

Special Pharmaceutical Benefits Program Advisory Council
Thursday, October 29, 2020
10:00 A.M. – 12:00 P.M.
Web Conference Call

Topic/Discussion	Action
<u>Introductions, Announcements & Updates:</u> John Haines	Began 10:07 am
<p><u>Introductions:</u> SPBP Advisory Council Members, staff, and guests introduced themselves. Brian Adams reviewed protocols for using Skype, the new platform being used in place of WebEx used at prior meetings. Kyle Fait took attendance</p> <p>Members Present: John Haines, Kathleen Brady, Margaret Hoffman-Terry, Angela Kapalko, David Koren, Leah Magagnotti, Deborah McMahan, Mimi McNichol, Meghan McNelly, Wayne Williams, Michael Witmer, Carina Havenstrite, Rebecca Geiser</p> <p>Members Absent: Jerry Coleman, Cindy Magrini, Rob Pompa, William Short, Evelyn Torres, Hazel Vaughn, Art Williams</p> <p>Guests: Casey Johnson, Sandra Valdez, Kimberly Wentzel, Jakie Hudock, Janel Gleason, Mike Hellman, Aliah Roseman, Emily Saare, Jacinto Stanton, Inger A Taylor, Sejal Thanicatt, Anna Barone, Jawana Marshall, Kristen Welser, Shanna C, Erin O’ Dea, Lupe Diaz, Stacey, Karen Mingety, Morgan Cusram, Teresa Dobney, Stephanie Whitley, Canavin Valeria, Clements Keriann, Marshall Jawana, Nick D’Apice</p> <p>Department of Health Staff: Jill Garland, Cheryl Henne, Mari Jane Salem-Noll, Kyle Fait, Monisola Malomo, Michelle Schlegelmilch, Amanda Weiss, Allison Prim</p> <p>University of Pittsburgh Staff: Brian Adams</p>	10:07 – 10:12am
<p><u>Announcements/Updates:</u> John Haines</p> <ul style="list-style-type: none"> • 2021 Meetings to be held last Thursday in January, April, July, and October. January will be usual web conference call, but the normally in-person April meeting may be virtual as well. • Position for Data Manager still open; this is the position that Sean Hoffman vacated. • Lindsey Pitten is out on leave; Amanda Weiss will be handling the fiscal reporting. • All other positions currently filled. <p>SPBP Website:</p> <ul style="list-style-type: none"> • Drug formulary updated on quarterly basis, most recently on Oct. 1 • Covered lab test updated yearly, most recently on Sept. 1 	10:12 to 10:51am

<ul style="list-style-type: none"> • Medicare C and D plans, preliminary list received and will be posted soon • Email address posted in area with customer service phone # <p>MRX Enrollment system updated:</p> <ul style="list-style-type: none"> • Case manager portal allow agency admin to change/add case managers directly through system • Agencies who want access have to register once and updates can be done online <p>Medicaid Back billing process:</p> <ul style="list-style-type: none"> • Process and timeframe to be finalized by December or January, to propose when the new process for Medicaid recoveries will begin. <p>Three council members reported concerns with pharmacies either closing in Philadelphia (due to civil unrest) and some refused to deliver to some areas. Delays with mail services also reported.</p> <ul style="list-style-type: none"> • Refill limits were lifted but expect to be turn on again on January 1; however, there is a process to override. The patient would need to contact SPBP. There were pockets of early refills and over utilization a few years ago (early 2010s, possibly), which smoothed out after the limits were enacted. Based on conversation among the council members, it may renew with 75% usage instead of 85%. If mail delivery delays and civil unrest persists then it may be re-evaluated. SPBP refill limits only factor if there is no other payer; i.e. it defaults to the primary payer (for example, Medicare or employer plan). There are estimated closures of over 30 stores, with pockets in Philadelphia and Pittsburgh. Closed pharmacies that are big chains are rerouting their calls. It's unknown what is happening with independently owned pharmacies. Open question: since many HIV clinics and ASOs have their own pharmacies, what is the specific impact related to HIV? • Two other exceptions: 1) not counting Covid stimulus checks or additional unemployment against income requirements; 2) allowance of electronic signatures 	
<p><u>Approval of previous minutes</u></p> <p>No corrections or changes to minutes. Minutes, that were sent out in advance, are approved.</p>	10:53 to 10:55 am
<p><u>Data & Quality Management Update: John Haines</u></p> <ul style="list-style-type: none"> • Active enrollment for last fiscal year: 9,089 • Over 6,000 for last quarter, beginning of new fiscal year. • Average age: 56 	10:56 to 11:03 am

- Paid 51,000 claims for medications. Avg per member: 2.7
- Average cost per claim: \$371.
- Out of the current 6,000+, those who filed claim numbered 5,400
- BIKTARVY is top drug followed by GENVOYA, and TRIUMEQ
- Top five claims are HIV drugs, hypertension, dyslipidemia/cholesterol, antidepressants, and diabetes
- Weekly Expenditures: There is drop of active clients since April 2020

Fiscal Update: Amanda Weiss

11:04 to 11:09 am

- Fiscal Year 2018-2019: Total Funding \$118 mil minus Expenditures of \$109 mil resulting in carry-over of \$8 mil
- Fiscal Year 2019-2020: Total Funding \$124 mil. Estimated carry over of \$6+ million. Still to be approved by HRSA
- Fiscal Year 2020-2021: \$65+ mil to date. \$37 mil drug claim expenditures. Claims admin is \$833,000 and Medicare claims \$358,000. Total expenditures \$41 million
- More detail is expected when Lindsey Pitten returns.

		Jul 2020	Aug 2020	Sep 2020	Summary
Schedule 2	Claims Count	292	269	259	820
	Percent Claim Count	0.57%	0.52%	0.50%	0.53%
	Patient Count	230	213	206	649
	Paid Amount	\$21,661.29	\$22,728.73	\$24,122.45	\$68,512.47
Schedule 3	Claims Count	191	168	175	534
	Percent Claim Count	0.37%	0.33%	0.34%	0.35%
	Patient Count	160	153	152	465
	Paid Amount	\$25,797.26	\$23,951.76	\$23,132.99	\$72,882.01
Schedule 4	Claims Count	383	349	344	1,076
	Percent Claim Count	0.75%	0.68%	0.67%	0.70%
	Patient Count	312	291	289	892
	Paid Amount	\$2,303.81	\$1,865.13	\$1,749.52	\$5,918.46
Schedule 5	Claims Count	70	52	69	191
	Percent Claim Count	0.14%	0.10%	0.13%	0.12%
	Patient Count	63	51	60	174
	Paid Amount	\$1,000.53	\$2,228.08	\$2,621.42	\$7,850.03

Outreach Initiatives & MAI Update: Kyle Fait

11:10 to 11:21 am

Minority AIDS Initiative Update (MAI)

- Most of the year was in when pandemic hit. Final quarter April-June 2020: 713 received outreach services; 270 newly diagnosed; 120 linked to medical care; 241 attend 2+ medical appts; 77 achieved undetectable viral load.
- Learning Sessions cancelled for in-person due to COVID-19. Instead there are Four virtual sessions: Oct 22, 29, Nov. 5, and 6 each being 90 minutes.

Minority AIDS Initiative (MAI) Update

MAI Results Quarter 1: April 1,-June 30, 2020

- Breakdown of Outreach Units:
 - 54% Infectious Disease
 - 19% Insurance/SPBP
 - 12% Dental
- Breakdown of Health Education Risk Reduction Units:
 - 25% Medication Adherence/U=U
 - 18% Comorbidities
 - 15% COVID
 - 9% Blood Work
 - 7% Insurance
 - 7% Mental Health Hygiene



5 year Spend Plan

- PA NEDSS upgrade expected at full implementation Jan 3, 2022
- Annual HIV conference: original plan was in-person in September but instead will have 2-hour virtual conference in February which will include lessons learned from COVID-19 pandemic. Dr Rachel Levine expected to speak. It is hoped that Fall 2021 may allow in-person conference; and a multi-day conference in 2022.
- Subsequent Available Funding: localized media targeted campaign

HPG activity: Next virtual meeting is Nov 18 and half day Nov. 19.

- Priority Setting
- Clinical Quality Management
- Stigma Survey implemented to SPBP cardholders by assessment subcommittee. Currently received 1,472. Goal to reach 2,000 responses. Purpose to understand experience of stigma and discrimination in healthcare settings. Information will be used in planning and development of services.

Clinical Quality Management Plan: Michelle Schlegelmilch

11:22 to 11:29 am

Thank you for member input. Will be presenting to HPG in November.

Quality Measure Categories based on 2019 data:

- Outpatient Ambulatory Health Services
- Food Bank
- Medical Case Management
- Housing Education
- Risk Reduction
- ADAP

Specific Indicators:

- Viral Load Suppression
- Prescribe antiretroviral therapy
- Types of screenings

- Gap in medical visits
- ADAP application determination

Revising Taxonomy: Last revision was 2018 and David from HPG will be reaching out by email with attached program standards. Plan to have taxonomy distributed to regions by end of November with effective date of Jan 1, 2021.

Drug Additions and Exclusions: Margaret Hoffman-Terry

11:30 to 11:34 am

Add:

A	B	C	D
DRUG NAME	DESCRIPTION	FORMULARY DESCRIPTION	GROUP
1 ANJESO	meloxicam	ANALGESIC AGENTS	Treatment of moderate to severe pain. IV bolus. All other analgesics are covered.
2 XCOPRI	cenobamate	ANTICONSULSANTS	Treatment of focal (partial) onset seizures. Oral tablet. All other anticonvulsants are covered.
3 JELMYTO	mitomycin	ANTINEOPLASTIC AGENTS	Treatment of low-grade upper tract urothelial cancer. Ureteral gel. All other antineoplastics are covered.
4 KOSELUGO	selumetinib	ANTINEOPLASTIC AGENTS	Treatment of neurofibromatosis type 1. Oral capsule. All other antineoplastics are covered.
5 ONTRUZANT	trastuzumab-dttb	ANTINEOPLASTIC AGENTS	Treatment of breast and gastric cancers. IV solution. All other antineoplastics are covered.
6 PEMAZYRE	pemigatinib	ANTINEOPLASTIC AGENTS	Treatment of unresectable cholangiocarcinoma. Oral tablet. All other antineoplastics are covered.
7 RETEVMO	selpercatinib	ANTINEOPLASTIC AGENTS	Treatment of non-small cell lung cancer and thyroid cancer. Oral capsule. All other antineoplastics are covered.
8 TABRECTA	capmatinib	ANTINEOPLASTIC AGENTS	Treatment of non-small cell lung cancer. Oral capsule. All other antineoplastics are covered.
9 TRODELVY	sacituzumab govitecan-hziy	ANTINEOPLASTIC AGENTS	Treatment of breast cancer. IV solution. All other antineoplastics are covered.
10 TUKYSA	tucatinib	ANTINEOPLASTIC AGENTS	Treatment of breast cancer. Oral tablet. All other antineoplastics are covered.
11 ZEVALIN	kit for the preparation of yttrium-90	ANTINEOPLASTIC AGENTS	Treatment of non-Hodgkin lymphoma. IV. All other antineoplastics are covered.
12 PHEXXI	lactic acid	CONTRACEPTIVES	Prevention of pregnancy. Vaginal gel. All other contraceptives are covered.
13 LYUMJEV	insulin lispro-aabc	DIABETIC AGENTS	Treatment of types 1 and 2 diabetes mellitus. Injection solution. All other diabetes meds are covered.
14 LYUMJEV KWIKPEN U-100	insulin lispro-aabc	DIABETIC AGENTS	Treatment of types 1 and 2 diabetes mellitus. Subcutaneous solution pen injector. All other diabetes meds are covered.
15 ISTURISA	osilodrostat	ENDOCRINE AND METABOLIC AGENTS	Treatment of Cushing disease. Oral tablet. All other endocrine agents are covered.
16 ORIAHNN	elagolix	ENDOCRINE AND METABOLIC AGENTS	Treatment of heavy menstrual bleeding associated with uterine leiomyomas in premenopausal women. Oral capsule. All other endocrine agents are covered.
17 NEXLIZET	berpedoic acid	LIPID LOWERING AGENTS	Treatment of atherosclerotic cardiovascular disease and heterozygous familial hypercholesterolemia. Oral tablet. All other lipid lowering agents are covered.
18 AVSOLA	infliximab-axqj	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Treatment of ankylosing spondylitis, Crohn disease, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, and ulcerative colitis. IV solution. All other rheumatological agents are covered.
19 ZEPOSIA	ozanimod	MULTIPLE SCLEROSIS AGENTS	Treatment of relapsing MS. Oral capsule. All other MS agents are covered.
20 DAYVIGO	lormetazepam	SEDATIVE HYPNOTICS	Treatment of insomnia. Oral tablet. All other sedatives are covered.

Exclude:

A	B	C
DRUG NAME	DESCRIPTION	GROUP
1 BASADROX	silver	Wound management. Silver gel.
2 DURYSTA	bimatoprost	Treatment of intraocular pressure. Implantable device.
3 FENSOLVI	leuprolide	Treatment of central precocious puberty. Subcutaneous injection.
4 LIPRITIN	gabapentin	Gabapentin tablets, but is in a combo pak with lidocaine/prilocaine cream, dressing, and Chronocap. Gabapentin tablets are already covered by itself.
5		
6		
7		

- Motion passed to accept additions and exclusions. None opposed.

No Subcommittee Reposts

11:39 am

Concern brought up about overriding SYMTUZA and since it's an HIV medication, can that be exempt from requiring override. John Haines stated he would follow up.

Adjourn