



**Pharmacy Services**

**San Francisco Health Plan Pharmacy & Therapeutics Committee**

Wednesday, April 17, 2024

7:30AM – 9:30AM

50 Beale St., 13<sup>th</sup> Floor, San Francisco, CA 94119

<b>Meeting called by:</b>	Monique Yohanan, MD, MPH	<b>Minutes:</b> Luke Nelson (SFHP Pharmacy Vendor Oversight Program Manager)
<b>Meeting Objective:</b>	Vote on proposed formulary and prior authorization (PA) criteria changes	<b>Type of meeting:</b> Quarterly
<b>Member Votes Cast:</b>	<p><b>Committee Chair:</b> Monique Yohanan, MD, MPH (SFHP Senior Medical Director)</p> <p><b>Voting Members:</b> Nicholas Jew, MD Ronald Ruggiero, Pharm. D Robert (Brad) Williams, MD James Lee, MD Steven Wozniak, MD</p>	<p><b>Others in Attendance:</b> Tammie Chau, Pharm. D (SFHP Clinical Pharmacist) Jessica Shost, Pharm. D (SFHP Clinical Pharmacist) Eileen Kim, Pharm. D (SFHP Clinical Pharmacist) Steve Nolan, Pharm. D (Prime/Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager)</p> <p><b>Guests:</b> none</p>
<b>Members Absent:</b>	<p>Jamie Ruiz, MD Maria Lopez, Pharm. D Linda Truong, Pharm. D Joseph Pace, MD</p>	
<b>Meeting Materials:</b>	<p>Summary of all approved changes is posted under “Materials” section at <a href="https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/">https://www.sfhp.org/about-us/committees/pharmacy-and-therapeutics-committee/</a> SFHP formulary and prior authorization criteria are located at <a href="https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/">https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/</a></p>	

	<b>Topic</b>	<b>Brought By</b>	<b>Discussion</b>	<b>Action</b>
1.	Call to Order	Monique Yohanan, MD, MPH	<p>The meeting was called to order at 7:32 am.</p> <ul style="list-style-type: none"> <li>Attendance/Quorum</li> <li>Agenda overview</li> <li>Conflict of interest check</li> </ul>	Introduction and agenda topics done.
2.	Senior Medical Director informational updates	Monique Yohanan, MD, MPH	Dr. Yohanan will be leaving SFHP end of April, next P&T meeting will be chaired by other staff. Chair designee TBD.	n/a
3.	Review and Approval of January 17, 2024, P&T minutes <i>(pp.5 - 15 of April 2024 P&amp;T Packet)</i>	Monique Yohanan, MD, MPH	The committee approved the minutes as presented.	<p><b>VOTE:</b> <b>Review and Approval of January 17, 2024, P&amp;T Minutes</b> Approved minutes as presented.</p> <p><i>Vote: Unanimous approval (6/6)</i></p>

	Topic	Brought By	Discussion	Action
4.	<b>Adjourned to Closed Session</b>	Monique Yohanan, MD, MPH	Closed session began: 7:35 am.	
5.	<b><u>Gastroenterology</u></b> Anorexia and Weight Gain Class Review (pp.17 - 25)		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> January 2021</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• No changes recommended</li> </ul> <p><b>Prior Authorization (PA) Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• None (no active criteria)</li> </ul> <p><b>Drug Utilization Review (DUR) Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <u>Collective vote on Consent Calendar items 5 through 9.</u></p> <p><b><u>Collective Consent Calendar Vote:</u></b> <b><u>Unanimous approval (6/6)</u></b></p>
6.	<b><u>Genitourinary</u></b> Benign Prostatic Hyperplasia Class Review (pp. 26 - 33)		<p><i>The plan presented recommendations for committee review via Consent Calendar portion of committee packet.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> October 2021</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• No changes recommended</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	
7.	<b><u>Drug Utilization Review (DUR) Reports:</u></b> Fraud, Waste and Abuse (FWA) DUR: Multiple Providers and Multiple Pharmacies 4Q2023 (pp.34 - 37)		<p><i>The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 4Q2023 for committee review via Consent Calendar portion of committee packet.</i></p> <p><b>Summary:</b> Members utilizing multiple pharmacies or multiple providers were likely to be on ten or more unique medications. The members with a high pharmacy utilization appeared to be at risk of avoidable waste. Members with high provider and pharmacy usage have increased ED usage and likely have multiple primary care as well as specialty providers. High multiple provider utilization may also present a risk for duplicative therapy, supported by evidence of high number of unique medications.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Coordinate with CM to ensure that clients with multiple providers or multiple pharmacies receive a referral to ECM.</li> <li>• Continue to monitor with quarterly reports.</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	

	Topic	Brought By	Discussion	Action
8.	<p><b><u>Drug Utilization Review (DUR) Reports</u></b>            Magellan Rx Retrospective DUR Quarterly Activities 4Q2023            (pp.38 – 40)</p>		<p><i>The plan presented a Magellan Rx rDUR Activities Report for 4Q2023 for committee review via Consent Calendar portion of committee packet.</i></p> <p><b>Summary:</b>            Magellan Rx reviews of the Healthy Workers HMO population have found a small number of members with concerning prescribing based on the topics of interest. This is consistent with the relatively small and engaged population of Healthy Workers HMO members (in comparison to Medi-Cal). Continued monitoring for different areas of rDUR interest will identify any concerning prescribing behavior or possible topics that require further intervention.</p> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Statin letter</li> </ul> <p><b><u>Committee Discussion:</u></b>  <i>The committee had no comments or questions.</i></p>	
9.	<p><b><u>Drug Utilization Review (DUR) Reports</u></b>            Quarterly Prospective DUR Report 4Q2023            (pp.41 - 49)</p>		<p><i>The plan presented a 4Q2023 DUR report on prospective edits for committee review via Consent Calendar portion of committee packet.</i></p> <p><b>Summary &amp; Recommendations</b>            This report and analysis provide regular oversight for prospective DUR edits, including denial and report-only errors, and supports optimization of the formulary for safe and effective treatment while preventing waste and abuse.</p> <p><b><u>Reporting Recommendations:</u></b></p> <ul style="list-style-type: none"> <li>• Continue quarterly review of the Prospective DUR Report, with presentation of notable findings and resulting recommendations for formulary changes to P&amp;T as needed.</li> </ul> <p><b><u>Drug-Specific Formulary Recommendations:</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>DUR Education Recommendations:</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b>  <i>The committee had no comments or questions.</i></p>	
10.	<p><b><u>Gastroenterology</u></b>            Antiemetics Class Review            (pp.51 - 73)</p>	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for gastroenterology medications.</i>  <i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> January 2021</p> <p><b>Formulary Update:</b>            (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• Add granisetron tablet and transdermal scopolamine to formulary based on comparable cost-effectiveness to formulary alternatives and maintain quantity limit</li> <li>• Remove age minimum from promethazine rectal suppository due to lack of pediatric population</li> <li>• Remove the following liquid dosage forms from formulary due to lack of utilization and alternatives available:               <ul style="list-style-type: none"> <li>○ ondansetron, metoclopramide, and Emend® (aprepitant) oral solutions</li> </ul> </li> <li>• Remove the following OTC products from Healthy San Francisco</li> </ul>	<p><b>VOTE:</b>  <b><u>Gastroenterology:</u></b>            Approved recommendations as presented.</p> <p><b><u>Antiemetics Class Review</u></b>  <i>Vote: Unanimous approval (6/6)</i></p>

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			<p>formulary due to lack of use and to align with Healthy Workers HMO:</p> <ul style="list-style-type: none"> <li>o meclizine 25 mg chewable tablet, dimenhydrinate 50 mg tablet</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Retire Scopolamine and 5-HT3 Receptor Antagonists criteria and update Substance P-Neurokinin 1 (NK-1) Receptor Antagonists criteria to reflect formulary changes above.</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	
11.	<p><b>Gastroenterology</b> Moderate to Severe Ulcerative Colitis and Crohn's Disease Class Review (pp.74 - 96)</p>	Eileen Kim, Pharm. D	<p><i>The plan presented a class review and recommendations for gastroenterology medications.</i> <i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> NA</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• Maintain Zymfentra® and Omvoh® as non-formulary due to alternatives available</li> <li>• Maintain Velsipity® and Zeposia® as non-formulary due to lack of use and available alternatives</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Implement new criteria for moderate to severe UC and CD incorporating new therapies.</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b>Gastroenterology:</b> Approved recommendations as presented.</p> <p><b>Moderate to Severe Ulcerative Colitis and Crohn's Disease Class Review</b> <i>Vote: Unanimous approval (6/6)</i></p>
12.	<p><b>Obstetrics/Gynecology</b> Zurzuvae® (zuranolone) Monograph (pp.97 – 106)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a drug monograph and recommendations for an obstetrics/gynecology medication.</i> <i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> N/A</p> <p><b>Formulary Update:</b> (Healthy Workers HMO only):</p> <ul style="list-style-type: none"> <li>• Add Zurzuvae™ (zuranolone) to the formulary tier 3 with PA required and a quantity limit of 28 capsules per 30 days</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Implement new PA criteria requiring documented diagnosis of PPD, an appropriately prescribed dose, and current disease severity and depressive symptoms indicated</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b> <i>Dr. Lee inquired why medication is classified as a CIV? Dr. Shost speculated it is likely due to CNS effects. Dr. Yohanan inquired if non-formulary status, how would PA requests proceed? Dr Shost stated that PAs received for the medication would still utilize the new</i></p>	<p><b>VOTE:</b> <b>Obstetrics/Gynecology:</b> Approved recommendations as presented.</p> <p><b>Zurzuvae® (zuranolone) Monograph</b> <i>Vote: Majority approval (4/6)</i></p> <p><i>Dr Yohanan and Dr Lee voted for Non-Formulary status</i></p>

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			<p>Zurzuva PA criteria whether it is T3 of NF so the process for members getting it wouldn't change. Dr. Williams commented that T3 placement would feel more positive for the medication than NF placement, even though it wouldn't change the process per say. Dr Ruggiero spoke to how problematic postpartum depression can be for both patients and their loved ones, and he felt tier 3 was a good placement. Dr Wozniack asked about data for indication of major depressive disorder. D. Shost stated there is no long term data yet.</p>	
13.	<p><b><u>Ophthalmology</u></b> Miscellaneous Ophthalmic Preparations Abbreviated Review (pp.107 - 125)</p>	Eileen Kim, Pharm. D	<p>The plan presented a class review and recommendations for ophthalmology medications. Major recommendations included the following: <b>Last reviewed:</b> July 2022 <b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• Remove epinastine 0.05% and flurbiprofen 0.03% drops from formulary due to lack of use and cost-effective alternatives available</li> <li>• Maintain Vevye®, Miebo™, and Xdemvy® non-formulary due to limited evidence for use and cost-effective alternatives available</li> </ul> <p>(Healthy San Francisco only)</p> <ul style="list-style-type: none"> <li>• Remove the following OTC formulations from formulary due to lack of use and to align with Healthy Workers HMO: <ul style="list-style-type: none"> <li>○ naphazoline-pheniramine drops, all artificial tears, mineral oil-white petrolatum ointment, and sodium chloride drops</li> </ul> </li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Update Ophthalmic Antihistamines and Ophthalmic NSAIDs criteria to reflect formulary changes above</li> <li>• Update Ophthalmic Anti-Inflammatory Immunomodulators criteria to reflect formulary changes above and incorporate other non-formulary therapies, and rename criteria to Dry Eye Disease</li> <li>• Implement new criteria for Oxervate® to manage any future requests, requiring documentation of appropriate diagnosis and trial/failure or inability to use alternatives</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b> The committee had no comments or questions.</p>	<p><b>VOTE:</b> <b><u>Ophthalmology:</u></b> Approved recommendations as presented.</p> <p><b><u>Miscellaneous Ophthalmic Preparations Abbreviated Review</u></b> <u>Vote: Unanimous approval (6/6)</u></p>

	Topic	Brought By	Discussion	Action
14.	<p><b>Pain</b> Opioids and Combinations Class Review (pp.126 – 144)</p>	Eileen Kim, Pharm. D	<p>The plan presented a class review and recommendations for ophthalmology medications. Major recommendations included the following: <b>Last reviewed:</b> July 2022 <b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>No changes recommended</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>No changes recommended</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>Review separate DUR analysis</li> </ul> <p><b>Committee Discussion:</b> Dr Wozniak inquired if suboxone numbers were captured in this review. Dr Shost stated that suboxone is not currently captured in this class review but can add to this class review and bring to future P&amp;T or can bring as an addendum to July's meeting. Dr. Wozniack stated that including it in this class review next time would be sufficient. Dr Yohanan commented that the plan has seen member grievances where there is no proper taper. Taper therapy consistency needs improvement.</p>	<p><b>VOTE:</b> <b>Pain:</b> Approved recommendations as presented.</p> <p><b><u>Opioids and Combinations Class Review</u></b> <u>Vote: Unanimous approval (6/6)</u></p> <p>***Dr. Lee left meeting early at 8:38am***</p>
15.	<p><b>Pain</b> Opioid Repository Review (pp.145 – 148)</p>	Jessica Shost, Pharm. D	<p>The plan presented a DUR analysis on the opioid data repository for committee review.</p> <p><b>Goal:</b> Evaluate opioid use and prescribing of opioid in the SFHP Medi-Cal and Healthy Workers HMO population.</p> <p><b>Summary:</b> SFHP members on opioids are generally older and taking low daily doses. However, only 13% of members on opioids have a prescription for naloxone, despite the fact that 21% of overdoses involve a member who has received an opioid prescription during the quarter. Even though opioid prescribing has been stable, overdoses in San Francisco have continued to climb.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Continue to monitor the opioid repository</li> <li>Reach out to clinics and charity groups focused on illicit drug use to evaluate what SFHP can do to contribute</li> </ul> <p><b>Committee Discussion:</b> Dr Wozniak commented that safety programs throughout the city have really stalled out. The tenderloin opioid program was successful years back before COVID. Dr Williams inquired that as he's seen opioid education posters at BART and MUNI, could similar outreaches to/at pharmacies help? Dr Yohanan stated that there is potential for marketing outreach about naloxone. Dr Wozniack and Dr Williams commented on having naloxone posters in clinics and pharmacies. Dr Shost stated that the CDC may have posters already that can be utilized. Dr Shost stated that the plan can take that back and look how to potentially best plan a pharmacy outreach program.</p>	Non-voting item

	Topic	Brought By	Discussion	Action
16.	<p><b>Psychiatry</b> Anxiolytics Class Review (pp.149 – 156)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for psychiatry medications. Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> July 2021</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• Maintain Loreev® as nonformulary due to more cost-effective alternatives available</li> <li>• Remove age limit from non-formulary clobazam suspension to align with formulary</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• None (no active criteria)</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• Review separate DUR analysis</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b>Psychiatry:</b> Approved recommendations as presented.</p> <p><b>Anxiolytics Class Review</b> <u>Vote: Unanimous approval (5/5)</u></p>
17.	<p><b>Psychiatry</b> Anxiolytics Adherence DUR Report (pp.157 – 160)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR analysis on anxiolytics adherence for committee review.</i></p> <p><b>Goal:</b> Assess adherence for Medi-Cal and Healthy Worker HMO members on anxiolytics.</p> <p><b>Summary:</b> None of the antianxiety medication classes reached an average Proportion of Days Covered (PDC) exceeding the 80% threshold for adherence. Notably, buspirone, serving as a maintenance medication, is the only medication where daily adherence is desirable since benzodiazepines are prescribed for short-term use in the setting of anxiety. Following previously observed trends, Black members and younger individuals exhibited lower rates of adherence compared to other racial groups and age brackets, respectively. Prescribing data also suggests that men may be under treated for anxiety.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Bring report to future meetings with medical groups to discuss possible interventions.</li> </ul> <p><b>Committee Discussion:</b> <i>Dr Wozniak asked about SSRI/SNRIs not being taken? Dr Williams echoed that SSRI side-effects can be very intense. Dr Shost stated that</i></p>	Non-voting item

	Topic	Brought By	Discussion	Action
			<i>there is certainly a percentage of under-treated members in this class. SFHP has an upcoming member education article in the Member Newsletter.</i>	
18.	<b><u>Psychiatry</u></b> Anxiolytics Regimen DUR Review (pp.161 – 162)	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR analysis on anxiolytics regimen for committee review.</i></p> <p><b>Summary:</b> Overall, most members on anxiolytics are on one agent without simultaneous SSRI or SNRI use. The more anxiolytic agents a member uses, the more likely they are to also receive an SSRI or SNRI prescription. Use of benzodiazepines appears to be mostly short-term. It appears that members with anxiety diagnoses may benefit from further education around the use of SSRIs in the treatment of their disease state.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Continue to monitor benzodiazepine use, particularly long-term use</li> <li>• Publish an article on anxiety treatment in the next Your Health Matters member newsletter</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<i>Non-voting item</i>
19.	<b><u>DUR Program Updates, Reports, and/or Educational Items</u></b> Hepatitis C reporting tool walk-through (no packet materials for topic)	Jessica Shost, Pharm. D	<p><i>The plan prepared a visual walkthrough of hepatitis C reporting tools for committee review.</i></p> <p><b>Summary:</b> Dr. Shost provided a visual demonstration of SFHP interactive reporting for the committee.</p>	<i>Non-voting item</i>
20.	<b>Reconvene in Open Session</b>	Monique Yohanan, MD, MPH	Open session resumed: 9:06 am. Dr. Yohanan summarized the formulary changes approved in closed session.	



	<b>Topic</b>	<b>Brought By</b>	<b>Discussion</b>	<b>Action</b>
21.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.163 - 174)	Sue Chan	<p><i>The plan presented changes to Pharmacy Policies and Procedures (P&amp;P) for P&amp;T committee annual review and approval:</i></p> <p><b>Document Changes</b> <u>Pharm-08: Annual Review</u></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>This policy is up for annual review. No changes were necessary.</li> </ul> <p><u>Pharm-13: After-Hours Pharmacy Access</u></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>This policy is up for annual review. Minor update to the reference of SFHP's Quality Improvement Committee to Quality Improvement and Health Equity Committee (QIHEC) as the committee's role expanded under the monitoring section and added the Health Services - Quality business unit under Affected Departments/Parties section.</li> </ul> <p><u>Pharm-15: Generic Drug Management</u></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>As allowed by DMHC APL 23-025: <ol style="list-style-type: none"> <li>Added exception to mandatory generic medication policy as allowed by AB 948- On rare occasions, SFHP may make exceptions to cover the brand name drug when a generic equivalent product is available. The lowest cost share tier will be applied for these preferred brands when a generic equivalent is available.</li> <li>Added the requirement of trying an AB-rated generic equivalent, biosimilar, or interchangeable biological product before providing coverage for the equivalent branded prescription drug as allowed by SB-621. Exceptions to the step therapy requirement can be considered through submission of a Prior Authorization request.</li> </ol> </li> <li>Added regulation references that drove the policy updates.</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Review and Approval of Annual Pharmacy Policies and Procedures (P&amp;Ps)</u></b> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (5/5)</i></p>
22.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.175 - 176)	Eileen Kim, Pharm. D	<p><i>The plan presented Prior Authorization Criteria interim changes (New Criteria, Revised Existing Criteria &amp; 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><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Review and Approval of Prior Authorization Criteria Interim Changes</u></b> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (5/5)</i></p>
23.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.177 - 179)	Eileen Kim, Pharm. D	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u></b> Approve recommendations as presented.</p> <p><i>Vote: Unanimous approval (5/5)</i></p>

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24.	<b>Appendix</b> Magellan Pipeline Report 4Q2023 (pp. 180 - 188)	Steve Nolan, Pharm. D	<i>The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q4 2023.</i>	<i>Non-voting item</i>
25.	Adjournment	Monique Yohanan, MD, MPH	The meeting adjourned at 9:29 am.  2024 P&T Committee Meeting dates are: <ul style="list-style-type: none"> <li>• Wednesday, July 17, 2024</li> <li>• Wednesday, October 16, 2024</li> <li>• Wednesday, January 15, 2025</li> <li>• Wednesday, April 16, 2025</li> </ul>	

Respectfully submitted by:

**\*\*Dr. Yohanan left the organization before committee approval of minutes\*\*** 7/17/2024

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Monique Yohanan, MD, MPH  
Pharmacy & Therapeutics Committee Chair

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Date