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## Pharmacy Services

### San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, October 21, 2020

7:30AM – 9:30AM

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

<b>Meeting called by:</b>	James Glauber, MD	<b>Minutes:</b> Luke Nelson, CPhT (SFHP Pharmacy Analyst) Back-up: Rudy Wu, CPhT (SFHP Pharmacy Analyst)
<b>Meeting Objective:</b>	Vote on proposed formulary and prior authorization (PA) criteria changes	<b>Type of meeting:</b> Quarterly
<b>Attendees:</b>	<b>Voting Members:</b> 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 Robert (Brad) Williams, MD Andrew MacDonald, Pharm. D Steven Wozniak, MD Laura Feeney, Pharm. D Maria Lopez, Pharm. D Linda Truong, Pharm. D	<b>Others in Attendance:</b> Kaitlin Hawkins, Pharm. D (SFHP Pharmacist) Ralph Crowder, R.Ph (SFHP Pharmacist) Jessica Shost, Pharm. D (SFHP Pharmacist) Sue Chen, CPhT (SFHP Pharmacy Compliance) Jenna Heath, Pharm. D (PerformRx Pharmacist) Patrick DeHoratius, Pharm. D (PerformRx Pharmacist)
<b>Members Absent:</b>	Ted Li, MD Jenna Lester, MD Jamie Ruiz, MD	
<b>Meeting Materials:</b>	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>	

	Topic	Brought By	Discussion	Action
1.	Call to Order	James Glauber, MD	The meeting was called to order at 7:32 am. <ul style="list-style-type: none"> <li>Conflict of interest check</li> <li>Agenda overview</li> </ul>	Conflict of Interest checked, and instructions given. Introduction agenda topics done.
2.	Informational Updates	Lisa Ghotbi, Pharm. D	DHCS updates regarding Jan 2021 Pharmacy carve-out <ul style="list-style-type: none"> <li>SFHP cannot pay pharmacy claims after January 1<sup>st</sup>, 100% of Medi-Cal pharmacy claims must go to Fee for Service and their PBM, Magellan</li> <li>New SFHP member cards will be sent out in December and contain Magellan's information</li> </ul>	

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			<ul style="list-style-type: none"> <li>• DHCS grandfathering medications based on plan paid claims for 6-month transition (increased from initial plan of 3 months)</li> <li>• DHCS honoring plan authorizations for the approved period up to one year, or up to five years for chronic medications</li> <li>• SFHP sending auth and claims data to Magellan ahead of time to help ease our members' transitions to FFS</li> <li>• SFHP will still be involved in medication adherence, utilization, and education</li> <li>• CDL is not yet finalized; opioid and controlled substance policies in line (not identical) to SFHP</li> </ul> <p><i>Supplemental slide deck of DHCS and FFS information was provided to committee post P&amp;T meeting via email</i></p>	
3.	Review and Approval of July 15, 2020 P&T minutes <i>(pp.5 - 19 of October 2020 P&amp;T Packet)</i>	James Glauber, MD	The committee approved the minutes as presented.	<p><b>VOTE:</b> <b>Review and Approval of July 15, 2020 P&amp;T Minutes</b> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (11/11)</i></p>
4.	Discussion and Recommendation for Change to SFHP Formulary and Prior Authorization Criteria for Select Drug Classes.  <b>Formulary Maintenance Items:</b> <u>Cardiology:</u> Heart Failure, Angina, Coronary Artery Disease <i>(pp.22 - 24 of October 2020 P&amp;T Packet)</i>	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.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> January 2019</p> <p><b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> <li>• Remove isosorbide dinitrate 40 mg ER tablet from formulary due to lack of utilization and alternatives available</li> </ul> <p><b>Prior Authorization (PA) Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Retire ranolazine and Entresto® criteria as both require step therapy and can be managed via general Step Therapy Exception criteria</li> </ul> <p><b>Drug Utilization Review (DUR) Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b> <i>The committee mentioned low utilization of Entresto® and recommended a future heart failure regimen DUR analysis.</i></p>	<p><b>VOTE:</b> <b>Formulary Maintenance Items:</b> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (11/11)</i> (Committee collectively voted on items 4 thru 10)</p>
5.	<b>Formulary Maintenance Items:</b> <u>Dermatology:</u> Atopic Dermatitis <i>(pp.25 - 26 of October 2020 P&amp;T Packet)</i>	Kaitlin Hawkins, Pharm. D	<p><b>Last reviewed:</b> April 2019</p> <p><b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> <li>• Correct age limits on tacrolimus ointments to reflect labeling (≥2y for 0.03%, ≥16y for 0.1%)</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Update Atopic Dermatitis criteria to reflect updated labeling for patient age across the class</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Committee Discussion:</b></p>	

	Topic	Brought By	Discussion	Action
			<i>The committee had no comments or questions.</i>	
6.	<b>Formulary Maintenance Items:</b> <u>Endocrinology:</u> Somatostatics (pp.27 - 28 of October 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<b>Last reviewed:</b> January 2019 <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> <li>Add Bynfezia Pen™ and Mycapssa® capsule to formulary tier 3 with PA required to ensure appropriate diagnosis</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>Update Somatostatic Agents criteria to include Bynfezia Pen™ and Mycapssa® and prefer generic octreotide</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	
7.	<b>Formulary Maintenance Items:</b> <u>Gastroenterology:</u> Constipation and Irritable Bowel Syndrome (pp.29 - 30 of October 2020 P&T Packet)	Jenna Heath, Pharm. D	<b>Last reviewed:</b> July 2019 <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> <li>Add Viberzi® to formulary tier 3 with PA required due to limited alternatives</li> <li>List Trulance® and Motegrity® tier 5 nonformulary in order to incorporate in existing criteria</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>Update Constipation Agents criteria to include Trulance® (IBS-C and CIC) and Motegrity® (CIC) and require trial of appropriate bowel regimen and preferred medications in the class</li> <li>Update Alosetron (Lotrenox®) criteria to include Viberzi® for IBS-D</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	
8.	<b>Formulary Maintenance Items:</b> <u>Neurology:</u> Alzheimer's and Dementia (pp.31 - 32 of October 2020 P&T Packet)	Jenna Heath, Pharm. D	<b>Last reviewed:</b> January 2019 <b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco) <ul style="list-style-type: none"> <li>No changes are recommended at this time</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b>Committee Discussion:</b> <i>The committee observed low utilization and discussed membership demographics; many older members are likely dual eligible making SFHP non-primary coverage for this medication class.</i>	
9.	<b>Formulary Maintenance Items:</b> <u>Neurology:</u> Parkinson's Disease (pp.33 - 35 of October 2020 P&T Packet)	Jenna Heath, Pharm. D	<b>Last reviewed:</b> January 2019 <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> <li>Remove tolcapone from formulary tier 3 PA required due to lack of utilization and available alternative</li> </ul> <b>PA Criteria Update:</b>	

	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> <li>Retire Tolcapone (Tasmar®) criteria due to formulary removal</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>	
10.	<p><b>Formulary Maintenance Items:</b> <u>Pulmonology:</u> Cystic Fibrosis (pp.36 - 37 of October 2020 P&amp;T Packet)</p>	Jenna Heath, Pharm. D	<p><b>Last Reviewed:</b> January 2019</p> <p><b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> <li>Remove quantity limit from acetylcysteine 100mg/mL vial for inhalation to align with other dosage forms</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Update Cystic Fibrosis criteria to include documentation of weight for use of any product in pediatric patients to align with labeling changes</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 asked about availability of liquid modulator therapies; liquids are not currently on the market, but granules are available for pediatric dosing.</i></p>	
11.	<p><b>Cardiology:</b> Dyslipidemia Class Review (pp.38 - 56 of October 2020 P&amp;T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a class review and recommendations for cardiology medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> April 2019</p> <p><b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> <li>Remove the following medications from formulary due to no utilization and available alternatives: <ul style="list-style-type: none"> <li>fibrate: choline fenofibrate (Trilipix®) DR capsule</li> <li>bile acid sequestrants: colestipol (Colestid®) 1g granule packet and 5g granules, colesevelam (Welchol®) powder packet and tablet</li> </ul> </li> <li>Remove tier 5 listings for fish oil DHA/EPA 120-180mg capsule, Antara® (fenofibrate, micronized) capsule, and niacin ER (Niaspan®) tablet due to alternatives available and lack of utilization</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Retire Bile Acid Sequestrants criteria due to lack of utilization and formulary removal of tier 3 products</li> <li>Update PCSK9 Inhibitors criteria to prefer Repatha® over Praluent® based on cost-effectiveness</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>Cardiology:</b> Approved recommendations as presented.</p> <p><b>Dyslipidemia Class Review</b> <u>Vote: Unanimous approval (11/11)</u></p>
12.	<p><b>Emergency:</b> Epinephrine for Anaphylaxis Abbreviated Review (pp.57 - 61 of October 2020 P&amp;T</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for emergency medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> April 2017</p>	<p><b>VOTE:</b> <b>Emergency:</b> Approved recommendations as presented.</p>

	Topic	Brought By	Discussion	Action
	Packet)		<p><b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> <li>No changes are recommended at this time</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>None</li> </ul> <p><b>Committee Discussion:</b> <i>The committee had no comments or questions.</i></p>	<p><b><u>Epinephrine for Anaphylaxis Abbreviated Review</u></b> <i>No vote required due to no recommended changes or DUR</i></p>
13.	<p><b>Endocrinology:</b> Isturisa® (osilodrostat) Monograph (pp.62 - 67 of October 2020 P&amp;T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented a monograph and class review and recommendations for endocrinology medications.</i> <i>Major recommendations included the following:</i></p> <p><b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> <li>Add Isturisa® to formulary tier 4 due to lack of indicated alternatives and require prior authorization to ensure appropriate use</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Implement new PA criteria requiring patient characteristics, lab values, surgical history and confirmed diagnosis based on pivotal study leading to approval</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 questioned if reauthorization would require improvement or cortisol normalization. SFHP will accept either documentation for reauthorization</i></p>	<p><b>VOTE:</b> <b>Endocrinology:</b> Approved recommendations as presented.</p> <p><b><u>Isturisa® (osilodrostat) Monograph</u></b> <i>Vote: Unanimous approval (11/11)</i></p>
14.	<p><b>Endocrinology:</b> Osteoporosis and Bone Disease Class Review (pp.68 - 82 of October 2020 P&amp;T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> April 2019</p> <p><b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> <li>Remove non-formulary tier 5 listings for alendronate 40 mg and etidronate 400 mg due to market removal</li> <li>Remove non-formulary tier 5 listings for injectable pamidronate and Miacalcin® (calcitonin) due to alternatives available</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Update Bisphosphonates criteria to reflect formulary changes above and include specific wording for risedronate immediate-release tablet requiring trial and failure of or inability to use alendronate only prior to approval, based on guideline recommendations and limitations of ibandronate efficacy</li> <li>Update Parathyroid Hormone criteria to include generic teriparatide but maintain preference of Tymlos®</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>Endocrinology:</b> Approved recommendations as presented.</p> <p><b><u>Osteoporosis and Bone Disease Class Review</u></b> <i>Vote: Unanimous approval (11/11)</i></p>
15.	<p><b>Nephrology</b> Chronic Kidney Disease (CKD)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a class review and recommendations for nephrology medications.</i></p>	<p><b>VOTE:</b> <b>Nephrology:</b></p>

	Topic	Brought By	Discussion	Action
	Mineral and Bone Disorder Class Review (pp.83 - 94 of October 2020 P&T Packet)		<i>Major recommendations included the following:</i> <b>Last reviewed:</b> July 2019 <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> <li>• Add sevelamer HCl to formulary tier 3 with PA required to prefer over brand phosphate binders based on cost-effectiveness due to generic competition</li> <li>• Remove Velphoro® and Auryxia® from formulary due to available alternatives and list tier 5 non-formulary to link relevant criteria</li> <li>• List Fosrenol® powder packets tier 5 non-formulary to link relevant criteria</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>• Update Phosphate Binders criteria to reflect above formulary changes and require tiered use of preferred formulations before non-formulary medications</li> <li>• Update Cinacalcet (Sensipar®) criteria to reflect generic status</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>• None</li> </ul> <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	Approved recommendations as presented.  <b><u>Chronic Kidney Disease (CKD) Mineral and Bone Disorder Class Review</u></b> <i>Vote: Unanimous approval (11/11)</i>
16.	<b><u>Neurology</u></b> Evrysdi™ (risdiplam) Monograph (pp.95 - 101 of October 2020 P&T Packet)	Jenna Heath, Pharm. D	<i>The plan presented a monograph and class review and recommendations for neurology medications.</i> <i>Major recommendations included the following:</i> <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> <li>• Add Evrysdi™ to formulary due to limited alternatives and require prior authorization to ensure appropriate use</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>• New criteria to address non-triptan medications for acute migraine treatment is proposed, requiring trial/failure of or contraindication to formulary alternatives</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>• None</li> </ul> <b>Committee Discussion:</b> <i>The committee commented on prices of other therapy options in the class, observing that Evrysdi™ may become the preferred first choice.</i>	<b>VOTE:</b> <b><u>Neurology</u></b> Approved recommendations as presented.  <b><u>Evrysdi™ (risdiplam) Monograph</u></b> <i>Vote: Unanimous approval (11/11)</i>
17.	<b><u>Neurology</u></b> Multiple Sclerosis Class Review (pp.102 - 118 of October 2020 P&T Packet)	Jenna Heath, Pharm. D	<b>Last reviewed:</b> January 2019 <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO) <ul style="list-style-type: none"> <li>• List Vumerity®, Bafiertam™, Kesimpta®, and Zeposia® tier 5 non-formulary to link relevant criteria</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>• Update Multiple Sclerosis criteria to:               <ul style="list-style-type: none"> <li>○ include generic dimethyl fumarate availability and formulary updates above</li> <li>○ clarify preferred products and combine criteria for non-preferred medications</li> </ul> </li> </ul>	<b>VOTE:</b> <b><u>Neurology</u></b> Approved recommendations as presented.  <b><u>Multiple Sclerosis Class Review</u></b> <i>Vote: Unanimous approval (11/11)</i>

	Topic	Brought By	Discussion	Action
			<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>	
18.	<p><b><u>Obstetrics and Gynecology</u></b>          Oriahnn® (elagolix-estradiol-norethindrone) Monograph          (pp.119 - 126 of October 2020 P&amp;T Packet)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a monograph and class review and recommendations for obstetrics/gynecology medications.</i>  <i>Major recommendations included the following:</i></p> <p><b>Formulary Update:</b>          (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> <li>Add Oriahnn® to formulary tier 3 and require prior authorization to ensure appropriate use</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>New criteria are proposed to ensure appropriate diagnosis and patient characteristics and prior use of first-line medications</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 recommended an adjustment of reauthorization time on PA criteria to better coincide with total length of therapy.</i></p>	<p><b>VOTE:</b>  <b><u>Obstetrics and Gynecology</u></b>          Approved recommendations with an adjustment of renewal authorization period from 12 months to 18 months.</p> <p><b><u>Oriahnn® (elagolix-estradiol-norethindrone) Monograph</u></b>  <i>Vote: Unanimous approval (11/11)</i></p>
19.	<p><b><u>Otorhinolaryngology:</u></b>          Allergy, Cough and Cold Abbreviated Review          (pp.127 -138 of October 2020 P&amp;T Packet)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for otorhinolaryngology medications.</i>  <i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> July 2019</p> <p><b>Formulary Update:</b>          (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> <li>Remove azelastine 0.15% nasal spray tier 5 non-formulary listing due to lack of criteria for use and alternatives available</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Remove duplicate listing of prescriber restriction from Therapeutic Allergenic Extracts Criteria</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><u>Otorhinolaryngology:</u></b>          Approved recommendations as presented.</p> <p><b><u>Allergy, Cough and Cold Abbreviated Review</u></b>  <i>Vote: Unanimous approval (11/11)</i></p>

	Topic	Brought By	Discussion	Action
20.	<p><b>Psychiatry</b> Dayvigo™ (lemborexant) Monograph (pp.139 - 148 of October 2020 P&amp;T Packet)</p>	Jenna Heath, Pharm. D	<p><i>The plan presented a monograph and class review and recommendations for psychiatry medications.</i> <i>Major recommendations included the following:</i> <b>Formulary Update:</b> (Medi-Cal and Healthy Workers HMO)</p> <ul style="list-style-type: none"> <li>List Dayvigo™ tier 5 non-formulary in order to link criteria</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Update Insomnia Medications criteria to include Dayvigo™ as non-formulary, aligned with Belsomra®</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>Psychiatry</b> Approved recommendations as presented.</p> <p><b><u>Dayvigo™ (lemborexant) Monograph</u></b> <i>Vote: Unanimous approval (11/11)</i></p>
21.	<p><b>Supplements:</b> Electrolytes, Vitamins, and Minerals Abbreviated Review (pp.149 -165 of October 2020 P&amp;T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented an abbreviated class review and recommendations for supplements.</i> <i>Major recommendations included the following:</i> <b>Last reviewed:</b> January 2019 <b>Formulary Update:</b> (Medi-Cal, Healthy Workers HMO, and Healthy San Francisco)</p> <ul style="list-style-type: none"> <li>Add riboflavin (B2) 100mg tablet (OTC) to formulary based on utilization and to align with FFS CDL</li> <li>Remove quantity limit from cyanocobalamin (B12) 100mcg tablet to align with other strengths</li> <li>Add age limit ≤12 years to cholecalciferol 10mcg/mL oral drops (OTC) to align with other liquids</li> <li>Remove the following medications from formulary due to lack of utilization and alternatives available: <ul style="list-style-type: none"> <li>cholecalciferol 1250mcg capsule, calcitriol 1mcg/mL oral solution</li> <li>calcium citrate-vitamin D3 200mg-125unit tablet</li> <li>amino acids-MVI-minerals-iron (Biotect Plus) oral liquid, Strovite Forte 10-1mg tablet, multivitamin-minerals-iron tablet (Thera-M), multivitamin (My Favorite Multiple) oral liquid, One Daily 4.5mg tablet, multivitamin (One Daily Men 50+) tablet, Purefe OB Plus capsule, multivitamin #74-iron-folic acid (Folivane OB) capsule</li> <li>multivitamin with fluoride (Tri-Vite +fluoride) 0.25mg/mL drops, MVI #17+ fluoride chew tablet, Children's Chewable (MVI #144) tablet</li> <li>multivitamin-lutein (Complete Senior) tablet</li> <li>folic acid 0.8mg tablet, folic acid-B6-calcium phosphate-ginger (Zingiber) tablet, levomefolate 7.5mg tablet</li> <li>Dialyvite 800-Ultra D tablet and folic acid-b complex-vit C (Super B Complex) tablet (OTC) [grandfather single user]</li> <li>niacin 250, 500mg ER capsule</li> <li>Klor-Con (potassium chloride) 15mEq ER tablet</li> </ul> </li> </ul>	<p><b>VOTE:</b> <b>Supplements:</b> Approved recommendations as presented.</p> <p><b><u>Electrolytes, Vitamins, and Minerals</u></b> <b><u>Abbreviated Review</u></b> <i>Vote: Unanimous approval (11/11)</i></p>



	Topic	Brought By	Discussion	Action
			<ul style="list-style-type: none"> <li>○ sodium fluoride (Ludent) chewable tablet, (Clinpro 5000) dental paste, (Flura-drops) 0.25mg/drop</li> <li>○ vitamin E 100unit/0.25 mL oral drops</li> </ul> <ul style="list-style-type: none"> <li>• Remove non-formulary listings for pyridoxine (B6) 100mg/mL vial and phytonadione (vitamin K) 10mg/mL ampule for injection due to lack of criteria and oral alternative available</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>• DUR analysis of vitamin D utilization reviewed separately</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	
22.	<p><b>Supplements:</b>  Vitamin D Retrospective Drug Utilization Review  (pp.166 -169 of October 2020 P&amp;T Packet)</p>	Jessica Shost, Pharm. D	<p><i>The plan presented DUR report evaluating Medi-Cal utilization of vitamin D</i></p> <p><b>DUR Analysis:</b></p> <ul style="list-style-type: none"> <li>• Analyze vitamin D prescribing for the SFHP Medi-Cal population and determine appropriateness of treatment based on indications for screening and dose</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Continue to advocate to DHCS for coverage under FFS following Medi-Cal Rx transition</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee commented that above-average HIV population and lack of sunlight in the Bay Area at large are likely factors in vitamin D utilization.</i></p>	Non-Voting Item
23.	<p><b>Drug Utilization Review (DUR)</b></p> <ul style="list-style-type: none"> <li>• Prospective Program Reports  (pp.170 – 179 of October 2020 P&amp;T Packet)</li> </ul>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented DUR program updates and reports for committee review and discussion</i></p> <p><b>Prospective Program Reports:</b></p> <ul style="list-style-type: none"> <li>• Prospective DUR quarterly report Q2.2020</li> </ul> <p><b>Committee Discussion:</b>  <i>The committee had no comments or questions.</i></p>	Non-Voting Item
24.	<p>Annual Pharmacy Policies and Procedures (P&amp;Ps) Review  (pp.180 - 192 of October 2020 P&amp;T Packet)</p>	Kaitlin Hawkins, Pharm. D	<p><i>The plan presented changes to the Pharmacy Policies and Procedures (P&amp;P) for P&amp;T committee annual review and approval:</i></p> <p><b>Document Changes</b></p> <p><b><u>Pharm-09: Pharmaceutical Patient Safety</u></b></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Policy retired.</li> </ul> <p><b><u>Pharm-10: Managed Care Pharmacy Residency Program</u></b></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>• Policy retired.</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 (11/11)</i></p>

	Topic	Brought By	Discussion	Action
25.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.193 - 194 of October 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<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>  <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	<b>VOTE:</b> <b><u>Review and Approval of Prior Authorization Criteria Interim Changes</u></b> Approved recommendations as presented.  <i>Vote: Unanimous approval (11/11)</i>
26.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.195 - 197 of October 2020 P&T Packet)	Kaitlin Hawkins, Pharm. D	<i>The plan presented interim formulary changes and formulary status for new drugs to market.</i>  <b>Committee Discussion:</b> <i>The committee had no comments or questions.</i>	<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.  <i>Vote: Unanimous approval (11/11)</i>
27.	Informational Update on New Developments in the Pharmacy Market (pp.198 - 211 of October 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>
28.	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"> <li>• Wednesday, January 20, 2021</li> <li>• Wednesday, April 21, 2021</li> <li>• Wednesday, July 21, 2021</li> <li>• Wednesday, October 20, 2021</li> </ul>	

Respectfully submitted by:

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James Glauber, MD, MPH  
Chief Medical Officer

1/20/2021

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Date