



Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 20, 2021

7:30AM – 9:30AM

50 Beale St., 13th Floor, San Francisco, CA 94119 (Held remotely via Zoom)

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 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 Maria Lopez, Pharm. D	Others in Attendance: Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Tammie Chau, Pharm. D (SFHP Pharmacist) Jenna Heath, Pharm. D (PerformRx Pharmacist) Patrick DeHoratius, Pharm. D (PerformRx Pharmacist) Guests: *No guests due to remote meeting format in response to COVID-19*
Members Absent:	Jenna Lester, MD Steven Wozniak, MD	
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 7:32 am. • Agenda overview	Introduction agenda topics done.
2.	Informational Updates	James Glauber, MD Lisa Ghotbi, Pharm. D	<ul style="list-style-type: none"> • Dr. Glauber has stepped down as CMO, though will continue to chair P&T committee. New CMO is Dr. Fiona Donald. • NCQA accreditation completed with a score of 144.5 out of 145 points possible and a perfect score on the pharmacy standards/file review. • Medi-Cal Rx transition on track for 4/01/2021 <ul style="list-style-type: none"> ○ SFHP members will receive 60 days and 30 days notices in the mail. ○ SFHP pharmacy staff has liaison access to Medi- 	

	Topic	Brought By	Discussion	Action
			<p>Cal Rx PBM for member assistance.</p> <ul style="list-style-type: none"> Healthy Workers HMO formulary as well as Medi-Cal drug utilization data will continue to be reviewed by SFHP P&T after transition. SFHP is supporting COVID-19 immunization efforts and is working with DPH in community pharmacy communications. 	
3.	<p>Review and Approval of October 21, 2020 P&T minutes (pp.5 - 14 of January 2021 P&T Packet)</p>	James Glauber, MD	The committee approved the minutes as presented.	<p>VOTE: <u>Review and Approval of October 21, 2020 P&T Minutes</u> Approved recommendations 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>Dermatology:</u> Acne and Rosacea (pp.17 - 19)</p>	Kaitlin Hawkins, 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: July 2019</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco)</p> <ul style="list-style-type: none"> Remove metronidazole 0.75% lotion and erythromycin base 2% topical gel from formulary due to lack of utilization and cost-effective alternatives available <p>Prior Authorization (PA) Criteria Update:</p> <ul style="list-style-type: none"> Update Oral Isotretinoin criteria to include Absorica® TD as non-formulary and last line Update Azelaic Acid criteria to reflect brand and generic status Update Topical Retinoids criteria to remove Avage® as it is indicated for cosmetic use only Update Topical Combinations for Acne criteria to reflect generic status of various drugs and include additional tier 5 non-formulary listings, and to indicate where OTC coverage applies only to Medi-Cal <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: <u>Formulary Maintenance Items:</u> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (10/10)</i> (Committee collectively voted on items 4 thru 9)</p>
5.	<p>Formulary Maintenance Items: <u>Gastroenterology:</u> Anorexia and Weight Gain (pp.20 - 21)</p>	Kaitlin Hawkins, 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 are recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update terminology in Dronabinol (Marinol®) criteria for clarity and consistency; see separate review for antiemesis 	

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			<p>recommendations</p> <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion:</p> <p><i>The committee had no comments or questions.</i></p>	
6.	<p>Formulary Maintenance Items: <u>Gastroenterology:</u> Antiemetics (pp.22 - 24)</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: July 2019</p> <p>Formulary Update: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> • List Varubi® (rolapitant) tier 5 non-formulary, to link relevant criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Anti-Emetic/Anti-Vertigo criteria to include Varubi® as a non-formulary medication, requiring prior use of both aprepitant and Akynzeo® as cost-effective alternatives in the class • Update Bonjesta® (doxylamine-pyridoxine) criteria to reflect available generic for Diclegis® and prefer generic over brand as cost-effective • Update Dronabinol (Marinol®) criteria to include dexamethasone among preferred options for chemotherapy-induced nausea/vomiting; remove HIV/AIDS-related nausea/vomiting indication due to lack of evidence <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion:</p> <p><i>The committee had no comments or questions.</i></p>	
7.	<p>Formulary Maintenance Items: <u>Gastroenterology:</u> Ulcerative Colitis and Crohn's Disease [mild-moderate] (pp.25 - 26)</p>	Jenna Heath, Pharm. D	<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>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:</p> <p><i>The committee had no comments or questions.</i></p>	
8.	<p>Formulary Maintenance Items: <u>Hematology:</u> Iron Overload and Replacement (pp.27 - 28)</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 are recommended <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Deferasirox (Exjade®, Jadenu®) criteria to remove redundant prescriber restriction language <p>DUR Update:</p> <ul style="list-style-type: none"> • None 	

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			<p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
9.	<p>Formulary Maintenance Items: <u>Infectious Disease:</u> Hepatitis B (pp.29 - 30)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: July 2019 Formulary Update: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> List Epivir® HBV (lamivudine) oral solution tier 5 (non-formulary) to link to relevant criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Hepatitis B criteria to generic naming for tenofovir disoproxil fumarate <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
10.	<p>Dermatology: Oral and Topical Steroids Abbreviated Review (pp.31 - 48)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for dermatology medications. Major recommendations included the following:</i></p> <p>Last reviewed: April 2019 Formulary Update: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> List new brand topical steroids non-formulary tier 5 to link relevant criteria: Impeklo® (clobetasol) lotion pump, Halog® (halcinonide) solution, Bryhali® (halobetasol) lotion <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Topical Corticosteroids criteria to include non-formulary listings of new formulations Update Emflaza® (deflazacort) criteria to remove baseline behavioral health screening requirement due to lack of clear contraindication in patients with mental health conditions, and remove language pertaining to prior use outside the United States as Emflaza® has been FDA approved for several years <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee asked regarding differences between SFHP formulary and Medi-Cal Fee-For-Service (FFS) Contract Drug List (CDL). Generally, fewer preferred options are available in each topical potency subclass per CDL, with all highest-potency topical steroids requiring authorization under FFS, as presented in product table.</i></p>	<p>VOTE: Dermatology: Approved recommendations as presented.</p> <p>Oral and Topical Steroids Abbreviated Class Review <i>Vote: Unanimous approval (10/10)</i></p>
11.	<p>Endocrinology: Anti-Obesity Medications Therapeutic Class Review (pp.49 - 59)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for endocrinology medications. Major recommendations included the following:</i></p> <p>Last reviewed: July 2019</p>	<p>VOTE: Endocrinology: Approved recommendations as presented</p>

	Topic	Brought By	Discussion	Action
			<p>Formulary Update: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> Add Alli® (orlistat) to formulary based on cost-effectiveness (and to align with Healthy San Francisco) Add Saxenda® (liraglutide) to formulary tier 3 based on utilization and safety/efficacy profile, PA required to ensure appropriate diagnosis List diethylpropion 75mg tablet and phendimetrazine 105mg ER capsule tier 5 non-formulary to link relevant criteria <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Update Anti-Obesity Medications criteria to reflect above formulary changes and allow preferred use of Saxenda® in patients with concomitant diabetes <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee asked regarding the need for Saxenda to have a metformin trial as part of criteria if used in Diabetes. Unlike Victoza®, the formulation indicated in diabetes, criteria do not require previous trial of metformin for Saxenda® approval.</i></p>	<p>Anti-Obesity Medications Therapeutic Class Review <i>Vote: Unanimous approval (10/10)</i></p>
12.	<p>Endocrinology: Growth Hormone Disorders Class Review (pp.60 - 70)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for Endocrinology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: January 2019</p> <p>Formulary Update: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> Remove all formulations of somatropin from formulary due to lack of utilization and minimal place in therapy for the adults <p>PA Criteria Update:</p> <ul style="list-style-type: none"> Retire Somatropin (Growth Hormone) criteria and utilize Non-Formulary Medications generic criteria for any requests (i.e., continuation from pediatric use) <p>DUR Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee asked how members who meet therapy requirements would go about receiving medications. For any PA requests for HW members, SFHP will use generic Non-Formulary Medications criteria to evaluate cases and approve as indicated.</i></p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Growth Hormone Disorders Class Review <i>Vote: Unanimous approval (10/10)</i></p>
13.	<p>Immunology: Hizentra® (immune globulin subcutaneous [human]) Monograph (pp.71 - 77)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a monograph and recommendations for immunology medications.</i> <i>Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Healthy Workers HMO and Healthy San Francisco)</p>	<p>VOTE: Immunology: Approved recommendations as presented.</p> <p>Hizentra® (immune globulin subcutaneous</p>

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> • Maintain non-formulary <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • None <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>[human] Monograph <i>Vote: Unanimous approval (10/10)</i></p>
14.	<p>Obstetrics/Gynecology Hormone Replacement Therapy Class Review (pp.78 - 89)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a class review and recommendations for obstetrics/gynecology medications. Major recommendations included the following:</i></p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Add step therapy requirement (estradiol vaginal cream or estradiol vaginal tablet) to Estrin® vaginal ring and Premarin® vaginal cream (authorize continuity for current users) due to cost-effective generic alternatives with equivalent indications available • Remove Depo-Estradiol® (estradiol cypionate) 5 mg/mL intramuscular oil and Menostar® (estradiol) transdermal patches from formulary due to lack of utilization and cost-effective alternatives available with equivalent indications <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • None (no active criteria) <p>DUR Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee asked regarding coverage of compounded creams. Compounds are not covered if there is a commercially available alternative, however SFHP does have PA criteria for compounded medications in special cases.</i></p>	<p>VOTE: Obstetrics/Gynecology: Approved recommendations as presented.</p> <p>Hormone Replacement Therapy Class Review <i>Vote: Unanimous approval (10/10)</i></p>
15.	<p>Ophthalmology Enspryng™ (satralizumab) Monograph (pp.90 - 95)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph, class review and recommendations for ophthalmology medications. Major recommendations included the following:</i></p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Maintain Enspryng™ as non-formulary <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • None; utilize general Non-Formulary Medications criteria for any requests to confirm appropriate diagnosis <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: Ophthalmology: Approved recommendations as presented.</p> <p>Enspryng™ (satralizumab) Monograph <i>Vote: Unanimous approval (10/10)</i></p>

	Topic	Brought By	Discussion	Action
16.	<p><u>Pain</u> Opioids Therapeutic Class Review (pp.96 - 113)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a class review and recommendations for pain medications.</i> <i>Major recommendations included the following:</i></p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • Add quantity limits to hydrocodone-acetaminophen (360 per 30 days), tramadol-acetaminophen (120 per 30 days), and tramadol (240 per 30 days) to align with criteria and other dosage forms • List buprenorphine (Butrans®) transdermal patch nonformulary tier 5 to link relevant criteria • Remove morphine sulfate ER capsule from formulary due to lack of utilization and available alternative <p>PA Criteria Update:</p> <ul style="list-style-type: none"> • Update Long-Acting Opioids criteria to incorporate buprenorphine patch on par with methadone due to cost-effective alternatives available <p>DUR Update:</p> <ul style="list-style-type: none"> • Review concurrent opioid and benzodiazepine prescribing in Healthy Workers HMO and bring to future P&T prior to implementing a hard limit on benzodiazepine and opioid co-prescribing for this line of business • Separate DUR report evaluating ultra-high dose (>500 MME) opioid utilizers for Medi-Cal Rx Transition <p><u>Committee Discussion:</u> <i>The committee asked regarding implementation of FFS hard limit on concomitant opioid-benzodiazepine use. Clarified that continuation of care is allowed for current utilizing members, authorization is required for new starts of therapy.</i></p>	<p>VOTE: <u>Pain</u> Approved recommendations as presented.</p> <p><u>Opioids Therapeutic Class Review</u> <i>Vote: Unanimous approval (10/10)</i></p>
17.	<p><u>Pain</u> High-Dose Opioid Utilizers Drug Utilization Review (pp.114 - 116)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR monitoring review of high dose opioid users.</i></p> <p>Goal:</p> <ul style="list-style-type: none"> • Ensure that members prescribed high dose opioids continue to receive their opioid medication through the transition to DHCS Fee-for-Service Medi-Cal to avoid risky treatment disruption. <p>Summary:</p> <ul style="list-style-type: none"> • Members on non-buprenorphine high dose opioid regimens appear to have a stable access to prescription opioids • Members with high dose opioid use on buprenorphine are not at risk for treatment interruption during the upcoming transition but have potentially been negatively impacted by the COVID-19 pandemic • An analysis of buprenorphine data will be performed to determine how many members received only one buprenorphine prescription (single fill) and assess concomitant use of other 	Non-Voting Item

	Topic	Brought By	Discussion	Action
			<p>opioids</p> <ul style="list-style-type: none"> High-dose utilizer and buprenorphine analyses will be brought to SFHP's Pain and Opioid Workgroup for consideration and next steps of provider communication and support <p>Committee Discussion: <i>The committee commented on the overall increase of opioid overdoses observed in the general SF population since COVID-19 pandemic. Buprenorphine is carved out to FFS, and some utilizers reach 500mme on buprenorphine alone. There is concern, but not contraindication, with combination of buprenorphine and benzodiazepines and overall lesser concern of high dose use versus other opioids. Committee agreed that further analysis is warranted.</i></p>	
18.	<p>Topical Dental/Oral Miscellaneous Drugs Abbreviated Review (pp.117 - 120t)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for topical medications. Major recommendations included the following:</i></p> <p>Last reviewed: January 2018</p> <p>Formulary Update: (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> Add cevimeline (Evoxac®) 30 mg capsule to formulary tier 1 due to cost-effectiveness, with quantity limit #90 per 30 days based on maximum daily dosing <p>PA Criteria Update:</p> <ul style="list-style-type: none"> None (no active criteria) <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: Topical Approved recommendations as presented.</p> <p><u>Dental/Oral Miscellaneous Drugs Abbreviated Review</u> <i>Vote: Unanimous approval (10/10)</i></p>
19.	<p>Drug Utilization Review (DUR) Prospective Program Reports (pp.121 – 130)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented DUR program updates and reports for committee review and discussion</i></p> <p>Prospective DUR quarterly report Q3.2020</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> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee was informed that the data understates the decrease in utilization as the previous quarter also saw a large enrollment increase.</i></p>	Non-Voting Item

20.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.131 - 162)	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</p> <p><u>Pharm-01: Pharmacy and Therapeutics Committee</u></p> <p>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 in 2021. Date of the change is non-specific to allow room for change/delay if this occurs. <p><u>Pharm-03: Oversight of Delegated Pharmacy Provider Credentialing Process</u></p> <p>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 in 2021. Date of the change is non-specific to allow room for change/delay if this occurs. <p><u>Pharm-07: Emergency Medication Supply</u></p> <p>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 in 2021. Date of the change is non-specific to allow room for change/delay if this occurs. Added regulation to the reference section. <p><u>Pharm-08: Annual Review of Formulary, Prior Authorization Criteria, and Policies</u></p> <p>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 in 2021. Date of the change is non-specific to allow room for change/delay if this occurs. <p><u>Pharm-11: Member Reimbursements for Pharmacy Services</u></p> <p>Update:</p> <ul style="list-style-type: none"> Added to the policy statement and related procedures the separate handling of pharmacy services for the Medi-Cal line of business. Date of the change is nonspecific to allow 	<p>VOTE:</p> <p><u>Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)</u></p> <p>Approved recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (10/10)</u></i></p>
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			<p>room for change/delay if this occurs.</p> <ul style="list-style-type: none"> ○ SFHP responsibility for pharmacy services with service dates before the implementation of Medi-Cal Rx. ○ Medi-Cal Rx responsibility for services with dates of service on and after the date of implementation of Medi-Cal Rx. <ul style="list-style-type: none"> ● Medi-Cal members can submit reimbursement requests directly to DHCS through the out-of-pocket expense reimbursement (known as “Conlan”) process. <p><u>Pharm-13: After-Hours Pharmacy Access</u> Update:</p> <ul style="list-style-type: none"> • Updated policy to apply to Healthy Workers HMO as well as Medi-Cal. SFHP is committed to monitoring access to medications following a medical emergency even SFHP is not administering the benefit. <p><u>Committee Discussion:</u> <i>Further clarification was given to the committee that these policy changes for the Medi-Cal Rx transition will become effective “whenever it is implemented” as further delays in transition may occur.</i></p>	
21.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.163 - 164)	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><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	<p><u>VOTE:</u> <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approved recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (10/10)</u></i></p>
22.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.165 - 167)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p><u>Committee Discussion:</u> <i>The committee had no comments or questions.</i></p>	<p><u>VOTE:</u> <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (10/10)</u></i></p>
23.	Informational Update on COVID-19 and New Developments in the Pharmacy Market (pp.168 - 176)	Jenna Heath, Pharm. D	<p><i>The plan provided information on new developments in the pharmacy market.</i></p> <p><i>Supplemental COVID-19 update summary was provided to committee post P&T meeting via email</i></p>	<p><i>Non-voting item</i></p>

24.	Adjournment	James Glauber, MD	The meeting adjourned at 9:30 am. 2021-2022 P&T Committee Meeting dates are: <ul style="list-style-type: none">• Wednesday, April 21, 2021• Wednesday, July 21, 2021• Wednesday, October 20, 2021• Wednesday, January 19, 2022	
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Respectfully submitted by:



James Glauber, MD, MPH
Health Plan Physician Advisor

4/21/2021

Date