



Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, April 15, 2020

7:30AM – 9:30AM

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

Meeting called by:	James Glauber, MD, MPH	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:	<p>Voting Members:</p> <p>James Glauber, MD, MPH(SFHP Chief Medical Officer) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Nicholas Jew, MD Joseph Pace, MD Ronald Ruggiero, Pharm. D Ted Li, MD Maria Lopez, Pharm. D Robert (Brad) Williams, MD Andrew MacDonald, Pharm. D Jamie Ruiz, MD</p>	<p>Others in Attendance:</p> <p>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) Jenna Heath, Pharm. D (PerformRx Pharmacist) Patrick DeHoratius, Pharm. D (PerformRx Pharmacist) Laura Feeney, Pharm. D (SF Department of Public Health)</p> <p>Guests: *No guests due to remote meeting format in response to COVID-19*</p>
Members Absent:	Linda Truong, Pharm. D (Long term leave of absence) Steven Wozniak, MD Jenna Lester, 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 7:33 am. <ul style="list-style-type: none"> • Conflict of interest check • Agenda overview 	Conflict of Interest checked and instructions given. Introduction agenda topics done.

	Topic	Brought By	Discussion	Action
2.	Informational Updates	James Glauber, MD	COVID-19 <ul style="list-style-type: none"> SFHP is closely monitoring hydroxychloroquine and other experimental medications for misuse as well as pharmacy closures Early refill restrictions are relaxed during this time Prescription delivery is widely available during Shelter In Place order Rx volume has decreased only 6% in the past month SFHP has added coverage of disposable gloves, OTC disinfectants, and digital thermometers for the duration of the pandemic 	
3.	Review and Approval of January 15, 2020 P&T minutes (pp.6 - 21 of April 2020 P&T Packet)	James Glauber, MD	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of January 15, 2020 P&T Minutes</u> Approved recommendations as presented. <i>Vote: Unanimous approval (10/10)</i>
4.	Annual Formulary Submission (page 5 of April 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	Annual formulary submission to DHCS 2019 was approved without changes	No vote required
5.	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. Formulary Maintenance Items: <u>Infectious Disease: Oral and Topical Antifungals</u> (pp.24 -26 of April 2020 P&T Packet)	Jenna Heath, Pharm. D	<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> <i>Major recommendations included the following:</i> Last reviewed: October 2018 Formulary Recommendations: (Medi-Cal) <ul style="list-style-type: none"> Remove tier 5 listing for flucytosinedue to lack of utilization or specific criteria Prior Authorization (PA) Criteria Recommendations: <ul style="list-style-type: none"> Update Azole Antifungals criteria to include approval duration for Cresemba® (isavuconazonium): <ul style="list-style-type: none"> Initial: 6 months; Renewal: up to 1 year Drug Utilization Review (DUR) Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Formulary Maintenance Items:</u> Approved recommendations as presented. <i>Vote: Unanimous approval (10/10)</i> (Committee collectively voted on items 5 thru 10)

	Topic	Brought By	Discussion	Action
6.	<p>Formulary Maintenance Items: <u>Infectious Disease:</u> Oral and Topical Antivirals (pp.27 - 29 of April 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: October 2018 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) • None PA Criteria Recommendations: • None DUR Recommendations: • None Committee Discussion: <i>The committee had no comments or questions.</i></p>	
7.	<p>Formulary Maintenance Items: <u>Obstetrics & Gynecology:</u> Endometriosis (pp.30 - 31 of April 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: April 2019 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) • None PA Criteria Recommendations: • Update Endometriosis Medications criteria for Orilissa® (elagolix) to include reauthorization for existing users and to indicate no reauthorization allowed for 200 mg per package label: ○ For Orilissa® 150mg daily dose <u>only</u>, maximum 24 months total duration ○ For Orilissa® 200mg twice daily, no continuation of therapy, maximum duration of 6 months only DUR Recommendations: • None Committee Discussion: <i>The committee had no comments or questions.</i></p>	
8.	<p>Formulary Maintenance Items: <u>Otorhinolaryngology:</u> Miscellaneous Otic Agents (pp.32 - 33 of April 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: July 2017 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) • None PA Criteria Recommendations: • None DUR Recommendations: • None Committee Discussion: <i>The committee had no comments or questions.</i></p>	

	Topic	Brought By	Discussion	Action
9.	Formulary Maintenance Items: <u>Psychiatry:</u> Opioid, Nicotine & Alcohol Dependence (pp.34 - 36 of April 2020 P&T Packet)	Jenna Heath, Pharm. D	Last reviewed: January 2019 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) • None PA Criteria Recommendations: • Update Narcotic Withdrawal Agents criteria to reflect generic status of buprenorphine-naloxone (Suboxone®) sublingual film DUR Recommendations: • None Committee Discussion: <i>Dr. Glauber clarified the majority of this category is carved out to FFS Medi-Cal</i>	
10.	Formulary Maintenance Items: <u>Pulmonology:</u> Asthma Biologics (pp.37 - 38 of April 2020 P&T Packet)	Jenny Nguyen, Pharm. D	Last reviewed: April 2019 Formulary Recommendations: (Medi-Cal and Healthy Workers HMO) • List Fasenra® and Nucala® as tier 5 to link relevant criteria; maintain non-formulary due to available alternative (Dupixent®) PA Criteria Recommendations: • Update Pulmonary Biologics criteria to include the following: ○ Coverage requirements for self-administered Fasenra® and Nucala® reflecting the current requirements for Dupixent®, plus trial and failure of Dupixent® ○ Coverage requirements for Dupixent® in adults with chronic rhinosinusitis with nasal polyps requiring trial and failure of nasal corticosteroid DUR Recommendations: • None Committee Discussion: <i>The committee had no comments or questions.</i>	
11.	Cardiology: Vyndaqel/Vyndamax™ (tafamidis) Monograph (pp.39 - 43 of April 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a monograph and recommendations for Cardiology medications.</i> <i>Major recommendations included the following:</i> Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) • Maintain non-formulary at this time based on lack of utilization or requests and limited target population; review any requests utilizing blanket Non-Formulary Medications criteria PA Criteria Recommendations: • None DUR Recommendations:	VOTE: Cardiology: Approved recommendations as presented. <u>Vyndaqel/Vyndamax™ (tafamidis) Monograph</u> <i>Vote: Unanimous approval (10/10)</i>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> • None <p>Committee Discussion: The committee had no comments or questions.</p>	
12.	<p>Dermatology: Dermatology Miscellaneous Medications Abbreviated Review (pp.44 - 52 of April 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p>The plan presented an abbreviated review and recommendations for Dermatology medications. Major recommendations included the following: Last reviewed: July 2017 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Remove sulfacetamide sodium (Ovace®) 10% cleanser gel from formulary tier 3 based on lack of utilization and available alternatives for bacterial infections and seborrheic dermatitis/sicca <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Retire Sulfacetamide Cleanser Gel criteria based on removal from formulary <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: The committee had no comments or questions.</p>	<p>VOTE: Dermatology: Approved recommendations as presented.</p> <p>Dermatology Miscellaneous Medications Abbreviated Review <u>Vote: Unanimous approval (10/10)</u></p>

	Topic	Brought By	Discussion	Action
13.	<p>Endocrinology: Diabetes Class Review (pp.53 - 92 of April 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented class reviews and recommendations for Endocrinology medications and supplies.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2018 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • List the following medications tier 5 non-formulary in order to link relevant drug/class-specific criteria: <ul style="list-style-type: none"> ○ Bydureon Bcise® (exenatide microspheres) 2mg/0.85mL SC auto injector ○ Qtern® (dapagliflozin-saxagliptin) tablet ○ Jentadueto XR® (linagliptin-metformin) 24h ER tablet ○ Trijardy™ XR (empagliflozin-linagliptin-metformin) 24h ER tablet • Remove tier 5 non-formulary listings for the following medications due to limited or no utilization and lack of specific criteria: <ul style="list-style-type: none"> ○ metformin (Riomet®) 500mg/5mL oral solution ○ Riomet® ER (metformin) 500mg/5mL oral ER suspension ○ pioglitazone-metformin (Actoplus Met®) tablet ○ tolbutamide tablet <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update DPP-4 Inhibitors and SGLT-2 Inhibitors criteria to include tier 5 medication listings above <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • Due to ongoing high volume of use, develop provider education on DPP-4 inhibitors, including guideline recommendations, limitations of clinical utility, and SFHP formulary alternatives <p>Committee Discussion: <i>The committee asked if studies were involving both Diabetes and Heart Failure were evaluated independently or together.</i></p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Diabetes Class Review <u>Vote: Unanimous approval (10/10)</u></p>

	Topic	Brought By	Discussion	Action
14.	<p>Endocrinology: Diabetes Supplies Abbreviated Class Review (pp.93 - 105 of April 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: July 2018 Formulary Recommendations: (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> Add Freestyle Libre 14-day Sensor and Reader to formulary and require PA to align with 10-day products PA Criteria Recommendations: <ul style="list-style-type: none"> Update Blood Glucose Test Strips criteria to clarify FreeStyle Libre supply quantity limit DUR Recommendations: <ul style="list-style-type: none"> Consider evaluating antidiabetic medication regimens for members utilizing CGM Committee Discussion: <i>The committee suggested drilling down into finger stick testing utilization data as well as regimens for members using CGM, and analyzing testing supply use by members not on diabetes medications.</i> </p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p><u>Diabetes Supplies Abbreviated Class Review</u> <i>Vote: Unanimous approval (10/10)</i></p>
15.	<p>Hematology: Oxbryta™ (voxelotor) Monograph (pp.106 - 112 of April 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a monograph and recommendations for Hematology medications. Major recommendations included the following:</i> Formulary Recommendations: (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> Add Oxbryta™ to formulary tier 3 with prior authorization required to ensure appropriate diagnosis and treatment history PA Recommendations: <ul style="list-style-type: none"> Adopt new prior authorization criteria for appropriate use, requiring documentation of pertinent labs and sufficient trial or contraindication to/intolerance of hydroxyurea DUR Recommendations: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i> </p>	<p>VOTE: Hematology: Approved recommendations as presented.</p> <p><u>Oxbryta™ (voxelotor) Monograph</u> <i>Vote: Unanimous approval (10/10)</i></p>
16.	<p>Obstetrics & Gynecology Contraceptives Abbreviated Class Review (pp.113 - 120 of April 2020 P&T Packet)</p>	Jenny Nguyen, Pharm. D	<p><i>The plan presented class reviews and a DUR report and recommendations for Obstetrics & Gynecology medications. Major recommendations included the following:</i> Last reviewed: July 2018 Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) <ul style="list-style-type: none"> Remove quantity limit for norethindrone tablet to align with other combined oral contraceptive dosage forms PA Criteria Recommendations: <ul style="list-style-type: none"> None DUR Update: <ul style="list-style-type: none"> Previous drug utilization review analysis on contraceptives evaluated prevalence of contraceptive </p>	<p>VOTE: Obstetrics & Gynecology: Approved recommendations as presented.</p> <p><u>Contraceptives Abbreviated Class Review</u> <i>Vote: Unanimous approval (10/10)</i></p>

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			<p>use in the SFHP Medi-Cal population stratified by age, ethnicity, and type of contraceptive</p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
17.	<p>Obstetrics & Gynecology Contraceptives Drug Utilization Review (DUR) • DUR Analysis • Recommendations <i>(pp.121 - 127 of April 2020 P&T Packet)</i></p>	Jenny Nguyen, Pharm. D	<p>DUR Program Analysis</p> <ul style="list-style-type: none"> • Contraceptives <p>Recommendations</p> <ul style="list-style-type: none"> • Continue distributing the contraceptive poster highlighting the 12-month supply benefit that was developed by the pharmacy resident • Focus outreach to providers and medical groups that have a large proportion of women of childbearing age but low contraceptive utilization • Develop a contraception information sheet for care management and providers <p>Committee Discussion: <i>Committee collectively discussed barriers to 12-month supply such as patient perceived side effects and many prescribers not used to prescribing 12-month supplies.</i></p>	Non-Voting Item
18.	<p>Obstetrics & Gynecology OB/GYN Miscellaneous Agents Abbreviated Review <i>(pp.128 - 137 of April 2020 P&T Packet)</i></p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: January 2018</p> <p>Formulary Recommendations: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Add tioconazole 6.5% PF vaginal ointment to formulary based on utilization and cost-effectiveness • Remove the following medications from formulary based on limited utilization and cost-effective alternatives available: <ul style="list-style-type: none"> ○ Vaginal antibiotic: Cleocin® (clindamycin) 100mg suppository ○ Vaginal antifungals: terconazole suppository, butoconazole 2% PF cream, miconazole 1200mg-2% kit <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update Makena® (hydroxyprogesterone caproate) criteria to prefer generic vial over brand autoinjector <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee observed if Makena goes off the market there is likely to be an increase in requests for compounded progesterone suppositories.</i></p>	<p>VOTE: Obstetrics & Gynecology Approved recommendations as presented.</p> <p>OB/GYN Miscellaneous Agents Abbreviated Review <i>Vote: Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
19.	<p>Pulmonology Trikafta® (elexacaftor-ivacaftor-tezacaftor) Monograph (pp.138 - 147 of April 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and class review and recommendations for Pulmonology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> • Add Trikafta® to formulary tier 4 due to limited alternatives, with prior authorization required to ensure appropriate diagnosis <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Update Cystic Fibrosis criteria to include Trikafta® <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: Pulmonology Approved recommendations as presented.</p> <p><u>Trikafta® (elexacaftor-ivacaftor-tezacaftor) Monograph</u> <i>Vote: Unanimous approval (10/10)</i></p>
20.	<p>Pulmonology Asthma/COPD Therapeutic Class Review (pp.148 - 171 of April 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: April 2019</p> <p>Formulary Recommendations: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Add Incruse® Ellipta® (umeclidinium bromide) to formulary tier 2 with quantity limit one inhaler per 30 days based on cost-effectiveness within the anticholinergic subclass • Add of Bevespi® Aerosphere® (glycopyrrolate-formoterol) to formulary tier 3 with step therapy (prior use of LAMA, LABA, or ICS-LABA) based on cost effectiveness within the LAMA-LABA subclass, and quantity limit one inhaler per 30 days • Add Trelegy® Ellipta® to formulary tier 3 with step therapy (prior use of LAMA, LABA and ICS, or combinations thereof) based on PA approvals and current status as the sole triple therapy for COPD, and quantity limit one inhaler per 30 days • Increase budesonide-formoterol (Symbicort®) quantity limit from one to two inhalers per 30 days based on GINA guideline recommendations for rescue and maintenance use • Add Dulera® (mometasone-formoterol) 50-5 mcg MDI to formulary tier 2 with quantity limit one inhaler per 30 days to align with other strengths • Maintain Asmanex® HFA (mometasone furoate) 50 mcg as non-formulary based on available alternatives • Remove albuterol ER tablet tier 5 listings due to lack of utilization and specific criteria • Remove Tudorza® Pressair® (aclidinium bromide) from formulary (grandfather current users) based on cost-effective alternatives and limited utilization • Remove theophylline (Theo-Dur®) 12h ER tablet and (Theolair®) 80mg/15mL oral solution from formulary 	<p>VOTE: Pulmonology Approved recommendations as presented.</p> <p><u>Asthma/COPD Therapeutic Class Review</u> <i>Vote: Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
			<p>due to lack of utilization and limited place in therapy</p> <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> Update Inhaled Corticosteroid-Long-Acting Beta Agonist (ICS-LABA) criteria to include new generic and pediatric formulations <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
21.	<p>Drug Utilization Review (DUR)</p> <ul style="list-style-type: none"> Retrospective Program Reports Prospective Program Reports <p>(pp.172 – 191 of April 2020 P&T Packet)</p>	<p>Jessica Shost, Pharm. D Kaitlin Hawkins, Pharm. D Tammie Chau, Pharm. D</p>	<p><i>The plan presented DUR program updates and reports for committee review and discussion</i></p> <p>Retrospective Program Reports</p> <ul style="list-style-type: none"> Smoking Cessation Agents DUR Report <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> -Create educational materials to include the following: list of smoking cessation agents on SFHP's formulary, combination NRT, appropriate duration of therapy, benefits of behavioral counseling in combination with cessation medications, and importance of medication adherence -Include a section on smoking cessation education in the provider's newsletter -The pharmacy resident will present a smoking cessation presentation to SFHP Health Services and SFDPH to involve other care team members in this educational effort. -Create a protocol for care management and medication therapy management (MTM) to provide additional resources to members with active smoking cessation treatment or interested in smoking cessation (i.e. Smokers' Helpline 1-800-NO-BUTTS) -Discuss with Beacon Health regarding smoking cessation services and behavioral counseling for our members <ul style="list-style-type: none"> Benzodiazepine Dose and Duration of Use DUR Report <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> -Propose an edit on the percent threshold for early refill benzodiazepines change from 75% to 90% -Educate providers and members on starting on low doses, short duration, and reassessment every 6 months for medical management -Review safer benzodiazepine tapering to providers in conjunction with DHCS DUR Board -Improve communication to pharmacies and electronic medical records if members are being tapered off benzodiazepine to avoid restarting doses during hospital admission or discharge <p>Prospective Program Reports</p> <ul style="list-style-type: none"> Prospective DUR quarterly report Q4.2019 	Non-Voting Item

	Topic	Brought By	Discussion	Action
			<p>Committee Discussion: <i>The committee asked how the increased popularity of vaping may affect these results and if vape is being used as a replacement, further review would be needed if pursued. The Benzodiazepine Dose and Duration of Use report and Prospective DUR Q4.2019 report were omitted from discussion due to time constraints.</i></p>	
22.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.192 - 196 of April 2020 P&T Packet)	Ralph Crowder, RPh	<p><i>The plan presented changes to the Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i></p> <p>Document Changes <u>Pharm-01: Pharmacy and Therapeutics Committee Update:</u></p> <ul style="list-style-type: none"> Included specific verbiage reflecting regulatory requirements impacting committee review and decisions <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)</u> Approved recommendations as presented.</p> <p><u>Vote: Unanimous approval (10/10)</u></p>
23.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.197 - 200 of April 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<p><i>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</i></p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approved recommendations as presented.</p> <p><u>Vote: Unanimous approval (10/10)</u></p>
24.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.201 - 204 of April 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <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><u>Vote: Unanimous approval (10/10)</u></p>
25.	Informational Update on New Developments in the Pharmacy Market (pp.205 - 213 of April 2020 P&T Packet)	Jenna Heath, Pharm. D	<p><i>The plan provided information on new developments in the pharmacy market.</i></p>	<p>Non-voting item</p>
26.	Adjournment	James Glauber, MD	<p>The meeting adjourned at 9:29 am. 2020 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> Wednesday, July 15, 2020 Wednesday, October 21, 2020 Wednesday, January 20, 2021 Wednesday, April 21, 2021 	

Respectfully submitted by:

A handwritten signature in blue ink that reads "James Glauber". The signature is written in a cursive style with a large initial "J".

James Glauber, MD, MPH
Chief Medical Officer

-----6/30/2020-----

Date