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## Pharmacy Services

### San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 16, 2019

7:30AM – 9:30AM

50 Beale St., 13<sup>th</sup> Floor, San Francisco, CA 94119

<b>Meeting called by:</b>	Lisa Ghotbi, Pharm. D	<b>Minutes:</b> Sheila Zeno, CPhT (SFHP Pharmacy Analyst) Back-up: Andrew Costiniano, CPhT (SFHP Pharmacy Specialist)
<b>Meeting Objective:</b>	Vote on proposed formulary and prior authorization(PA) criteria changes	<b>Type of meeting:</b> Quarterly
<b>Attendees:</b>	<b>Voting Members:</b> <i>Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy)</i> James Glauber, MD (SFHP Chief Medical Officer) <i>Off-site vote</i> Ted Li, MD Ronald Ruggiero, Pharm. D Maria Lopez, Pharm. D Linda Truong, Pharm. D Robert (Brad) Williams, MD	<b>Others in Attendance:</b> Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Kent Truong, Pharm. D (SFHP Resident Pharmacist) Betty Liang (SFHP Pharmacy Student) Jenna Heath, Pharm. D (PerformRx Pharmacist)
<b>Members Absent:</b>	Shawn Houghtaling, Pharm. D Nicholas Jew, MD Jamie Ruiz, MD Steven Wozniak, MD Joseph Pace, MD	
<b>Meeting Materials:</b>	Summary of all approved changes are posted under "Materials" section at <a href="https://www.sfhp.org/files/meeting_agendas/PnT_Committee/PnTMaterialsJanuary2019.pdf">https://www.sfhp.org/files/meeting_agendas/PnT_Committee/PnTMaterialsJanuary2019.pdf</a> SFHP formulary is located at <a href="https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/">https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/</a> SFHP prior authorization criteria are located at <a href="https://www.sfhp.org/files/providers/formulary/SFHP_Prior_Auth_Criteria.pdf">https://www.sfhp.org/files/providers/formulary/SFHP_Prior_Auth_Criteria.pdf</a>	

	Topic	Brought By	Discussion	Action
1.	Call to Order	Lisa Ghotbi	The meeting was called to order at 7:45 am. <ul style="list-style-type: none"> <li>Conflict of interest check</li> <li>Agenda overview</li> </ul>	Conflict of Interest checked and instructions given. Introduction agenda topics done.
2.	Informational Updates	Lisa Ghotbi	Topics: <ul style="list-style-type: none"> <li>DMHC Prescription Drug Cost Transparency Report (SB 17, 2018) (pp.183 - 216 of January 16, 2019 P&amp;T Packet)</li> </ul>	
3.	Review and Approval of October 17, 2018 P&T minutes (pp.5 - 15 of January 16, 2019 P&T Packet)	Lisa Ghotbi	The committee approved the minutes as presented.	<b>VOTE:</b> <b>Review and Approval of October 17, 2018 P&amp;T Minutes</b> Approved recommendations as presented.  <u>Motion:</u> Ronald Ruggiero, Pharm. D <u>Vote:</u> Unanimous approval (7/7)

	Topic	Brought By	Discussion	Action
<p>**** <u>Adjourn to Closed Session</u> ****</p> <p>Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)</p>				
4.	<p>Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes.</p> <p><b>Formulary Maintenance Items:</b>  <u>Neurology:</u> Multiple Sclerosis  (pp. 16 - 30 of January 2019 P&amp;T Packet)</p>	<p>Kaitlin Hawkins Kent Truong</p>	<p><i>The following drug classes were reviewed for pertinent literature (including meta-analyses and pivotal clinical trials), guideline updates, and drug additions to or removals from market since last class review.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Formulary Recommendations:</b>  <u>(Medi-Cal, HealthyKids HMO, HealthyWorkers HMO)</u></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Prior Authorization (PA) Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Drug Utilization Review (DUR) Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b>  <b>Formulary Maintenance Items:</b>  Approved recommendations as presented.</p> <p><b><u>Multiple Sclerosis Class Review</u></b>  <u>Motion:</u> Ronald Ruggiero, Pharm. D  <u>Vote:</u> Unanimous approval (7/7)</p>
5.	<p><b>Formulary Maintenance Items:</b>  <u>Neurology:</u> Parkinson's Disease  (pp. 16 - 30 of January 2019 P&amp;T Packet)</p>		<p><b>Formulary Recommendations:</b>  <u>(HealthyKids HMO)</u>  Remove amantadine from formulary T3-F/PA</p> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b>  <b>Formulary Maintenance Items:</b>  Approved recommendations as presented.</p> <p><b><u>Parkinson's Disease Class Review</u></b>  <u>Motion:</u> Ronald Ruggiero, Pharm. D  <u>Vote:</u> Unanimous approval (7/7)</p>
6.	<p><b>Formulary Maintenance Items:</b>  <u>Neurology:</u> Alzheimer's Disease and Dementia  (pp. 16 - 30 of January 2019 P&amp;T Packet)</p>		<p><b>Formulary Recommendations:</b>  <u>(Medi-Cal, HealthyKids HMO, HealthyWorkers HMO &amp; Healthy San Francisco)</u></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b>  <b>Formulary Maintenance Items:</b>  Approved recommendations as presented.</p> <p><b><u>Alzheimer's Disease and Dementia Class Review</u></b>  <u>Motion:</u> Ronald Ruggiero, Pharm. D  <u>Vote:</u> Unanimous approval (7/7)</p>
7.	<p><b>Formulary Maintenance Items:</b>  <u>Endocrinology:</u> Lipodystrophy disorders  (pp. 16 - 30 of January 2019 P&amp;T Packet)</p>		<p><b>Formulary Recommendations:</b>  <u>(Medi-Cal, HealthyKids HMO, HealthyWorkers HMO &amp; Healthy San Francisco)</u></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b>  <b>Formulary Maintenance Items:</b>  Approved recommendations as presented.</p> <p><b><u>Lipodystrophy disorders Class Review</u></b>  <u>Motion:</u> Ronald Ruggiero, Pharm. D  <u>Vote:</u> Unanimous approval (7/7)</p>
8.	<p><b>Formulary Maintenance Items:</b>  <u>Psychiatry:</u> Opioid, Nicotine &amp;</p>		<p><b>Formulary Recommendations:</b>  <u>(Medi-Cal, HealthyKids HMO, HealthyWorkers HMO &amp;</u></p>	<p><b>VOTE:</b>  <b>Formulary Maintenance Items:</b></p>

	Topic	Brought By	Discussion	Action
	Alcohol Dependence Disorders (pp.16 - 30 of January 2019 P&T Packet)		<u>Healthy San Francisco</u> <ul style="list-style-type: none"> <li>None</li> </ul> <b>PA Criteria Recommendations:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>DUR Recommendations:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	Approved recommendations as presented.  <u><b>Opioid, Nicotine &amp; Alcohol Dependence Disorders Class Review</b></u> <b>Motion:</b> Ronald Ruggiero, Pharm. D <b>Vote:</b> <i>Unanimous approval (7/7)</i>
9.	<b>Neurology:</b> Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists (pp.31 - 43 of January 2019 P&T Packet)	Jenna Heath	<i>The plan presented class reviews &amp; monograph with recommendations for Neurology medications. Major recommendations included the following:</i> <b>Formulary Recommendations:</b> (Medi-Cal, Healthy Kids HMO & Healthy Workers HMO) <ul style="list-style-type: none"> <li>Add Emgality™ to formulary tier 3 as the preferred CGRP RA and require prior authorization to ensure appropriate diagnosis and use of preferred alternatives</li> <li>Remove Aimovig™ from formulary due to preferred alternative Emgality™ and grandfather current users</li> </ul> <b>PA Criteria Recommendations:</b> <ul style="list-style-type: none"> <li>Update Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists criteria to reflect formulary changes above</li> </ul> <b>DUR Recommendations:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	<b>VOTE:</b> <b>Neurology:</b> Approved recommendations as presented.  <u><b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists Class Review</b></u>  <b>Motion:</b> Robert (Brad) Williams, MD <b>Vote:</b> <i>Unanimous approval (7/7)</i>
10.	<b>Neurology</b> Epidiolex (cannabidiol) Monograph (pp.44 - 50 of January 2019 P&T Packet)	Jenna Heath	<b>Formulary Recommendations:</b> (Medi-Cal, Healthy Kids HMO & Healthy Workers HMO) <ul style="list-style-type: none"> <li>Keep Epidiolex® non-formulary at this time</li> </ul> <b>PA Criteria Recommendations:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>DUR Recommendations:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	<b>VOTE:</b> <b>Neurology</b> Approved recommendations as presented.  <u><b>Epidiolex (cannabidiol) Monograph</b></u> <b>Motion:</b> Robert (Brad) Williams, MD <b>Vote:</b> <i>Unanimous approval (7/7)</i>

	Topic	Brought By	Discussion	Action
11.	<p><b>Endocrinology</b> Growth Hormone Disorders Class Review (pp.51 - 67 of January 2019 P&amp;T Packet)</p>	Kaitlin Hawkins	<p><i>The plan presented class reviews and recommendations for Endocrinology medications.</i> <i>Major recommendations included the following</i></p> <p><b>Formulary Recommendations:</b> (Medi-Cal, Healthy Kids HMO &amp; Healthy Workers HMO)</p> <ul style="list-style-type: none"> <li>• Add Zomacton® to formulary tier 4, preferred for its labeled indications</li> <li>• Remove Serostim® and Zorbitive® from formulary due to lack of utilization and no clear place in therapy</li> <li>• Remove non-preferred formulations of growth hormone from formulary due to preferred alternatives available for other indications: Genotropin®, Humatrope®, Omnitrope®, Saizen®</li> <li>• Remove Increlex® from formulary due to lack utilization and lack of criteria</li> <li>• Add octreotide 50mcg/mL, 100mcg/mL, and 500mcg/mL vial to formulary due to comparative cost-effectiveness</li> <li>• Remove Somatuline® Depot and Sandostatin® LAR Depot from formulary as these should be administered by a HCP available through the medical benefit</li> </ul> <p><b>Prior Authorization Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Update Somatropin (Growth Hormone) criteria to reflect formulary changes above, to streamline requirements, and to remove indications for non-formulary products with limited/no place in therapy</li> <li>• Update Octreotide and Somavert® criteria to reflect formulary changes above</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had a discussion and determined to keep HIV/AIDS wasting syndrome on criteria as a covered diagnosis.</i></p>	<p><b>VOTE:</b> <b>Endocrinology</b> Approved recommendations as presented with the exception of keeping <i>HIV/AIDS wasting syndrome on criteria as a covered diagnosis.</i></p> <p><b><u>Growth Hormone Disorders Class Review</u></b> <i>Motion:</i> Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (7/7)</p>
12.	<p><b>Endocrinology</b> Androgens Class Review (pp.68 – 81 of January 2019 P&amp;T Packet)</p>	Kaitlin Hawkins	<p><b>Formulary Recommendations:</b> (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &amp; Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Remove specific criteria for testosterone (Axiron®) solution pump due to comparable cost-effectiveness with other non-preferred options</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had a discussion regarding testosterone propionate on formulary and all transdermal being on Tier 1. It was determined that research will be done and a follow-</i></p>	<p><b>VOTE:</b> <b>Endocrinology</b> Approve recommendations as presented.</p> <p><b><u>Androgens Class Review</u></b> <i>Motion:</i> Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (7/7)</p>

	Topic	Brought By	Discussion	Action
			<i>up will be presented at a later meeting.</i>	
13.	<b><u>Pulmonology</u></b> Cystic Fibrosis Class Review (pp. 82 - 94 of January 2019 P&T Packet)	Kaitlin Hawkins	<p><i>The plan presented a class review and recommendations for Pulmonology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Formulary Recommendations:</b>  <u>(Medi-Cal, Healthy Kids HMO Healthy Workers HMO and Healthy San Francisco):</u></p> <ul style="list-style-type: none"> <li>• Remove Bethkis® (tobramycin) 300mg/4mL and tobramycin 300mg/5mL (Kitabis Pak®) from formulary due to lack of utilization and cost-effective alternative available</li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Update Cystic Fibrosis criteria based on formulary changes above, and to allow Kalydeco® (ivacaftor) use in newly indicated age range</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b>  <b><u>Pulmonology</u></b>            Approve recommendations as presented.</p> <p><b><u>Cystic Fibrosis Class Review</u></b>  <i>Motion: Ted Li, MD</i>  <i>Vote: Unanimous approval (7/7)</i></p>
12.	<b><u>Supplements</u></b> Electrolytes, Vitamins and Minerals Abbreviated Review (pp.95 - 112 of January 2019 P&T Packet)	Kaitlin Hawkins	<p><i>The plan presented a class review and recommendations for Supplemental medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Formulary Recommendations:</b>  <u>(Medi-Cal, Healthy Kids HMO Healthy Workers HMO and Healthy San Francisco):</u></p> <ul style="list-style-type: none"> <li>• Add prenatal vitamins to formulary as a class to reduce barriers to use               <ul style="list-style-type: none"> <li>○ Remove all quantity limits</li> <li>○ Consider dollar limit per prescription based on further analysis to prevent fraud/waste/abuse</li> </ul> </li> <li>• Add thiamine mononitrate (B1) 100mg tab to formulary based on rejected claims and cost-effectiveness</li> <li>• Remove PA requirement from calcitriol 1mcg/mL oral solution and maintain on formulary tier 1, with age limit to allow appropriate pediatric use</li> <li>• Remove quantity limits from the following due to lack of abuse potential:               <ul style="list-style-type: none"> <li>○ calcium phos/vit D3 (Risacal-D®) 105mg-120u tab</li> <li>○ b complex/folic acid/c (Nephrovite®) 0.8mg tab</li> </ul> </li> <li>• Add age limits to the following medications to allow appropriate pediatric use:               <ul style="list-style-type: none"> <li>○ ergocalciferol (vit D2) 8,000u/mL PO drops (OTC)</li> <li>○ Tri-Vi-Sol® 750u-35mg-400u/mL PO drops</li> </ul> </li> </ul>	<p><b>VOTE:</b>  <b><u>Supplements</u></b>            Approve recommendations as presented.</p> <p><b><u>Electrolytes, Vitamins and Minerals Abbreviated Review</u></b>  <i>Motion: Ronald Ruggiero, Pharm. D</i>  <i>Vote: Unanimous approval (7/7)</i></p>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> <li>(OTC) <ul style="list-style-type: none"> <li>○ children's chewable vitamin with iron tablet (OTC)</li> <li>○ multivitamin with fluoride 0.5mg chew tab (OTC)</li> </ul> </li> <li>• Remove the following from formulary due to lack of utilization and PA criteria and list tier 5 non-formulary <ul style="list-style-type: none"> <li>○ Perikabiven® 2.36-6.8-3.5% IV emulsion</li> <li>○ dextrose 5%-lactated ringer's IV soln</li> </ul> </li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Retire "Vitamin D Analogs (Calcium Disorders)" criteria due to formulary changes above and use "Step Therapy Exception" criteria for doxercalciferol</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had a discussion about cost and availability of medications with folic acid content, and specific recommended amounts for any other components of prenatal supplements. It was determined that research will be done and a follow-up will be presented at a later meeting.</i></p>	
13.	<p><b>Cardiology</b>  Heart Failure &amp; Angina Class Review  (pp.113 - 124 of January 2019 P&amp;T Packet)</p>	Jenna Heath	<p><i>The plan presented a class review and recommendations for Cardiology medications. Major recommendations included the following:</i></p> <p><b>Formulary Recommendations:</b>  <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO and Healthy San Francisco):</i></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b>  <b>Cardiology</b>  Approve recommendations as presented.</p> <p><b><u>Heart Failure &amp; Angina Class Review</u></b>  <i>Motion: Ronald Ruggiero, Pharm. D</i>  <i>Vote: Unanimous approval (7/7)</i></p>
14.	<p><b>Immunology</b>  Takhzyro (lanadelumab-flyo) Monograph  (pp.125 -131 of January 2019 P&amp;T Packet)</p>	Kaitlin Hawkins	<p><i>The plan presented a monograph and recommendations for Immunology medications. Major recommendations are listed below.</i></p> <p><b>Formulary Recommendations:</b>  <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO):</i></p> <ul style="list-style-type: none"> <li>• Add Takhzyro™ to formulary tier 3 and require prior authorization at parity with Haegarda®</li> </ul> <p><b>PA Criteria Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Update Hereditary Angioedema criteria to include Takhzyro™ at parity with Haegarda® and remove</li> </ul>	<p><b>VOTE:</b>  <b>Immunology</b>  Approve recommendations as presented with the addition to add that member can have 1 pack per month.</p> <p><b><u>Takhzyro (lanadelumab-flyo) Monograph</u></b>  <i>Motion: Ronald Ruggiero, Pharm. D</i>  <i>Vote: Unanimous approval (7/7)</i></p>

	Topic	Brought By	Discussion	Action
			<p>requirement to use danazol and Cinryze® prior to Haegarda® or Takhzyro™</p> <p><b>DUR Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b>  <i>After discussion the committee determined to add to criteria requiring minimum one attack per month for approval.</i></p>	
15.	<p>Drug Utilization Review (DUR)</p> <ul style="list-style-type: none"> <li>• DUR Program Updates</li> <li>• Prospective Program Reports (pp.132 - 142 of January 2019 P&amp;T Packet)</li> </ul>	<p>Jessica Shost Kaitlin Hawkins</p>	<p><i>DUR Program Updates</i></p> <p><i>Prospective Program Reports:</i></p> <ul style="list-style-type: none"> <li>○ Top Drug Claims Data annual report</li> <li>○ Prospective DUR quarterly report Q2.2018</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee requested the Specialty cost to be added to the Pharmacy Trend Report.</i></p>	<p><i>Non-Voting Items</i></p>
<p><b>****RECONVENE IN OPEN SESSION****</b></p>				
19.	<p>Summary of Closed Session</p>	<p>Lisa Ghotbi</p>	<p>Reconvened Open session around 9:05 am</p>	<p><i>Non-voting item</i></p>
20.	<p>Annual Pharmacy Policies and Procedures (P&amp;Ps) Review (pp.143 - 167 January 2019 P&amp;T Packet)</p>	<p><i>Ralph Crowder</i></p>	<p><i>The plan presented changes to the Pharmacy Policy and Procedures (P&amp;P) for P&amp;T committee annual review and approval:</i></p> <p><b><u>Pharm-01: Pharmacy and Therapeutics Committee</u></b></p> <p><b><i>Document Changes:</i></b></p> <ul style="list-style-type: none"> <li>• Added Healthy San Francisco to affected lines of business based on current policy</li> <li>• Clarified section III, line 10 to indicate P&amp;T approves own minutes before QIC review</li> <li>• Updated Health Improvement to current name Health Outcomes Improvement in affected departments</li> </ul> <p><b><u>Pharm-02: Pharmacy Prior Authorization</u></b></p> <p><b><i>Document Changes:</i></b></p> <ul style="list-style-type: none"> <li>• Updated branding for HW and HK</li> <li>• Updated procedure statement to reflect full delegation of PA processing to PBM (effective 4/1/2019)</li> <li>• Updated Medi-Cal TAT requirements based on DHCS auditor feedback</li> <li>• Updated section 1.B, line iv to reflect full delegation</li> <li>• Updated section 2 to reflect full delegation</li> <li>• Merged sections 2.A and 2.B to describe the full review and notification process</li> <li>• Clarified language on sections 2.D and 2.E</li> <li>• Updated section 3 to reflect full delegation</li> <li>• Added section 4 to describe SFHP oversight of PBM as part of full delegation</li> <li>• Clarified language on section 5 (now section 6) to reflect continuity of care/grandfathering</li> </ul>	<p><b>VOTE:</b>  <b><u>Annual Pharmacy Policy and Procedure Review</u></b>          Approve recommendations as presented.</p> <p><i><u>Motion:</u> Maria Lopez, Pharm. D.</i>  <i><u>Vote:</u> Unanimous approval (7/7)</i></p>

	Topic	Brought By	Discussion	Action
			<p>requirements and criteria based on auditor feedback</p> <ul style="list-style-type: none"> <li>• Corrected language on section 6 (now section 7) for closed requests</li> <li>• Updated monitoring section to reflect oversight of full delegation</li> <li>• Updated related documents to include PBM policies and procedures</li> </ul> <p><b><i>Pharm-07: Emergency Medication Supply</i></b>  <b><i>Document Changes:</i></b></p> <ul style="list-style-type: none"> <li>• Updated template for consistency</li> <li>• Added Healthy San Francisco to affected lines of business based on current procedure</li> <li>• Clarified wording on applicable drug classes to be consistent based on reimplementation review</li> </ul> <p><b><i>Pharm-08: Annual Review of Formulary, Prior Authorization Criteria, and Policy</i></b>  <b><i>Document Changes:</i></b></p> <ul style="list-style-type: none"> <li>• Renamed policy for clarity</li> <li>• Added Healthy San Francisco to affected lines of business based on current procedure</li> <li>• Updated Monitoring line 4 to reflect current procedure: Healthy Kids HMO and Healthy Workers HMO formularies are submitted to DMHC upon request</li> </ul> <p><b><i>Pharm-13: After-Hours Pharmacy Access</i></b>  <b><i>Document Changes:</i></b></p> <ul style="list-style-type: none"> <li>• Updated Care Coordination to current name Care Management in affected departments</li> </ul> <p><b><i>Pharm-15: Generic Drug Management [new policy]</i></b>  New Policy developed to address factors affecting generic utilization rate</p> <p><b><i>Committee Discussion:</i></b>  <i>The committee had no comments or questions.</i></p>	
21.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.168 – 169 January 2019 P&T Packet)	Kaitlin Hawkins	<p><i>The plan presented Prior Authorization interim changes of (New Criteria, Revised Existing Criteria &amp; a table of criteria that were evaluated per the Annual review process where no clinical changes were mad) for review and approval that will be implemented on 2/20/2019:</i></p> <p><b><i>Committee Discussion:</i></b>  <i>The committee had no comments or questions.</i></p>	<p><b><u>VOTE:</u></b>  <b><u>Review and Approval of Prior Authorization Criteria Interim Changes</u></b>  Approve recommendations as presented.</p> <p><b><i>Motion:</i></b> Maria Lopez, Pharm. D.  <b><i>Vote:</i></b> Unanimous approval (7/7)</p>



	Topic	Brought By	Discussion	Action
22.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.170 – 173 of January 2019 P&T Packet)	Kaitlin Hawkins	<i>The plan presented interim formulary changes and formulary status for new drugs to market.</i>  <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	<b>VOTE:</b> <b><u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u></b> Approve recommendations as presented.  <i>Motion:</i> Maria Lopez, Pharm. D. <i>Vote:</i> Unanimous approval (7/7)
23.	Informational Update on New Developments in the Pharmacy Market (pp.174– 182 of January 2019 P&T Packet)	Jenna Heath	<i>The plan provided information on new developments in the pharmacy market.</i> (For detail of changes, please see pages 174 - 182 of P&T packet.)	<i>Non-voting item</i>
24.	Adjournment	Lisa Ghotbi	The meeting adjourned at 9:29 am. 2019 P&T Committee Meeting dates are: <ul style="list-style-type: none"> <li>• Wednesday, April 17, 2019</li> <li>• Wednesday, July 17, 2019</li> <li>• Wednesday, October 16, 2019</li> </ul>	

Respectfully submitted by:



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Lisa Ghotbi, Pharm. D.  
Pharmacy Director

March 5, 2019

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Date