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Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 18, 2018

7:30AM – 9:30AM

50 Beale St., 13th Floor, San Francisco, CA 94119

Meeting called by:	James Glauber, MD	Minutes: Sheila Zeno, CPhT (SFHP Pharmacy Analyst) Back-up: Andrew Costiniano, CPhT (SFHP Pharmacy Specialist)
Meeting Objective:	Vote on proposed formulary and prior authorization(PA) criteria changes	Type of meeting: Quarterly
Attendees:	Voting Members: James Glauber, MD (SFHP Chief Medical Officer) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Ronald Ruggiero, Pharm. D Nicholas Jew, MD Jamie Ruiz, MD Linda Truong, Pharm. D. Robert (Brad) Williams, MD Ted Li, MD Maria Lopez, Pharm. D. Joseph Pace, MD	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph. (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Ken Truong, Pharm. D (SFHP Resident Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Andrew Maiorini, Pharm. D, FAHM (PerformRx Pharmacist) Diabetes Consultants: Sarah Kim, MD (Associate Clinical Professor, UCSF Division of Endocrinology & Director, ZSFG Adult Diabetes Clinic & Adult Weight Management Clinic) Elizabeth Murphy, MD, PHD (Professor UCSF Division of Endocrinology) Lisa Kroon, Pharm. D, CDE, FAPhA (Professor and Chair T.A. Oliver Chair in Clinical Pharmacy, UCSF)
Members Absent:	Shawn Houghtaling, Pharm. D. Steven Wozniak, MD	
Meeting Materials:	Summary of all approved changes are posted under "Materials" section at http://www.sfhp.org/providers/formulary/pharmacy-therapeutics-committee/ SFHP formulary is located at http://www.sfhp.org/providers/formulary/sfhp-formulary/ SFHP prior authorization criteria are located at http://www.sfhp.org/files/providers/formulary/Prior_Auth_Criteria.pdf	

	Topic	Brought By	Discussion	Action
1.	Call to Order	James Glauber	The meeting was called to order at 7:30 am. <ul style="list-style-type: none"> Conflict of interest check Agenda overview 	Conflict of Interest checked and instructions given. Introduction agenda topics done.
2.	Informational Updates	James Glauber	Topics: <ul style="list-style-type: none"> New SFHP Clinical Pharmacist; Jessica Shost, Pharm D Opiate Seven (7)-day edits: After much pre-work with our providers there have been no requests to go beyond the edit. 	

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			<p>NCOA has a new opiate HEDIS measure this year that will cause us to look at opiate filling patterns for 15 days and 30 days refills.</p> <ul style="list-style-type: none"> Request for Proposal (RFP) status: There has been a six (6) month project for RFP to consider a new Pharmacy Benefit Manager (PBM) after our five (5) year relationship with our current PBM. After eight (8) PBMs submitted their applications for consideration, it has been determined that we are extending our relationship with our current PBM, Perform RX for three (3) years. 	
3.	<p>Review and Approval of April 18, 2018 P&T minutes (pp.5 - 13 of July 2018 P&T Packet)</p>	James Glauber	The committee approved the minutes as presented.	<p>VOTE: Review and Approval of April 18, 2018 P&T Minutes Approved recommendations as presented.</p> <p><u>Motion:</u> Ted Li, MD 2nd: Nicholas Jew, MD <u>Vote:</u> <i>Unanimous approval (10/10)</i></p>
4.	Discussion of Consent Calendar- for future meetings	James Glauber	The committee has successfully completed annual class reviews in our standard template for about 2 years. Under the consent calendar, we will use a template the focuses on updates in literature, guidelines, market (if available) with a high-level utilization review for certain classes with limited to no changes.	Non-voting item
<p>****Adjourn to Closed Session**** Closed Session pursuant to Welfare and Institutions Code Section 14087.36 (w)</p>				
5.	<p>Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes.</p> <p>Cardiology: Antiarrhythmics Class Review (pp.14 - 31 of July 2018 P&T Packet)</p>	Jenna Heath	<p><i>The plan presented therapeutic review and recommendations for Cardiology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (<u>Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco</u>)</p> <ul style="list-style-type: none"> None <p>Prior Authorization (PA) Criteria Recommendations:</p> <ul style="list-style-type: none"> None, no active criteria <p>Drug Utilization Review (DUR) Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Cardiology: Approved recommendations as presented.</p> <p><u>Antiarrhythmics Class Review</u> <u>Motion:</u> Lisa Ghotbi, Pharm. D 2nd: Ronald Ruggiero, Pharm. D <u>Vote:</u> <i>Unanimous approval (10/10)</i></p>
6.	<p>Pulmonology: Lonhala™ Magnair™ Monograph (pp.32 – 36 of July 2018 P&T Packet)</p>	Jenna Heath	<p><i>The plan presented therapeutic review and recommendations for Pulmonology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (<u>Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco</u>)</p> <ul style="list-style-type: none"> None <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> None <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None 	<p>VOTE: Pulmonology: Approved recommendations as presented.</p> <p><u>Lonhala™ Magnair™ Monograph</u> <u>Motion:</u> Joseph Pace, MD 2nd: Ted Li, MD <u>Vote:</u> <i>Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
			Committee Discussion: <i>The committee had no comments or questions.</i>	
7.	<u>Pulmonology:</u> Symdeko™ Monograph (pp.37 - 45 of July 2018 P&T Packet)	Jessica Shost	Formulary Recommendations: (Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco) <ul style="list-style-type: none"> Add Symdeko™ to formulary tier 4 due to limited alternatives, prior authorization required to ensure appropriate diagnosis PA Criteria Recommendations: <ul style="list-style-type: none"> Update Cystic Fibrosis criteria to include Symdeko™ and remove hepatic function laboratory requirement DUR Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Pulmonology:</u> Approved recommendations as presented. <u>Symdeko™ Monograph</u> <u>Motion:</u> Nicholas Jew, MD 2 nd : Ted Li, MD <u>Vote:</u> <i>Unanimous approval (10/10)</i>
8.	<u>Nephrology</u> Jynarque® Monograph (pp.46 - 50 of July 2018 P&T Packet)	Jenna Heath	<i>The plan presented therapeutic monograph and recommendations for Nephrology medication. Major recommendations included the following:</i> Formulary Recommendations: (Medi-Cal, HealthyKids HMO, HealthyWorkers HMO & Healthy San Francisco) <ul style="list-style-type: none"> Maintain Jynarque® as non-formulary PA Criteria Recommendations: <ul style="list-style-type: none"> None DUR Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Nephrology</u> Approved recommendations as presented. <u>Jynarque® Monograph</u> <u>Motion:</u> Ronald Ruggiero, Pharm. D 2 nd : Ted Li, MD <u>Vote:</u> <i>Unanimous approval (10/10)</i>
9.	<u>Obstetrics/Gynecology</u> Contraceptives Abbreviated Review (pp.51 - 58 of July 2018 P&T Packet)	Jessica Shost	<i>The plan presented therapeutic monograph and recommendations for Obstetrics/Gynecology medications. Major recommendations included the following:</i> Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco) <ul style="list-style-type: none"> Add Depo-subcutaneous Provera® and Balcoltra® to formulary tier 2 Add Taytulla® (norethindrone-ethinyl estradiol-iron) 1mg-20mcg(24)/75mg(4) capsule to formulary tier 2 Remove quantity limits from norethindrone/ethinyl estradiol (Microgestin®), norgestimate/ethinyl estradiol (Monessa®), levonorgestrel/ethinyl estradiol (Trivora-28®), and norethindrone/ethinyl estradiol (Aranelle®) PA Criteria Recommendations: <ul style="list-style-type: none"> None; no active criteria DUR Recommendations: <ul style="list-style-type: none"> Pharmacy education: 12-month contraceptive and emergency contraceptive benefit reminder via faxblast 	VOTE: <u>Obstetrics/Gynecology</u> Approved recommendations as presented. <u>Contraceptives Abbreviated Review</u> <u>Motion:</u> Robert (Brad) Williams, MD 2 nd : Lisa Ghotbi, Pharm. D <u>Vote:</u> <i>Unanimous approval (10/10)</i>

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			<ul style="list-style-type: none"> Provider education: 12-month contraceptive benefit reminder via newsletter <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
10.	<p><u>Endocrinology</u> Diabetes Class Review (pp.59 - 111 of July 2018 P&T Packet)</p>	Kaitlin Hawkins	<p><i>The plan presented therapeutic monograph and recommendations for Endocrinology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco)</p> <ul style="list-style-type: none"> Add alogliptin, alogliptin-metformin, and alogliptin-pioglitazone to formulary tier 3 with step therapy (metformin) required due to comparative cost-effectiveness Add Ozempic® to formulary tier 3 with step therapy (metformin) required to maintain a weekly GLP-1 RA option and due to cardiovascular and comparative efficacy data Add Synjardy® XR and Invokamet® XR to formulary due to comparative cost-effectiveness Add Tresiba® to formulary tier 3 with step therapy (Basaglar) required Remove quantity limits from the following, to align with other formulations/diabetes medications: <ul style="list-style-type: none"> pioglitazone tablet Humalog® 100u/mL Kwikpen Jr Humulin® R 500u/mL Kwikpen Humulin® 70-30 100u/mL vial Add FreeStyle Libre Reader and Sensor kit to formulary tier 3 with prior authorization required Remove Tanzeum® from formulary due to manufacturer discontinuation, with notification to utilizing members Remove the following from formulary due to limited/no utilization and preferred alternatives, with grandfathering: <ul style="list-style-type: none"> glyburide micronized 1.5 mg tablet Humalog® Mix 50-50 Kwikpen (will not be removed) Levemir® FlexTouch pen (will not be removed) <p>Conversion Recommendations:</p> <ul style="list-style-type: none"> Initiate required mandatory substitution of Admelog® for Humalog® at point of sale <ul style="list-style-type: none"> Provide pharmacy education prior to initiating via pharmacy faxblast Prefer Admelog® among all formulary rapid-acting insulins and require trial and failure of Admelog prior to 	<p>VOTE: <u>Endocrinology</u> Approved recommendations as presented except Humalog® Mix 50-50 Kwikpen and Levemir® FlexTouch pen will not be removed.</p> <p><u>Diabetes Class Review</u> <i>Motion: Ronald Ruggiero, Pharm. D</i> <i>2nd: Lisa Ghotbi, Pharm. D</i> <i>Vote: 9 Approved & 1 Opposed (9/10)</i></p>

	Topic	Brought By	Discussion	Action
			<p>new starts of Novolog® and Apidra®, with grandfathering for current users</p> <ul style="list-style-type: none"> ○ Change Novolog® and Apidra® to formulary tier 3, prior authorization required <p>Education Recommendations:</p> <ul style="list-style-type: none"> • Provide education to members, providers and pharmacies to promote the formulary preferred Basglar & alogliptin <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update DPP-4 inhibitors, GLP-1 receptor agonists, SGLT2 inhibitors, Short-Acting Insulins and Long-Acting Insulins criteria with formulary changes • Update Non-Formulary Test Strips and Non-Formulary Blood Glucose Meters criteria with formulary changes above <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • Due to high sulfonylurea utilization, review use over time to assess for new starts versus continued use <p>Committee Discussion:</p> <p><i>The committee had a discussion with the (3) three diabetes consultants who reviewed the class review presented and provided feedback and expertise in this field. The discussion included:</i></p> <ul style="list-style-type: none"> • <i>Limitations of DPP-4 inhibitor class efficacy and place in therapy.</i> • <i>Information regarding the continued utility of sulfonylureas in the treatment regimen.</i> • <i>Use of Levemir and Humalog Mix 50-50 in certain patients warranting current formulary status</i> • <i>Tresiba use in select populations based on extended duration of action</i> • <i>Education program to promote effective prescribing and A1C control as well as formulary preferred product</i> 	
11.	<p>Dermatology Acne Class Review (pp.112 – 130 of July 2018 P&T Packet)</p>	Jenna Heath	<p><i>The plan presented therapeutic monograph and recommendations for Dermatology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Kids HMO & Healthy San Francisco):</p> <ul style="list-style-type: none"> • Remove prior authorization requirement from sulfacetamide sodium/sulfur 10%-5% (w/w) cleanser and maintain on formulary tier 1 with quantity limit 117mL per 30 days • Add Azelex® 20% topical cream to formulary tier 3 with prior authorization required based on current drug-specific criteria • Remove adapalene (Differin®) 0.1% cream, lotion and gel (Rx) from formulary due to cost-effective alternative 	<p>VOTE: Dermatology Approve recommendations as presented.</p> <p>Acne Class Review <i>Motion:</i> Maria Lopez, Pharm. D 2nd: Nicholas Jew, MD <i>Vote:</i> Unanimous approval (10/10)</p>

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			<p>formulations available, with grandfathering</p> <ul style="list-style-type: none"> Remove sulfacetamide (Klaron®) 10% lotion suspension from formulary due to limited utilization and availability of cost-effective alternative formulations, with grandfathering <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Topical Retinoids criteria and Sulfacetamide Solution/Suspension/Cleanser criteria to reflect formulary recommendations <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion:</p> <p><i>The committee had no comments or questions.</i></p>	
12.	<p><u>Dermatology</u></p> <ul style="list-style-type: none"> Topical Corticosteroids Abbreviated Review (pp. 131 - 143 of July 2018 P&T Packet) 	Kaitlin Hawkins	<p>Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> Increase quantity limits for the following based on safety labeling and prior authorization requests: <ul style="list-style-type: none"> halobetasol propionate 0.05% ointment and cream; to #120g per 30 days clobetasol propionate 0.05% ointment, cream, 0.05% gel; to #120g per 30 days clobetasol propionate 0.05% solution; to #100mL per 30 days betamethasone dipropionate (augmented) 0.05% ointment, lotion and gel; to #120g per 30 days Add the following medications to formulary with quantity limits based on limited availability of alternatives: <ul style="list-style-type: none"> fluocinolone acetonide 0.01% oil (#119mL per 30 days) fluocinolone acetonide 0.01% oil/shower cap (#119mL per 30 days) fluocinolone acetonide 0.01% solution (#120mL per 30 days) Add the following medications to formulary with quantity limits based on comparative cost effectiveness: <ul style="list-style-type: none"> clobetasol propionate 0.05% shampoo (#118mL per 30 days) fluocinonide 0.05% cream (#240g per 30 days) betamethasone dipropionate 0.05% cream (#240g per 30 days) betamethasone valerate 0.1% ointment (#240g per 30 days) Increase quantity limit to #240g per 30 days for the 	<p>VOTE: <u>Dermatology</u> Approve recommendations as presented.</p> <p><u>Topical Corticosteroids Abbreviated Review</u> <i>Motion: Maria Lopez, Pharm. D.</i> <i>2nd: Joseph Pace, MD</i> <i>Vote: Unanimous approval (10/10)</i></p>

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			<p>following to align with other strengths</p> <ul style="list-style-type: none"> ○ mometasone furoate 0.1% ointment ○ betamethasone dipropionate 0.05% lotion ○ fluticasone propionate 0.05% cream <ul style="list-style-type: none"> • Remove Trianex® (triamcinolone) 0.05% ointment from formulary based on cost-effective alternatives and lack of utilization • Add quantity limits to the following to align with other formulary medications: <ul style="list-style-type: none"> ○ hydrocortisone 2.5% cream/PR applicator (#60g per 30 days) ○ hydrocortisone acetate 1% cream OTC (#240g per 30 days) ○ hydrocortisone 1% lotion OTC (#240g per 30 days) <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update Topical Steroids criteria to reflect formulary changes <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
13.	<p>Otorhinolaryngology Allergenic Extracts Class Review (pp. 144 - 153 of July 2018 P&T Packet)</p>	Jenna Heath	<p><i>The plan presented therapeutic monograph and recommendations for Otorhinolaryngology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: <u>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco):</u></p> <ul style="list-style-type: none"> • Change Oralair® from T5 non-formulary to not listed for MCAL <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update Therapeutic Allergenic Extracts criteria to include Odactra™ <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Otorhinolaryngology</u> Approve recommendations as presented.</p> <p><u>Allergenic Extracts Class Review</u> <i>Motion: Lisa Ghotbi, Pharm. D</i> <i>2nd: Nicholas Jew, MD</i> <i>Vote: Unanimous approval (10/10)</i></p>
14.	<p>Otorhinolaryngology</p> <ul style="list-style-type: none"> • Miscellaneous Otic Preparations Abbreviated Review (pp.154 - 157 of July 2018 P&T Packet) 	Kaitlin Hawkins	<p>Formulary Recommendations: <u>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO and Healthy San Francisco):</u></p> <ul style="list-style-type: none"> • Add flucinolone acetonide 0.01% otic oil to formulary tier 2 due to limited alternatives, with yearly fill limit to ensure appropriate use <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Retire Dermotic® (flucinolone acetonide 0.01% otic oil) criteria since now on formulary, PA is no longer required <p>DUR Recommendations:</p>	<p>VOTE: <u>Otorhinolaryngology</u> Approve recommendations as presented:</p> <p><u>Miscellaneous Otic Preparations Abbreviated Review</u> <i>Motion: Lisa Ghotbi, Pharm. D</i> <i>2nd: Nicholas Jew, MD</i> <i>Vote: Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
15.	<p><u>Neurology</u></p> <ul style="list-style-type: none"> Aimovig™ Monograph (pp.158 -166 of July 2018 P&T Packet) 	Jenna Heath	<p><i>The plan presented a monograph and recommendations for a Neurology medication. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <i>(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO):</i></p> <ul style="list-style-type: none"> Add Aimovig™ to formulary tier 3 with prior authorization required due to cost effective alternatives available <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> New Aimovig™ criteria are proposed, to require previous treatment failure(s) and/or contraindications to formulary alternatives <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Neurology</u> Approve recommendations as presented.</p> <p><u>Aimovig™ Monograph</u> <i>Motion:</i> Linda Truong, Pharm. D 2nd: Lisa Ghotbi, Pharm. D <i>Vote:</i> Unanimous approval (10/10)</p>
16.	<p><u>Topical</u></p> <ul style="list-style-type: none"> Miscellaneous Rectal Preparations Abbreviated Review (pp.167 -171 of July 2018 P&T Packet) 	Kaitlin Hawkins	<p><i>The plan presented a monograph and abbreviated class review with recommendations for Topical medications. Major recommendations are listed below.</i></p> <p>Formulary Recommendations: <i>(Medi-Cal, Healthy San Francisco and Medicare/Medi-Cal)</i></p> <ul style="list-style-type: none"> Add lidocaine 5% OTC rectal cream to formulary tier 1 due to utilization and comparative cost-effectiveness Add witch hazel 50% OTC medicated pads to formulary tier 1 due to utilization and comparative cost-effectiveness Add Rectiv® 0.4% ointment to formulary tier 3 due to utilization and limited alternatives, with prior authorization required to ensure appropriate diagnosis of moderate to severe pain resulting from anal fissure <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Rectiv® criteria to reflect formulary status <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Topical</u> <u>Miscellaneous Rectal Preparations Abbreviated Review</u> Approve recommendations as presented.</p> <p><i>Motion:</i> Lisa Ghotbi, Pharm. D 2nd: Ronald Ruggiero, Pharm. D <i>Vote:</i> Unanimous approval (10/10)</p>

****RECONVENE IN OPEN SESSION****

	Topic	Brought By	Discussion	Action
17.	Summary of Closed Session	James Glauber	Reconvened Open session around 9:19 am	<i>Non-voting item</i>
18.	SFHP Drug Utilization Review (DUR) Analysis: <ul style="list-style-type: none"> • <u>Retrospective Report(s):</u> <ul style="list-style-type: none"> ○ Pharmacy Outliers Report 2017 ○ High Controlled Substance Report 2018.Q2 ○ Concurrent Opioid and Benzodiazepine Report 2017.Q4 (pp.182 - 190 of July 2018 P&T Packet)	Tammie Chau Jessica Shost	The plan presented DUR analysis reports for 2017: <ul style="list-style-type: none"> • <u>Retrospective Report(s):</u> <ul style="list-style-type: none"> ○ Pharmacy Outliers Report 2017 ○ High Controlled Substance Report 2018.Q2 ○ Concurrent Opioid and Benzodiazepine Report 2017.Q4 	<i>Non-voting item</i>
19.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.201 - 207 July 2018 P&T Packet)	Tammie Chau	The plan presented changes to the Pharmacy Policy and Procedures (P&P) for P&T committee annual review and approval: Pharm-14: Pharmacy Drug Utilization Review (DUR) Program <u>Additions:</u> Added HMO to Healthy Kids & Healthy Workers to note the commercial branding. <u>Deletions:</u> Removed section D under monitoring because it is a duplicate of Pharm- 08 Committee Discussion: The committee had no comments or questions.	VOTE: <u>Annual Pharmacy Policy and Procedure Review</u> Approve recommendations as presented. <u>Motion:</u> Lisa Ghotbi, Pharm. D 2 nd : Nicholas Jew, MD <u>Vote:</u> Unanimous approval (10/10)
20.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.208 – 208 July 2018 P&T Packet)	Kaitlin Hawkins	The plan presented Prior Authorization interim changes for review and approval: Notes from email sent to committee members: Interim PA Criteria changes: <ol style="list-style-type: none"> 1. The changes to the Hepatitis C criteria were made based on the updated DHCS policy allowing treatment for all infected members. Policy is available on the DHCS website (website link was included for committee members to review). 2. PCSK9 Inhibitor criteria were updated based on PA requests. It was difficult for some members/providers to get lab monitoring done within the 4 months of initial approval to secure renewal, so this was extended to 6 months and approval duration was changed to indefinite to allow for continuing use. Committee Discussion: The committee had no comments or questions.	VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approve recommendations as presented. [Off-site vote completed through email sent out to committee members present at the July 2018 P&T meeting on 7/18/19 because the meeting ran out of time to get to this agenda item. Email sent out on 7/19/18 & voting completed on 7/25/18] <u>Vote:</u> Approved (7/10) 70% quorum of P&T members present at on-site meeting

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21.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.209 – 212 of July 2018 P&T Packet)	Kaitlin Hawkins	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p><i>Notes from email sent to committee members:</i></p> <p>Interim Formulary changes:</p> <ol style="list-style-type: none"> Several new drugs to market were added to formulary since April P&T. Most were new strengths or dosage forms of drugs already on formulary. There was one added restriction: quantity limits were added to Veltassa to ensure appropriate dosing due to significant price increases from the manufacturer. This drug is on formulary tier 2, and is used short-term for hyperkalemia. Some new drugs to market were not added to formulary due to cost-effective alternatives available already on formulary. Some are scheduled for review at future P&T. Finally, new drugs to market not added to formulary because they are used in the medical benefit only. <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented.</p> <p><i>[Off-site vote completed through email sent out to committee members present at the July 2018 P&T meeting on 7/18/19 because the meeting ran out of time to get to this agenda item. Email sent out on 7/19/18 & voting completed on 7/25/18]</i></p> <p><u>Vote:</u> Approved (7/10) 70% quorum of P&T members present at on-site meeting</p>
22.	Informational Update on New Developments in the Pharmacy Market	Jenna Heath	<p><i>The plan provided information on new developments in the pharmacy market. [July 2018 P&T meeting ran out of time to get to this agenda item]</i></p> <p>(For detail of changes, please see pages 213 -218 of P&T packet.)</p>	Non-voting item
23.	Adjournment	James Glauber	<p>The meeting adjourned at 9:32 am.</p> <p>2018 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> Wednesday, October 17, 2018 <p>2019 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> Wednesday, January 16, 2019 Wednesday, April 17, 2019 Wednesday, July 17, 2019 Wednesday, October 16, 2019 	

Respectfully submitted by:

James Glauber, MD, MPH
Chief Medical Officer

August 16, 2018

Date