SAN FRANCISCO HEALTH PLAN™ *Here for you*	**Pharmacy Services** **San Francisco Health Plan Pharmacy & Therapeutics Committee** **Wednesday, October 19, 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:** Veronica Garcia (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 Maria Lopez, Pharm. D Joseph Pace, MD – *[departed 8:30 am]* Ronald Ruggiero, Pharm. D Jamie Ruiz, MD Linda Truong, Pharm. D – *[departed 9:24 am]* Robert (Brad) Williams, MD Steven Wozniak, MD – *[arrived 8:03 am]*	**Others in Attendance:** Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Eileen Kim, Pharm. D (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager) Alice Ghai (UCSF School of Pharmacy guest) Gevork Tchapanian (UCSF School of Pharmacy guest) James Lee, MD (incoming voting member)
Members Absent:	n/a	
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 7:33 am. • Agenda overview • Conflict of Interest check	Introduction and agenda topics done.
2.	Informational Updates	Eddy Ang, MD	Introduction of incoming P&T member from NEMS • Welcome and background of Dr. James Lee • P&T Committee member and SFHP staff introductions	
3.	Review and Approval of July 20, 2022 P&T minutes *(pp.5 - 13 of October 2022 P&T Packet)*	Eddy Ang, MD	The committee approved the minutes as presented.	**VOTE:** **Review and Approval of July 20, 2022 P&T Minutes** Approved minutes as presented. *Vote: Unanimous approval (8/8)*

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4.	**Dermatology** Psoriasis Class Review *(pp.14 - 34)*	Eileen Kim, Pharm. D	*The plan presented a class review and recommendations for dermatology medications.* *Major recommendations included the following:* **Last reviewed:** July 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain Wynzora®, Vtama®, and Zoryve™ non-formulary due to cost-effective alternatives available, and utilize general Non-Formulary Medications criteria for any requests **Prior Authorization (PA) Criteria Update:** • Update Acitretin (Soriatane®) criteria to include pregnancy screening for safety • Update Topical Retinoids criteria to streamline requirements for tazarotene cream and gel **Drug Utilization Review (DUR) Update:** • None **Committee Discussion:** *The committee inquired regarding biologics for psoriasis and was advised that biologics were evaluated separately in a prior review in April 2022. Biologics are reviewed separately due to use in moderate-severe disease as well as other indications, while this review focused on psoriasis-specific topical and oral therapies for mild-moderate disease.*	**VOTE:** **Dermatology:** Approved recommendations as presented. **Psoriasis Class Review** *Vote: Unanimous approval (8/8)*
5.	**Endocrinology** Mounjaro™ (tirzepatide) Monograph *(pp.35 - 55)*	Kaitlin Hawkins, Pharm. D	*The plan presented monographs and recommendations for endocrinology medications.* *Major recommendations included the following:* **Last reviewed:** n/a **Formulary Update***:* (Healthy Workers HMO only): • Add Mounjaro™ to formulary with step therapy (metformin) required and quantity limit of #0.5 mL weekly (1 pen weekly) or #6mL/84d, to align with formulary GLP-1 RAs **PA Criteria Update:** • Update GLP-1 Agonists criteria to include Mounjaro™ at parity with Victoza® (liraglutide) and Ozempic® (semaglutide) injection and Rybelsus® (semaglutide) tablet **DUR Update:** • None **Committee Discussion:** *The committee discussed the recommendation of adding Mounjaro™ with step on par with GLP-1 receptor agonists, versus requiring prior authorization request with documentation of hemoglobin A1C. The committee discussed factors including the smaller size of the Healthy Workers HMO line of business and expected volume of requests, monthly cost compared to GLP-1 receptor agonists, comparative efficacy data in terms of A1C lowering, and expected cardiovascular impact data and use for weight loss. Per step logic, members without metformin claim history*	**VOTE:** **Endocrinology:** Approved recommendations as presented. **Mounjaro™ (tirzepatide) Monograph** *Vote: Unanimous approval (8/8)*

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			will require prior authorization with documentation of prior metformin trial and failure or contraindication. Additionally, reported monthly cost can be variable and is impacted by dispensed quantity and days' supply.	
6.	**Endocrinology** Vijoice® (alpelisib) Monograph *(pp.35 - 55)*	Eileen Kim, Pharm. D	*Major recommendations included the following:* **Last reviewed:** n/a **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain non-formulary at this time **PA Criteria Update:** • None; utilize general Non-Formulary Medications criteria for any requests **DUR Update:** • None **Committee Discussion:** *The chair inquired regarding committee members' clinical experience with the FDA-approved indication PIK3CA-related overgrowth spectrum (PROS), which no committee member reported.*	**VOTE:** **Vijoice® (alpelisib) Monograph** *Vote: Unanimous approval (9/9 – following Dr. Wozniak's arrival)*
7.	**Gastroenterology** Constipation and Irritable Bowel Syndrome Class Review *(pp.56 - 62)*	Eileen Kim, Pharm. D	*The plan presented a class review and recommendations for gastroenterology medications.* *Major recommendations included the following:* **Last reviewed:** October 2020 **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Maintain Ibsrela® (tenapanor) as non-formulary due to cost-effective alternatives available **PA Criteria Update:** • Update Constipation Agents criteria to include Ibsrela® for IBS-C as non-formulary **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions*	**VOTE:** **Gastroenterology:** Approved recommendations as presented. **Constipation and Irritable Bowel Syndrome Class Review** *Vote: Unanimous approval (9/9)*
8.	**Hematology** Pyrukynd® (mitapivat) Monograph *(pp.63 - 82)*	Kaitlin Hawkins, Pharm. D	*The plan presented a monograph and recommendations for* hematology *medications.* *Major recommendations included the following:* **Last reviewed:** n/a **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Maintain non-formulary at this time **PA Criteria Update:** • None; utilize general Non-Formulary Medications criteria for any requests **DUR Update:** • None **Committee Discussion:**	**VOTE:** **Hematology:** Approved recommendations as presented. **Pyrukynd® (mitapivat) Monograph** *Vote: Unanimous approval (9/9)*

	Topic	Brought By	Discussion	Action
			The committee inquired about the treatment regimen for Pyrukynd®, which requires chronic use but has been studied up to 24 weeks.	
9.	**Infectious Disease** Oral and Topical Antivirals Class Review *(pp.83 - 98)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for infectious disease medications.* *Major recommendations included the following:* **Last reviewed:** April 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Remove acyclovir 200mg/5mL PO suspension from formulary due to lack of use and no pediatric population • Remove Denavir® (penciclovir) 1% cream from formulary due to lack of use and cost-effective alternatives available • Remove rimantadine 100mg tablet from formulary due to lack of use or place in therapy for influenza • Maintain Livtencity™ (maribavir) non-formulary due to lack of use or requests and available cost-effective alternatives **PA Criteria Update:** • Update Topical Antivirals criteria to reflect formulary change above and incorporate Sitavig® (acyclovir) buccal tablet as non-preferred **DUR Update:** • None; SFHP is currently developing a COVID-19 therapeutics dashboard to evaluate treatment patterns **Committee Discussion:** *The committee discussed leverage of the national test-to-treat program and associated pharmacist dispensing. Additionally, the committee considered provider hesitancy to prescribe COVID-19 treatments due to potential drug-drug interactions (i.e., with antiretrovirals) and "rebound" reported with Paxlovid. "Rebound" COVID-19 following treatment with Paxlovid is rare, reported at 1-2%, and should not preclude treatment. The committee also inquired about antiretroviral pre-exposure prophylaxis (PrEP) for HIV and was advised it is evaluated in a separate review, scheduled for an upcoming meeting. Most medication for treatment and prevention of HIV are included on the HW HMO formulary, and PrEP has $0 copayment per regulatory standards.*	**VOTE:** **Infectious Disease:** Approved recommendations as presented. **Oral and Topical Antivirals Class Review** *Vote: Unanimous approval (9/9)*
10.	**Neurology** Anticonvulsants Class Review *(pp.99 - 109)*	Kaitlin Hawkins, Pharm. D	*The plan presented class reviews and recommendations for neurology medications.* *Major recommendations included the following:* **Last reviewed:** July 2020 **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Maintain Fintepla® (fenfluramine) and Ztalmy® (ganaxolone) non-formulary at this time due to limited place in therapy and available alternatives • Remove all non-solid dosage forms from formulary due to lack of utilization and lack of pediatric population • Remove Celontin® (methsuximide) capsule, rufinamide (Banzel®) tablet, and Aptiom® (eslicarbazepine) tablet from formulary due to	**VOTE:** **Neurology:** Approved recommendations as presented. **Anticonvulsants Class Review** *Vote: Unanimous approval (8/8 – following Dr. Pace's departure)*

	Topic	Brought By	Discussion	Action
			lack of utilization and available alternatives (all for refractory seizures) • Remove Dilantin® (phenytoin) 30mg capsule from formulary due to available generic alternative and lack of use (ultra-low dose, for pediatrics) • Remove Vimpat® (lacosamide) 200mg/20mL IV vial from formulary due to lack of use (medical benefit) **PA Criteria Update:** • None (no active criteria) **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions*	
11.	**Neurology** Movement Disorders Class Review *(pp.110 - 133)*	Eileen Kim, Pharm. D	*Major recommendations included the following:* **Last reviewed:** October 2021 **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Maintain Radicava® (edaravone) oral suspension non-formulary due to available cost-effective alternative **PA Criteria Update:** • Implement new drug-specific criteria for Radicava® requiring documentation of diagnosis and severity and trial/failure of riluzole for approval **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions*	**VOTE:** **Neurology:** Approved recommendations as presented. **Movement Disorders Class Review** *Vote: Unanimous approval (8/8)*
12.	**Pain** Opioids and Combinations Class Review *(pp.139 - 150)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for pain medications.* *Major recommendations included the following:* **Last reviewed:** January 2021 **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • No changes recommended **PA Criteria Update:** • No changes recommended **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions*	**VOTE:** **Pain:** Approved recommendations as presented. **Opioids and Combinations Class Review** *Vote: Unanimous approval (8/8)*

	Topic	Brought By	Discussion	Action
13.	**Psychiatry** Antipsychotics Class Review *(pp.151 - 157)*	Jessica Shost, Pharm. D	*The plan presented a class review and recommendations for psychiatry medications.* *Major recommendations included the following:* **Last reviewed:** July 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Remove lamotrigine chewable tablet from formulary due to lack of utilization and no pediatric population **PA Criteria Update:** • None **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions*	**VOTE:** **Psychiatry:** Approved recommendations as presented. **Antipsychotics Class Review** *Vote: Unanimous approval (8/8)*
14.	DUR Program Updates and Educational Items *(pp. 158 - 159)*	Jessica Shost, Pharm. D	*The plan presented a Fraud, Waste & Abuse DUR analysis on members utilizing multiple pharmacies or multiple providers.* **Summary:** Members with utilizing multiple pharmacies or multiple providers were likely to be on ten or more unique medications. The members with a high number of different pharmacies used appeared to be at risk of avoidable waste. Members with many unique drugs and many different pharmacies are likely experiencing discontinuity of care – either as a result of ED use or multiple primary care providers. One clear exception is members using specialty pharmacies for limited distribution drugs – 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. **Recommendations:** • Refer members with top 50 multiple pharmacy utilization and no specialty pharmacy use to Care Management • Continue to monitor with quarterly reports **Committee Discussion:** *The committee inquired about pharmacy outreach regarding high-risk members and suggested a phone call and/or fax outreach to pharmacies regarding adherence issues for members with pharmacy utilization. Barriers to pharmacy medication therapy management as benefit billed to Medi-Cal include the limitation of the current billing structure to paper billing, and reimbursement for in-person encounters only.*	*Non-voting item*
15.	DUR Program Updates and Educational Items *(pp. 158 - 159)*	Jessica Shost, Pharm. D	*The plan presented quality improvement program DUR measures and recommendations.* **Antidepressant Adherence by Affinity Group** Steps Taken • Informed providers of the identified at-risk populations in the October	*Non-voting item*

	Topic	Brought By	Discussion	Action
			2022 provider newsletter Future Plans • Outreach to Beacon Health Services in order to better understand the resources available for members with a primary language other than English • Ensure all members identified as "nonadherent" in the HEDIS data are on the enrollment list for Enhanced Care Management (ECM) **Antipsychotic Adherence by Affinity Group** Steps Taken • Informed providers of the identified at risk population (young adults) in the October 2022 provider newsletter Future Plans • Outreach to primary care clinics through Joint Administrative Meetings (JAM) in order to better understand the resources available for members with moderate to severe mental illness • Suggest a set drop-in time for patients with moderate to severe mental illness to access care at their PCP office • Ensure that all members identified in this HEDIS measure, and who qualify, are on the registrar for Enhanced Care Management (ECM) **Asthma Medication Adherence and Appropriate Use by Affinity Group** Steps Taken As a result of these findings, SFHP has undertaken the following actions: • SFHP Pharmacy hosted a "MedTalk" with Care Management staff focused on asthma treatment and place in therapy of rescue versus maintenance inhalers • Updated the Asthma Brochure for patients, integrating the newest guidelines (to be published on sfhp.org once translated) • Informed providers of the identified at risk population (young adults) in the September 2022 provider newsletter Future Plans • Ensure all members identified as "nonadherent" in the HEDIS data are on the enrollment list for Comprehensive Care Management (CCM) **Diabetes Testing and Control by Affinity Group** Steps Taken • Informed providers of the identified at risk populations in the September 2022 provider newsletter and furnished providers with links to Spanish-language diabetes information Future Plans • Ensure all members identified as "non-compliant" in the HEDIS data are on the enrollment list for Comprehensive Care Management (CCM) **Medication Therapy Management Effectiveness**	

	Topic	Brought By	Discussion	Action
			Next Steps Currently, all members receiving MTM services are referred by the Care Management team. SFHP Pharmacy team is evaluating possible program expansion to impact more SFHP members by directly screening for additional members who may not be in the Care Management program but would benefit from medication reconciliation. These members may include those with multiple providers, with ten or more prescriptions, and/or members utilizing multiple pharmacies. **Committee Discussion:** *The committee had no comments or questions*	
16.	DUR Program Updates and Educational Items *(pp. 158 - 159)*	Jessica Shost, Pharm. D	*The plan presented the Healthy Workers HMO retrospective DUR program administered by Magellan Rx.* **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. **Committee Discussion:** *The committee had no comments or questions*	*Non-voting item*
17.	Annual Pharmacy Policies and Procedures (P&Ps) Review *(pp.160 - 186)*	Sue Chan	*The plan presented changes to the Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:* **Document Changes** ***Pharm-02:*** *Pharmacy Prior Authorization* **Update:** PA review response time is now calculated using received date /time and decision notification or notification for additional relevant information needed date/time, whereas, the former way of calculation end point was decision time, where the clock stops. This is due to updated requirement from DMHC. Clarified that if failed to respond within the required timeframes, those requests are deemed approved, including duration and refills. Updated the term "Reconsideration" to reflect DMHC's definition, where these are processed as appeals. Other updates to reflect the change of PBM and full PA delegation: • Updated electronic PA submission route from web portal to CoverMyMeds to reflect current PBM's process. • Pharmacies no longer get approval notifications per current PBM. • SFHP's Clinical Pharmacists and Medical Directors no longer take	**VOTE:** **Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)** Approved recommendations as presented. *Vote: Unanimous approval (8/8)*

	Topic	Brought By	Discussion	Action
			part in the review as PAs are fully delegated to the current PBM ***Pharm-09:*** *Pharmacy Network Credentialing* **Update:** Removed DHCS reference in the policy statement and DHCS requirement to screen for Medi-Cal registration in the procedure. Updated monitoring procedures to align with current PBM: • PBM uses LexisNexis as a source for licensure standing verification. • PBM performs annual recertification on network pharmacies. ***Pharm-14:*** *Drug Utilization Review* **Update:** Clarified that demographic data are reviewed in retrospective drug utilization reviews to identify health disparities between member populations. Added monitoring of appropriate use of antipsychotic, mood stabilizers and anti-depressant medications by all children 18 years of age and under. DHCS expansion of retrospective DUR requirement in new contract effective 2024. **Committee Discussion:** *The committee had no comments or questions*	
18.	Review and Approval of Prior Authorization Criteria Interim Changes *(pp.187 - 189)*	Kaitlin Hawkins, Pharm. D	*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* **Committee Discussion:** *The committee had no comments or questions*	**VOTE:** **Review and Approval of Prior Authorization Criteria Interim Changes** Approved recommendations as presented. *Vote: Unanimous approval (7/7 – following Dr. Truong's departure)*
19.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market *(pp.190 - 193)*	Kaitlin Hawkins, Pharm. D	*The plan presented interim formulary changes and formulary status for new drugs to market.* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** Approve recommendations as presented. *Vote: Unanimous approval (7/7)*
20.	**Appendix** Magellan Pipeline Report 3Q2022 *(pp 194 -238)*	Steve Nolan, Pharm. D	*The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q3 2022.*	*Non-voting item*

	Topic	Brought By	Discussion	Action
21.	Adjournment	Eddy Ang, MD	The meeting adjourned at 9:30 am. 2022-2023 P&T Committee Meeting dates are: • Wednesday, January 18, 2023 • Wednesday, April 19, 2023 • Wednesday, July 19, 2023 • Wednesday, October 18, 2023	

Respectfully submitted by:

1/18/2023

Eddy Ang, MD
Interim Chief Medical Officer

Date