Pharmacy & Therapeutics Committee Meeting Minutes
Contra Costa Health Plan
June 13, 2025

Attendees:

X	*Sara Levin, MD CCHP Interim Chief Medical Director, Co-Chair
X	*David Gee, MD
	Irene Lo, Interim CCHP Chief Executive Officer
X	*Joseph Cardinalli, PharmD, Co-Chair (#)
X	Rebecca Lau, PharmD CCHP
	*Vijay Bhandari, MD
X	*Michael Clery, MD
	*Parham Gharagozlou, MD
X	Iryna Makukh, PharmD, PerformRx
X	Pauline Tran, PharmD, CCHP
	*Oliver Graham, MD
X	*Nicolas Barcelo, MD
	*Ogo Mbanugo, MD
X	*Olga Kelly, MD
	Barrie Cheung, PharmD, PerformRx
X	Patrick Dehoratius, PharmD, PerformRx
X	*Marjan Orellana, PharmD CCRMC
	Adeebeh Fakurnejad, PharmD CCRMC
X	Todd Laskowski, PerformRx
	Ruth Smith, RPh, PerformRx
	Erich Weiss, RPh, PerformRx
X	Liza Rosendale, PerformRx
*voting members, #scribe	

Topic	Discussion/Decision/Action	Follow-up Action
Call to Order	Pharmacy and Therapeutics Committee meeting was called to order at 12:32 pm on June 13, 2025 via virtual meeting (Teams) by Joe Cardinalli. Quorum is present. Introduced interim CMO Dr. Levin and CCHP Clinical Pharmacist Pauline Tran.	
Review/Approval of Previous Minutes	Motion by Dr. Gee and second by Dr. Levin and voted to approve the minutes from the March 2025 P&T meeting. If you notice any omissions, deletions or small changes that need to occur you can always send us a message.	Approved
Consent agenda (presented by Rebecca)	1) Remove criteria that is no longer relevant and use generic nonformulary criteria in place 2) Modified criteria to edit out typos and overly restrictive/outdated criteria 3) Preview potential criteria of recent FDA approved medications that could be presented in the future Dr. Gee asked about recently approved medications and if there would be time to present criteria to P&T before seeing requests. Joe answered that these meds are used for rare conditions and most likely would have Medical Director Review or IMR before approval. The P&T approved criteria would then be put into place once we know it is necessary for our population. Motion to approve by Dr. Gee and seconded by Dr. Levin Approved via vote. J code appendix criteria review -Becky presented the PAD criteria for supportive and supplemental care medications. Dr Gee asked if we could add these medications to the UM no auth list and Joe answered that all J codes require authorization, no PADs are considered no auth. Motion to approve by Dr. Gee and seconded by Dr. Kelly Approved via vote.	Approved
Policy and Procedure Reviews 1. COMM/MCAL Annual P&P Review 2. Initial Medicare DSNP P&P Approvals	1. Joe presented the annual Policy and Procedure review. The complete P&Ps were sent to the Committee along with the P&T packet. The P&T packet contained a chart of the changes made to the P&Ps during the annual review including changes to allow conversion into PolicyStat. These policies were reviewed by the committee members. There were no additional questions. Motion to approve by Dr. Gee and seconded by Dr. Barcelo Approved via vote. 2. Joe presented the initial Policy and Procedures for the upcoming Medicare DSNP line of business for initial P&T review and approval. The complete P&Ps were sent to the Committee along with the P&T packet. The P&T packet contained a chart of the policy numbers, policy names, purpose,	Approved

	regulations and highlights of the DSNP P&Ps. These policies were reviewed by the committee members. There were no additional questions. Motion to approve by Dr. Levin and seconded by Dr. Gee Approved via vote	
New criteria 1. Zepbound (tirzepatide) for Obstructive Sleep Apnea 2. Fertility Medication Criteria 3. Diclegis (doxylamine/pyridoxine) 4. Zunveyl (benzgalantamine) 5. Ocrevus (ocrelizumab)	i. **Zepbound (tirzepatide) for Obstructive Sleep Apnea Criteria:** Becky presented the proposed criteria for Zepbound for OSA as listed in P&T packet. The criteria was discussed by the committee. Dr. Levin stated that the understanding of a consult with a specialist would be counted as the interpretation of the sleep study (AHI score). The committee discussed that the original medication studies excluded patients with a history of type 1 or type 2 diabetes. Dr. Cleary asked if there was a concern of hypoglycemic events if a member was already on diabetes therapy and then started Zepbound for OSA. Dr Levin stated that provider management of diabetes with a GLP-1 like Zepbound is now standard and did not believe that hypoglycemic events would be an issue. The committee decided to remove the exclusion of hx of type 1 or 2 DM from the criteria. Motioned to approve by Dr Kelly and seconded by Dr Gee. Criteria approved by committee as listed in packet without the exclusion of hx of type 1 or 2 DM. ii. **Fertility Medication Criteria:** Joe presented the proposed criteria for Fertility Medications as listed in P&T packet. Joe stated that this criteria is being put in place so CCHP is compliant with SB 729. The criteria was discussed by the committee. Motioned to approve by Dr Gee and seconded by Dr Levin. Approved by committee as listed in packet. iii. **Diclegis (doxylamine/pyridoxine) Criteria:** Pauline presented the proposed criteria and medication write up for Diclegis as listed in P&T packet. Dr Levin stated that the over the counter medications (doxylamine and pyridoxine) are frequently used in clinical practice for this indication. The criteria was discussed by the committee. Dr Levin asked how to verify that the member had tried and failed the individual over the counter ingredients. Joe answered that it would be verified by the provider PA/notes. Motioned to approve by Dr Gee and seconded by Dr Levin. Approved by committee as listed in packet. iv. **Zunveyl (benzgalantamine):** Pauline presented the proposed criteria and medication write up for Zunveyl as listed in P&T packet. The criteria was discussed by the committee. Dr Clery asked about the level of GI events that would qualify as trial and failure. Joe stated that any documentation of GI side effects would be sufficient in the PA process. Dr. Gee proposed that this medication be listed as a Step Four medication in the criteria due to the cost. Dr Levin agreed since there are multiple oral options and transdermal options in the first three criteria steps. The committee decided to adjust the criteria listed in the packet to add a fourth step with only Zunveyl on that step and a step four criteria that the member has tried and failed a medication in step 1, 2 and 3 before the step 4 medication is approved. Motioned to approve updated criteria by Dr Levin and seconded by Dr Kelly. Approved by committee as detailed above. v. **Ocrevus Criteria:** Pauline presented the proposed criteria for Ocrevus as listed in P&T packet. The criteria was discussed by the committee. Dr. Clery mentioned that treatment of PPMS as soon as possible was important. Dr Gee asked about the prices and questioned if there should be tried and failed medications in the criteria because of the high cost. Marjan noted that the dosing for Ocrevus was dosed every 6 months after the initial dosing phase. It was noticed that the costs were listed in the packet as package size cost and not as a monthly or yearly cost since the dosage frequency differs for all of the other agents listed. Due to some pricing and clinical appropriateness confusion, the committee decided not to vote on the criteria listed in	Approved items 1-4 as detailed in the minutes. Item 5 was not voted on and will be addressed at the next P&T

	the packet and asked CCHP Pharmacy to update the pricing comparison and provide additional clinical research.	
Updates to existing criteria: 1. Durolane (hyaluronic acid) 2. Stelara (ustekinumab) biosimilar and specialty biologic agents criteria updates 3. Osteoporosis Criteria Update-Evenity (romosozumab)	i. **Durolane (hyaluronic acid) Status in Existing Criteria:** presented by Joe-presented as written in packet. Joe explained that currently Durolane is listed as non-preferred in the hyaluronic acid criteria and proposed moving it to a preferred status due to the evidence submitted in the packet. Committee agreed with recommendations as written. Motioned to approve by Dr Gee and seconded by Dr Kelly. Approved by committee as presented in packet. ii. **Ustekinumab biosimilar and biologic agents criteria update:** presented by Joe-presented as written in packet. Joe recommended adding Yesintek, Selarsdi and Otulfi to Step 2 and all other Stelara biosimilars to Step 3 due to potential cost savings. Committee agreed with recommendation and criteria as written. Motioned to approve by Dr Gee and seconded by Dr Clery. Approved by committee as presented in packet. iii. **Evenity (romosozumab):** presented by Becky-presented as written in packet. Committee agreed with criteria as written. Motioned to approve by Dr Gee and seconded by Dr Levin. Approved by committee as presented in packet.	All Updates Approved by Committee
Formulary Updates/Drug Class Reviews: i. Parkinson's Disease Agents ii. Anticonvulsant Class Review iii. ADHD Medication Class Review iv. Pegfilgrastim and biosimilar criteria review	i. **Parkinsons Disease Agents** (presented by Pauline) a. Presented information as written in packet. Pauline stated there are currently some strengths of pramipexole missing from the formulary and apomorphine is listed as formulary when it should be non-formulary due to non-usage and cost. The committee agreed with the recommendations as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Gee and seconded by Dr. Levin. This was approved by the committee. ii. **Anticonvulsant Class Review** (presented by Pauline) a. Presented information as written in packet. Pauline stated there is a Lamictal starter kit mistakenly listed on the formulary when all other starter kits require a PA. Dr Barcelo asked if the intention of the starter kit is to provide guidance on dosing which Pauline confirmed. The committee agreed with the recommendations as listed in the packet. A motion to approve the formulary changes as listed in packet was made by Dr. Barcelo and seconded by Dr. Levin. This was approved by the committee. iii. **ADHD Medication Class Review** (presented by Joe) a. Presented information as written in packet. Joe stated that there was missing criteria for members over 18 years old for medications that are formulary for members under 18. The criteria was presented as listed in the packet. The committee agreed with the criteria	Approved CCHP pharmacy unit to submit necessary changes to PBM and place auths as necessary

	as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Clery and seconded by Dr. Gee. This was approved by the committee. iv. **Pegfilgrastim and biosimilars** (presented by Becky) a. Presented information as written in packet. Becky stated there is are pegfilgrastim biosimilars missing from the criteria document. The criteria with the added biosimilars was presented. The committee agreed with the criteria updates as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Gee and seconded by Dr. Clery. This was approved by the committee. All formulary update changes approved by committee	
DUR Review and Health Plan Reports: i. Q1 2025 DUR observations and changes ii. Medi-Cal DURx- Measles Vaccination Prevents Outbreaks, Protects Californians and Pharmacists Furnishing of Nicotine Replacement Therapy Products iii. CCHP Clinical Project Review iv. Pharmacy Department Data	1. Rebecca presented the drug utilization review observations for Q1 2025 as highlighted in the packet. The change is to add Sublocade to the high dollar exception table to prevent rejections for the medication. A motion to approve this section was made by Dr. Levin and seconded by Dr. Clery. This was approved by the committee. 2. Rebecca presented the articles from Medi-Cal DURx regarding Measles Vaccination and Pharmacists Furnishing Nicotine Replacement Products. The committee reviewed the articles as written in the packet. 3. Joe presented the CCHP ongoing pharmacy department clinical project updates as listed in packet. Joe also highlighted several new projects that have been recently started. Joe also asked the committee to discontinue the RSV project due to lack of productive data since all usage seems appropriate. There was no objection from the committee about discontinuing the RSV project. 4. CCHP Pharmacy Department data was presented by Joe as written in P&T packet including PMPMs, PA data and turnaround time and medication cost and usage data. Meeting adjourned at 1:59 pm by Joseph Cardinalli	

Unless otherwise indicated below, Contra Costa Health Plan hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Pharmacy and Therapeutics Committee, dated June 13, 2025 and attached herein.

Excepted matters: none

Approved by CCHP Pharmacy and Therapeutics Committee:

9.12.2025

Committee Chair Signature Date

Levin, MD 9/12/25

Committee Co-Chair Signature Date