



Pharmacy Services San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, April 21, 2021
7:30AM – 9:30AM
50 Beale St., San Francisco, CA 94119 (Held remotely via Zoom)

Meeting called by:	James Glauber, MD	Minutes: Luke Nelson, 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 Health Plan Physician Advisor) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Nicholas Jew, MD Joseph Pace, MD Ronald Ruggiero, Pharm. D Robert (Brad) Williams, MD Andrew MacDonald, Pharm. D Jamie Ruiz, MD Linda Truong, Pharm. D Steven Wozniak, MD	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Patrick DeHoratius, Pharm. D (PerformRx Pharmacist)
Members Absent:	Jenna Lester, MD Maria Lopez, Pharm. D	
Meeting Materials:	Summary of all approved changes is posted under “Materials” section at https://www.sfhf.org/about-us/committees/pharmacy-and-therapeutics-committee/ SFHP formulary and prior authorization criteria are located at https://www.sfhf.org/providers/pharmacy-services/sfhf-formulary/	

	Topic	Brought By	Discussion	Action
1.	Call to Order	James Glauber, MD	The meeting was called to order at 7:30 am. <ul style="list-style-type: none"> Agenda overview 	Introduction agenda topics done.
2.	Informational Updates	James Glauber, MD Lisa Ghotbi, Pharm. D	<ul style="list-style-type: none"> Medi-Cal Rx Update <ul style="list-style-type: none"> Magellan’s acquisition by Centene has created concern regarding conflict of interest Carve-out not likely to happen earlier than Jan 2022 SFHP will be converting pharmacy benefit manager from PerformRx to Magellan in July 2021 Recognition and thanks to Jenna Heath and Patrick DeHoratius from PerformRx for all their P&T support through the years COVID Vaccination Effort Update 	<i>The committee was provided with a supplemental slide presentation for COVID updates</i>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> ○ SFHP supporting SF Department of Public Health and working with multiple outside entities ○ Addressing transportation issues and vaccine hesitancy is a current focus ○ SFHP is monitoring vaccinations by neighborhood for member access and potential disparities 	
3.	Review and Approval of January 20, 2021 P&T minutes <i>(pp.5 - 15 of April 2021 P&T Packet)</i>	James Glauber, MD	The committee approved the minutes as presented.	<p>VOTE: Review and Approval of January 20, 2021 P&T Minutes Approved minutes as presented.</p> <p><i>Vote: Unanimous approval (10/10)</i></p>
4.	<p>Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes.</p> <p>Formulary Maintenance Items: <u>Cardiology:</u> Anticoagulants <i>(pp.16 - 19)</i></p>	Jenna Heath, Pharm. D	<p><i>The following drug classes were reviewed for pertinent literature (including meta-analyses and pivotal clinical trials), guideline updates, and drug additions to or removals from market since last class review. Major recommendations included the following:</i></p> <p>Last reviewed: October 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco)</p> <ul style="list-style-type: none"> • No changes are recommended <p>Prior Authorization (PA) Criteria Update: None</p> <p>Drug Utilization Review (DUR) Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Formulary Maintenance Items: Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (10/10)</i> (Committee collectively voted on items 4 thru 7)</p>
5.	<p>Formulary Maintenance Items: <u>Endocrinology:</u> Thyroid Disorders <i>(pp.20 - 22)</i></p>	Jenna Heath, Pharm. D	<p>Last reviewed: July 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco)</p> <ul style="list-style-type: none"> • No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • None <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
6.	<p>Formulary Maintenance Items: <u>Hematology:</u> White Blood Cell Stimulators <i>(pp.23 - 25)</i></p>	Jenna Heath, Pharm. D	<p>Last reviewed: January 2020</p> <p>Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> • List Nyvepria™ tier 5 non-formulary to link relevant criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • None <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	

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7.	Formulary Maintenance Items: <u>Ophthalmology:</u> Glaucoma (pp.26 - 29)	Jenna Heath, Pharm. D	Last reviewed: October 2019 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) <ul style="list-style-type: none"> Add acetazolamide ER 500 mg capsule to formulary tier 1 due to comparable cost-effectiveness to the tablet formulation PA Criteria Update: <ul style="list-style-type: none"> None DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	
8.	Cardiology Zokinvy™ (lonafarnib) Monograph (pp.30 - 37)	Kaitlin Hawkins, Pharm. D	<i>The plan presented a monograph for cardiology medications. Major recommendations included the following:</i> Last reviewed: n/a Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco) <ul style="list-style-type: none"> Maintain Zokinvy™ as non-formulary PA Criteria Update: <ul style="list-style-type: none"> None; use general Non-Formulary Medications criteria for any requests to ensure appropriate diagnosis DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee commented with interest on the increase in treatment development of rare disease states.</i>	VOTE: Cardiology: Approved recommendations as presented. Zokinvy™ (lonafarnib) Monograph <i>Vote: Unanimous approval (10/10)</i>
9.	Genitourinary Genitourinary Miscellaneous Agents Abbreviated Review (pp.38 - 45)	Kaitlin Hawkins, Pharm. D	<i>The plan presented an abbreviated class review and recommendations for genitourinary medications. Major recommendations included the following:</i> Last reviewed: October 2019 Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco) <ul style="list-style-type: none"> List Gemtesa® (vibegron) and Vesicare® LS (solifenacin) tier 5 non-formulary to link relevant criteria PA Criteria Update: <ul style="list-style-type: none"> Update Genitourinary Antispasmodics and Anticholinergics criteria to include above non-formulary drugs DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: Genitourinary: Approved recommendations as presented. Genitourinary Miscellaneous Agents Abbreviated Review <i>Vote: Unanimous approval (10/10)</i>

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10.	Immunology Hereditary Angioedema Class Review (pp.46 - 58)	Jenna Heath, Pharm. D	<p>The plan presented a class review and recommendations for hereditary angioedema medications.</p> <p>Major recommendations included the following:</p> <p>Last reviewed: January 2020</p> <p>Formulary Update: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> Add Orladeyo™ (berotralstat) to formulary tier 4 and require PA to ensure appropriate use <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Hereditary Angioedema criteria to include Orladeyo™ as preferred alongside Takhzyro® (lanadelumab) for prophylaxis and allow six months for initial approval <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Immunology: Approved recommendations as presented.</p> <p>Hereditary Angioedema Class Review <i>Vote: Unanimous approval (10/10)</i></p>
11.	Immunology Immunosuppressants Class Review (pp.59 - 74)	Jenna Heath, Pharm. D	<p>The plan presented a class review and recommendations for immunosuppressant medications.</p> <p>Major recommendations included the following:</p> <p>Last reviewed: April 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> List Lupkynis™ (voclosporin) non-formulary tier 5 to link newly proposed drug-specific criteria Remove tier 5 listing for Sandimmune® (cyclosporine) oral solution due to lack of use or relevant criteria For Healthy Workers HMO and Healthy San Francisco only, remove cyclosporine modified and sirolimus oral solution from formulary as these benefits do not include children <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Implement new Lupkynis™ criteria requiring documentation of diagnosis with evidence of nephritis, baseline renal function, and background immunosuppression based on pivotal study <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee was provided clarification that PA criteria are to align with FDA labeling.</i></p>	<p>VOTE: Immunology: Approved recommendations as presented.</p> <p>Immunosuppressants Class Review <i>Vote: Unanimous approval (10/10)</i></p>
12.	Infectious Disease Hepatitis C Class Review (pp.75 - 93)	Kaitlin Hawkins, Pharm. D	<p>The plan presented a class review and recommendations for hepatitis C medications.</p> <p>Major recommendations included the following:</p> <p>Last reviewed: October 2019</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add Epclusa® (sofosbuvir-velpatasvir) 200-40mg tablet to formulary tier 4 to align with other dosage forms Remove Sovaldi® (sofosbuvir) from formulary as it is no longer preferred for pediatric patients 	<p>VOTE: Infectious Disease: Approved recommendations as presented.</p> <p>Hepatitis C Class Review <i>Vote: Unanimous approval (10/10)</i></p>

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			<ul style="list-style-type: none"> Remove tier 5 non-formulary listings for obsolete products Daklinza® and Technivie® <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Hepatitis C criteria to reflect simplified recommendations for treatment-experienced, renally impaired, and pediatric patients and new treatment options for those with liver or kidney transplant <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>Dr. Glauber commented that SFHP is attempting to increase therapy completion percentages year over year for untreated members with chronic Hep C infection.</i></p>	
13.	<p>Neurology Migraine Class Review (pp.94 - 112)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for migraine medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p>Last reviewed: January 2020</p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> No changes recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> None <p>DUR Update:</p> <ul style="list-style-type: none"> Separate analysis (below) of preventative therapy use in members receiving triptans <p>Committee Discussion: <i>The committee commented on the overall underutilization of migraine treatment medications.</i></p>	<p>VOTE: Neurology: Approved recommendations as presented.</p> <p>Migraine Class Review <i>Vote: Unanimous approval (10/10)</i></p>
14.	<p>Neurology Migraine Triptan and Prophylaxis DUR (pp.113 - 118)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR monitoring review of Triptans and Prophylactic Agents.</i></p> <p>Goal:</p> <ul style="list-style-type: none"> Determine if members receiving triptans for migraines were also appropriately prescribed preventive therapies. <p>Key Findings:</p> <ul style="list-style-type: none"> In 2020, 705 members were prescribed a triptan and only 30% of these members were also prescribed a preventative agent. Both triptan and prophylactic utilization indicates potential undertreatment of migraine. A total of 68 triptan users were dispensed a day supply of triptans greater than or equal to 120 putting them at risk for such headaches; 43% of these members did not have a claim for preventative therapy to minimize this risk. Only half of all members taking a preventative agent remained on the medication for at least 6 months, which is the amount of time needed to demonstrate full efficacy. <p>Formulary Recommendations:</p> <ul style="list-style-type: none"> None <p>Educational Recommendations:</p>	Non-voting item

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> • Create provider educational materials to include the list of migraine prophylactic agents on SFHP's formulary with a summary of first- and second-line agents • Create educational materials for members on migraine headaches and available treatment options with an emphasis on preventative therapies, including those available under the medical benefit (e.g., botulinumtoxin, acupuncture) • Include a section on medication overuse headaches and migraine prevention education in the provider newsletter • Include information about adequate trial duration for preventative medications in the provider newsletter. <p>Committee Discussion: <i>Dr Ruggiero suggesting inclusion of information on increased risk with concomitant hormonal contraceptives in education materials.</i></p>	
15.	<p>Neurology Xywav® (calcium-magnesium-potassium-sodium oxybates) Monograph (pp.119 - 128)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and recommendations for neurology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: n/a Formulary Update: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> • List Xywav® non-formulary tier 5 to link drug-specific PA criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Xyrem® criteria to include Xywav® <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Neurology: Approved recommendations as presented.</p> <p><u>Xywav® (calcium, magnesium, potassium, and sodium oxybates) Monograph</u> <i>Vote: Unanimous approval (10/10)</i></p>
16.	<p>Oncology Antineoplastics Abbreviated Review (pp.129 - 143)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for oncology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: January 2017 Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Remove quantity limit from anastrozole tablet and remove PA requirement from exemestane tablet and maintain formulary tier 1 due to low risk of misuse and cost-effectiveness • Remove Hexalen® (altramine) capsule from formulary tier 3 as it is no longer marketed • For Medi-Cal only, move Keytruda® (pembrolizumab) to tier 5 non-formulary as it is used under the medical benefit <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • No changes are recommended at this time <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee was informed that Prior Authorizations that do not meet current guidelines are sent out for independent review before final decisions are made.</i></p>	<p>VOTE: Oncology: Approved recommendations as presented.</p> <p><u>Oncology Abbreviated Review</u> <i>Vote: Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
17.	<p>Pulmonology Asthma and Chronic Obstructive Pulmonary Disease (COPD) Class Review (pp.144 - 173)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for asthma/COPD medications.</i> <i>Major recommendations included the following:</i> Last reviewed: April 2020 Formulary Update: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Add Trelegy® Ellipta® (fluticasone-umeclidinium-vilanterol) 200-62.5-25mcg/inh DPI to formulary tier 3 with step requirement (ICS, LABA and LAMA) to align with lower strength formulation • Add Asmanex® HFA (mometasone) 50mcg/act MDI to formulary tier 2 (Medi-Cal only) to align with other strengths and allow pediatric dosing, with quantity limit 26 grams (two inhalers) per month • Remove step requirement for LAMA-LABA Bevespi® Aerosphere® (glycopyrrolate-formoterol) and maintain formulary tier 2 due to comparative cost-effectiveness • Remove Anoro® Ellipta® (umeclidinium-vilanterol) from formulary tier 3 (step) due to limited use (authorize continuity for current utilizing members) and alternative LAMA-LABAs on formulary • Due to cost-effective generic alternatives within the class and comparatively lower utilization (authorize continuity), remove the following ICS from formulary: <ul style="list-style-type: none"> ○ Dulera® HFA from tier 2 ○ Advair® HFA and Breo Ellipta from tier 3 (PA required) • Remove Tudorza® Pressair® (aclidinium) from Healthy Workers HMO formulary due to minimal use (authorize continuity) and alternative LAMAs on formulary (and align with Medi-Cal) • Remove LABAs Serevent® Diskus® (salmeterol) and Brovana® (arformoterol) from formulary tier 3 (PA required) due to minimal utilization (authorize continuity) and cost-effective alternatives within the class • Remove tier 5 non-formulary listing for Perforomist® (formoterol) due to retirement of criteria • Remove the following medications from formulary for Healthy Workers HMO only due to lack of utilization and limited place in therapy/alternatives available: <ul style="list-style-type: none"> ○ montelukast (Singulair®) chewable tablet (authorize continuity), granules packet ○ albuterol 2mg/5mL oral syrup, ER tablet ○ theophylline 80mg/15mL oral elixir <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Retire ICS criteria based on formulary changes above • Retire LABA criteria based on formulary changes above <p>DUR Update:</p> <ul style="list-style-type: none"> • Separate analysis below of adherence via proportion of days covered (PDC) and single-fill reporting • Consider further DUR evaluation of prescribed regimens, such as: 	<p>VOTE: Pulmonology: Approved recommendations as presented.</p> <p><u>Asthma and Chronic Obstructive Pulmonary Disease (COPD) Class Review</u> <i>Vote: Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> ○ single bronchodilator for COPD versus combination therapy ○ ICS versus SABA use in pediatric patients <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
18.	<p><u>Pulmonology</u> Asthma/COPD Medication Adherence DUR (pp.174 - 177)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR review of asthma/COPD adherence.</i></p> <p>Goal:</p> <ul style="list-style-type: none"> • Assess adherence for Medi-Cal members on inhaled medications to treat asthma and chronic obstructive pulmonary disease (COPD). <p>Key Findings:</p> <ul style="list-style-type: none"> • Adherence to asthma and COPD medications is low, with no average PDC above the 80%. The difference in adherence between the leukotriene receptor antagonist class and the inhaler classes demonstrates the additional difficulties of adherence with inhaler medications. • No ethnic group appears to be disproportionately impacted – asthma and COPD medication adherence is low for all groups. • For all maintenance inhaler classes, at least 45% of new patients experienced single fill non-adherence. <p>Formulary Recommendations:</p> <ul style="list-style-type: none"> • None <p>Educational Recommendations:</p> <ul style="list-style-type: none"> • Educational materials should be created and disseminated to promote maintenance inhaler adherence. Suggested materials can include, but are not limited to: <ul style="list-style-type: none"> ○ Bulletin on inhaler adherence rates and barriers in the provider newsletter ○ Materials for members on how to properly use inhalers, translated into all threshold languages ○ Materials for members explaining asthma and COPD and the importance of adherence to maintenance medication in these disease states, translated into all threshold languages. <p>Committee Discussion: <i>The committee commented that while HEDIS percentages are good (currently above 90%) that broader discussion may be warranted especially around pediatric adherences.</i></p>	Non-voting item
19.	<p><u>Drug Utilization Review (DUR)</u> Prospective Program Reports (pp.178 – 187)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan provided DUR program updates and reports for committee review (deferred presentation due to time)</i></p> <p><u>Prospective DUR quarterly report Q3.2020</u></p> <p>Reporting Update:</p> <ul style="list-style-type: none"> • Continue quarterly review of the Prospective DUR Report, with presentation of notable findings and resulting recommendations for formulary changes to P&T as needed <p>Drug-Specific Formulary Update:</p> <ul style="list-style-type: none"> • None <p>DUR Education Update:</p>	Non-voting item

	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>	
20.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.188 - 195)	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-09: Pharmaceutical Patient Safety</u> Update:</p> <ul style="list-style-type: none"> Previously retired policy in October 2020 P&T. With delay in Medi-Cal Rx implementation, this policy needs to be in place until Medi-Cal Rx implementation. Added language that the policy will be deemed retired effective upon Medi-Cal Rx implementation. Network Pharmacies had always fulfilled the role of providing recall notices. Policy existed not because there was an identified void in recall communications but to satisfy NCQA standard (2020 UM-11C) for SFHP accreditation for the Medi-Cal line of business. <p><u>Pharm-15: Generic Drug Management</u> Update:</p> <ul style="list-style-type: none"> Updated policy statement to reference upcoming transition of Medi-Cal pharmacy benefit from Managed Care to Medi-Cal Rx. Policy will not apply to the Medi-Cal LOB when Medi-Cal Rx is implemented. Date of the change is non-specific given uncertainty regarding implementation date. <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><i>Vote: Unanimous approval (10/10)</i></p>
21.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.196 - 198)	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><i>Vote: Unanimous approval (10/10)</i></p>
22.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.199 - 202)	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><i>Vote: Unanimous approval (10/10)</i></p>
23.	Informational Update on COVID-19 and New Developments in the Pharmacy Market (pp.203 - 211)	Jenna Heath, Pharm. D	<p><i>The plan provided information on COVID-19 as well as new developments in the pharmacy market.</i></p>	<p><i>Non-voting item</i></p>
24.	Adjournment	James Glauber, MD	<p>The meeting adjourned at 9:31 am. 2021-2022 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> Wednesday, July 21, 2021 	

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none">• Wednesday, October 20, 2021• Wednesday, January 19, 2022• Wednesday, April 20, 2022	

Respectfully submitted by:



James Glauber, MD, MPH
Health Plan Physician Advisor

-----7/6/2021-----
Date