Special Pharmaceutical Benefits Program Advisory Council
Thursday, October 25, 2018
10:00 A.M. – 3:00 P.M.
Radisson Hotel Harrisburg

Topic/Discussion	Action
Introductions, Announcements & Updates: **John Haines**	Meeting commenced at 10:00am
Introductions: SPBP Advisory Council Members, staff, and guests introduced themselves. **Members Present:** Jerry Coleman, Rebecca Geiser, John Haines, Jeffrey Kirchner, Leah Magagnotti, Cindy Magrini, Deb McMahon, Maria (Mimi) McNichol, Rob Pompa, Heyzabeth Vaughn, Wayne Williams, Michael Witmer **[Members Absent:** Kathleen Brady, Margaret Hoffman-Terry, William Short, Arthur Williams] **Guests:** Kim Wentzel, Susan Arrighy, Sara Flores, Tammy Keener, Saran deChamplain, Sejal Thanicatt, Jackie Hudock, Sayda Castarieda, Celeste Straub, Sandra Valdez, Carina Havenstrite, David Miller-Martini, Nupur Gupta **Department of Health Staff**: Cheryl Henne, Christine Quimby, Kyle Fait, Wendy Sweigart, Sean Hoffman, Nicole Risner, Santos Osorio, Monisola Malomo, Lindsey Pitten, Marijane Salem-Noll, Whitney Kerr **University of Pittsburgh Staff**: David Givens, Corrine Bozich	10:03am to 10:09am

Announcements/Updates
 	
John Haines:
 	
• SPBP AC meeting dates for 2019 have been scheduled.
  o Next meeting is Thursday, January 2nd. It's a conference call at 10:00 AM.
  o Meetings thereafter are scheduled for Thursdays at 10AM for April 25th, July 25th and October 24th. In-person meetings will be held at the Radisson Hotel Harrisburg.
• SPBP and the Care Section, which oversees the Ryan White Part B grants for regional providers have been combined. Cheryl Henne is now the program manger overseeing the newly combined section.
  o There is one position open within the group for a Clinical Quality Manger position.
• The drug formulary on the SPBP website has been updated.
  o Change for HIV drugs [AUDIO DIDNT GET THIS INFORMATION DUE TO STAFF CLEARING DISHES DURING THE MEETING]
	10:09am to 10:35am

- Two other meds have recently been FDA approved.
  - Pifeltro
  - Delstrigo
  - These drugs are not currently on the SPBP formulary. SPBP is waiting for the negotiations that are underway to be completed. As soon as the agreement for pricing and drug rebates for both meds is completed, they will be added to the drug formulary.

- The online SPBP enrollment system now has the client portion updated.
  - Named MRX enroll.
  - Submitted request to have SPBP website updated with icons that are clickable to access the full SPBP enrollment application.
  - Plan is to first do a soft rollout to make sure everything is working correctly.
    - Individuals will use the system to apply and if that goes well then there will be an announcement made with a full roll out of the system.
  - Creating a case manager portal to enroll clients directly into SPBP through the online application.
    - Has been developed and is now going through online testing.
- Nothing has changed with the process of having SPBP pay for health insurance premiums.
  - Have hit some roadblocks implementing a commercial insurance premium program.
  - SPBP is working internally with executive and legal staff, but still waiting to come up with a final plan.
- Currently sending out information to clients on Medicare Part C Advantage Plan enrollment and Part D Drug Plan enrollment.
  - Open enrollment every year October 15 through December 7.
  - A mailing was sent on October 15 to the clients for whom SPBP pays insurance plans.
  - It looks as though SPBP will be able to pay the same premiums in 2019 for the same plans currently covered in 2018.
- Started a new process on August 1 for matching the Medicaid database with SPBP clients.
  - It used to be done monthly, but that led to a large amount of money being requested from Medicaid for drug claims that SPBP had paid.
  - To reduce the amount of recoveries, SPBP is now doing a daily, automatic match with Medicaid.
  - Waiting to see what the new recovery amount totals will be before discussing the process with Medicaid again.
    - There is hope that it will be reduced by a significant amount to help make the case to Medicaid for recovery and to also meet the HRSA site visit requirements.
- Still undergoing an audit with the Auditor General's Office.
  - The process is in document collection stage.

o Once more information is available on the findings, it will be made available. **Cheryl Henne:** • One of the things the SPBP program is looking to do is to expand the customer service line activities. o Santos is currently writing up a proposal on what that will look like. ▪ Once completed it will be shared with the advisory council for comments, suggestions or questions. ▪ It will also be shared with regions and providers to allow for additional comments. o Intention is to expand service to folks receiving benefits from Ryan White Part B or SPBP. o Will allow an opportunity to increase client communication and call with any questions or concerns they might have without going through the office where they receive services from. Remarks/Questions: • The matching of SPBP to Medicaid is an automatic process where SPBP sends the information to Medicaid and the system will send back a response right away. • Medicare Part C & D letters from SPBP are sometimes received by people not eligible for the program. o SPBP will investigate the matter for those specific clients receiving letters. • There is a Medicaid exceptions list for SPBP to keep those who need to remain in SPBP because they might not qualify for the full prescription benefits program of Medicaid. • There has been a previous discussion about allowing people to have both SPBP and Medicaid. It is tied into the whole Medicaid recovery process mentioned earlier and it is still something that is being considered.	
Approval of previous minutes	Minutes were approved 10:35am to 10:36am
Data & Quality Management Update Sean Hoffman: • Reviewing at the rolling year from first of October 2017 through end of September 2018. ▪ Total enrollment or clients enrolled at any time during that period is 3,358. ▪ Total clients served is 7516. ▪ Clients with case managers is 6,194. • Enrollment snapshot shows no real change. o 82% approved as they come through.	10:36am to 10:45am

o 17% cancelled or pending. o The denied percent is always just about one percent or less. • No changes to the top 10 drugs. o By top 3 drugs amount paid, there has been no change. o There has been a decline in opioid prescription drugs. • Still a gradual increase in in total card holders at the end of every week. • Working to install a new phone system for the call center staff. o Will be the same phone number with some slightly different prompts to help people get better service.	
Fiscal Update Lindsey Pitten • Have closed out Ryan White 2017 and reported it to HRSA as closed. • Total funding was $143M. • Expenditures reached $143M as reported to HRSA. • Ryan White 2018 grant was received. • Shows no Medicare claims because they haven't been paid yet. They will be paid once an invoice is submitted. • On target for expenditures this year. Cheryl Henne • Gave an update about the merging of the Care Section with SPBP. Was done because rebates are not being expended specifically around drugs, but also expended through the regional grantees.	10:45am to 10:51am
Outreach Initiatives Kyle Fait: • Next HPG meeting will be November 13 & 14. o Will discuss molecular surveillance clustering. o Will talk about the HPG meeting form and function. o Using more technology at the HPG meetings to make it convenient for members and partners participating in the meetings. o Will have a presentation on medical marijuana. o Will look at the HPG work plan for 2019. o Will have a report back from the HPG Co-Chairs on the NASTAD meeting they attended. o Will include 2019-2020 jurisdictional priority settings planning discussion. o The Assessment and Evaluation Sub-committees will continue to review the Integrated HIV Prevention and Care Plan. They'll continue to review the plan and talk about what they would like to see updated or changed. They will vote on those recommendations and future recommendations before being reviewed by The Department to see what else can be added. o There is a HPG News Bulletin put together by Pitt and it includes the announcements made at the HPG. o Nominations and recruitment application packets are available	10:51am to 11:09am

because we're continuing to work on recruitment for those populations we'd like to see at the HPG.	

<u>MAI Provider Presentation</u>
Kyle Fait
• Had a learning session on October 3 & 4.
  o They had a lot of good activities that included hand-on activities for providers to participate.
  o They did action planning.
  o There was a Data-to-Care presentation on the care initiative.
  o There was a short presentation on health literacy
• Public Health Accreditation Board (PHAB) is in Harrisburg for meetings this week.
  o The Department has been very proactive in moving forward with the goal to become accredited.
• Department of Health initiative for the Worksite Wellness Committee started work in August and is meeting every two weeks.
  o Working on Wellness Center Expo
  o Will also look to do an all-staff kickoff at the December Department meeting.
  o Looking to include meaningful health information on the internal intranet that will include health tips.
  o Looking into the creation of a micro-market in the DOH building.
  o Will be an ongoing effort by the committee.
• The Department of Health celebrated LGBTQ History Month for the fourth year.
  o It was just for the month of October. Moving forward it is being transitioned into a yearlong activity.
  o Governor Wolf issued a Proclamation for LGBTQ History Month in October.
  o DOH recognized Spirit Day on October 18th by wearing purple.
  o University of Pittsburgh did a presentation on Acceptance Journeys, which is a program to reduce stigma.
  o DOH wants to begin doing events throughout the year and not just one month of the year.
• A number the Department staff will be attending a national [INAUDIBLE] conference in December.
  o Lindsey and Kyle will be presenting posters at the conference.
  ▪ Posters will be on LGBTQ, and the SPBP Advisory Council.
Remarks/Questions:
• Asked to describe the documentation that was submitted for PHAB review.
  o Documents were based on community engagement and things the Department is doing to reach the public.
  ▪ Included HPG meeting notes and agendas.
	11:09am to 11:50am

Caring Communities

Celeste

- Caring Communities is a recent grantee for the MAI.
- They are a rural provider and do not have the traditional minority clients seen in some of the bigger urban centers.
- Began in 1991 as a grassroots community effort to combat the HIV epidemic in Montour County and are now located in 12 counties across Pennsylvania.
- Service initially started as Ryan White Part B case management. Since then have grown to include an early intervention service department which is primarily field testing through a DOH grant.
- They have a linkage, education and outreach department that reaches out to other agencies and other professionals who may meet persons who are living with HIV. They ask them to refer PLWHA to Caring Communities for services.
- Coverage area is very large, so they will often go out and meet clients in their communities instead.
- The area struggles with poverty rates above the national average and a lack of jobs, along with an opioid epidemic that is problematic.
- In 2017 they worked with Jewish Healthcare Foundation to figure out to provide better services to the clients being served. Identified areas where they could expand to better provide MAI services to more clients.
- One of the biggest challenges both for clients in MAI and Ryan White Part B is transportation. There are only two counties out of 12 that have public transportation available and the bus routes for those two counties don't intersect very well. Medical assistance transportation programs in the area are disjointed and although each county has their own service, they do not go outside of their own county.
- A lack of infectious disease providers and stigma are also barriers to receiving care.
- They use a who, what, when, where approach to work with clients and try to get them not only to infectious disease services but also medical and social services so health outcomes are better.
- Low health literacy, language barriers, mental health, and drug and alcohol are also sometimes barriers to care.
- They use a system of monitoring folks with barriers to care and those who are missing appointments to check in and see that they are still receiving medical care. It includes a tailored approach to each client and they always try to incorporate health education and/or risk reduction when speaking to those clients.
- All their staff are trained in MAI services to ensure that all their interactions include health education and risk reduction messages to reduce both individual and community viral loads as well as improve health outcomes.
- They try to provide culturally compete and appropriate case management and MAI services. They utilize staff who are bilingual and those staff that represent the people whom they're trying to reach.
- Have seen an increase in persons living with HIV. They request those clients get Ryan White Part B case management services or MAI

services or even educate them about case management services. This has led to a better retention rate among clients by using case management services. • MAI has increased training opportunities and knowledge among staff. MAI has training twice a year in Pittsburgh. This allows for a rotation of staff that can attend the trainings being offered. It has also increased staff networking with other agencies. Remarks/Questions: • Thank you. The presentation provided an understanding of the complexities and how the challenge presents itself. • Admire your efforts. Southwest PA outside of Pittsburgh is initiating Telehealth with infectious disease specialists. Is this something your agency is considering? o Caring Communities has started talking about Telehealth. Local hospitals don't have any interest in starting anything with the agency. Discussions are still in infancy stages and it's being worked on. Another problem is poor internet service and even areas where there isn't any phone service available. • We, too, are struggling with cross-county transportation. We have started a contractual process with Uber. Called Uber Health where there's a single account that can be invoiced so you don't have to deal with vouchers and hoping a driver will show up. The client must agree to this service. It works by having Uber pick the client up at a prearranged time for their appointment and then return the client home after their appointment. o There are a number of these services available and some say they can work with medical providers. It'll be interesting to see how this comes together.	
<u>Additional Announcements</u> John Haines • Some of the Department staff attended a National HIV Hepatitis Technical Assistance meeting in Baltimore. o It was a two and half day conference. o There was a drug rebate/drug pricing meeting that provided good information on contracts and outcomes. o There was a presentation on new HIV drugs, vaccines, and what could be done to eradicate HIV. o There were other presentations on ADAPs across the country and online enrollment. o There was a presentation about HIV stigma. o Included updates on available hepatitis programs. Remarks/Questions: • Have we seen a decline in Hepatitis C drug payments? o It's still steady and averaging around $100k a month. o Requests have been consistent and remained the same. o The most recent report shows roughly 50 clients per year, one new client per week. That is either they are done with their regimens or for the new prescriptions.	11:50am to 12:00pm

○ Total claims paid were 393 claims for 142 people. ○ SPBP expense for insured with copays and uninsured was $6M for a two-year eight-month period.	
Lunch	12:00pm to 1:00pm
Office of Medical Marijuana Presentation Lolly Bentch • Most important part is to provide you with all the information that you need to pass along to patients to assist them in this process. This process can be very difficult for patients. • Law passed and was signed on April 17, 2016 and since then we have been working on implementation. • Key participants include: growers, processors, dispensaries, laboratories, doctors, patients, and caregivers. All of these different stakeholders work together to make it the best program it can be. • Growers, processors, and dispensaries are all in Pennsylvania. They've all applied and been awarded a permit that allows them to participate in this business. • Patients must be a resident of Pennsylvania. ○ Patients must meet certain requirements. ▪ Number one is state residency ▪ Number two is to have one of the now 21 qualifying conditions certified by one of our approved practitioners. ○ Patients register with the department of health using a computer. ▪ Working to change the process so it doesn't all have to be done using a computer. ▪ Patients need to have an email address and a state-issued ID. • ID photo from state is then used on issued Medical Marijuana Card. ▪ Patients are issued a patient ID number which is used by practitioner providing patient certification to register them into the system. ○ Caregiver registration is a slightly different path, but you want to begin by registering online. ▪ They are prompted to get a background check instead of the patient certification. • Can register within the portal for their background check. • They must submit fingerprints to the FBI. • Caregivers are issued the ID and they will be the ones to get the medication. • Everyone involved in the process registers using the same registry. Including, dispensaries, physicians, and everyone participating in the program. • There is a vetting process for practitioners. They don't have to be residents of Pennsylvania but must have a license to practice in	1:00pm to 2:19pm

Pennsylvania.

- There is a Medical Marijuana Advisory Board
- There are 21 conditions now covered including opioid use disorder which has shown a reduction in opioid use.
- The ID has two barcodes that are scanned at dispensary
- The dispensary has a practitioner available to consult with patient and provide them with options for which cannabinoid best suits the need of the patient.
- Not all cannabinoids work for everyone the same way and it can be frustrating for some because they paid cash for their medication and it's not working as they had hoped.
- Caregiver ID can provide caregiving service for up to 500 patients.
- Caregivers can apply for the process without having a patient.
- The cost for concentrate formulas is a lot more than the cost for the plant because concentrates are more potent.
- All products are sealed and labeled.
- All medical marijuana is lab tested to ensure they're free of residual solvents, molds, pesticides.
- Total number of grower processors is 25. 13 permits are remaining.
- Total number of dispensaries is 50. 23 permits are remaining.
- All labs have met certain criteria set for the Department of Health.
- All dispensaries are very professional, secure, and clean. There are cameras on you always once you enter the parking lot.
- A seed to sale tracking system is utilized to ensure safety and responsibility.
- Remark: The process of certifying doctors needs to be made easier.
    - The cost of certification is a bit of a barrier,
    - There are online training modules but they're very lengthy and broad in scope.
        - Would be helpful if the hours for online training could be shortened.
        - Legislation requires a certain number of hours for training based on other states and their model structure. As of now, the training hours cannot be modified.
        - Pennsylvania still has more certified doctors than most of the other states.
        - Need to increase more training opportunities so that more doctors will sign up.
    - There is a physician work group that this information can be shared with.
- There are now over 80,000 patients. Over 50,000 have been certified and issued an ID for medical marijuana.
- There have been more than 150,000 purchases made.

Remarks/Questions:

- There are instances where some doctors are being told that their malpractice insurance won't cover them to become certified.
    - That's not commonly happening to doctors as there are a lot of them being certified without any problems due to malpractice

insurance.
    - Doesn't seem to be a common deterrent for doctors to become certified.
- A list of registered practitioners can be found on the website www.medicalmarijuana.pa.gov. The site has everything you'll need to know about the medical marijuana program. Practitioners can opt-out of having their information displayed publicly.
- Any background checks you may have completed previously cannot be used in place of the mandatory background check to be registered as a caregiver for medical marijuana.
    - This is required per the legislation and it's also for the FBI.
    - Caregivers do have to register for their background check through the registration portal.
        - Through the portal, you pick the time and place you want to go to be fingerprinted. The cost for fingerprints is $7.60.
- Can request fee reductions for patients or caregivers participating in Medicaid, WIC, SNAP, or CASE.
    - There are plans to establish a financial hardship program.
- Purchasing prices can vary by location to location. They're not terribly different in prices but some variance depending upon expenses the location has. If the lease costs more than the medication could reflect that difference.
- Some dispensaries already provide discounts for seniors, veterans, and minors.
- Curious about the tax revenue. Where does the funding go?
    - Most of that information is covered in Act 16 and would require you to read up on that.
    - Patients do not pay a tax. The grower processor pays excise tax to the state.
- Is there any tracking on the outcome of opioid use by supplementing marijuana?
    - There is a research program that will be established in Pennsylvania. Six dispensaries will partner with an academic institution to collect data and analyze the data. There will be a robust research program at one point.
        - Pennsylvania has some research universities that will be partnering to collect this data. Over the next decade or sooner there will be exciting research for review.
        - Pennsylvania is consciously trying to become a leader in medical science and public health in this field.
- In Pennsylvania it is illegal to smoke the medication. Medication is to be used with vaporizers.
- Practitioners are not told how to do their job or what to offer patients. This includes how much they will charge for their services or the treatment plans they prescribe.
- Opioid use disorder requires that patients also be involved in a conventional therapeutic intervention for which adjunctive therapy is indicated in combination with primary therapeutic intervention.

• A card holder can purchase a 30-day supply of medication. There is no definition in the law for how much the supply will consist of. Due to the relative new use, but that could change as more information is known about the usage and benefits. • There have not been any additional charges made known for meeting with the practitioner at the dispensary. • Is there any required training for medical professionals at the dispensary? o Yes. There is a four-hour training course that must be completed. Also, every single employee at the dispensary must complete a two-hour training.	
<u>Sub-Committee Reports and Discussion</u> Jeff: Drug Formulary & Lab Services New Drug Review Discussion and Approval • PALYNZIQ was mentioned for exclusion • LUCEMYRA, ROXYBOND, SIKLOS, YONZA, OSMOLEX ER, ANDEXXA, IMVEXXY, JYNARQUE, ESOMEP-EZS, DEXONTO, DOPTELET, RETACRIT, TAVALISSE, OLUMIANT, CYCLOSPORINE IN KLARITY, DEXYCU was mentioned for inclusion. o Approved with exclusion • Covering hemophilia drugs was discussed. o Drugs cannot be self-administered. Administration fees are not covered. Drugs are excluded because they are not currently covered. o Motion to continue excluding the drugs was approved. One person abstained from the vote. Deb McMahon: Drug Utilization & Clinical Programs • No items. • Appreciate hearing about the Medical Marijuana Program. Mimi McNichols: Program Eligibility & Management • Just waiting to hear back if SPBP needs any help with case management. • SPBP suggested that the committee review the new process of additional calls into SPBP and for the committee to provide any further feedback on that process. Remarks/Questions: • SPBP with no other insurance provides 100-day supply for one pill a day. A 50-day supply for two pills per day. If three or more pills per day, then the limit is maxed out at a 34-day supply. o When SPBP is a secondary pay for Medicare then there is a 90-	2:19pm to 3:00pm

day supply allowed.
  - If the primary insurance sets any limits, then those limits are followed.
• Federal updates made to the poverty guidelines will be what the SPBP bases their guidelines on.
  - Income usually changes by $400-$500 per year.
  - This results in perhaps 40-50 patients being above the guideline.
  - SPBP can run some data to see what the trends are for people that are denied for being over the income limits.	

[Adjourn at 3:00pm]	