SAN FRANCISCO HEALTH PLAN™ *Here for you*	**Pharmacy Services** **San Francisco Health Plan Pharmacy & Therapeutics Committee** **Wednesday, January 15, 2020** **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) 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 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) Jenny Nguyen, Pharm. D (SFHP Resident Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Laura Feeney, Pharm. D (SF Department of Public Health) **Guests:** Alan Kaska (Abbott) Sara Marchi Pasewark (Lilly) Karen Meier (Novo Nordisk) Betty Chan (Gilead) Dawn Dynak (Gilead)
Members Absent:	Lisa Ghotbi, Jamie Ruiz, Jenna Lester	
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 7:31 am. • Conflict of interest check • Agenda overview	Conflict of Interest checked and instructions given. Introduction agenda topics done.
2.	Informational Updates	James Glauber, MD	Executive Order N-01-19 Updates • Full pharmacy carve-out scheduled for 2021 • Pharmacy benefit administrator contract awarded to Magellan • State workgroups working with Managed Care Plans and other representatives for suggestions	

	Topic	Brought By	Discussion	Action
3.	Review and Approval of October 16, 2019 P&T minutes *(pp.5 - 17 of January 2020 P&T Packet)*	James Glauber, MD	The committee approved the minutes as presented.	**VOTE:** **Review and Approval of October 16, 2019 P&T Minutes** Approved recommendations as presented. *Vote: Unanimous approval (10/10)*
	******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: Hypertension *(pp.20 -26 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The following drug classes were reviewed for pertinent literature (including meta-analyses and pivotal clinical trials), guideline updates, and drug additions to or removals from market since last class review.* *Major recommendations included the following:* **Last reviewed:** April 2018 **Formulary Update:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • Add olmesartan to formulary based on cost-effectiveness and prior authorization requests • Remove candesartan and candesartan-HCTZ from formulary based on minimal utilization, low approval rate, and multiple preferred cost-effective alternatives on formulary • Remove the following from formulary due to lack of utilization and available alternatives: perindopril, trandolapril, acebutolol, methyldopa-HCTZ • Remove tier 5 listings for multiple CCB, BB, loop diuretic, ARA, and alpha blocker medications due to lack of utilization and no relevant criteria • Added new NDCs of preferred home blood pressure monitors to formulary **Prior Authorization Criteria Update:** • Retire Non-Formulary ARBs and ARB Combination Products criteria and use blanket Non-Formulary Medications criteria for any requests • Retire Inspra® (eplerenone) criteria and use blanket Step Therapy criteria for any requests • Update blood pressure monitor criteria to include two additional preferred NDCs **Drug Utilization Review Update:** • None **Committee Discussion:** *SFHP will review trends in decreased antihypertensive use versus hypertension population and assess HEDIS measures of hypertension control*	**VOTE:** **Formulary Maintenance Items:** Approved recommendations as presented. *Vote: Unanimous approval (10/10)* (Committee collectively voted on items 4 thru 11)

	Topic	Brought By	Discussion	Action
5.	**Formulary Maintenance Items:** Infectious Disease: Antiparasitics *(pp.27 - 29 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** October 2018 **Formulary Update:** (Medi-Cal & Healthy Workers HMO) • Remove tier 5 non-formulary listing for Emverm® (mebendazole) chew tab based on lack of utilization and relevant criteria, and limited place in therapy • Maintain Arakoda® and Krintafel® (tafenoquine) as non-formulary due to available alternatives and lack of utilization **Prior Authorization Criteria Update:** • Update Topical Antiparasitics criteria to include additional non-formulary products **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
6.	**Formulary Maintenance Items:** Neurology: Migraine *(pp.30 - 33 of January 2020 P&T Packet)*	Jenny Nguyen, Pharm. D	**Last reviewed:** October 2017, January 2019 (CGRP antagonists) **Formulary Update:** (Medi-Cal & Healthy Workers HMO) • List Zembrace SymTouch®, Onzetra Xsail®, and Tosymra™ sumatriptan products tier 5 to link relevant criteria; maintain non-formulary due to available alternatives • Add prior authorization requirement to butalbital/aspirin/caffeine (Fiorinal®) 50-325-40 mg tablet based on guideline recommendations and minimal utilization **Prior Authorization Criteria Update:** • Update Triptans criteria based on formulary changes above and to include diagnosis and coverage criteria for migraines associated with menstruation based on current guidelines • Update Anti-Headache Preparations criteria based on formulary changes above **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	

	Topic	Brought By	Discussion	Action
7.	**Formulary Maintenance Items:** Neurology: Movement Disorders *(pp.34 - 35 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** October 2017 **Formulary Update:** (Medi-Cal & Healthy Workers HMO) • None **Prior Authorization Criteria Update:** • Update Drugs for Movement Disorders criteria to include EKG screening attestation requirement for Austedo for TD, to align with labeling and HD chorea requirements **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
8.	**Formulary Maintenance Items:** Neurology: Nuedexta® (dextromethorphan-quinidine) Monograph *(pp.36 - 37 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** April 2018 **Formulary Update:** (Medi-Cal & Healthy Workers HMO) • None **Prior Authorization Criteria Update:** • Update Nuedexta® criteria to be remove specific primary etiologies to align with FDA labeling **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
9.	**Formulary Maintenance Items:** Psychiatry: Attention Deficit-Hyperactivity Disorder *(pp.38 - 41 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** January 2018 **Formulary Update:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • List the following medications tier 5 non-formulary and link to relevant criteria: Evekeo ODT™, Jornay PM™, Adhansia XR™, and Mydayis® **Prior Authorization Criteria Update:** • Update CNS Simulants for ADHD criteria to include non-formulary stimulants above and to remove separate generic listing for obsolete brand Ritalin® SR **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	

	Topic	Brought By	Discussion	Action
10.	**Formulary Maintenance Items:** Pulmonology: Pulmonary Fibrosis *(pp.42 - 43 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** October 2017 **Formulary Update:** (Medi-Cal & Healthy Workers HMO) • None **Prior Authorization Criteria Update:** • Update Idiopathic Pulmonary Fibrosis criteria to include requirements for use of Ofev® (nintedanib) in systemic sclerosis with interstitial lung disease **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
11.	**Formulary Maintenance Items:** Rheumatology: Gout *(pp.44 - 45 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	**Last reviewed:** October 2017 **Formulary Update:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • Remove tier 5 listing for probenecid/colchicine due to lack of utilization or relevant criteria **Prior Authorization Criteria Update:** • None **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
12.	**Dermatology:** Skyrizi® (risankizumab) Monograph *(pp.46 - 61 of January 2020 P&T Packet*	Kaitlin Hawkins, Pharm. D	*The plan presented a monograph and class review and recommendations for Dermatology medications.* *Major recommendations included the following:* **Formulary Update:** (Medi-Cal & Healthy Workers HMO) • Maintain non-formulary at this time and list tier 5 to link relevant criteria **Prior Authorization Criteria Update:** • Update Disease Modifying Biologics criteria to list Skyrizi® as a non-preferred medication **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Dermatology:** Approved recommendations as presented. **Skyrizi® (risankizumab) Monograph** *Vote: Unanimous approval (10/10)*
13.	**Dermatology:** Topical Corticosteroids Abbreviated Review *(pp.62 - 74 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Last reviewed:** July 2018 **Formulary Update:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • Increase quantity limit of desoximetasone (Topicort®) 0.25% cream to 120g per 30 days based on available package sizes and to align with other dosage forms • Increase quantity limit of fluocinolone (Synalar®) 0.01% solution to 180mL per 30 days based on PA	**VOTE:** **Dermatology:** Approved recommendations as presented. **Topical Corticosteroids Abbreviated Review** *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
			requests and available package sizes • Remove tier 5 non-formulary listing for the following medications as topical combination kits are not • covered: o Clodan® (clobetasol-cleanser #28) 0.05% kit o Synalar® (fluocinolone-emollient #65) 0.025% ointment kit • Remove tier 5 non-formulary listing for the following medications as they are obsolete: o Ultravate® X (halobetasol-lactic acid) 0.05-10% cream kit, ointment-cream kit o Dermasorb TA (triamcinolone-emollient #86) 0.1% cream kit • List the following tier 5 non-formulary to link relevant criteria: o halobetasol (Lexette®) 0.05% foam and Bryhali® (halobetasol) 0.01% lotion o Impoyz® (clobetasol) 0.025% cream o Micort-HC® (hydrocortisone) 2.5% cream/PR applicator o Nucort® (hydrocortisone-aloe vera) 2% lotion o hydrocortisone (Cortisone®) 1% cream packet, gel and lotion (OTC) **Prior Authorization Criteria Update:** • Update Topical Steroids criteria with formulary changes above and to remove obsolete products **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
14.	**Endocrinology:** Hypoglycemia Supplies Class Review *(pp.75 - 86 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	*The plan presented a class review and monograph and recommendations for Endocrinology supplies and medications.* *Major recommendations included the following:* **Last reviewed:** July 2018 **Formulary Update:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • Add Gvoke™ and Baqsimi™ to formulary tier 2 without restriction, to align with Glucagon Emergency kit **Prior Authorization Criteria Update:** • None (no active criteria) **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Endocrinology:** Approved recommendations as presented. **Hypoglycemia Supplies Class Review** *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
15.	**Endocrinology:** Rybelsus® (semaglutide) Monograph *(pp.87 - 100 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	**Formulary Update:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • Add Rybelsus® to formulary with step therapy (metformin) required and quantity limit of #1 tablet daily to align with other preferred GLP-1 agonists and SGLT-2 inhibitors **Prior Authorization Criteria Update:** • Update criteria to include Rybelsus® at parity with Victoza® and Ozempic® **Drug Utilization Review Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Endocrinology:** Approved recommendations as presented. **Rybelsus® (semaglutide) Monograph** *Vote: Unanimous approval (10/10)*
16.	**Gastroenterology:** Miscellaneous Gastrointestinal Agents Class Review *(pp.101 - 120 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	*The plan presented a class review and recommendations for Gastrointestinal medications.* *Major recommendations included the following:* **Last reviewed:** July 2017 **Formulary Recommendations***:* (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco) • Remove OTC restriction from esomeprazole (Nexium®) 20mg DR capsule due to cost-effectiveness • Remove step requirement for rabeprazole (Aciphex®) 20mg DR tablet based on cost-effectiveness and PA approvals • List the following medications non-formulary tier 5 and link to relevant PA criteria: o esomeprazole 40 mg DR capsule and Nexium® DR oral suspension packet o Prilosec® (omeprazole mag) oral suspension packet and OTC DR tablet, omeprazole mag 20mg DR cap (OTC), and omeprazole 20mg rapid disintegrating tablet (OTC) o Aciphex Sprinkle® (rabeprazole) DR oral sprinkle cap • Remove VSL® #3 DS 900 billion cell oral powder packet from formulary tier 3 due to lack of utilization and add VSL® #3 capsule based on requests and cost-effectiveness • Remove tier 5 non-formulary listing for the following medications due to lack of utilization or relevant criteria: o aluminum hydroxide gel oral suspension o magnesium carbonate-aluminum hydroxide-sodium bicarbonate-alginate chew tab	**VOTE:** **Gastroenterology:** Approved recommendations as presented. **Miscellaneous Gastrointestinal Agents Class Review** *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
			○ magnesium hydroxide-aluminum hydroxide-simethicone chew tab ○ magnesium hydroxide-aluminum hydroxide chew tab ○ camphorated tincture of opium (Paregoric®) 2mg/5mL oral solution ○ Sucraid® (sacrosidase) 8500units/mL oral solution • Remove the following medications form formulary due to lack of utilization and available alternatives: ○ cimetidine 300mg/5mL oral solution ○ diphenoxylate-atropine 2.5-0.025mg/5mL oral solution ○ lactase (Lactose Fast Acting®) 9000 unit tablets **Prior Authorization Criteria (PA) Recommendations:** • Update Proton Pump Inhibitors criteria with formulary changes above • Update Probiotics criteria with formulary changes above **Drug Utilization Review (DUR) Recommendations:** • Evaluate PPI utilization by age category and duration of therapy **Committee Discussion:** *The committee had no comments or questions.*	
17.	**Gastroenterology** Proton Pump Inhibitor Drug Utilization Review (DUR) report *(pp.121 - 126 of January 2020 P&T Packet)*	Jessica Shost, Pharm. D	*The plan presented a DUR report for committee review and discussion* **DUR Program Analysis Recommendations:** • Check claim system edits to ensure PPI therapeutic duplication (2 prescriptions for different PPIs at the same time) is prevented. • Consider pharmacy and provider education on potential safety concerns and on using lowest PPI dose and tapering when long-term continuous use is for symptomatic GERD, dyspepsia, or intermittent NSAID use. • A second phase of the study looking at the long-term continuous use in order to evaluate correct prescribing by indication and possibly identification of members who might benefit from a tapering trial. **Committee Discussion:** *The committee had no comments or questions.*	*Non-Voting Item*

	Topic	Brought By	Discussion	Action
18.	**Hematology** White Blood Cell Stimulators Class Review *(pp.127 - 141 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	*The plan presented a class review and recommendations for Hematology medications.* *Major recommendations included the following:* **Last reviewed:** October 2018 **Formulary Recommendations***:* (Medi-Cal & Healthy Workers HMO) • Add Ziextenzo™ (pegfilgrastim-bmez) to formulary tier 3 with PA required and prefer among long-acting G-CSF based on comparative efficacy and cost-effectiveness • Add Nivestym™ (filgrastim-aafi) to formulary tier 3 with PA required and prefer among short-acting G-CSF based on comparative efficacy and cost-effectiveness • Remove Neulasta® (pegfilgrastim), Zarxio® (filgrastim-sndz), and Granix® (tbo-filgrastim) from formulary based on preferred alternatives above and listed non-formulary tier 5 to link to relevant criteria **Prior Authorization Criteria Recommendations:** • Update White Blood Cell Stimulators criteria to reflect recommended formulary changes and include criteria for Mozobil® (plerixafor) **DUR Recommendations:** • Provider education on biosimilars and SFHP's preferred products **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Hematology** Approved recommendations as presented. **White Blood Cell Stimulators Class Review** *Vote: Unanimous approval (10/10)*
19.	**Immunology** Hereditary Angioedema Class Review *(pp.142 - 151 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	*The plan presented a class review and recommendations for Immunology medications.* *Major recommendations included the following:* **Last reviewed:** January 2018 **Formulary Recommendations***:* (Medi-Cal & Healthy Workers HMO): • Add icatibant (Firazyr®) to formulary tier 4 with PA required due to cost-effectiveness • Remove Kalbitor® (ecallantide) from formulary due to lack of utilization and preferred alternative above **PA Criteria Recommendations:** • Update criteria to reflect formulary changes above and include intravenous formulations which may be self-administered **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Immunology** Approved recommendations as presented. **Hereditary Angioedema Class Review** *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
20.	**Infectious Disease** Systemic and Topical Antibiotics Class Review *(pp.152 - 180 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for Infectious Disease medications.* *Major recommendations included the following:* **Last reviewed:** October 2018 **Formulary Recommendations:** (Medi-Cal, Healthy Workers HMO, & Healthy San Francisco): • Add the following medications to formulary based on utilization and PA approvals: o clarithromycin 125mg/5mL, 250mg/5mL PO suspension to formulary with age limit maximum of 12 years and fill limit #1 Rx per 60 days o methenamine hippurate (Hiprex®) 1g tab • Add pretomanid tablet to formulary tier 3 with prior authorization required to ensure appropriate diagnosis (multi-drug resistant pulmonary tuberculosis) • Remove quantity from the following to allow appropriate dosing for acute indications; apply fill limit (1 Rx per 60 days) to require review for chronic use: o azithromycin (Zithromax®) 250, 500, 600mg tablet, 1g PO packet, and 100mg/5mL, 200mg/5mL oral suspension o clarithromycin 250, 500mg tablet • Remove quantity limits from the following medications based on lack of safety or misuse concerns: o erythromycin base 250, 500mg tablet o erythromycin stearate (Erythrocin®) 250mg tablet o cefdinir 300mg capsule o cefpodoxime 100mg tablet o cefixime (Suprax®) 400mg capsule o vancomycin 125, 250mg capsule, 25mg/mL and 50mg/mL oral solution (Firvanq®) • Remove age limit for amoxicillin-k clavulanate (Augmentin®) 1000-62.5mg 12h ER tablet to allow use in adults • Add age limit maximum of 12 years to the following medications to align with other liquid and chewable formulations on formulary: o amoxicillin-K clavulanate (Augmentin® ES) 600-42.9mg/5mL o vancomycin 25mg/mL and 50mg/mL oral solution (Firvanq®) • Remove the following medications from formulary due to lack of utilization and cost-effective alternatives available: o cefaclor 500mg ER tablet	**VOTE:** **Infectious Disease** Approved recommendations as presented. **Systemic and Topical Antibiotics Class Review** *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
			○ Suprax® (cefixime) 100, 200mg chew tab • Remove vancomycin 5g IV vial from formulary due to oral formulations available • Remove all tier 5 non-formulary listings for parenteral antibiotics in classes with oral alternatives; maintain only cefepime (Maxipime®) 1g IV vial and Teflaro® (ceftaroline) 400mg IV vial due to lack of oral alternatives • Remove tier 5 non-formulary listing for methenamine mandelate 500g, 1g tab due to lack of utilization and relevant criteria • List Factive® (gemifloxacin) 320mg tablet tier 5 non-formulary to link relevant criteria **PA Criteria Recommendations:** • Update Oral Fluoroquinolones criteria to list Factive® as non-formulary **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	
21.	**Neurology** Sleep Disorders/Narcolepsy Class Review *(pp.181 - 192 of January 2020 P&T Packet)*	Jenny Nguyen, Pharm. D	*The plan presented a class review and recommendations for Neurology medications.* *Major recommendations included the following:* **Last reviewed:** January 2018 **Formulary Recommendations:** (Medi-Cal & Healthy Workers HMO): • List Sunosi® and Wakix® as tier 5 to link relevant criteria; maintain non-formulary due to available alternatives **PA Criteria Recommendations:** • Update Modafinil (Provigil®) and Armodafinil (Nuvigil®) criteria based on formulary changes above and to include coverage requirements for Sunosi® and Wakix® • Update Xyrem® (sodium oxybate) criteria to require re-authorization after six months before indefinite authorization and precluded those using sedative hypnotics from use **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** ***Neurology*** Approved recommendations as presented. ***Sleep Disorders/Narcolepsy Class Review*** *Vote: Unanimous approval (10/10)*
22.	**Ophthalmology** Miscellaneous Ophthalmic Preparations Abbreviated Review *(pp.193 - 206 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for Ophthalmology medications.* *Major recommendations included the following:* **Last reviewed:** April 2018 **Formulary Recommendations:** (Medi-Cal, Healthy Workers HMO, & Healthy San	**VOTE:** ***Ophthalmology*** Approved recommendations as presented. ***Miscellaneous Ophthalmic Preparations Abbreviated Review***

	Topic	Brought By	Discussion	Action
			Francisco): • List Cequa™ (cyclosporine) 0.09% droperette tier 5 non-formulary to link relevant criteria • Remove tier 5 listing for Emadine® (emedastine) 0.05% drops as this product is obsolete • Remove tier 5 listings for the following due to available alternatives within the subclass and lack of • relevant criteria: o propylene glycol (Systane® Balance) 0.6% drops o Antibiotics: Azasite® (azithromycin), moxifloxacin, and Moxeza® (moxifloxacin) drops o Steroids: FML Forte® (fluorometholone), Maxidex® (dexamethasone), loteprednol/Alrex® drops, Triesence® (triamcinolone) 40mg/mL PF intraocular vial o mast cell stabilizer Alomide® (lodoxamide) **PA Criteria Recommendations:** • Update Ophthalmic Antihistamines criteria to remove Emadine® listing • Retire Durezol® (difluprednate) criteria and utilize Step Therapy blanket criteria for any requests **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	*Vote: Unanimous approval (10/10)*
23.	**Psychiatry** Formulary Modification Request: Silenor® (doxepin) *(pp.207 - 208 of January 2020 P&T Packet)*	Ralph Crowder, RPh	*The plan presented a formulary modification request from a provider.* *Major recommendations included the following:* ***Formulary Recommendations:*** *(Medi-Cal & Healthy Workers HMO):* • Maintain Silenor® as non-formulary and require use of oral liquid doxepin if doxepin is the only therapeutic choice for insomnia **PA Criteria Recommendations:** • None **DUR Recommendations:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Psychiatry** Approved recommendations as presented. ***Silenor® (doxepin) Formulary Modification Request*** *Vote: Unanimous approval (10/10)*
24.	**Follow-up Item** Prenatal Vitamin Content and Utilization *(pp.209 - 210 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	**Utilization Findings Summary*:*** • Utilization of prenatal vitamins has decreased in the context of contracting membership. • Associated expenditure has increased since the formulary change to cover prenatal vitamins as a class effective February 20th, 2019, driven by increased unit costs and increased utilization of high-cost brand	*Non-Voting Item*

	Topic	Brought By	Discussion	Action
			formulations. • Overall average monthly cost of prenatal vitamins remains low at $5 and the formulary change has had no impact on cost per member per month.	
25.	**Drug Utilization Review (DUR)** • Prospective Program Reports *(pp.211 - 219 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented DUR program updates and reports for committee review and discussion* **Prospective Program Reports** • Prospective DUR quarterly report Q3.2019 **Committee Discussion:** *The committee had no comments or questions.*	*Non-Voting Item*
			******RECONVENE IN OPEN SESSION******	
26.	Summary of Closed Session	James Glauber, MD	Reconvened Open session around 9:12 am	*Non-voting item*
27.	Annual Pharmacy Policies and Procedures (P&Ps) Review *(pp.220 - 254 of January 2020 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:* **Document Changes** ***Pharm-01:*** *Pharmacy and Therapeutics Committee* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020 • Updated related documents with the pharmacy benefit manager (PBM)'s current policies **DHCS Contract Update:** • Updated in response to new DHCS contract requirement for expertise in caring for the elderly or disabled. ***Pharm-02****: Pharmacy Prior Authorization* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020. **NCQA UM12 Update:** • Updated in response to new NCQA requirement for policy documentation that PA date/time stamps cannot by modified by any user. ***Pharm-07:*** *Emergency Med Supply* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020 ***Pharm-08:*** *Annual Review of Formulary, Prior Authorization Criteria, and Policies* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020 ***Pharm-13:*** *After-Hours Pharmacy Access* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020	**VOTE:** **Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)** Approved recommendations as presented. *Vote: Unanimous approval (10/10)*

	Topic	Brought By	Discussion	Action
			Pharm-14: *Pharmacy Drug Utilization Review (DUR) Program* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020 **APL Update:** • Updated in response to APL 19-012 Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse. ***Pharm-15:****Generic Drug Management* **Policy Annual Review:** • Updated to remove references to Healthy Kids HMO due to closure as of 1/1/2020 • Removed DAW 8 from exceptions to mandatory generic policy to align with Pharm-14 • Removed tramadol as an exception to the 30-day supply limit for opiate medications; all opiates are limited to 30-day supply • Updated monitoring items to include responsible staff **Committee Discussion:** *The committee had no comments or questions.*	
28.	Review and Approval of Prior Authorization Criteria Interim Changes *(pp.255 - 256 of January 2020 P&T Packet)*	Jenny Nguyen, Pharm. D	*The plan presented Prior Authorization Criteria interim changes (New Criteria, Revised Existing Criteria & a table of criteria that were evaluated per the Annual review process where no clinical changes were made) for review and approval* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Prior Authorization Criteria Interim Changes** Approved recommendations as presented. *Vote: Unanimous approval (10/10)*
29.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market *(pp.257 - 261 of January 2020 P&T Packet)*	Kaitlin Hawkins, Pharm. D	*The plan presented interim formulary changes and formulary status for new drugs to market.* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** Approve recommendations as presented. *Vote: Unanimous approval (10/10)*
30.	Informational Update on New Developments in the Pharmacy Market *(pp.262 - 267 of January 2020 P&T Packet)*	Jenna Heath, Pharm. D	*The plan provided information on new developments in the pharmacy market.*	*Non-voting item*
31.	Adjournment	James Glauber, MD	The meeting adjourned at 9:28 am. 2020 P&T Committee Meeting dates are: • Wednesday. April 15, 2020 • Wednesday, July 15, 2020 • Wednesday, October 21, 2020 • Wednesday, January 20, 2021	

Respectfully submitted by:

4/24/2020

James Glauber, MD, MPH
Chief Medical Officer

Date