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Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 15, 2020

7:30AM – 9:30AM

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

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) Lisa Ghotbi, Pharm. D (SFHP Director of Pharmacy) Nicholas Jew, MD Joseph Pace, MD Ronald Ruggiero, Pharm. D Ted Li, MD Robert (Brad) Williams, MD Andrew MacDonald, Pharm. D Jamie Ruiz, MD Steven Wozniak, MD Jenna Lester, MD Laura Feeney, 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)
Members Absent:	Linda Truong, Pharm. D (Long term leave of absence) Maria Lopez, Pharm. D	
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 7:30 am. <ul style="list-style-type: none"> Conflict of interest check Agenda overview 	Conflict of Interest checked and instructions given. Introduction agenda topics done.

	Topic	Brought By	Discussion	Action
2.	Informational Updates	Lisa Ghotbi, Pharm. D	DHCS updates regarding Jan 2021 Pharmacy carve-out <ul style="list-style-type: none"> State hasn't published CDL yet. They're still taking input from work group on covered drugs and appeals. SFHP actively doing transition support and modifying P&P as needed to reflect changes in benefits. TAR vs standard PA process being reviewed 	
3.	Review and Approval of April 15, 2020 P&T minutes <i>(pp.5 - 16 of July 2020 P&T Packet)</i>	James Glauber, MD	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of April 15, 2020 P&T Minutes</u> Approved recommendations as presented. <i>Vote: Unanimous approval (12/12)</i>
4.	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes. Formulary Maintenance Items: <u>Cardiology: Antiarrhythmics</u> <i>(pp.20 - 22 of July 2020 P&T Packet)</i>	Kaitlin Hawkins, Pharm. D	<i>The following drug classes were reviewed for pertinent literature (including meta-analyses and pivotal clinical trials), guideline updates, and drug additions to or removals from market since last class review.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2018 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) <ul style="list-style-type: none"> Remove Multaq® (dronedarone) and pindolol from formulary due to limited use and multiple cost-effective alternatives available (grandfather current users) Prior Authorization Criteria Update: <ul style="list-style-type: none"> None Drug Utilization Review Update: <ul style="list-style-type: none"> None Committee Discussion: <i>The committee had no comments or questions.</i>	VOTE: <u>Formulary Maintenance Items:</u> Approved recommendations as presented. <i>Vote: Unanimous approval (12/12)</i> (Committee collectively voted on items 4 thru 11)

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5.	<p>Formulary Maintenance Items: <u>Dermatology:</u> Psoriasis (pp.23 - 24 of July 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: April 2019 Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> List tazarotene 0.05% topical cream non-formulary tier 5 in order to apply topical retinoid criteria for plaque psoriasis <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> Update Topical Retinoids criteria to include requirements for tazarotene in plaque psoriasis <p>Drug Utilization Review 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> Erythropoietin Stimulating Agents (pp.25 - 26 of July 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: October 2018 Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> Add Epogen®/Procrit® (epoetin alfa) 20,000 units/2 mL to formulary tier 3 PA required to align with other strengths List Mircera® (methoxy peg-epoetin beta) 50, 75, 100, 200 mcg/0.3 ml syringe non-formulary tier 5 to link PA criteria and align with other strengths <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> Update ESA criteria to include requirements for use in reduction of allogeneic red blood cell transfusions in patients undergoing surgery <p>Drug Utilization Review Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee asked if surgical utilization was captured in review, it is not as it is under medical benefits.</i></p>	

	Topic	Brought By	Discussion	Action
7.	<p>Formulary Maintenance Items: <u>Hematology:</u> Thrombocytopenia (pp.27 - 28 of July 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: October 2018 Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> List Promacta® oral powder packet tier 5 to link relevant criteria <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> Update Thrombocytopenia criteria to include requirements for Promacta® oral powder packet for pediatric indications only <p>Drug Utilization Review Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
8.	<p>Formulary Maintenance Items: <u>Pain:</u> Non-Opioid Management (pp.29 - 32 of July 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p>Last reviewed: October 2018 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> Remove acetaminophen 100mg/mL oral drops and nortriptyline 10mg/5mL oral solution from formulary due to no utilization and alternatives available Remove Savella® (milnacipran) tier 5 listing due to minimal use and limited place in therapy <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> None <p>Drug Utilization Review Update:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	
9.	<p>Formulary Maintenance Items: <u>Pain:</u> Systemic and Topical NSAIDs (pp.33 - 35 of July 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: October 2018 Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> List diclofenac 1.5% topical drops and diclofenac (Diclozor) 1% gel kit non-formulary tier 5 to link relevant criteria Remove oxaprozin tablet from formulary based on lack of utilization and available formulary alternatives <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> Update Topical NSAIDs criteria to list non-formulary forms of topical diclofenac above <p>Drug Utilization Review 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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10.	<p>Formulary Maintenance Items: <u>Psychiatry:</u> Antidepressants (pp.36 - 39 of July 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p>Last Reviewed: April 2018 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Add age limit ≤12 years to citalopram oral solution to restrict to pediatric use • Remove nefazodone tablet, clomipramine capsule and nortriptyline oral solution from formulary due to limited use and multiple cost-effective alternatives available (grandfather current users) • Remove tier 5 non-formulary listings for protriptyline tablet and perphenazine-amitriptyline tablet due to lack of relevant criteria and alternatives available <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> • Remove listings of discontinued desvenlafaxine formulations from Antidepressants criteria <p>Drug Utilization Review Update:</p> <ul style="list-style-type: none"> • Consider analysis of single fills versus continuous use for antidepressants <p>Committee Discussion: <i>The committee asked if data differentiated between indications of use as non-opioid pain vs depression. Claims data does not currently, a future DUR analysis could be done if committee wishes a more detailed examination.</i></p>	
11.	<p>Formulary Maintenance Items: <u>Psychiatry:</u> Antipsychotics (pp.40 - 43 of July 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p>Last reviewed: April 2018 Formulary Update: (Healthy Workers HMO)</p> <ul style="list-style-type: none"> • List Caplyta® (lumateperone) non-formulary tier 5 in order to link Oral Typical and Atypical Antipsychotics criteria to it for prior authorization reviews • Remove risperidone 1mg/mL oral syringe tier 5 listing as it is a repackaged product with available alternatives <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> • Update Oral Typical and Atypical Antipsychotics criteria to include Caplyta®, Secuado®, and fluphenazine oral solution <p>Drug Utilization Review 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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12.	<p>Endocrinology: Androgens Class Review (pp.44 - 55 of July 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for Endocrinology supplies and medications. Major recommendations included the following:</i></p> <p>Last reviewed: January 2019</p> <p>Formulary Update: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> • Add testosterone (Androgel®) 1.62% gel packets and gel pump to formulary tier 3, PA required to ensure appropriate diagnosis and treatment • List Jatenzo® and Striant® non-formulary tier 5 to link relevant criteria • Remove Androderm® patch from formulary due to cost-effective alternatives available on formulary • Remove testosterone (Fortesta®) 2% gel pump from formulary due to available alternatives and minimal utilization <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> • Update Testosterone Replacement criteria to reflect formulary changes listed above and add preference for both 1% and 1.62% gel products before use of non-formulary products • Update diagnosis criteria to include documentation of symptoms associated with low testosterone to align with guideline recommendations <p>Drug Utilization Review Update:</p> <ul style="list-style-type: none"> • Separate DUR analysis on testosterone use prevalence and duration <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Endocrinology: Approved recommendations as presented.</p> <p>Androgens Class Review <u>Vote: Unanimous approval (12/12)</u></p>
13.	<p>Endocrinology: Testosterone Use Prevalence and Duration Drug Utilization Review (pp.56 - 59 of July 2020 P&T Packet)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented a DUR Review in an effort to determine the prevalence of testosterone use for the SFHP Medi-Cal population and the typical duration of use for members.</i></p> <p>DUR Program Analysis</p> <ul style="list-style-type: none"> • Testosterone <p>Recommendations</p> <ul style="list-style-type: none"> • Enroll members 65 years old and older into the MTM program in order to evaluate medication safety • If warranted, outreach to the primary care providers for these members in order to suggest alternative treatments <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	Non-Voting Item

	Topic	Brought By	Discussion	Action
14.	<p><u>Infectious Disease:</u> Human Immunodeficiency Virus (HIV) Class Review (pp.60 - 79 of July 2020 P&T Packet)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a class review and recommendations for Infectious Disease medications. Major recommendations included the following:</i></p> <p>Last reviewed: April 2018</p> <p>Formulary Recommendations: (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> Remove didanosine 125, 200 mg capsule from formulary due to obsolete status (Healthy Workers HMO only) Add the following medications to formulary as guideline-recommended alternative single-tablet drug regimens: Symtuza®, Delstrigo®, Symfi®, and Symfi® Lo Remove stavudine 1 mg/mL oral solution, Norvir® 100 mg capsule, Invirase® 200 mg capsule from formulary due to obsolete status <p>Prior Authorization Criteria (PA) Recommendations:</p> <ul style="list-style-type: none"> Adopt new prior authorization criteria for appropriate use, requiring documentation of pertinent labs and sufficient trial or contraindication to/intolerance of hydroxyurea <p>Drug Utilization Review (DUR) Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Infectious Disease:</u> Approved recommendations as presented.</p> <p><u>Human Immunodeficiency Virus (HIV) Class Review</u> <i>Vote: Unanimous approval (12/12)</i></p>
15.	<p><u>Nephrology</u> Procysbi®/Cystagon® (cysteamine) Monograph (pp.80 - 86 of July 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and class review and recommendations for Pulmonology medications. Major recommendations included the following:</i></p> <p>Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> Maintain non-formulary at this time due to lack of utilization and limited indication for use <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> None (no active criteria) <p>Drug Utilization Review 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>Nephrology:</u> Approved recommendations as presented.</p> <p><u>Procysbi®/Cystagon® (cysteamine) Monograph</u> <i>Vote: Unanimous approval (12/12)</i></p>

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16.	<p>Neurology Anticonvulsants Class Review (pp.87 - 105 of July 2020 P&T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for Neurology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: October 2018 Formulary Update: (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> • Add Valtoco® (diazepam) and Nayzilam® (midazolam) nasal spray to formulary tier 2 with quantity limit #3 prescriptions per year due to limited alternatives available • Remove age limit from carbamazepine (Tegretol®) 200mg tablet to allow adult use as indicated • Expand age limit for clobazam (Onfi®) 2.5mg/mL oral suspension to ≤16 years to align with other non-solid dosage form anticonvulsants • Remove tier 5 listings for lamotrigine (Lamictal® XR) ER tablet, Peganone® (ethotoin) tablet, and phenobarbital 130mg/mL vial due to lack of relevant criteria and alternatives available • Add age limit ≤16 years to the following to restrict to pediatric use <ul style="list-style-type: none"> ○ phenytoin (Dilantin-125®) 125mg/5mL oral suspension ○ carbamazepine (Tegretol®) 100mg/5mL oral suspension • Remove from formulary due to limited or no utilization and alternative dosage forms available (grandfather current users): <ul style="list-style-type: none"> ○ phenytoin 100mg/4mL oral suspension (unit dose) ○ levetiracetam (Keppra® XR) ER tablet • Remove the following from formulary due to limited or no utilization, limited place in therapy, and alternatives available (grandfather current users) <ul style="list-style-type: none"> ○ Briviact® (brivaracetam) tablet ○ Fycompa® (perampanel) tablet ○ felbamate (Felbatol®) ○ tiagabine (Gabitril®) tablet <p>Prior Authorization Criteria Update:</p> <ul style="list-style-type: none"> • None (no active criteria) <p>Drug Utilization Review Update:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee commented on gabapentin's cross-therapy utilization frequency.</i></p>	<p>VOTE: Neurology: Approved recommendations as presented.</p> <p>Anticonvulsants Class Review <u>Vote: Unanimous approval (12/12)</u></p>

	Topic	Brought By	Discussion	Action
17.	<p>Neurology Ubrelvy™ (ubrogepant), Nurtec™ ODT (rimegepant), Reyvow® (lasmiditan) Monograph <i>(pp.106 - 117 of July 2020 P&T Packet)</i></p>	Jenna Heath, Pharm. D	<p><i>The plan presented a monograph and class review and recommendations for Pulmonology medications. Major recommendations included the following:</i></p> <p>Formulary Recommendations: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> List Ubrelvy™, Nurtec™ ODT, and Reyvow® non-formulary tier 5 to link new criteria <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> New criteria to address non-triptan medications for acute migraine treatment is proposed, requiring trial/failure of or contraindication to formulary alternatives <p>DUR Recommendations:</p> <ul style="list-style-type: none"> None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Neurology Approved recommendations as presented.</p> <p><u>Ubrelvy™ (ubrogepant), Nurtec™ ODT (rimegepant), Reyvow® (lasmiditan) Monograph</u> <u>Vote: Unanimous approval (12/12)</u></p>

	Topic	Brought By	Discussion	Action
18.	<p>Rheumatology Biologic and Non-Biologic DMARDs Class Review (pp.118 - 162 of July 2020 P&T Packet)</p>	<p>Jenna Heath, Pharm. D</p>	<p><i>The plan presented a class review and recommendations for Rheumatology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: January 2020 Formulary Recommendations: (Medi-Cal and Healthy Workers HMO):</p> <ul style="list-style-type: none"> • Add Actemra® pen to formulary and require prior authorization to align with other dosage forms • List Rinvoq™ tablet tier 5 in order to apply PA criteria; maintain non-formulary due to cost-effective alternatives within the JAK inhibitor subclass • List Ilumya™ syringe tier 5 nonformulary to align with current listing in PA criteria <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • Within Disease Modifying Biologics criteria: <ul style="list-style-type: none"> ○ add criteria for diagnosis of uveitis, nonradiographic axial spondyloarthritis and giant cell arteritis ○ update to include tier 5 formulary listings above ○ For diagnosis of ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis, update language to require trial/failure or contraindication of at least two different preferred biologic DMARDs with <u>different mechanisms of action</u> before using a non-preferred DMARD ○ update quantity limit section to include all applicable diagnoses <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • None <p><u>Committee Discussion:</u> <i>The committee was informed SFHP Medical Director Dr. Donald, who is a Rheumatologist, also reviewed recommendations presented.</i></p>	<p>VOTE: Rheumatology Approved recommendations as presented.</p> <p><u>Biologic and Non-Biologic DMARDs Class Review</u> <i>Vote: Unanimous approval (11/11)</i> *Member had to step out of meeting early*</p>

	Topic	Brought By	Discussion	Action
19.	<p>Topical Rectal Miscellaneous Preparations Abbreviated Review (pp.163 - 167 of July 2020 P&T Packet)</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: July 2019</p> <p>Formulary Recommendations: (Medi-Cal, Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> • No changes are recommended at this time <p>PA Criteria Recommendations:</p> <ul style="list-style-type: none"> • No changes are recommended to Rectiv® criteria <p>DUR Recommendations:</p> <ul style="list-style-type: none"> • None <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: Topical Approved recommendations as presented.</p> <p><u>Rectal Miscellaneous Preparations Abbreviated Review</u> <i>Vote: Unanimous approval (11/11)</i></p>
20.	<p>Drug Utilization Review (DUR)</p> <ul style="list-style-type: none"> • Retrospective Program Reports • Prospective Program Reports <p>(pp.168 – 186 of July 2020 P&T Packet)</p>	Tammie Chau, Pharm. D Kaitlin Hawkins, Pharm. D Jessica Shost, Pharm. D	<p><i>The plan presented DUR program updates and reports for committee review and discussion</i></p> <p>Retrospective Program Reports</p> <ul style="list-style-type: none"> • Benzodiazepine Dose and Duration of Use • Concurrent Opioid and CNS Depressant Prescribing <p>Prospective Program Reports</p> <ul style="list-style-type: none"> • Prospective DUR quarterly report Q1.2020 <p>Committee Discussion: <i>The committee asked regarding member utilization of multiple benzodiazepines and chronic usage, DUR review did take into these into account</i></p> <p><i>The committee asked if we were able to capture pharmacy data regarding members utilizing methadone clinics, which SFHP is unable to do currently. This may represent potential abuse issues being under evaluated.</i></p>	Non-Voting Item

21.	<p><u>Medication Therapy Management (MTM) 2019 Program Summary and Results</u> (pp.187 – 198 of July 2020 P&T Packet)</p>	Tammie Chau, Pharm. D	<p><i>The plan presented MTM program summary, reports, and recommendations for committee review and discussion</i></p> <p>MTM Program Goals</p> <ul style="list-style-type: none"> • Individualize an optimal medication regimen for members engaged in Care Management. • Support member self-management with medication knowledge and compliance aids. • Meet DHCS program expectations and NCQA accreditation requirements for MTM <p>Next Steps</p> <ul style="list-style-type: none"> • With the Medi-Cal Pharmacy Carve Out in January 2021, Pharmacy team can develop reports to identify and provide support to members on critical medications that cannot be interrupted during this transition. • Medication reconciliation can be useful to support members and providers in reviewing pharmacy access changes and reduce transition confusion. • The projected impact may require more pharmacy staffing to meet the medication therapy management needs. <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	Non-Voting Item
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22.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.199 - 227 of July 2020 P&T Packet)	Ralph Crowder, RPh	<p><i>The plan presented changes to the Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i></p> <p>Document Changes</p> <p><u>Pharm-02: Pharmacy Prior Authorization</u></p> <p>Update:</p> <ul style="list-style-type: none"> Incorporate DMHC's language for 'exigent circumstances'. Incorporate DMHCs request for clarification on circumstances where HW HMO members will receive a decision notification, as well as notice turn-around time for lack of medical documentation denials. <p><u>Pharm-14: Pharmacy Drug Utilization Review (DUR) Program</u></p> <p>Update:</p> <ul style="list-style-type: none"> Incorporate DHCS APL 19-012 to reduce opioid abuse and misuse of prescription drugs through prevention. Place days' supply restrictions for opioid-containing medications identified by the Prospective DUR program. Specify additional areas of focus in reporting/monitoring including: <ul style="list-style-type: none"> MME (Morphine Milligram Equivalent) accumulator reporting Concurrent use of opioid and antipsychotics report Incorporate FWA monitoring <p><u>Pharm-16: Pharmacy Systems User Access</u></p> <p>Update:</p> <ul style="list-style-type: none"> New policy required for NCQA describing user access controls for pharmacy applications and systems to ensure protection of member PHI stored in those systems. <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><u>Vote: Unanimous approval (11/11)</u></i></p>
23.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.228 - 232 of July 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p>Committee Discussion: <i>The committee had no comments or questions.</i></p>	<p>VOTE: <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approve recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (11/11)</u></i></p>

24.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.233 - 234 of July 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<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> <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	<u>VOTE:</u> <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approved recommendations as presented. <i><u>Vote: Unanimous approval (11/11)</u></i>
25.	Informational Update on New Developments in the Pharmacy Market (pp.235 - 244 of July 2020 P&T Packet)	Jenna Heath, Pharm. D	<i>The plan provided information on new developments in the pharmacy market.</i>	<i>Non-voting item</i>
26.	Adjournment	James Glauber, MD	The meeting adjourned at 9:30 am. 2020/2021 P&T Committee Meeting dates are: <ul style="list-style-type: none"> • Wednesday, October 21, 2020 • Wednesday, January 20, 2021 • Wednesday, April 21, 2021 • Wednesday, July 21, 2021 	

Respectfully submitted by:

James Glauber, MD, MPH
Chief Medical Officer

10/21/2020

Date