SAN FRANCISCO HEALTH PLAN	(A)))
0	

Here for you

Pharmacy Services San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 17, 2019 7:30AM – 9:30AM 50 Beale St., 13th Floor, San Francisco, CA 94119

committee/

Meeting called by:	James Glauber, MD, MPH	Minutes: Luke Nelson (SFHP Pharmacy Analyst) Back-up: Rudy Wu, 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) Nicholas Jew, MD Ronald Ruggiero, Pharm. D Jamie Ruiz, MD Ted Li, MD Maria Lopez, Pharm. D Linda Truong, Pharm. D Robert (Brad) Williams, MD Steven Wozniak, MD	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Jenny Nguyen, Pharm. D (SFHP Resident Pharmacist) Melissa Martinez, CPhT (SFHP Pharmacy Specialist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Andrew McDonald, Pharm. D (Walgreens Pharmacist) Jenna Lester, MD Guests: Christopher DeSimone, Akcea Therapeutics Jeannie Timberman, Pfizer		
		Kelly Wright, Lupin Pharmaceuticals Marc Rueckert, Pfizer		
Members Absent:	Joseph Pace, MD			
Meeting Materials:	Summary of all approved changes are posted under "Materials" section at	Summary of all approved changes are posted under "Materials" section at https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-		

	Topic	Brought By	Discussion	Action
1.	Call to Order	James Glauber, MD	The meeting was called to order at 7:30 am. Conflict of interest check Agenda overview	Conflict of Interest checked and instructions given. Introduction agenda topics done.
2.	Informational Updates	James Glauber, MD Lisa Ghotbi, Pharm. D	Topics: Governor's Executive Order to carve in the pharmacy benefit SFHP is participating in the stakeholder input process SFHP online searchable formulary has been updated	

SFHP formulary and prior authorization criteria are located at https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/

	Topic	Brought By	Discussion	Action
			to include prior authorization criteria linked to each applicable drug. New member introductions: Andrew MacDonald, PharmD, AAHIVP: Clinic Store Manager, Walgreens, San Francisco CA Jenna C. Lester, MD: Director, Skin of Color Program University of California San Francisco Department of Dermatology New pharmacy staff introductions: Jenny Nguyen, PharmD: Pharmacy Resident, San Francisco Health Plan Melissa Martinez, CPhT: Pharmacy Analyst, San Francisco Health Plan Luke Nelson: Pharmacy Analyst, San Francisco Health Plan Healthy Kids HMO transition Beginning October 1, 2019, Healthy Kids HMO line of business will be transitioned into Medi-Cal	
3.	Review and Approval of April 17, 2019 P&T minutes (pp.5-14 of July 2019 P&T Packet)	James Glauber, MD	The committee approved the minutes as presented.	VOTE: Review and Approval of April 17, 2019 P&T Minutes Approved recommendations as presented. Vote: Unanimous approval (10/10)
			****Adjourn to Closed Session****	
			rsuant to Welfare and Institutions Code Section 14087.36 (w)	
4.	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. Formulary Maintenance Items: Dermatology: Acne & Rosacea (pp.17-20 of July 2019 P&T Packet)	Kaitlin Hawkins, Pharm. D	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. Major recommendations included the following: Last reviewed: July 2018/July 2017 Formulary Update: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) Add adapalene 0.1% cream to formulary tier 3 based on requests and comparative cost effectiveness; step therapy required (Differin® OTC and tretinoin cream/gel) and age limit (AL), quantity limit (QL) to align with other strengths Remove unutilized BP products from formulary due to lack of utilization and alternatives available Prior Authorization Criteria Update: Update Topical Antibiotics and Benzoyl Peroxide criteria to include additional non-formulary combinations and add criteria for clindamycin/tretinoin combination	VOTE: Formulary Maintenance Items Approved recommendations as presented. Vote: Unanimous approval (10/10)

	Topic	Brought By	Discussion	Action
			Update Topical Retinoids criteria to include additional	
			non-formulary topical retinoids	
			Drug Utilization Review Update:	
			None	
			Committee Discussion:	
			The committee had no comments or questions.	
5.	Formulary Maintenance Items:	Kaitlin Hawkins, Pharm. D	Last reviewed: July 2017	
	Gastroenterology: Ammonia		Formulary Update:	
	Inhibitors		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	
	(pp.21-22 of July 2019 P&T Packet)		Healthy San Francisco)	
			None	
			Prior Authorization Criteria Update:	
			None (no active criteria)	
			Drug Utilization Review Update:	
			None	
			Committee Discussion:	
			The committee had no comments or questions.	
6.	Formulary Maintenance Items:	Kaitlin Hawkins, Pharm. D	Last reviewed: July 2017	
	Gastroenterology: Anorexia & Weight		Formulary Update:	
	Gain		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	
	(pp.23-24 of July 2019 P&T Packet)		Healthy San Francisco)	
			None	
			Prior Authorization Criteria Update:	
			None	
			Drug Utilization Review Update:	
			None	
			Committee Discussion:	
			The committee had no comments or questions.	
7.	Formulary Maintenance Items:	Kaitlin Hawkins, Pharm. D	Last reviewed: July 2017	
	Gastroenterology: Antiemetics		Formulary Update:	
	(pp.25-27 of July 2019 P&T Packet)		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	
			Healthy San Francisco)	
			Add OTC dimenhydrinate to formulary (Medi-Cal only)	
			Prior Authorization Criteria Update:	
			Update Diclegis® criteria to include Bonjesta® and	
			rename criteria	
			Drug Utilization Review Update:	
			• None	
			Committee Discussion:	
			The committee discussed and clarified that all olanzapine is	
			carved out to Fee-For-Service for Medi-Cal regardless of	
		12 10 11 11 -	indication.	
8.	Formulary Maintenance Items:	Kaitlin Hawkins, Pharm. D	Last reviewed: April 2017	
	Endocrinology: Thyroid Disorders		Formulary Update:	
	(pp.28-29 of July 2019 P&T Packet)		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	
			Healthy San Francisco)	
			• None	
			Prior Authorization Criteria Update:	

	Topic	Brought By	Discussion	Action
			None (no active criteria)	
			Drug Utilization Review Update:	
			• None	
			Committee Discussion:	
	F I M	Kalifornia III. III. Biron B	The committee had no comments or questions.	
9.	Formulary Maintenance Items:	Kaitlin Hawkins, Pharm. D	Last reviewed: April 2017	
	Infectious Disease: Hepatitis B (pp.30-31 of July 2019 P&T Packet)		Formulary Update: (Healthy Kids HMO & Healthy Workers HMO)	
	(pp.30-31 of 3dfy 2019 F &1 F acket)		Add Vemlidy® (tenofovir alafenamide) to formulary	
			based on utilization and guideline recommendations,	
			but require prior authorization due to cost-effective	
			alternatives available	
			Remove Epivir® HBV (lamivudine) oral solution from	
			formulary due to lack of utilization and preferred	
			alternatives available	
			Prior Authorization Criteria (PA) Recommendations:	
			Update Hepatitis B criteria to reflect formulary changes	
			above	
			Drug Utilization Review (DUR) Recommendations:	
			None Committee Discussion:	
			The committee discussed availability of Viread generic	
			tenofovir DF at pharmacies. It was determined that research	
			would be done to confirm pharmacies are able to order the	
			generic. The committee discussed and confirmed that all	
			drugs are carved out to Fee-For-Service for Medi-Cal	
			regardless of indication, and formulary and changes pertain	
			to Healthy Kids HMO & Healthy Workers HMO.	
10.	Formulary Maintenance Items:	Kaitlin Hawkins, Pharm. D	Last reviewed: January 2017	
	Hematology: Iron and Chelators		Formulary Update:	
	(pp.32-34 of July 2019 P&T Packet)		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco)	
			Remove the following OTC supplements from	
			formulary due to no utilization:	
			Slow Release Iron 142 mg ER tablet	
			 Ferrous fumarate/Vitamin C/Vitamin 	
			B12/folic acid 200 mg-250 mg-0.01 mg-1 mg	
			capsule	
			 Ferrous fumarate/Vitamin C/Vitamin 	
			B12/folic acid 460 mg-60 mg-0.01 mg-1 mg	
			capsule	
			Vitafol® (iron/calcium/Vitamin E/folic acid/MV/) 65 mg 1 mg tablet	
			acid/MVI) 65 mg-1 mg tablet PA Criteria Recommendations:	
			None	
			DUR Recommendations:	
			None	
			Committee Discussion:	

	Topic	Brought By	Discussion	Action
			The committee had no comments or questions.	
11.	Endocrinology Anti-Obesity Class Review (pp.35-46 of July 2019 P&T Packet)	Jenna Heath, Pharm. D	The plan presented class reviews, miscellaneous changes and recommendations for Endocrinology medications. Major recommendations include the following: Formulary Recommendations: (Medi-Cal & Healthy San Francisco) Remove prior authorization requirement for OTC Alli® (orlistat) due to low risk profile and cost-effectiveness Prior Authorization Criteria Recommendations: Update Anti-obesity Medications criteria to include appropriate quantity limits for all applicable drugs, and to include criteria for non-formulary medications requiring trial/failure of two formulary alternatives DUR Recommendations: None Committee Discussion: The committee had no comments or questions.	VOTE: Endocrinology Approved recommendations as presented. Anti-Obesity Class Review Vote: Unanimous approval (10/10)
12.	Endocrinology Hormone Replacement Therapy Review (pp.47-59 of July 2019 P&T Packet)	Jenna Heath , Pharm. D	Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco) None PA Criteria Recommendations: None; no active criteria DUR Recommendations: Conduct a full DUR report analyzing HRT duration of use, agent choice, and agent dose in addition to member age and reported gender Committee Discussion: The committee had no comments or questions.	VOTE: Endocrinology No vote required due to no change recommended; committee supported further DUR analysis. Hormone Replacement Therapy Review Vote: n/a
13.	Endocrinology Diabetes: Miscellaneous Change (pp.60-63 of July 2019 P&T Packet)	Jenna Heath, Pharm. D	Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco) Remove Januvia® and Janumet®/XR from formulary and grandfather all current users PA Criteria Recommendations: Update DPP-4 Inhibitors criteria based on formulary changes above DUR Recommendations: None Committee Discussion: The committee discussed formulary options in other	VOTE: Endocrinology Approved recommendations as presented. Diabetes: Miscellaneous Change Vote: Unanimous approval (10/10)

	Topic	Brought By	Discussion	Action
			classes, including glucagon-like peptide-1 (GLP-1) receptor agonists and sodium-glucose co-transporter 2 (SGLT2) inhibitors. The committee confirmed that SFHP formulary contains options in each class with step therapy (metformin) required, as well as maintaining the preferred formulary DPP-4 inhibitor alogliptin and its combinations.	
14.	Gastroenterology Constipation & Irritable Bowel Syndrome Class Review (pp.64-78 of July 2019 P&T Packet)	Jenna Heath, Pharm. D	The plan presented a class review and recommendations for Gastroenterology medications. Major recommendations include the following: Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco) None PA Criteria Recommendations: Update Constipation Agents criteria with new labeled indications, and to remove Amitiza® as pre-requisite to receive Relistor® for OIC based on 2019 guidelines DUR Recommendations: None Committee Discussion: The committee had no comments or questions.	VOTE: Gastroenterology Approved recommendations as presented. Constipation & Irritable Bowel Syndrome Class Review Vote: Unanimous approval (10/10)
15.	Nephrology Chronic Kidney Disease: Mineral Bone Disorder Class Review (pp.79-91 of July 2019 P&T Packet)	Kaitlin Hawkins, Pharm. D	The plan presented a class review, monograph and recommendations for Nephrology medications. Major recommendations include the following: Formulary Recommendations: (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO & Healthy San Francisco) Remove prior authorization requirement from sevelamer carbonate tablet due to cost-effectiveness and high PA volume and approval rate Add age limit to Phoslyra® (calcium acetate) oral solution to ensure appropriate pediatric use Remove doxercalciferol capsule from formulary due to lack of utilization and limited place in therapy PA Criteria Recommendations: Update Phosphate Binders criteria to reflect formulary changes above Update Sensipar® (cinacalcet) criteria to remove requirement of calcitriol/vitamin D based on guidelines DUR Recommendations: Develop provider communication to highlight cost and formulary status distinctions between sevelamer carbonate (Renvela®) versus hydrochloride (Renagel®) Committee Discussion: The committee had no comments or questions.	VOTE: Nephrology Approved recommendations as presented. Chronic Kidney Disease: Mineral Bone Disorder Class Review Vote: Unanimous approval (10/10)

	Topic	Brought By	Discussion	Action
16.	Nephrology	Jenna Heath, Pharm. D	Formulary Recommendations:	VOTE:
	Galafold® (migalastat) Monograph	,	(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	Nephrology
	(pp.92-97 of July 2019 P&T Packet)		Healthy San Francisco)	Approved recommendations as presented.
	(pp. e = e · e · e · e · e · e · e · e · e ·		Maintain as non-formulary at this time	The state of the s
			PA Criteria Recommendations:	Galafold® (migalastat) Monograph
			None	<u>Galarola (Illigalastal) Illohographi</u>
			DUR Recommendations:	Vote: Unanimous approval (10/10)
			None	vote. Onanimous approvai (10/10)
			Committee Discussion:	
47	N .		The committee had no comments or questions.	VOTE
17.	Neurology	Jenna Heath, Pharm. D	The plan presented monographs and recommendations for	VOTE:
	Diacomit® (stiripentol) Monograph		Neurology medications.	Neurology
	(pp.98-103 of July 2019 P&T Packet)		Major recommendations include the following:	Approved recommendations as presented.
			Formulary Recommendations:	
			(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	<u>Diacomit® (stiripentol) Monograph</u>
			Healthy San Francisco)	
			Maintain as non-formulary at this time	<u>Vote:</u> Unanimous approval (10/10)
			PA Criteria Recommendations:	
			None	
			DUR Recommendations:	
			None	
			Committee Discussion:	
			The committee had no comments or questions.	
18.	Neurology	Jenna Heath, Pharm. D	Formulary Recommendations:	VOTE:
	Firdapse® (amifampridine)		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	Neurology
	Monograph		Healthy San Francisco)	Approved recommendations as presented.
	(pp.104-109 of July 2019 P&T		Maintain as non-formulary at this time	Provide the second seco
	Packet)		PA Criteria Recommendations:	Firdapse® (amifampridine) Monograph
			None	- manpoos (ummamponamo) monograpio
			DUR Recommendations:	Vote: Unanimous approval (10/10)
			None	vote. Grammode approval (10/10)
			Committee Discussion:	
			The committee had no comments or questions.	
19.	Neurology	Kaitlin Hawkins, Pharm. D	Formulary Recommendations:	VOTE:
13.	Mavenclad® (cladribine) and	Kalulii Hawkiii3, Filaiiii. D	(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	Neurology
	Mayzent® (siponimod) Dual		Healthy San Francisco)	Approved recommendations as presented.
	Monograph		Add Mavenclad® (cladribine) to formulary tier 4 with	Approved reconfiniendations as presented.
	(pp.110-121 of July 2019 P&T		prior authorization required to ensure appropriate	Mayanalad® (aladribina) and Mayrant® (ainanimad)
	Packet)			Mavenclad® (cladribine) and Mayzent® (siponimod)
	rachoty		diagnosis (relapsing multiple sclerosis in adults with	<u>Dual Monograph</u>
			adequate response or intolerant to other therapies)	Vote: Unanimous approval (40/40)
			PA Criteria Recommendations:	Vote: Unanimous approval (10/10)
			Update Multiple Sclerosis criteria to include new	
			therapies	
			DUR Recommendations:	
			• None	
			Committee Discussion:	
			The committee had no comments or questions.	

	Topic	Brought By	Discussion	Action
20.	<u>Otorhinolaryngology</u>	Kaitlin Hawkins, Pharm. D	The plan presented a class review and recommendations	VOTE:
	Allergy Cold & Cough Abbreviated		for Otorhinolaryngology medications.	<u>Otorhinolaryngology</u>
	Review		Major recommendations include the following:	Approved recommendations as presented.
	(pp.122-139 of July 2019 P&T		Formulary Recommendations:	
	Packet)		(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO &	Allergy Cold & Cough Abbreviated Review
			Healthy San Francisco: Rx Products)	
			Remove flunisolide nasal spray from formulary due to	<u>Vote:</u> Unanimous approval (10/10)
			cost-effective alternatives available (grandfather any	
			chronic users)	
			(Medi-Cal & Healthy San Francisco: OTC Products)	
			Add the following drugs to formulary tier 1 due to	
			utilization and comparative cost-effectiveness:	
			 cetirizine 5,10mg chewable tablet 	
			 fexofenadine 30mg orally disintegrating tabs 	
			Add guaifenesin 1200mg 12h ER tablet to formulary	
			tier 1 with age limit ≥2 years old to align with other	
			strengths [already tier 1 for C-Wrap]	
			Remove Neo-Tuss® (guaifenesin-DM®) 200-	
			30mg/5mL liquid from formulary due to lack of	
			utilization and formulary alternatives available	
			Remove pseudoephedrine-codeine-guaifenesin 30mg-	
			10mg-100mg syrup from formulary due to lack of	
			utilization and formulary alternatives available	
			Add age limits to the following drugs based on labeled	
			dosing and AAP/FDA safety recommendations, without	
			grandfathering (due to as-needed use):	
			o guaifenesin-dextromethorphan 100mg-	
			10mg/5mL syrup and liquid and 200mg-	
			10mg/5mL liquid (≥2 years old)	
			 guaifenesin 100mg/5mL liquid, 200mg IR tablet, and 600mg 12h ER tablet (≥2 years 	
			old)	
			old) o dextromethorphan polisterex (Delsym®)	
			30mg/5mL 12h ER suspension (≥4 years	
			old)	
			 pseudoephedrine 30mg, 60mg IR tablet, 	
			120mg ER tablet, 15mg/5mL and 30mg/5mL	
			oral liquid (≥4 years old)	
			 chlorpheniramine-pseudoephedrine- 	
			dextromethorphan (Pedia Relief®) 1-15-	
			5mg/5mL liquid (≥6 years old)	
			o triprolidine-pseudoephedrine 2.5mg-60mg	
			tablet (≥6 years old)	
			o guaifenesin-pseudoephedrine (Mucinex® D)	
			600mg-60mg 12h ER tablet (≥6 years old)	
			o loratadine-pseudoephedrine (Claritin® D)	
			5mg-120mg ER 12h tablet and 10mg-240mg	
			ER 24h tablet (≥12 years old)	
<u> </u>		1		<u> </u>

	Topic	Brought By	Discussion	Action
21.	Drug Utilization Review (DUR) Retrospective Program Reports Prospective Program Reports	Jessica Shost, Pharm. D Kaitlin Hawkins, Pharm. D	PA Criteria Recommendations: None DUR Recommendations: Review member-level chronic use of non-formulary promethazine-codeine as per grandfathering logic and assess for any changes to logic Committee Discussion: The committee commented on the possible use of 1st generation antihistamines for anxiety and/or insomnia; indication information is not included in pharmacy claims data. The committee had a discussion regarding sugar-free products. It was determined to evaluate products for sugar-free status in future reviews. The committee discussed interaction between protease inhibitors (PIs) for HIV and certain nasal steroids; it was confirmed that options that do not interact with PIs remain on formulary without restriction. The plan presented DUR program updates and reports for committee review and discussion Retrospective Program Reports Initial Short-Acting Opioid Rx 7-Day Limit: One Year	Non-Voting Items
	Prospective Program Reports (pp.140-157 of July 2019 P&T Packet)		 Initial Short-Acting Opioid Rx 7-Day Limit: One Year Impact Analysis Adherence to Biologic DMARDs Used to Treat Rheumatoid Arthritis Prospective Program Reports: Prospective DUR quarterly report Q1.2019 Committee Discussion: The committee had a discussion clarifying denial errors ("hard"), which reject at point of service, versus report-only errors ("soft"), which allow the pharmacist to review the error but process at point of service. 	
22.	Medication Therapy Management (pp.158-166 of July 2019 P&T Packet)	Tammie Chau, Pharm. D	 Medication Therapy Management (MTM) Program 2018 Program Summary and Results SFHP Pharmacists are involved in optimizing medication regimens for members engaged in Care Management program, supporting medication knowledge, and meeting regulatory expectations. MTM program is collaborative, effective, and impactful for members with complex chronic conditions. Providers can refer members to Care Management program. The committee had a discussion on the requirements to qualify for the Care Management program, and options for provider referral. 	Non-Voting Item
23.	Summary of Closed Session	James Glauber, MD	Reconvened Open session around 9:25 am	Non-voting item
۷٠.	Outstanding of Closed Session	James Glauber, MD	100011161160 Open session around 3.23 am	14011-400111 IGHI

	Topic	Brought By	Discussion	Action
24.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.167-181 of July 2019 P&T Packet)	Ralph Crowder, RPh	The plan presented changes to the Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval: Pharm-02: Pharmacy Prior Authorization Document Changes: Added clarifying language to section 2 regarding individualized care Pharm-14: Drug Utilization Review (DUR) Program Document Changes: Clarified narrow therapeutic window drugs/classes in section A.1 Clarified language in section A.6 to reflect current benefit design regarding days' supply Clarified report frequency in section B.2 Added Pharm-15 as a related policy Committee Discussion: The committee had no comments or questions.	VOTE: Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps) Approved recommendations as presented. Vote: Unanimous approval (10/10)
25.	Review and Approval of Interim Prior Authorization Criteria Changes (pg.182 July 2019 P&T Packet)	Kaitlin Hawkins, Pharm. D	The plan presented Prior Authorization Criteria interim changes (New Criteria, Revised Existing Criteria & a table of criteria that were evaluated per the Annual review process where no clinical changes were made) for review and approval Committee Discussion: The committee had no comments or questions.	VOTE: Review and Approval of Interim Prior Authorization Criteria Changes Approved recommendations as presented. Vote: Unanimous approval (10/10)
26.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.183-186 of July 2019 P&T Packet)	Kaitlin Hawkins, Pharm. D	The plan presented interim formulary changes and formulary status for new drugs to market. Committee Discussion: The committee had no comments or questions.	VOTE: Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market Approved recommendations as presented. Vote: Unanimous approval (10/10)
25.	Informational Update on New Developments in the Pharmacy Market (pp.187-193 of July 2019 P&T Packet)	Jenna Heath, Pharm. D	The plan provided information on new developments in the pharmacy market.	Non-voting item
23.	Adjournment	James Glauber, MD	The meeting adjourned at 9:30 am. 2019 – 2020 P&T Committee Meeting dates are: Wednesday, October 16, 2019 Wednesday, January 15, 2020 Wednesday, April 15, 2020 Wednesday, July 15, 2020	

Respectfully submitted by:

James Gaules

James Glauber, MD, MPH Chief Medical Officer August 23, 2019

Date