

**Special Pharmaceutical Benefits Program Advisory Council**  
**Thursday, April 25<sup>th</sup>, 2019**  
**10:00 A.M. – 3:00 P.M.**  
**Radisson Hotel Harrisburg**

<b>Topic/Discussion</b>	<b>Action</b>
<p><b><u>Introductions, Announcements &amp; Updates:</u></b>  <b>John Haines</b></p> <p><b><u>Introductions:</u></b> SPBP Advisory Council Members, staff, and guests introduced themselves.</p> <p><b>Members Present:</b> Brenda Mitchell, Meghan McNelly, Angela Kapalko, Rebecca Geiser, John Haines, Jeffrey Kirchner, Leah Magagnotti, Cindy Magrini, Deb McMahan, Rob Pompa, Wayne Williams, Michael Witmer, Kathleen Brady</p> <p><b>Members Absent:</b>, Margaret Hoffman-Terry, Maria (Mimi) McNichol, William Short, Arthur Williams, Jerry Coleman, Heyzabeth Vaughn,</p> <p><b>Guests:</b> Ken McGarvey, Kim Wentzel, Lupo Diaz, Carina Havenstrite, Mike Frederick, Martin Kgekion, Sejal Thanicate</p> <p><b>Department of Health Staff:</b> Cheryl Henne, Jill Garland, Kyle Fait, Monisola Malomo, Nicole Risner, Sean Hoffman, Lindsey Pitten</p> <p><b>University of Pittsburgh Staff:</b> Brian Adams, Mike Zolovich</p>	<p>Meeting commenced at 10:03am</p> <p>10:03am to 10:07am</p>
<p><b><u>Announcements/Updates</u></b></p> <p><b><u>John Haines:</u></b></p> <ul style="list-style-type: none"> <li>• Thursday, July 25<sup>th</sup>- next conference call meeting</li> <li>• Thursday, October 24<sup>th</sup> - last in person meeting for 2019 at Radisson</li> <li>• SPBP staff <ul style="list-style-type: none"> <li>○ No updates</li> </ul> </li> <li>• Care Section open positions <ul style="list-style-type: none"> <li>○ Clinical Quality Manager (CQM) position is still open</li> <li>○ Project Officer position</li> </ul> </li> <li>• 340B recertification approved for next year</li> <li>• 2019-20 governor’s budget- HIV programs and SPBP expected to be level funded</li> <li>• Drug formulary updated on SPBP website- 5 new HIV meds added to it now. New drug FDA approved last week not yet added to formulary, should take a month or so to do this.</li> <li>• Online application process rolled out in February. Up to 150+ people enrolling on a weekly basis. We are also planning on rolling out a case manager portal</li> </ul>	<p>10:07am to 10:26am</p>

<ul style="list-style-type: none"> <li>• Completed training video to post on website- working to post on website and will take clients through online enrollment system. We also have a FAQ document that will also be posted when available</li> <li>• Are modifying the cover letters that inform clients there is an online enrollment system. Internal process is taking some time.</li> <li>• SPBP was cited by HRSA for not back billing Medicaid for retro-active coverage 90 day period. Currently taking the report that HRSA needs for back billing and sending it to them. HRSA is reviewing us again soon and we need to have something in place. Looking at an estimate of 1.8 million dollars in claims every year.</li> <li>• SPBP and DOH were undergoing audit by the Auditor General’s Office. The final audit was just issued, and we had no findings.</li> <li>• Kyle- Department of Health received official accreditation (yay!). The work group is still intact. We will continue to submit documents to maintain our accreditation.</li> </ul>	
<p><b><u>Approval of previous meeting’s minutes</u></b></p>	<p>Minutes were approved 10:26am</p>
<p><b><u>Data &amp; Quality Management Update</u></b> Sean Hoffman:</p> <ul style="list-style-type: none"> <li>• Overview of April 2018-March 2019 <ul style="list-style-type: none"> <li>○ About the same number of enrollees</li> <li>○ Genvoya is the top drug by number of claims and by amount paid</li> <li>○ Program is still growing in number of clients, but not as much as last quarter. It’s leveling off.</li> <li>○ The main reason of disenrollment is because people simply aren’t re-enrolling. We are hoping with the online enrollment, the express application, and the case manager portal we will be able to retain more people in the program.</li> </ul> </li> <li>• Concerns and Questions <ul style="list-style-type: none"> <li>○ Deborah McMahan – will case managers be notified when patients’ applications are due for renewal? <ul style="list-style-type: none"> <li>▪ We are hoping that automated emails to patients and case managers, plus the data the case management portal provides, will help retain patients.</li> </ul> </li> <li>○ Michael Witmer – do we ever see individuals who do not realize they’ve fallen out of SPBP into Medicare or Medicaid and don’t realize it? <ul style="list-style-type: none"> <li>▪ John – yes, it usually comes in January when individuals get hit with high deductibles and copays. They usually reenroll in SPBP then</li> </ul> </li> <li>○ Can we link all of this to Data to Care to see who might need an outreach? <ul style="list-style-type: none"> <li>▪ Jill – Data to Care is slowly rolling out. As we do that, there might be an opportunity to incorporate SPBP clients into our data</li> </ul> </li> </ul> </li> </ul>	<p>10:26am to 10:45am</p>

<p><b><u>Fiscal Update</u></b> Lindsey Pitten</p> <ul style="list-style-type: none"> <li>• We are receiving carryover!</li> <li>• Are at 101 million dollars in grant funding for this year</li> <li>• Drug claims take up almost half of the funding</li> <li>• Other amounts (not pictured in presentation)– 30 million dollars in commitments with Department of Aging. Also have 21 million dollars unaccounted for in system – will renew regional grants to account for 16 million and 5 million going to Department of Aging contracts.</li> <li>• Are expecting 8 million dollars in carryover. Last year’s carryover was 10 million so we are getting better at spending.</li> <li>• Pretty much on target for spending from 2018-2019 (similar from previous year and we expect it to keep climbing. Hopefully carryover amounts will get less!)</li> </ul>	<p>10:45am to 10:49am</p>
<p><b><u>Outreach Initiatives</u></b> Kyle Fait:</p> <ul style="list-style-type: none"> <li>• HIV Planning Group Stakeholder Townhall Meeting <ul style="list-style-type: none"> <li>○ Happened this past Tuesday the 23<sup>rd</sup> in Pittsburgh!</li> <li>○ Looking to do these townhall meetings in March and July going forward since HPG meetings moved from 6 meetings to 4 per year</li> <li>○ HPG members and community members attended. Went from 2:30-6:30. Did a spotlight on AIDS Free Pittsburgh, talked about what the HPG is and what the IHPCP is, discussed the DOH, and turned dinner into a townhall format. Evaluations and surveys were also collected at the meeting.</li> </ul> </li> <li>• Next HPG meeting is May 8<sup>th</sup> and 9<sup>th</sup> at the Best Western Premiere in Harrisburg</li> <li>• Hope to do the next stakeholder townhall meeting in State College. Are hoping to go back and forth between cities and rural areas.</li> <li>• 5 year spend plan <ul style="list-style-type: none"> <li>○ PA NEDDS upgrade in process – should decide in the next couple of months if we will upgrade it or go with a different system</li> <li>○ Media campaign in process – soft roll out of May 1st</li> <li>○ In discussion: <ul style="list-style-type: none"> <li>• Mini grants</li> <li>• Annual HIV Conference – also hiring a Capacity Building Coordinator</li> <li>• PACE systems upgrade</li> </ul> </li> <li>○ SPBP monitoring of Jewish Healthcare Foundation (JHF) and MAI complete</li> <li>○ MAI provider learning session happening now</li> <li>○ 2018-19 program year ended on March 30<sup>th</sup> – 100 individuals were found who are eligible for SPBP</li> </ul> </li> <li>• LGBTQ Workgroup held second Health Equity Fair held in March at the East Wing Capitol Rotunda in Harrisburg. Very successful event! This year is the 50th anniversary of Stonewall so it will be the theme of most of our events during the year</li> </ul>	<p>10:49am to 11:09am</p>

<ul style="list-style-type: none"> <li>• Worksite Wellness Committee – trying to entice employees to make good health choices as well as implementing different groups such as book clubs</li> <li>• DOH Symposium Workgroup- meeting on October 10<sup>th</sup>. Health and Wellness will hopefully be the theme.</li> <li>• Environmental Health Workgroup – looking to enhance Department’s response to environmental health threats in PA. Short term workgroup should last 6-8 months. Will give recommendations to Secretary of Health</li> <li>• Questions <ul style="list-style-type: none"> <li>○ Wayne – Is there a workgroup for the media campaign? <ul style="list-style-type: none"> <li>▪ Kyle- no, but we got a lot of feedback from the Department of Communication and from the HPG and SPBP meetings. This is the initial rollout and we hope to have it fully completed by the end of 2020.</li> </ul> </li> </ul> </li> </ul>	
<p><b><u>Overview and Use of Alternatives to Opioids in SPBP</u></b> Tyler Lieberum:</p> <ul style="list-style-type: none"> <li>• There are many different types of pain and people react to it differently based on a multitude of factors</li> <li>• Alternatives to opioids <ul style="list-style-type: none"> <li>○ NSAIDS</li> <li>○ Tylenol</li> <li>○ NSAID/Tylenol combo</li> <li>○ Pregabalin (Lyrica)</li> <li>○ Gabapentin (Neurontin)</li> <li>○ Cymbalta</li> <li>○ Tri-Cyclic Antidepressants</li> <li>○ Muscle Relaxants</li> <li>○ Corticosteroids</li> </ul> </li> <li>• Drug take back day on Saturday, April 27<sup>th</sup>. Look online for a list of DEA locations</li> <li>• Non-Pharmacological treatment for pain <ul style="list-style-type: none"> <li>○ Physical therapy</li> <li>○ Transcutaneous electrical Nerve Stimulation</li> <li>○ Anti-Inflammatory Diet- avoid foods with high sugar and starches. Vegetables and protein are your friend!</li> <li>○ Pain Psychologist</li> <li>○ Acupuncture</li> <li>○ Surgery- microvascular decompression, spinal cord stimulation, deep brain stimulation (DBS), stereotactic radiation</li> <li>○ Bio-Feedback- see how someone’s brain reacts to different stimuli</li> </ul> </li> <li>• Recommendations <ul style="list-style-type: none"> <li>○ Can anybody pull data on Benzos and Suboxone and report back? <ul style="list-style-type: none"> <li>▪ Sean can do this</li> </ul> </li> </ul> </li> </ul>	11:09am to 11:37am
<p><b><u>New Drug Additions and Exclusions</u></b> John Haines</p> <ul style="list-style-type: none"> <li>• List presented for approval</li> </ul>	11:37am to 11:51am

<ul style="list-style-type: none"> <li>• Questions/Concerns <ul style="list-style-type: none"> <li>○ Immunotherapies are on the formulary</li> <li>○ Ryan White- what are the requirements for HIV meds that are covered? <ul style="list-style-type: none"> <li>▪ The only requirement is that we cover one HIV med from each of the HIV classes. Only required to cover 5 drugs</li> <li>▪ Requirements are vague, but there are no restrictions on what we can't over</li> <li>▪ Whatever we don't cover is usually only a last resort medication</li> </ul> </li> <li>○ What about when HIV injectables come out? <ul style="list-style-type: none"> <li>▪ We do cover some we just don't see many claims for them</li> </ul> </li> </ul> </li> <li>• Motion to approve list passed at 11:51</li> </ul>	
<p><b><u>Lunch</u></b></p>	12:00pm to 1:06pm
<p><b><u>HCDR</u></b> Martin Ngokion</p> <ul style="list-style-type: none"> <li>• HIV Cluster Detection Response: Not a research project</li> <li>• Definition of a cluster- a group of people living with HIV (diagnosed or not diagnosed) who have a direct or indirect epidemiological connection related to HIV transmission. They should cases newly diagnosed in within the last 12 months. A transmission cluster represents, and is subset of, an underlying risk network.</li> <li>• Goals of HCDR <ul style="list-style-type: none"> <li>○ Rapidly detect HIV clusters</li> <li>○ Quickly identify the different transmission and risk networks</li> <li>○ Reduce HIV transmission, risk, and related stigma</li> </ul> </li> <li>• How do we do this? <ul style="list-style-type: none"> <li>○ Labs report blood data to patient and also to DOH and they keep track of trends in certain areas.</li> <li>○ If so, DOH and stakeholders implement HIV prevention activities.</li> <li>○ Ultimate goal is to get to the point where we have no new HIV infections</li> </ul> </li> <li>• Benefits of program <ul style="list-style-type: none"> <li>○ Help providers, DOH, and stakeholders figure out the best courses of treatment and new prevention methods</li> </ul> </li> <li>• Cluster detection is not new to public health. It's been used for years to track foodborne infections and illnesses such as TB. It is now part of routine HIV surveillance.</li> <li>• Importance and benefits of project <ul style="list-style-type: none"> <li>○ Detects spread of specific HIV strains and clusters</li> <li>○ Identifies rapid HIV transmission within the networks</li> <li>○ Allows for implementation of appropriate responses to stop HIV transmission quickly</li> <li>○ Implements actions and interventions to prevent future clusters</li> </ul> </li> </ul>	1:06pm to 1:38pm

<ul style="list-style-type: none"> <li>○ Effective outreach and service for more people with or at high risk for HIV (such as easier testing and quicker detection)</li> <li>○ Reach out to the networks to provide needed services</li> <li>● Groups of related infections are found first. Transmission cluster is found second. Risk network is found third.</li> <li>● Response to the cluster <ul style="list-style-type: none"> <li>○ Case management- linking to care, identify who their contacts are, and moved towards viral suppression</li> <li>○ Contacts: HIV screening- refer non-infected to PrEP link HIV infected to care</li> <li>○ Community participation- identify where resources are needed and prevent new infections</li> </ul> </li> <li>● Mechanisms to detect clusters <ul style="list-style-type: none"> <li>○ HIV case surveillance</li> <li>○ Observe increases in number of cases or service demands by stakeholders</li> <li>○ Changes in other patters in your area, such as STDs</li> </ul> </li> <li>● Secure data <ul style="list-style-type: none"> <li>○ This data is secured just like any other HIV data</li> </ul> </li> <li>● Community and Stakeholder participation is important. Without it, the project can't go efficiently. We want DOH and stakeholders to encourage community to participate and explain the good it can do.</li> <li>● Not every cluster has an enhanced response. It depends on a multitude of factors</li> <li>● Overall, this project is a new initiative and requires the input and participation of the entire community. Together, it can help end HIV.</li> </ul>	
<p><b><u>Discussions</u></b></p> <p>Oral contraceptives on drug formulary (discussion)</p> <ul style="list-style-type: none"> <li>● They are excluded from our formulary</li> <li>● We have to make sure there isn't any legislation preventing us from putting it on the formulary and we also have to check with our project manager at HRSA</li> <li>● IUD's should also be allowed on there as well!</li> <li>● We need a bullet point list for HRSA as to why it should be on the formulary, such as data or examples of instances where condoms are mentioned as prevention and care</li> <li>● Please send John and information you have that could support this point</li> <li>● Let's come back with data and suggestions at the next meeting</li> <li>● Motion to add contraceptives in general to formulary- motion, motion seconded, motion passed at 1:52 with no disapprovals or abstentions</li> </ul> <p>Case managers for SPBP regarding applications</p> <ul style="list-style-type: none"> <li>● If there is a phone call made, case managers will use at least two pieces of information to make sure they are speaking to the right patient, as well as asking the patient to spell their last name.</li> </ul>	<p>1:38pm to 1:59pm</p>

<ul style="list-style-type: none"> <li>• An outreach call will only be done if the client says they want one on the application (on routine re-enrollments) but a call WILL be out for new applications</li> </ul> <p>If somebody calls into the SPBP line and they don't want to put any information in, all they have to do is wait on the line after the phone prompts them twice and it will automatically push them through to customer service rep.</p>	
<p><b><u>Adjournment</u></b></p>	<p>John Haines adjourned the meeting at 1:59pm</p>