim, Pharm. D	<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"> Maintain Xolair® non-formulary due to available alternative and safety concerns <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Pulmonary Biologics criteria to include coverage requirements for Xolair® based on labeling changes allowing self-administration <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>VOTE: <u>Pulmonology:</u> Approved recommendations as presented.</p> <p><u>Pulmonary Biologics Class Review</u> <i>Vote: Unanimous approval (8/8)</i></p>
13.	<u>Rheumatology</u> Tavneos® (avacopan) Monograph (pp.151 - 157)	Eileen Kim, Pharm. D	<p><i>The plan presented a monograph and recommendations for a rheumatology medication.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: n/a</p> <p>Formulary Update: (Healthy Workers HMO):</p> <ul style="list-style-type: none"> Add Tavneos® to formulary tier 3 with PA required to confirm appropriate diagnosis and adjunct therapy <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Implement new criteria for Tavneos® <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>VOTE: <u>Rheumatology:</u> Approved recommendations as presented.</p> <p><u>Tavneos®(avacopan) Monograph</u> <i>Vote: Unanimous approval (8/8)</i></p>

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14.	DUR Program Updates and Educational Items (pp. 158 - 159)	Jessica Shost, Pharm. D	<p><i>The plan presented a Fraud, Waste & Abuse DUR analysis on members utilizing multiple pharmacies or multiple providers.</i></p> <p>Summary:</p> <ul style="list-style-type: none"> • 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, four of them were either seeing multiple specialty providers or providers within the same clinic. As a result of this pattern, these members are likely to be low risk for avoidable waste. <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 • Continue to monitor with quarterly reports. <p>Committee Discussion: <i>The committee asked if data was correlated with ED visits and regarding multiple provider-utilizing members were verified against providers within the same practice versus alternate providers entirely. The committee asked for further analysis of possible PCP turnover versus multiple specialists in the future.</i></p>	Non-voting item
15.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.160 - 186)	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</p> <p><u>Pharm-07: Emergency Medication Supply</u> Update:</p> <ul style="list-style-type: none"> • Removed Medi-Cal and Medi-Cal Rx transition language as well as the DHCS references. • Added the definition of PBM. <p><u>Pharm-11: Member Reimbursement for Pharmacy Services</u> Update:</p> <ul style="list-style-type: none"> • Added Appendix A and Appendix B, a copy of both acceptable Pharmacy reimbursement request forms, a reference to them in procedure I, and as well as identifying the additional form accepted in the related policies and procedures and other documents section. • Added language on NOA provision in threshold languages and member’s selected alternative format for members with visual impairment. (DHCS APL 22-002 Alternative Format Selections). • Removed NCQA references as they are no longer applicable (accredited for Medi-Cal only). <p><u>Pharm-14: DUR</u></p>	<p>VOTE: <u>Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)</u> Approved recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (7/7)</u></i> (Dr. Wozniak departed meeting early due to scheduling conflict)</p>

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			<p>Update:</p> <ul style="list-style-type: none"> Updated Medi-Cal LOB info in prospective DUR to reflect current state (post-Medi-Cal Rx implementation). Removed formulary Medi-Cal exclusions. PAs are now fully delegated to the PBM, therefore, removed SFHP pharmacist/MD involvement in the reviewing all brand name medication PAs. To align with the HW HMO language that was updated for SB-855, mental health parity, updated ED drugs exclusions with an exception to when it's prescribed as a medically necessary treatment of a mental health condition or substance use disorder. Monitoring section: updated the annual DHCS DUR program activities report to add data specified by DHCS. <p><u>Pharm-15: Generic Drug Management</u></p> <p>Update:</p> <ul style="list-style-type: none"> Removed Medi-Cal Rx transition language as well as the DHCS references. Added the definition of a PBM to align with other policies. <p><u>Pharm-16: Pharmacy Systems User Access</u></p> <p>Update:</p> <ul style="list-style-type: none"> Removed language pertaining to manual member eligibility updates no longer needed or performed due to eligibility system improvement project. Tightened access by removing member eligibility editing for users to view only access, as the function is not needed. Removed the procedure to gain departmental management approve prior to adding a new member profile to the PBM database as no longer relevant. Removed definition of Decision Maker as the previously configured user roles is no longer applicable. Updated PBM definition to align with other policies. <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	
16.	Review and Approval of Prior Authorization Criteria Interim Changes <i>(pp.187 - 189)</i>	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 (7/7)</i></p>
17.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market <i>(pp.190 - 193)</i>	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 (7/7)</i></p>

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18.	Appendix Magellan Pipeline Report (pp 194-238)	Steve Nolan, Pharm. D	<i>The plan provided information published by Magellan Rx regarding new developments in the pharmacy market.</i>	<i>Non-voting item</i>
19.	Adjournment	Eddy Ang, MD	The meeting adjourned at 9:39 am. 2022-2023 P&T Committee Meeting dates are: <ul style="list-style-type: none"> • Wednesday, October 19, 2022 • Wednesday, January 18, 2023 • Wednesday, April 19, 2023 • Wednesday, July 19, 2023 	

Respectfully submitted by:



Eddy Ang, MD, MPH
Interim Chief Medical Officer

10/19/22

Date