SAN FRANCISCO HEALTH PLAN *Here for you*	**Pharmacy Services** **San Francisco Health Plan Pharmacy & Therapeutics Committee** **Wednesday, October 16, 2019** **7:30AM – 9:30AM** **50 Beale St., 13th Floor, San Francisco, CA 94119**	
Meeting called by:	James Glauber, MD	**Minutes:** Luke Nelson, CPhT (SFHP Pharmacy Analyst) Back-up: Rudy Wu, CPhT (SFHP Pharmacy Analyst)
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 Joseph Pace, MD Ronald Ruggiero, Pharm. D Jamie Ruiz, MD Ted Li, MD Maria Lopez, Pharm. D Robert (Brad) Williams, MD Andrew MacDonald, Pharm. D. Linda Truong, Pharm. D. Jenna Lester, MD	**Others in Attendance:** Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Jenny Nguyen, Pharm. D (SFHP Resident Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Jacey Nishiguchi, (SFHP Pharmacy Intern) **Guests:** Mitchell Beavers (Relypsa) Beth Clark (Relypsa) Gio Ottobre (Merck) Dawn Dynak (Gilead Sciences)
Members Absent:	Steven Wozniak, MD	
Meeting Materials:	Summary of all approved changes is posted under "Materials" section at https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/ SFHP formulary and prior authorization criteria are located at https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/	

	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.

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2.	Informational Updates	James Glauber, MD Lisa Ghotbi, Pharm. D	Topics: • Healthy Kids HMO transition Beginning October 1, 2019, Healthy Kids HMO line of business will be transitioned into Medi-Cal • Committee reappointments are due and will be approved for the next two years at the upcoming Quality Improvement Committee meeting, with recent new appointments to be confirmed at the upcoming Governing Board meeting.	
3.	Review and Approval of July 17, 2019 P&T minutes *(pp.5 - 15 of October 2019 P&T Packet)*	James Glauber, MD	The committee approved the minutes as presented.	**VOTE:** **Review and Approval of July 17, 2019 P&T Minutes** Approved recommendations as presented. *Vote: Unanimous approval (10/10)* (Other members arrived afterwards)
			******Adjourn to Closed Session****** Closed Session pursuant 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:** Cardiology: Anticoagulants *(pp.19 - 21 of October 2019 P&T Packet)*	Jenna Heath, 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:** October 2017 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco) • Remove prior authorization requirement from Savaysa® based on guideline recommendations and comparative cost-effectiveness • Remove unutilized heparin products from formulary and remove non-formulary listing for remaining heparin products due to lack of place in therapy in the pharmacy benefit and alternatives available **Prior Authorization Criteria Update:** • Update Direct Factor Xa and Thrombin Inhibitors criteria based on formulary change above **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Formulary Maintenance Items:** Approved recommendations as presented. *Vote: Unanimous approval (12/12)* (Committee collectively voted on items 4 thru 13)

	Topic	Brought By	Discussion	Action
5.	**Formulary Maintenance Items:** Cardiology: Antiplatelets *(pp.22 - 24 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** October 2017 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove step therapy requirement from prasugrel due to cost-effectiveness and similar place in therapy to Brilinta® and maintain formulary tier 1 with quantity limit • Remove Zontivity® tier 5 listing due to lack of utilization and very limited place in therapy • Remove isoxsuprine from formulary due to lack of utilization and very limited place in therapy **Prior Authorization Criteria Update:** • Retire Platelet Aggregation criteria **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
6.	**Formulary Maintenance Items:** Gastroenterology: Antispasmodics *(pp.25 - 27 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** July 2017 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove tier 5 listings for glycopyrrolate IV solution, atropine syringe, and atropine vial due to lack of utilization and available alternatives **Prior Authorization Criteria Update:** • Remove chlordiazepoxide-clidinium as a required formulary alternative from Phenobarbital-Hyoscyamine-Atropine-Scopolamine prior authorization criteria due to non-formulary status **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
7.	**Formulary Maintenance Items:** Gastroenterology: Bile Salts *(pp.28 - 29 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** July 2017 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove Cholbam® from formulary and remove prior authorization due to lack of utilization **Prior Authorization Criteria Update:** • Retire Cholbam® criteria; utilize blanket Non-formulary Medications criteria for any future requests **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	

	Topic	Brought By	Discussion	Action
8.	**Formulary Maintenance Items:** Gastroenterology: Ulcerative Colitis & Crohn's Disease *(pp.30 - 32 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** July 2017 (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove quantity limit from balsalazide due to lack of safety concerns/abuse potential • Add step therapy requirement to mesalamine DR 800 mg tablet and move to tier 3 (requiring mesalamine DR 1.2g tablet) based on comparative cost-effectiveness • Remove Pentasa® capsules and Cortifoam® 10% rectal foam from formulary due to minimal utilization and cost-effective alternatives available **Prior Authorization Criteria Update:** • None **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
9.	**Formulary Maintenance Items:** Gastroenterology: Pancreatic Enzymes *(pp.33 - 34 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** July 2017 **Formulary Update:** (Healthy Kids HMO) • None **Prior Authorization Criteria Update:** • None **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
10.	**Formulary Maintenance Items:** Genitourinary: Benign Prostatic Hyperplasia *(pp.35 - 37 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** October 2017 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove silodosin from formulary and removed prior authorization due to minimal utilization and multiple cost-effective alternatives available **Prior Authorization Criteria Update:** • Retire Alpha Blockers for BPH criteria; utilize blanket Non-formulary Medications criteria for any future requests **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
11.	**Formulary Maintenance Items:** Pain: Muscle Relaxants *(pp.38 - 40 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** January 2017 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove listing for non-formulary carisoprodol 350mg	

	Topic	Brought By	Discussion	Action
			tablet, orphenadrine ER tablet, and dantrolene capsule **Prior Authorization Criteria Update:** • None **Drug Utilization Review Update:** • Consider ad hoc report to evaluate duration of SMR use among SFHP members **Committee Discussion:** *The committee discussed that most PAs for and utilization of carisoprodol are likely due to continuity of care; any new starts require failure of all formulary muscle relaxants..*	
12.	**Formulary Maintenance Items:** Psychiatry: Anxiolytics *(pp.41 - 43 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** April 2018 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • Remove oxazepam from formulary due to minimal utilization and multiple alternatives available • Remove tier 5 listing for diazepam injection syringe and solution due to lack of utilization and multiple oral alternatives available on formulary **Prior Authorization Criteria Update:** • None **Drug Utilization Review Update:** • Evaluate concurrent use of benzodiazepines and opioids for potential denial edit at point of dispensing requiring authorization for members newly starting concomitant benzodiazepine and opioid therapy **Committee Discussion:** *The committee discussed that cognitive behavioral therapy is first-line treatment for anxiety and is an available benefit; electronic/telephonic applications are being evaluated to expand access.*	

	Topic	Brought By	Discussion	Action
13.	**Formulary Maintenance Items:** Ophthalmology: Glaucoma *(pp.44 - 47 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** July 2017, April 2018 **Formulary Update:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco) • List Xelpros® as tier 5 non-formulary in order to link relevant criteria • Remove tier 5 listings for Betoptic® S, Betimol®, Azopt®, methazolamide, and Simbrinza® due to limited utilization and no relevant drug-specific criteria • Remove methazolamide from formulary due to limited utilization and cost-effective alternative available **Prior Authorization Criteria Update:** • Update Ophthalmic Glaucoma Agents criteria to remove listings for non-formulary medications not addressed (i.e., non-prostaglandins), add Xelpros® to preservative-free criteria, and add additional criteria for Rhopressa® **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
14.	**Cardiology:** Pulmonary Hypertension Class Review *(pp.48 - 61 of October 2019 P&T Packet)*	Jenny Nguyen, Pharm. D	*The plan presented a class review and recommendations for Cardiology medications.* **Formulary Recommendations***:* (Medi-Cal, Healthy Kids HMO, & Healthy Workers HMO) • Remove Opsumit® from formulary due to cost-effective alternative on formulary preferred by current guidelines **Prior Authorization Criteria (PA) Recommendations:** • Update Pulmonary Hypertension criteria to reflect formulary change above and to remove preference of sildenafil among PDE-5 inhibitors **Drug Utilization Review (DUR) Recommendations:** • None **Committee Discussion:** *The committee discussed that current utilizers of Opsumit® will be grandfathered. PDE-5 inhibitors all require PA to ensure appropriate diagnosis for coverage due to benefit exclusion of medications for sexual dysfunction. This benefit exclusion is currently being evaluated by DHCS.*	**VOTE:** **Cardiology:** Approved recommendations as presented. **Pulmonary Hypertension Class Review** *Vote: Unanimous approval (12/12)*
15.	**Infectious Disease** Hepatitis C Class Review *(pp.62 - 80 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for Infectious Disease medications.* *Major recommendations included the following:* **Formulary Recommendations***:* (Medi-Cal, Healthy Kids HMO, & Healthy Workers HMO) • Remove Zepatier® from formulary due to limited utilization and place in therapy • Remove the following unutilized ribavirin and interferon	**VOTE:** **Infectious Disease** Approved recommendations as presented. **Hepatitis C Class Review** *Vote: Unanimous approval (12/12)*

	Topic	Brought By	Discussion	Action
			alfa-2b products from formulary: o Ribavirin 400mg tablet (obsolete) Ribasphere® 600mg tablet, and Ribasphere dose pack o Pegasys® 180mcg/mL vial, syringe and ProClick® pen, Pegasys® 135mcg/0.5mL pen (obsolete), and Pegintron® 50mcg/0.5mL SC kit **PA Criteria Recommendations:** • Update Hepatitis C criteria with formulary updates above **DUR Recommendations:** • None **Committee Discussion:** *The committee discussed recent FDA update of Mavyret® being approved for 8 week treatment therapy for treatment-naïve patients with compensated cirrhosis. Committee discussed current numbers of member population treated, roughly 32%.with lower instances of treatment by PCP versus treatments initiated by a specialist.*	
16.	**Genitourinary** Miscellaneous Agents Class Review *(pp.81 - 87 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented class reviews and recommendations for Genitourinary medications.* *Major recommendations included the following*: **Formulary Recommendations***:* (Medi-Cal & Healthy San Francisco) • Add Oxytrol for Women® (oxybutynin) 3.9mg/24h transdermal patch to formulary tier 3 with step therapy (prior trial of oral oxybutynin) and quantity limit (8 patches/month) based on comparative cost effectiveness • Add citric acid-Na citrate 334-500mg/5mL oral solution to formulary tier 1 with quantity limit (120mL per day) based on cost-effectiveness **Prior Authorization Criteria Recommendations:** • Update Genitourinary Antispasmodics and Anticholinergics criteria to reflect formulary changes above **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Genitourinary** Approved recommendations as presented. ***Miscellaneous Agents Class Review*** *Vote: Unanimous approval (11/11)* (A member stepped out momentarily)
17.	**Nephrology** Veltassa® (patiromer) Monograph *(pp.88 – 89 of October 2019 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented a formulary modification request from a UCSF Nephrologist.* *Major recommendations included the following:* **Formulary Recommendations***:* (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco): *The committee may consider the following changes:* **Option #1**: Include both drugs on formulary at par based	**VOTE:** **Nephrology** Approved Option #2 following discussion. **Veltassa® (patiromer) Monograph** *Vote: Unanimous approval (12/12)*

	Topic	Brought By	Discussion	Action
			on unique side effect profiles, similar cost & low utilization. • Add Veltassa® to formulary tier 2 with quantity limit (#30 per 30 days) • Maintain Lokelma® as an option for treatment on formulary tier 2 with quantity limit **Option #2**: Add Veltassa® to formulary based on unique side effect profiles but prefer Lokelma® unless contraindicated based on relative cost-effectiveness. • Add Veltassa® to formulary tier 3 with step requirement (past claims for Lokelma®) and quantity limit (#30 per 30 days) • Maintain Lokelma® as preferred treatment on formulary tier 2 with quantity limit • Review requests for Veltassa® using the Step Therapy blanket prior authorization criteria, and approve for patients in whom Lokelma is contraindicated **Committee Discussion:** *The committee confirmed that for Option #2, PA may be required for patients with no prior trial of but contraindication to Lokelma®; after discussion, the committee proposed to vote for Option #2.*	
18.	**Ophthalmology** Oxervate® (cenegermin-bkbj) Monograph *(pp. 90 - 96 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	*The plan presented a monograph and recommendations for Ophthalmology medications.* *Major recommendations included the following:* **Formulary Recommendations:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco): • Maintain non-formulary at this time due to limited efficacy data and lack of requests/utilization **PA Criteria Recommendations:** • None **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Pulmonology** Approved recommendations as presented (to maintain non-formulary). **Oxervate® (cenegermin-bkbj) Monograph** *Vote: Unanimous approval (12/12)*
19.	**Pain** Opioids & Combinations Therapeutic Class Review *(pp.97 - 116 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	**Formulary Recommendations:** (Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco): • Add quantity limit (360mL per 30 days) to oral solutions and concentrate on formulary due to safety concerns and abuse potential (only 6 members filled above this amount during the review period) • Add quantity limit (#90 per 30 days) to morphine sulfate ER due to safety concerns and abuse potential (only 25 members filled above this amount during the review period)	**VOTE:** ***Pain*** Approved recommendations as presented. ***Opioids & Combinations Therapeutic Class Review*** *Vote: Unanimous approval (12/12)*

	Topic	Brought By	Discussion	Action
			• Remove acetaminophen-codeine 120-12mg/5mL oral solution, oxycodone/aspirin 4.8355-325mg tablet, morphine IR suppository, and oxycodone-acetaminophen 5-325mg/5mL solution from formulary due to lack of utilization and alternatives available • Remove brand Kadian® 200 mg ER capsule from formulary due to lack of utilization and alternatives available • Remove tier 5 non-formulary listing for levorphanol tablet and meperidine oral solution due to lack of utilization and alternatives available • Remove tier 5 non-formulary listing for parenteral opioids due to lack of utilization and place in therapy in the pharmacy benefit (covered and utilized in the medical benefit) **PA Criteria Recommendations:** • Update Short-Acting Opioids and Long-Acting Opioids criteria to reflect formulary changes above • Expand Short-Acting Opioids criteria for non-formulary medications to account for all dosage forms • Updated both criteria to include requirements for use of regimens > 500 total morphine milligram equivalents per day. SFHP developed criteria in line with Department of Health Care Services (DHCS) all-plan letter 19-012 **DUR Recommendations:** • Review concomitant opioid and benzodiazepine utilization **Committee Discussion:** *The committee reviewed the short-acting opioid initial day supply limit previously enacted and new all-plan letter from DHCS 19-015 requiring restriction of opioid regimens > 500 morphine milligram equivalents per day. The committee approved the proposed PA criteria for members whose MEQ dose exceeds 500/day and recommended provider engagement in the process of approvals for continuation of regimens > 500 MME/day. The committee recommended direct engagement with the medical groups to provide information regarding new restrictions and DHCS requirements.*	
20.	**Pain** Concurrent Opioid and Benzodiazepine DUR *(pp.117 - 120 of October 2019 P&T Packet)*	Jessica Shost, Pharm. D Kaitlin Hawkins, Pharm. D	*The plan presented DUR program updates and reports for committee review and discussion* **DUR Program Analysis** • Evaluate concurrent prescribing of opioid and benzodiazepine medications **Committee Discussion:** *The committee had no comments or questions.*	*Non-Voting Items*

	Topic	Brought By	Discussion	Action
21.	**Psychiatry** Insomnia Class Review *(pp.121 - 132 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	***Formulary Recommendations:*** *(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco):* • Add age limit (minimum 16 years) to formulary drugs eszopiclone and temazepam to ensure appropriate use and align with other sedative hypnotics **PA Criteria Recommendations:** • None (no active criteria) **DUR Recommendations:** • Evaluate sedative hypnotic starting dose and duration to assess prescribing appropriateness and patient safety concerns **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Psychiatry** Approved recommendations as presented. ***Insomnia Class Review and Sedative Hypnotic DUR*** *Vote: Unanimous approval (12/12)*
22.	**Psychiatry** Sedative Hypnotic DUR *(pp.133 - 137 of October 2019 P&T Packet)*	Jessica Shost, Pharm. D	***Formulary Recommendations:*** *(Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, & Healthy San Francisco):* • Add step requirement to eszopiclone 2 and 3 mg strengths requiring initial dose of 1 mg for new starts (maintain formulary tier 3) based on FDA-approved labeling • Add step requirement to zolpidem 10 mg strength requiring initial dose of 5 mg for new starts for members with a female gender marker based on FDA-approved labeling • Develop provider and member education pertaining to safe sedative hypnotic prescribing and non-pharmacological healthy sleep habits, respectively • Further evaluate AGS Beers criteria for potential safety edits in the pharmacy claims system	
23.	**Drug Utilization Review (DUR)** • DUR Analysis • Prospective Program Reports *(pp.138 - 153 of October 2019 P&T Packet)*	Jessica Shost, Pharm. D Kaitlin Hawkins, Pharm. D	*The plan presented DUR program updates and reports for committee review and discussion* **DUR Program Analysis** • ADHD Adherence Prospective Program Reports • Prospective DUR quarterly report Q2.2019 **Committee Discussion:** *The committee had no comments or questions.*	*Non-Voting Items*
			******RECONVENE IN OPEN SESSION******	
24.	Summary of Closed Session	James Glauber, MD	Reconvened Open session around 9:20 am	*Non-voting item*
25.	Annual Pharmacy Policies and Procedures (P&Ps) Review *(pp.154 – 173 October 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-03:*** *Pharmacy Network Credentialing* **Document Changes:** • Updated to proposed new Template	**VOTE:** **Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)** Approved recommendations as presented. *Vote: Unanimous approval (12/12)*

	Topic	Brought By	Discussion	Action
			***Pharm-09**: Pharmaceutical Patient Safety* **Document Changes:** • Updated to proposed new Template • Updated the policy referenced in Related Policies and Procedures and Other Related Documents section • NCQA standard in the References section updated to Compliance-provided naming convention. ***Pharm-10:** Pharmacy Residency Program* **Document Changes:** • Updated to proposed new Template • Removed learning experience midpoint evaluation as it's no longer required by ASHP or supported by PharmAcademic • Under Completion of Residency section: o Updated the learning experiences based on current structure o Add language to encourage residents' participation in the optional UCSF teaching certificate program ***Pharm-11:** Member Reimbursements for Pharmacy Services* **Document Changes:** • Updated to proposed new Template • Added HOI as affected parties, as denials may result in appeals • Added Pharm-02 Pharmacy Prior Authorization and related P&Ps under Pharm-02 that's relevant to the member reimbursement process under Related Policies and Procedures and Other Documents. The workflow and review process for member reimbursements are similar to the prior authorization review process and uses the same case tracking system • Added 2020 NCQA UM standards as references **Committee Discussion:** *The committee had no comments or questions.*	
26.	Review and Approval of Prior Authorization Criteria Interim Changes *(pp.174 – 175 October 2019 P&T Packet)*		*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 Prior Authorization Criteria Interim Changes** Approved recommendations as presented. *Vote: Unanimous approval (12/12)*

	Topic	Brought By	Discussion	Action
27.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market *(pp.176 – 179 of October 2019 P&T Packet)*		*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 (12/12)*
28.	Informational Update on New Developments in the Pharmacy Market *(pp.180 – 189 of October 2019 P&T Packet)*	Jenna Heath, Pharm. D	*The plan provided information on new developments in the pharmacy market.*	*Non-voting item*
29.	Adjournment	James Glauber, MD	The meeting adjourned at 9:28 am. 2019 – 2020 P&T Committee Meeting dates are: • Wednesday. January 15, 2020 • Wednesday, April 15, 2020 • Wednesday, July 15, 2020 • Wednesday October 20, 2021	

Respectfully submitted by:

James Glauber, MD, MPH
Chief Medical Officer

10/25/2019

Date