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Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 19, 2023

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 Analyst)
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 (CMO designated, non-voting)</p> <p>Voting Members: Nicholas Jew, MD Ronald Ruggiero, Pharm. D Linda Truong, Pharm. D Robert (Brad) Williams, MD James Lee, MD Jamie Ruiz, MD</p>	<p>Others in Attendance: Jessica Shost, Pharm. D (SFHP Clinical Pharmacist) Eileen Kim, Pharm. D (SFHP Clinical Pharmacist) Tammie Chau, Pharm. D (SFHP Clinical Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager) Veronica Garcia (SFHP Pharmacy Analyst)</p>
Members Absent:	Maria Lopez, Pharm. D Steven Wozniak, MD Joseph Pace, MD Eddy Ang, 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	Kaitlin Hawkins, Pharm. D	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	Kaitlin Hawkins, Pharm. D	Updates <ul style="list-style-type: none"> Consent Calendar process adoption explanation and check for item removals for committee discussion 	
3.	Review and Approval of January 18, 2023 P&T minutes (pp.5 - 17 of July 2023 P&T Packet)	Kaitlin Hawkins, Pharm. D	The committee approved the minutes as presented.	<p>VOTE: Review and Approval of July 19, 2023 P&T Minutes Approved minutes as presented.</p> <p><i>Vote: Unanimous approval (5/5)</i></p>

	Topic	Brought By	Discussion	Action
4.	Adjourned to Closed Session	Kaitlin Hawkins, Pharm. D	Closed session began: 7:35 am.	
5.	Cardiology Antiarrhythmics Class Review (pp.19 -32)		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i></p> <p><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"> • No changes recommended <p>Prior Authorization (PA) Criteria Update:</p> <ul style="list-style-type: none"> • None (no active criteria) <p>Drug Utilization Review (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>Collective vote on Consent Calendar items 5 through 14.</u></p> <p><u>Collective Consent Calendar Vote:</u> <u>Unanimous approval (5/5)</u></p>
6.	Emergency Anaphylaxis Abbreviated Review (pp.33 - 37)		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</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"> • No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • None (no active criteria) <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	
7.	Genitourinary Genitourinary Miscellaneous Agents Abbreviated Class Review (pp.38 - 44)		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</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"> • Maintain oxybutynin 2.5 mg tablet as non-formulary due to more 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><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	
8.	Neurology Parkinson's Disease Class Review (pp.45 - 53)		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: October 2020</p>	

	Topic	Brought By	Discussion	Action
			<p>Formulary Update:</p> <ul style="list-style-type: none"> No changes recommended at this time <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>Drug Utilization Review (DUR) Reports: Fraud, Waste and Abuse (FWA) DUR: Multiple Providers and Multiple Pharmacies 1Q2023 (pp.54 - 55)</p>		<p><i>The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 1Q2023 for committee review via Consent Calendar portion of committee packet.</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 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"> Refer members with top 50 multiple pharmacy utilization and no specialty pharmacy use to Care Management (CM) Refer members with top 50 multiple provider utilization to CM Continue to monitor with quarterly reports <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	Non-voting item
10.	<p>Drug Utilization Review (DUR) Reports: FWA: Controlled Substances Review 1Q2023 (pp.56 - 58)</p>		<p><i>The plan presented a Fraud, Waste and Abuse (FWA) DUR report on controlled Substances for 1Q2023 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 (74%) 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 were mostly from providers with a specialty that would likely prescribe primarily controlled medications. Those providers within the top ten who are general practitioners had a lower rate of controlled prescribing, likely reflecting a few members with chronic use.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Controlled substances should continue to be monitored in a quarterly report Future reports should compare with this report as a baseline Future reports should include a profile of a random member with high controlled medication use Future reports should include a profile of a random provider with high controlled medication prescribing 	Non-voting item

	Topic	Brought By	Discussion	Action
			<p>Committee Discussion: The committee had no comments or questions.</p>	
11.	<p>Drug Utilization Review (DUR) Reports Member Education Materials: “Diabetes Medication Treatment” (pp 59 - 65)</p>		<p>The plan presented member education materials on Diabetes medication treatment for committee review via Consent Calendar portion of committee packet.</p> <p>Summary: Education materials designed for members to provide information on: diabetes treatment goals, treatment types and risks or side effects, how different therapies work and are taken, and plan programs and other resources available.</p> <p>Committee Discussion: The committee had no comments or questions.</p>	Non-voting item
12.	<p>Drug Utilization Review (DUR) Reports Provider Outreach Letter – Formulary Change: insulin glargine, June 2023 (pp.66 - 67)</p>		<p>The plan presented a formulary change notice to providers for committee review via Consent Calendar portion of committee packet.</p> <p>Summary: As of May 20th, 2023, SFHP has removed Basaglar® (insulin glargine) from SFHP formulary tier 2 (preferred brands). Provided insulin glargine formulations are available without restriction on tier 1 (preferred generics) at a reduced copay for members.</p> <p>Committee Discussion: The committee had no comments or questions.</p>	Non-voting item
13.	<p>Drug Utilization Review (DUR) Reports Magellan Rx Retrospective DUR Quarterly Activities 1-2Q2023 (pp.68 – 74)</p>		<p>The plan presented retrospective DUR activities pertaining to Healthy Workers HMO for committee review via Consent Calendar portion of committee packet.</p> <p>Summary: Magellan Rx reviews of the Healthy Workers HMO population have found a small number of members with concerning prescribing based on the topics of interest. This is consistent with the relatively small and engaged population of Healthy Workers HMO members (in comparison to Medi-Cal). Continued monitoring for different areas of rDUR interest will identify any concerning prescribing behavior or possible topics that require further intervention.</p> <p>Sample DUR Letters:</p> <ul style="list-style-type: none"> • Migraine letter • Opioid and Skeletal Muscle Relaxants letter • Statin letter <p>Committee Discussion: The committee had no comments or questions.</p>	Non-voting item
14.	<p>Drug Utilization Review (DUR)</p>		<p>The plan presented a 1Q2023 DUR report on prospective edits for</p>	Non-voting item

	Topic	Brought By	Discussion	Action
	<p>Reports Quarterly Prospective DUR Report 1Q2023 (pp. 75 - 83)</p>		<p><i>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. <p><u>Drug-Specific Formulary Recommendations:</u></p> <ul style="list-style-type: none"> None <p>DUR Education Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
15.	<p>Dermatology Hyftor® (sirolimus) Monograph (pp.85 - 91)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and recommendations for dermatology 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"> Maintain non-formulary at this time due to limited evidence for use and primarily pediatric setting of care <p>PA Criteria Update:</p> <ul style="list-style-type: none"> None; leverage 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: Dermatology: Approved recommendations as presented.</p> <p>Hyftor® (sirolimus) Monograph <i>Vote: Unanimous approval (5/5)</i></p>
16.	<p>Dermatology Acne and Rosacea Class Review (pp.92 - 113)</p>	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: January 2021</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Remove step requirement (tretinoin) from adapalene 0.3% gel based on comparative cost-effectiveness Remove PA requirement from azelaic acid 15% gel for rosacea based on comparative cost-effectiveness Remove clindamycin 1% gel (daily), adapalene 0.1% cream and 0.3% gel pump from formulary due to lack of use and cost-effective alternatives available Remove benzoyl peroxide 2.5% and 10% gel, 5%, 6%, and 10% cleanser, and 10% lotion from Healthy San Francisco formulary to align with Healthy Workers HMO <p>PA Criteria Update:</p>	<p>VOTE: Dermatology: Approved recommendations as presented.</p> <p>Acne and Rosacea Class Review <i>Vote: Unanimous approval (5/5)</i></p>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> Update Finacea®, Azelex® (azelaic acid) and Topical Retinoids criteria to reflect formulary changes above Remove combination products from Topical Retinoids criteria and incorporate all in Topical Combinations for Acne criteria for clarity <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
17.	<p>Endocrinology Anti-Obesity Medications Class Review (pp.114 - 125)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for endocrinology medication.</i> <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"> Remove orlistat from formulary due to recommendation against use in the American Gastroenterological Association guidelines and lack of utilization <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Anti-Obesity Medications criteria to require documentation of lifestyle interventions for initiation of therapy to ensure appropriate use <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>Dr Ruiz highlighted potential for rebound weight gain if therapy discontinued. Long term adherence may become difficult due to loss of enjoyment and interest in food. Dr Ruggiero noted some diet consultations within weight management programs are not engaging for patients. Dr Williams inquired if SFHP UM approves bariatric surgery, which was confirmed as a procedure SFHP has approved.</i></p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Anti-Obesity Medications Class Review <u><i>Vote: Unanimous approval (6/6)</i></u></p> <p><i>**Dr Truong arrived for committee meeting and joined voting at 7:55 am**</i></p>
18.	<p>Gastroenterology VOWST™ (fecal microbiota spores, live-brpk) Monograph (pp.126 - 135)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and recommendations for gastroenterology medication.</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 other cost-effective alternatives under medical benefit <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Implement new prior authorization criteria to ensure documented history of rCDI and appropriate antibiotic treatment prior to approval of VOWST™ <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee discussed proposed criteria and proposed lowering the threshold for approval to 2 episodes of CDI or to 1 episode of CDI with associated risk factors.</i></p>	<p>VOTE: Gastroenterology: Approved recommendations with changes to proposed coverage criteria amendment of 2 episodes of CDI, or 1 episode with risk factors.</p> <p>VOWST™ (fecal microbiota spores, live-brpk) Monograph <u><i>Vote: Unanimous approval (6/6)</i></u></p>

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19.	<p><u>Infectious Disease</u> Human Immunodeficiency Virus (HIV) Class Review (pp.136 – 155)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for infectious disease medications.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2020 Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Add Vocabria® (cabotegravir) to formulary tier 2 to allow initiation and transition to Cabenuva® per labeling • Remove all remaining age limits due to lack of pediatric population • Move Descovy® (emtricitabine-tenofovir AF) from tier 2 to tier 3 and add step requirement (emtricitabine-tenofovir DF) for use • Move Symtuza® (darunavir-cobicistat-emtricitabine-tenofovir AF) from tier 2 to tier 3 with PA required based on cost-effective guideline-recommended alternatives available and limited place in therapy <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Implement new criteria for Symtuza® <p>DUR Update:</p> <ul style="list-style-type: none"> • Review separate DUR analysis on HIV medication adherence <p>Committee Discussion: <i>Dr Ruiz inquired why historical age limits were set at 21 versus 18. SFHP explained it was historically to align with CCS benefits and coding while Medi-Cal members were under the SFHP pharmacy benefit, and ended up applied to Healthy Workers in error, which did not impact coverage as no pediatric population. SFHP clarified Medi-Cal Rx's coverage of Cabenuva is likely due to the class historically being carved out to FFS and all were covered.</i></p>	<p>VOTE: <u>Infectious Disease:</u> Approved recommendations as presented.</p> <p><u>Human Immunodeficiency Virus (HIV) Class Review</u> <i>Vote: Unanimous approval (6/6)</i></p>
20.	<p><u>Drug Utilization Review (DUR) Reports</u> HIV Medication Adherence DUR Report (pp.156 – 158)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR report for HIV Medication Adherence.</i> Goal: Assess adherence for Medi-Cal members on medications to treat HIV. Summary: While adherence to HIV medications is high overall, adherence for even the single-tablet regimens does not reach the 90% threshold for best clinical outcomes. This means that SFHP members on HIV medication are at risk for HIV progression, HIV transmission, and the development of drug resistance. Members less than 50 years-old and who identify as Black are at a higher risk of non-adherence compared with the rest of the population. In general, adherence to single-tablet regimens is slightly higher than to individual components of multi-tablet regimens.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Create links to DHHS HIV adherence resources on the member section of the SFHP website • Produce and present an in-service on HIV medication for the SFHP Care Management team that highlights the importance of consistent adherence <p>Committee Discussion:</p>	Non-voting item

	Topic	Brought By	Discussion	Action
21.	<p><u>Infectious Disease</u> Hepatitis C Therapeutic Class Review (pp.159 – 173)</p>	Kaitlin Hawkins, Pharm. D	<p><i>Dr Ruggiero highlighted that HIV and HepC case increases are likely due, at least in part, to the ongoing opioid epidemic experience in San Francisco. Dr Ruiz stated that maintaining both oral dose regimes and injectable therapy are important to adherence and engagement.</i></p> <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 2021</p> <p>Formulary Update: (Healthy Workers HMO only):</p> <ul style="list-style-type: none"> • Remove ledipasvir-sofosbuvir from formulary due to cost-effective alternatives available and lack of use • Remove the following pediatric dosage forms from formulary due to lack of pediatric population: <ul style="list-style-type: none"> ○ Eplusa® (sofosbuvir-velpatasvir) 200-50mg tablet, Harvoni® (ledipasvir-sofosbuvir) 45-200mg tablet and 33.75-150, 45-200mg pellet packet <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Hepatitis C criteria to reflect formulary changes above and add recommended regimen for patients experienced with Vosevi® or multiple DAA <p>DUR Update:</p> <ul style="list-style-type: none"> • Separate DUR report on HCV regimens and completion rates <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Infectious Disease:</u> Approved recommendations as presented.</p> <p><u>Hepatitis C Therapeutic Class Review</u> <i>Vote: Unanimous approval (6/6)</i></p>
22.	<p><u>Drug Utilization Review (DUR) Reports</u> Hepatitis C Initiation and Adherence DUR Report (pp.174 – 175)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR review for HCV Medication Adherence.</i></p> <p>Summary Thirty-six percent of members with a diagnosis of HCV have been treated while enrolled in SFHP. A majority of these members (78%) successfully completed their treatment. White members are more likely to receive HCV treatment, as are members whose primary language is English or Russian. Asian members had the lowest rate of treatment (26%) and may require a tailored outreach. In order to meet the goal of ending HCV in San Francisco, SFHP must continue to work with our medical groups, providers, and members to ensure members are tested and those who test positive for HCV receive treatment.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • Continue to monitor this report for any changes • Bring report to a future End Hep C meeting • Outreach to medical groups primarily serving Asian members to discuss strategies for HCV testing and treatment <p>Committee Discussion: <i>Dr Lee highlighted that NEMS has been pushing affected patients to pursue hepatitis treatments and has begun screening for Both B and C when testing patients. The committee inquired if data had been stratified by age; SFHP confirmed this could be evaluated in follow-up.</i></p>	Non-voting item

	Topic	Brought By	Discussion	Action
23.	<u>Pulmonology</u> Asthma and Chronic Obstructive Pulmonary Disease (COPD) Class Review (pp.176 - 200)	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for pulmonology medication.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: July 2022</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • No changes recommended at this time <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • No changes recommended at this time <p>DUR Update:</p> <ul style="list-style-type: none"> • See separate asthma/COPD PDC DUR analysis <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>Asthma and Chronic Obstructive Pulmonary Disease (COPD) Class Review</u> <i>Vote: Unanimous approval (6/6)</i></p>
24.	<u>Drug Utilization Review (DUR) Reports</u> Asthma/COPD Medications Adherence Drug Utilization Review (pp.201 – 204)	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR report for Asthma/COPD Medication Adherence.</i></p> <p>Goal Assess medication adherence for Medi-Cal and Healthy Worker HMO members on medications to treat asthma and COPD.</p> <p>Summary Adherence to asthma and COPD medications is low, with no average PDC above threshold of 80%. The difference in adherence between leukotriene receptor antagonists underlines the increased difficulty with acceptance and adherence for inhaled medications. There is not a huge discrepancy in average PDC between ethnic groups in each class, but patients identifying as Black and Hispanic had the lowest rate average PDC for ICS, and members identifying as Hispanic had lower than average PDC for ICS-LABA. All the ethnic groups have below the standard threshold PDC of 80%, which indicates that inhaler non-adherence is a risk factor for poor asthma and COPD within the entire SFHP population.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • Provide link to SFHP “Take Charge of Your Asthma” handout, available on the SFHP Health Education website in multiple languages, in the provider newsletter • Continue to refer asthma non-compliant members for evaluation through the Medication Adherence Program for the AMR measure <ul style="list-style-type: none"> ○ Emphasize inhaler technique and adherence ○ Provide the “Take Charge of Your Asthma” handout in preferred language treatment <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	Non-voting item

	Topic	Brought By	Discussion	Action
25.	Drug Utilization Review (DUR) Reports Asthma/COPD Medications Regimen Review (pp.205 - 207)	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR review for HCV Medication Adherence.</i></p> <p>Summary Over half (58%) of members on medications to treat asthma and COPD received only one drug class during the period reviewed, most of which were claims for albuterol. This is not consistent with guideline recommendations for asthma or COPD. While this population likely contains members prescribed albuterol for other diagnoses (bronchitis, long COVID), this does not explain the majority of these claims. For members with claims for multiple classes of asthma and COPD drugs, a majority (84%) are on a regimen containing either ICS alone or ICS and a LABA in combination, which are recommended first-line regimens for asthma. Eighteen percent are receiving a LABA, LAMA, or combination of the two medications – which is appropriate therapy for COPD.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • Add members with only albuterol claims and a diagnosis of asthma or COPD to the internal Medication Adherence Program (MAP) outreach list • Consider adding members with COPD to the MAP outreach list • Provide asthma educational materials to members referred to MAP <p>Committee Discussion: <i>Dr Ruiz commented that retraining patient therapy habits, especially those since pediatric, can be very difficult. Provider outreach and education with clear, specific, formulary regimens would be beneficial. The committee recommended SFHP develop an additional provider resource highlighting recommended regimens for asthma and COPD based on GINA and GOLD guidelines as well as preferred therapies covered under Medi-Cal Rx and the Healthy Workers HMO formulary.</i></p>	Non-voting item
26.	Reconvene in Open Session	Kaitlin Hawkins, Pharm. D	Open session resumed: 9:22 am.	
27.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.208 - 227)	Sue Chan	<p><i>The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i></p> <p>Document Changes <u>Pharm-01: Pharmacy and Therapeutics Committee</u> Update: This policy is up for annual review. Changes were minor to reflect current staffing structure while ensuring committee remains under authority of the Chief Medical Officer and all voted upon changes are executed per the current schedule.</p> <p><u>Pharm-07: Emergency Med Supply</u> Update: This policy is up for annual review. Removed reference to Specialty pharmacy network (relevant to Medi-Cal).</p> <p><u>Pharm-11: Member Reimbursement for Pharmacy Services</u> Update: This policy is up for annual review. Removed procedures for</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 (6/6)</i></p>

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			<p>processing Medi-Cal LOB reimbursement requests with service dates prior to Medi-Cal Rx implementation (1/1/2022).</p> <ul style="list-style-type: none"> • >18 months since this benefit was carved out • No Medi-Cal reimbursements approved after February 2022 <p><u>Pharm-16: Pharmacy Systems User Access</u> Update: This policy is up for annual review. Updated reporting and audit of active account users from annual to monthly to reflect the current process. New monitoring item: user access lists sent quarterly to SFHP ITS Cyber Security Analyst for quarterly User Access and Entitlement Reviews.</p> <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	
28.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.228 - 230)	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><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	<p><u>VOTE:</u> <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (6/6)</i></p>
29.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.231 - 233)	Eileen Kim, 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><u>VOTE:</u> <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 (6/6)</i></p>
30.	<u>Appendix</u> Magellan Pipeline Report 2Q2023 (pp. 234 - 287)	Steve Nolan, Pharm. D	<p><i>The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q2 2023.</i></p>	Non-voting item
31.	Adjournment	Kaitlin Hawkins, Pharm. D	<p>The meeting adjourned at 9:32 am.</p> <p>2023-2024 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> • Wednesday, October 18, 2023 • Wednesday, January 17, 2024 • Wednesday, April 17, 2024 • Wednesday, July 17, 2024 	

Respectfully submitted by:



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

Eddy Ang, MD
Chief Medical Officer

10/18/2023

Date