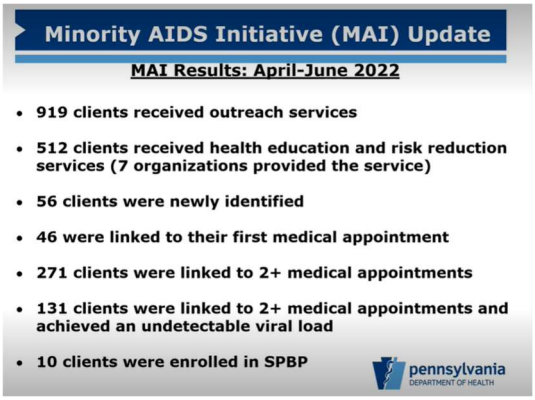
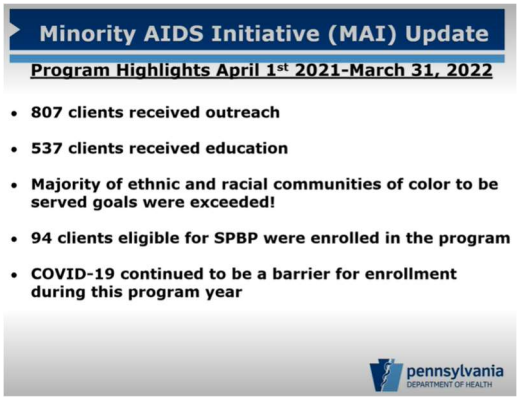
Special Pharmaceutical Benefits Program Advisory Council
Thursday, July 28th, 2022
10:00 A.M. – 12:00 P.M.
Virtual Meeting

Topic/Discussion	Action
Introductions, Announcements & Updates: **John Haines**	Meeting commenced at 10:00am
Introductions: SPBP Advisory Council Members, staff, and guests introduced themselves. David Givens announces public meeting protocols, delivers participation guidelines, and describes Zoom platform features. **Members Present:** John Haines, Leah Magagnotti, Deborah McMahon, Mimi McNichol, Meghan McNelly, Michael Witmer, Carina Havenstrite, Rob Pompa **Guests:** Emily Saare, JP Burkhart, Casey Johnson, Mike Hellman, Charles Frey, Erica Friedman, Colleen Downey, Lupe Diaz, Satina Thomas, Susan Randolph, Jacquelyn M Hudock, Amanda Hodges, Stephanie Schilli, Christina Wagner, Michael Frederick, Sandra Valdez **Department of Health Staff**: Mari Jane Salem-Noll, Kyle Fait, Nnenna Ezekoye, Michelle Schlegelmilch, Moira Foster, Erik McDowell **University of Pittsburgh Staff**: David Givens	10:00am to 10:04am
Announcements/Updates John Haines • Final 2022 SPBP Advisory Council meeting date will be last Thursday of October, the 27th. It will be in-person meeting from 10am-3pm at Penn Harris Hotel (formerly the Radisson, just outside of Harrisburg). • No staffing updates since last meeting and no open positions currently. • Drug formulary was update July 1st. New version of client enrollment (English version) is also update to site; Spanish version to follow. Advisory Council bylaws will be added. There was also a revamp of the website as of May (based on prior discussions and recommendations): www.health.pa.gov/SPBP • Medication Adherence program: it was piloted 6 months last year. Currently finalizing statement of work and payment with the vendor. No current timeline but it is hoped to be in the next few months. • Claims system is also updated: Maximum claim limit raised to $5000 for 34-day supply. This would trigger a review to check it. Most claims would fall under this amount, though some drugs (not as commonly prescribed) are more expensive and will need to be reviewed. David Givens • Last HPG meeting was also a Town Hall in Erie. There were 79 participants (community members, state staff, Pitt staff) and about 20 virtual participants. Topics included what HPG planning is, how	10:04am to 10:23am

department functions, what is the Integrated Plan. Concluded with dinner and forum to hear concerns from the community members. Still collating the data and will report. For Integrated Plan, the full draft is currently under review and made public very soon. Mari Jane Salem Noll: • Vaccine distribution for Monkeypox(MPX): PA in phase 1 of distribution – received about 500 doses. For Phase 2, Philadelphia was carved out and receiving their own allocation. CDC has allowed for 5 distribution centers (minus Philadelphia). Because of supply, recommending vaccine be used for PEP and expanded PEP, not PrEP (due to supply). We have total of 113 cases, including Philadelphia.	
Approval of previous meeting's minutes • Meeting minutes from April 2022 were approved with no additions or corrections.	Minutes were approved 10:24am
Update of Planning, Outreach, Special Projects, and MAI Kyle Fait   No provider spotlight this meeting. 5 year Spend Plan: • PA NEDSS/NextGen: after further exploration will not be using new program but will update PA NEDSS with desired features. Work group has prioritized task list: a design phase application admin tool that is halfway completed; infrastructure setup and EUS development; TB mapping phase; QA testing, application admin tool, case notification tool. The goal is to make PA NEDSS a more valuable tool. • Looking to do the Annual HIV Conference next year and a field staff meeting this year. • PACE Systems upgrade: to be completed by the end of the year with goal to streamline the enrollment and application process, particularly on the user end. • SAF's Localized media: July 2021 – 2 million awarded to Southcentral, Northeast, and Southwest to get more individuals in care. Funding concluded this month. Southcentral closed out fiscal year with over 60 link to care forms through the campaign, exceeding the goal of 10. Northeast had 21 intakes in last quarter, 14 of which identify as Hispanic. AIDSFree Pittsburgh in Southwest utilized billboards, transit shelters, as well as ads on social meetup apps.	10:25am to 10:43am

- Anti-Stigma Campaign: Currently finalizing the Community readiness assessments. Next step is campaign message development using interviews and focus groups. Pitt received epi data on July 25th.
- Next HPG meeting for Integrated Planning is September 7 and 8.

Fiscal Update 10:44am to 10:53am

Erik McDowell

Still reporting on 2020-21 because we are allowed to use rebate funds from those fiscal periods.

RW 2020

Funding	RW FY 2020
SPBP Grant Award	$26,832,592
Part B Grant Award	$10,648,813
Carry-over 2019	$6,574,999
Rebates	$72,705,436
TPLs	$3,864,449
State Appropriation	$0
Total Funding	$120,626,289

Expenditures	RW FY 2020
Drug Claims	$81,220,082
Claims Admin	$1,411,804
Medicare Claims (Parts C & D)	$494,176
RW Grant Admin	$4,642,383
RW Lab Testing	$257,346
Regional Expenditures	$23,352,663
Total Expenditures	$111,378,453

RW 2021

Funding	RW FY 2021
SPBP Grant Award	$26,372,453
Part B Grant Award	$10,454,210
Carry-over 2020	$7,757,799
Rebates	$103,123,807
TPLs	$7,050,004
State Appropriation	$0
Total Funding	$154,758,273

Expenditures	RW FY 2021
Drug Claims	$26,484,940
Claims Admin	$504,944
Medicare Claims (Parts C & D)	$163,473
RW Grant Admin	$5,390,827
RW Lab Testing	$206,118
Regional Expenditures	$6,939,595
Total Expenditures	$39,689,898

Rebates make up most of the amount coming in, far beyond the award

RW 2022

Funding	RW FY 2022
SPBP Grant Award	$26,071,417
Part B Grant Award	$10,864,163
Carry-over 2021	TBD
Rebates	$23,499,439
TPLs	$3,877,697
State Appropriation	$0
Total Funding	$64,312,717

Expenditures	RW FY 2022
Drug Claims	$8,720,593
Claims Admin	$277,448
Medicare Claims (Parts C & D)	$0
RW Grant Admin	$1,146,580
RW Lab Testing	$0
Regional Expenditures	$3,610,071
Total Expenditures	$13,754,693

Expenditures are low because funds must be applied to prior fiscal years to run those out first. Question from member: Has there been pushback on the rebate amounts? Not aware of any. There is a law that requires it for ADAP programs, but there may be issues with commercial insurers.

Clinical Quality Management Update
Michelle Schlegelmilch

10:54am to 11:08am

CQM Plan Update:

- A component of the Integrated Plan and uses rolling 12 month calendar year for the data reporting periods.
- Period of Jan – August 2022 will be used to identify unique client service category utilization for the foundation of the 2023 CQM plan.
- Workgroup is using CQM Plan Review Checklist to help ensure 2023 CQM plan had all required components outlined in policy clarification notice 1502.
- Purpose of 2022 QI Project was to identify opportunities for improvement impacting medical case management, annual retention and services. Created medical case management best practices for maintaining and updating client contact information document. Provided to regional grantees on June 24th.

2022 CQM Performance Measures

Indicator	1st Quarter 2022 Review	2nd Quarter 2022 Review	3rd Quarter 2022 Review	4th Quarter 2022 Review
Special Pharmaceutical Benefits Program				
HIV Viral Load Suppression, Benchmark: 90%	4312/6403, 67%			
Medical Case Management				
Annual Retention in Service, Benchmark: 90%	4626/5816, 80%			
Food Bank/Home Delivered Meals				
Annual Retention in Service, Benchmark: 90%	2471/3914, 63%			
Overall				
HIV Viral Load Suppression, Benchmark: 90%	9396/13389, 70%			
Linkage to Ryan White Part B Services, Benchmark: 85%	176/335, 53%			

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2022 CQM

1st Quarter 2022

A total of 5,816 Ryan White Part B client received Medical Case Management (MCM) services 4/1/2021-3/31/2022

4,626 of the total 5,816 clients received greater than 1 MCM services 90 days apart (80%).

383 of the 5,816 MCM clients received only 1 MCM service during the 12-month measurement year (7%).

807 of the total 5,816 MCM clients received 2 services less than 90 days apart (14%).

2022 CQM Plan Performance Measures

Service Category	Performance Measure	Description of Data Parameters
Special Pharmaceutical Benefits Program	HIV Viral Load Suppression	Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.
Food Bank/Home Delivered Meals	Annual Retention in Service	Percentage of clients, regardless of age, with a diagnosis of HIV who had at least two (2) Food Bank/Home Delivered Meals encounters within the 12-month measurement year.
Medical Case Management	Annual Retention in Service	Percentage of clients, regardless of age, with a diagnosis of HIV who had at least two (2) Food Bank/Home Delivered Meals encounters within the 12-month measurement year.

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2022 CQM Plan Performance Measure Updates

- Data is obtained from surveillance (eHARS & PA-NEDSS) Rebates, HOPWA, SPBP, EC and MAI.
- CQM Performance Measure data parameters were revised and re-distributed 1/26/2022.
- HIV Viral Load data is incomplete and will be updated as available.
- A process was developed to help ensure uniform naming conventions of contracts in CAREWare are maintained.

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Currently at 15 members, and commitment ends at end of year and current members may opt to step down. Currently recruiting for potential membership

Create Equity Collaborative Update:

- A voluntary 18-month collaborative focusing on HIV viral load suppression and specifically on PLWH experiencing mental health, substance use, age, or housing related barriers. Age group 40-64.

Provider	Performance Measure	Report Period	Outcomes Data
UPMC Presbyterian Shadyside (PACT) & Allies for Health and Wellbeing	Overall HIV Viral Suppression Measure	2/1/2020-1/31/2021	1489/1745, 85.32%
		4/1/2020-3/31/2021	1507/1758, 85.72%
		6/1/2020-5/31/2021	1551/1761, 88.07%
		8/1/2020-7/31/2021	1584/1763, 89.84%
		10/1/2020-9/30/2021	1538/1728, 89.00%
		12/1/2020-11/28/2021	1561/1738, 89.81%
		2/1/2021-1/31/2022	1561/1738, 89.81%
		4/1/2021-3/31/2022	1507/1758, 85.72%
UPMC Presbyterian Shadyside (PACT) & Allies for Health and Wellbeing	HIV Viral Suppression Age Measure, 40-64	2/1/2020-1/31/2021	933/1092, 85.43%
		4/1/2020-3/31/2021	935/1091, 85.70%
		6/1/2020-5/31/2021	967/1097, 88.14%
		8/1/2020-7/31/2021	891/1089, 81.81%
		10/1/2020-9/30/2021	952/1061, 89.72%
		12/1/2020-11/28/2021	962/1067, 90.15%
		2/1/2021-1/31/2022	959/1064, 90.13%
		4/1/2021-3/31/2022	935/1091, 85.70%

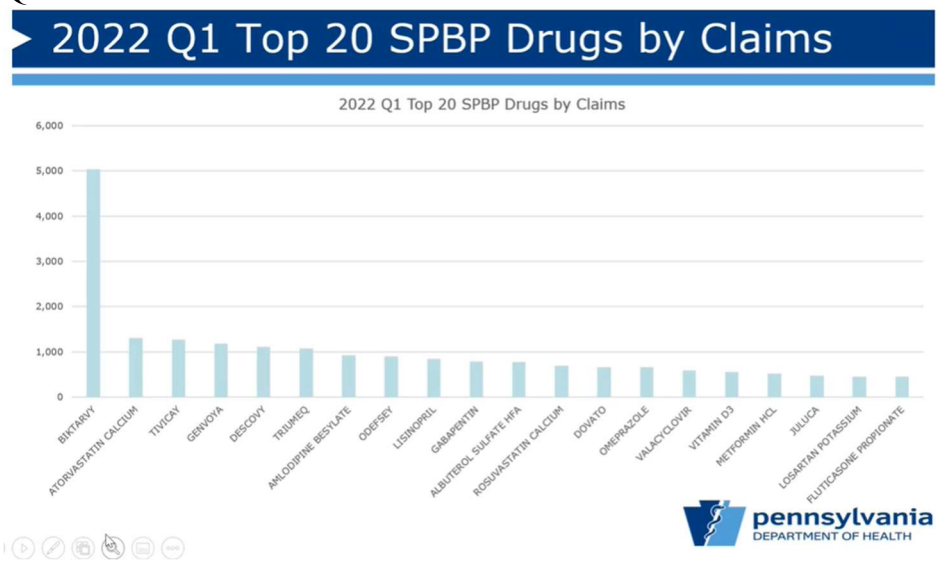
Data self-reported by individuals and is a snapshot. Benefits of participation includes improved viral suppression, suppression rates, strengthing of partnerships of other Ryan White programs. Collaborative was nationwide.

SPBP Update

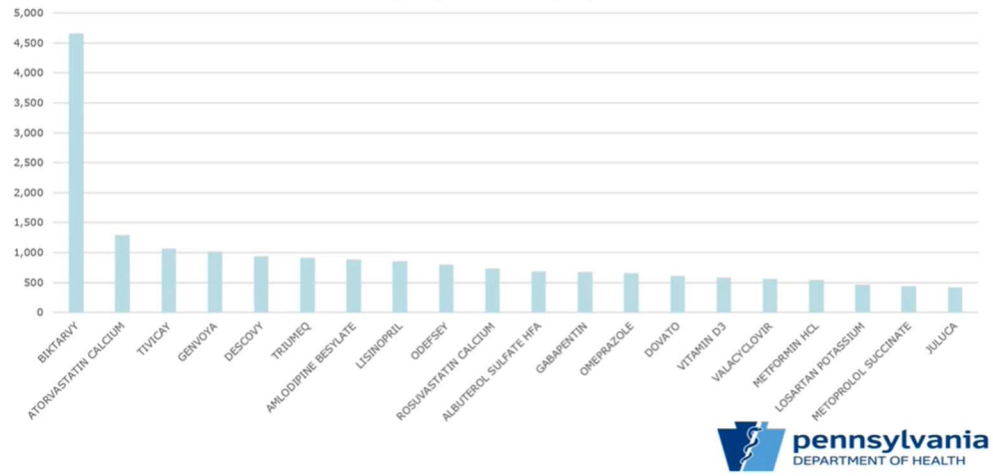
Nnenna Ezekoye

11:09am to 11:17am

Quarters on Calendar Year



2022 Q2 Top 20 SPBP Drugs by Claims



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2022 Q1 Antiretroviral Utilization

Brand Name	Claims Count	Users
ABACAVIR	80	38
ABACAVIR-LAMIVUDINE	84	41
ATAZANAVIR SULFATE	60	27
ATRIPLA	6	3
BIKTARVY	5,043	2,072
CABENUVA	107	59
COMPLERA	69	30
DELSTRIGO	15	6
DESCOVY	1,107	448
DOVATO	660	263
EDURANT	93	39
EFAVIRENZ	74	33
EFAVIRENZ-EMTRIC-TENOFOV DISOP	175	77
EFAVIRENZ-LAMIVU-TENOFOV DISOP	5	2
EMTRICITABINE-TENOFOVIR DISOP	119	54
EMTRIVA	5	2
EPZICOM	6	3
ETRAVIRINE	63	29
EVOTAZ	33	16
FOSAMPRENAVIR CALCIUM	9	4
FUZEON	1	1
GENVOYA	1,187	504
INTELENCE	32	16
ISENTRESS	285	110
ISENTRESS HD	73	29
JULUCA	473	187
KALETRA	9	4
LAMIVUDINE	79	37
LAMIVUDINE-ZIDOVUDINE	36	15
LEXIVA	3	1
LOPINAVIR-RITONAVIR	11	5
NEVIRAPINE	7	5
NEVIRAPINE ER	21	9
NORVIR	18	7
ODEFSEY	900	357
PIFELTRO	125	53
PREZCOBIX	377	167
PREZISTA	351	149
REYATAZ	7	3
RITONAVIR	189	91
RUKOBIA	18	9
SELZENTRY	87	34
STRIBILD	45	19
SUSTIVA	7	4
SYMFI LO	2	1
SYMTUZA	267	107
TENOFOVIR DISOPROXIL FUMARATE	35	20
TIVICAY	1,271	541
TRIUMEQ	1,073	459
TRIZIVIR	2	1
TRUVADA	30	17
TYBOST	5	2
VIRACEPT	3	1
VIREAD	5	2
ZIAGEN	6	2
ZIDOVUDINE	2	2

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Subcommittee Updates — 11:18am to 11:25am

John Haines

- Drug formulary. No exclusions but there are some inclusions

DRUG NAME	DESCRIPTION	FORMULARY DESCRIPTION	COMMENTS
OPDUALAG	nivolumab-rmbw	ANTINEOPLASTIC AGENTS	Treatment of melanoma. IV solution. All other antineoplastics are covered.
VONJO	pacritinib	ANTINEOPLASTIC AGENTS	Treatment of myelofibrosis. Oral capsule. All other antineoplastics are covered.
NEXICLON XR	clonidine	CARDIOVASCULAR AGENTS	Treatment of chronic hypertension. Extended release oral tablet. All other hypertension meds are covered.
SOAANZ	torsemide	CARDIOVASCULAR AGENTS	Treatment of edema associated with heart failure and hepatic or kidney disease. Oral tablet. All other cardiovascular meds are covered.
RECORLEV	levoketoconazole	ENDOCRINE AND METABOLIC AGENTS	Treatment of endogenous hypercortisolemia in adults with Cushing syndrome for whom surgery is not an option or has not been curative. Oral tablet
DARTISLA	glycopyrrolate	GASTROINTESTINAL AGENTS	To reduce chronic, severe drooling in pediatric patients 3 to 16 years of age with neurologic conditions (eg, cerebral palsy) associated with problem drooling. Disintegrating oral tablet. Other glycopyrrolate products are covered.
TARPEYO	budesonide	GLUCOCORTICOIDS	Indicated to reduce proteinuria associated with primary immunoglobulin A nephropathy. Oral delayed release capsule. Other glucocorticoids are covered.
LEQVIO	inclisiran	LIPID LOWERING AGENTS	Indicated for treatment of heterozygous familial hypercholesterolemia and secondary prevention of cardiovascular events. Subcutaneous solution prefilled syringe. All other lipid lowering agents are covered.
ADBRY	tralokinumab-ldrm	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Treatment of atopic dermatitis. Subcutaneous solution prefilled syringe.
CIBINQO	abrocitinib	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Treatment of atopic dermatitis. Oral tablet.
FLEQSUVY	baclofen	MUSCLE RELAXANTS	Treatment of spasticity from MS or spinal cord disease or injury. Oral suspension. All other muscle relaxants are covered.

Motion to accept the inclusions as presented. Seconded. All in favor, none against or abstain.

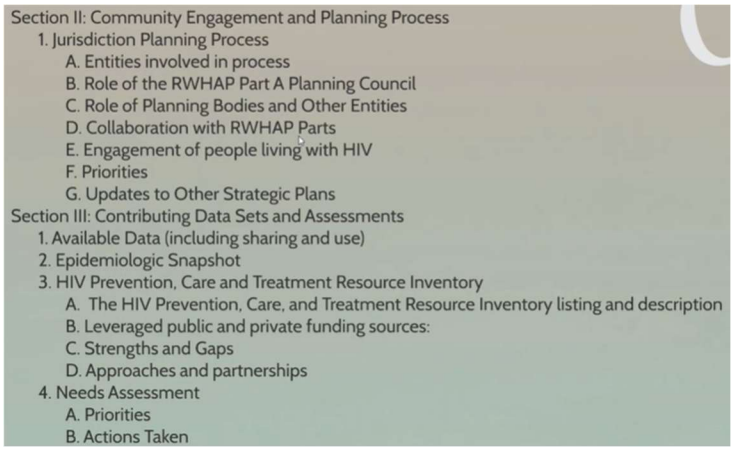
Integrated HIV Plan Prevention and Care Plan 2022 - 2027

11:26am to

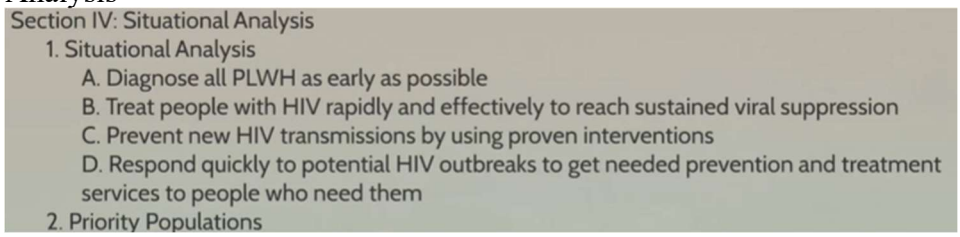
David Givens

- Narrative is currently under internal review but can provide summary. Document structure mandated by federal guidance and is about 80 pages.
- Description of Plan Sections:

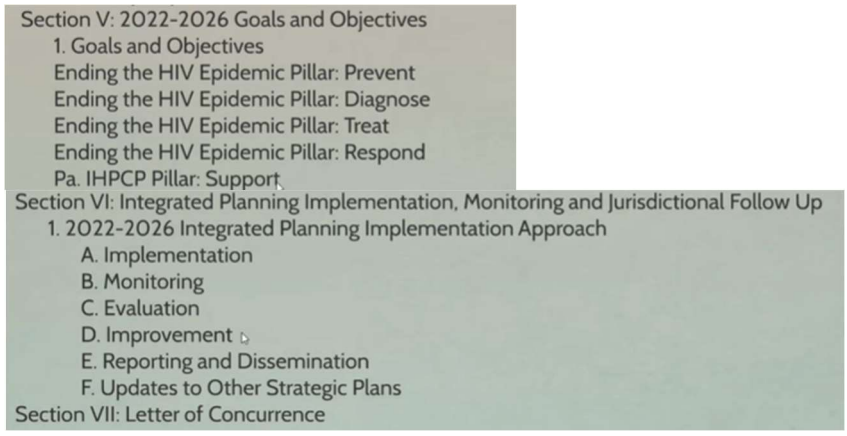
- Section II and III are different kinds of data that make up foundation of IP. Together they say how are we arriving at knowing what needs to be done. II is the qualitative data wherever stakeholders have been involved and given their voice. III is the quantitative data.



- Section II and III combined and summarized in Section IV, the Situational Analysis



- PA has added 5th Pillar to the 4 Federal Pillars:



- Can be updated yearly, a change from the last document

- Due for submission December 9, 2022
- Review activities in more detail in Section V:
- Target Goals to be completed after Baseline determined

Ending the HIV Epidemic Pillar: Prevent					
Goal: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs.					
#	**Activity**	**Need/Gap/Barrier and/or Priority Population**	**Responsible Party & Partnerships**	**Data Baseline**	**Target Goals/ Outcomes**
Strategy 1A: Implement Data-to-Care (D2C) approaches to reengage PLWH in care					
1	Identify persons with previously diagnosed HIV who are not in care	*Gap:* All PLWH not in care/lost to care *Priority Pop:* minority communities	Division; *Partner*: HIV Surveillance	Estimated [x] PLWH aware of status and out of care	[baseline data x the desired x % increase]
2	Provide linkage to, re-engagement in, and retention in HIV medical care services for persons with previously diagnosed HIV who are not in care	*Gap:* All PLWH not in care/lost to care *Priority Pop:* minority communities	Division; *Partner*: HIV Surveillance	Estimated [x] PLWH aware of status and out of care	[baseline data x the desired x % increase]
3	Expand D2C process across the state to include all regional jurisdictions	*Gap:* All PLWH not in care/lost to care	Division; *Partners*: CMHDs,	x # of 2021 D2C sites	x # of total testing

- Each Strategy has activities listed which can be reviewed in the draft Plan that has been shared
- [examples of strategies pertinent to SPBP were highlighted and reviewed by the group]

No other subcommittee updates or final comments

Next meeting is in person with a hybrid/remote option on October 27, 2022.

Adjournment

John Haines adjourned the meeting at 12:06pm