SAN FRANCISCO HEALTH PLAN *Here for you*	**Pharmacy Services** **San Francisco Health Plan Pharmacy & Therapeutics Committee** **Wednesday, October 18, 2023** **7:30AM – 9:30AM** **50 Beale St., 13th Floor, San Francisco, CA 94119**	
Meeting called by:	Kaitlin Hawkins, Pharm. D	**Minutes: Luke Nelson** (SFHP Pharmacy Analyst)
Meeting Objective:	Vote on proposed formulary and prior authorization (PA) criteria changes	**Type of meeting:** Quarterly
Member Votes Cast:	**Committee Chair:** Kaitlin Hawkins, Pharm. D (non-voting) **Voting Members:** Monique Yohanan, MD, MPH (SFHP Senior Medical Director) Nicholas Jew, MD Ronald Ruggiero, Pharm. D Linda Truong, Pharm. D Robert (Brad) Williams, MD James Lee, MD Jamie Ruiz, MD *remote attendance* Maria Lopez, Pharm. D Steven Wozniak, MD	**Others in Attendance:** Jessica Shost, Pharm. D (SFHP Clinical Pharmacist) Eileen Kim, Pharm. D (SFHP Clinical Pharmacist) Steve Nolan, Pharm. D (Magellan Rx Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager)
Members Absent:	Joseph Pace, MD	
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	Kaitlin Hawkins, Pharm. D	The meeting was called to order at 7:30 am. • Attendance/Quorum, including of notice of remote attendee (Dr. Ruiz) for medical reasons • Agenda overview • Conflict of interest check	Introduction and agenda topics done.
2.	Informational Updates	Kaitlin Hawkins, Pharm. D	Updates • Welcome and introduction of SFHP Senior Medical Director Dr. Monique Yohanan • CMO Eddy Ang has delegated voting membership to Dr. Yohanan	

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3.	Review and Approval of July 19, 2023 P&T minutes *(pp.5 - 17 of October 2023 P&T Packet)*	Kaitlin Hawkins, Pharm. D	The committee approved the minutes as presented.	**VOTE:** **Review and Approval of July 19, 2023 P&T Minutes** Approved minutes as presented. *Vote: Unanimous approval (7/7))*
4.	**Adjourned to Closed Session**	Kaitlin Hawkins, Pharm. D	Closed session began: 7:36 am.	
5.	**Endocrinology** Somatostatics Class Review *(pp.19 -28)*		*The plan presented recommendations for committee review via Consent Calendar portion of committee packet.* *Major recommendations included the following:* **Last reviewed:** October 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • No changes recommended **Prior Authorization (PA) Criteria Update:** • None (no active criteria) **Drug Utilization Review (DUR) Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** Collective vote on Consent Calendar items 5 through 15. ***Collective Consent Calendar Vote: Unanimous approval (8/8)*** (Dr. Lopez arrived at 7:41am)
6.	**Neurology** Daybue™ (trofinetide) Monograph *(pp. 29 - 34)*		*The plan presented recommendations for committee review via Consent Calendar portion of committee packet.* *Major recommendations included the following:* **Last reviewed:** N/A **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Maintain non-formulary at this time due to the rarity of the indicated disease state and early age of onset and lack of pediatric membership **PA Criteria Update:** • None; leverage Non-Formulary Medications criteria for any requests **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	

	Topic	Brought By	Discussion	Action
7.	**Pain** Non-Opioid Management Class Review (pp.35 - 42)		*The plan presented recommendations for committee review via Consent Calendar portion of committee packet.* *Major recommendations included the following:* **Last reviewed:** July 2020 **Formulary Update:** (Healthy Workers HMO and Healthy San Francisco): • Remove OTC lidocaine (LMX® 4) 4% cream from formulary to align with benefit and due to Rx alternatives available **PA Criteria Update:** • None (no active criteria) **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
8.	**Psychiatry** Attention Deficit Hyperactivity Disorder Class Review *(pp.43 – 55)*		*The plan presented recommendations for committee review via Consent Calendar portion of committee packet.* *Major recommendations included the following:* **Last reviewed:** July 2021 **Formulary Update***:* • Maintain lisdexamphetamine (Vyvanse®) capsule, Azstarys® (serdexmethylphenidate-dexmethylphenidate) capsule, Xelstrym® (dextroamphetamine) patch, and Dyanavel® XR (amphetamine) chewable tablet as nonformulary due to cost-effective alternatives available • Remove all age limits due to lack of pediatric membership **Prior Authorization (PA) Criteria Update:** • Update ADHD Criteria to reflect removal of age limits above **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
9.	**Drug Utilization Review (DUR) Reports:** Fraud, Waste and Abuse (FWA) DUR: Multiple Providers and Multiple Pharmacies 2Q2023 *(pp.56 - 59)*		*The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 2Q2023 for committee review via Consent Calendar portion of committee packet.* **Summary:** Members utilizing multiple pharmacies or multiple providers were likely to be on ten or more unique medications. The members with a high pharmacy utilization appeared to be at risk of avoidable waste. Members with high provider and pharmacy usage have increased ED usage and likely have multiple primary care providers. High multiple provider utilization may also present a risk for duplicative therapy, supported by evidence of high number of unique medications. **Recommendations:** • Refer members identified with concerning pharmacy or provider utilization and no prior engagement with the Care Management team to the SFHP Medication Adherence Program (MAP) • Outreach to medical groups and community support organizations to assist in streamlining care for these members	*Non-voting item*

	Topic	Brought By	Discussion	Action
			• Request data on average number of providers and pharmacies for comparison • Continue to monitor with quarterly reports **Committee Discussion:** *The committee had no comments or questions.*	
10.	**Drug Utilization Review (DUR) Reports:** FWA: Controlled Substances Review 2Q2023 *(pp.60 - 62)*		*The plan presented a Fraud, Waste and Abuse (FWA) DUR report on controlled Substances for 2Q2023 for committee review via Consent Calendar portion of committee packet.* **Summary:** The profile of an SFHP member with a controlled prescription is most likely to be white, 45 to 64 years-old, and English speaking. Of the members with the highest prescribing, a majority (74%) were on many medications, with less than half of their prescriptions being controlled substances. The prescribers with both a high quantity and a high rate of controlled substance prescribing were mostly from providers with a specialty that would likely prescribe primarily controlled medications. Those providers within the top ten who are general practitioners had a lower rate of controlled prescribing, likely reflecting a few members with chronic use. **Recommendations:** • Controlled substances should continue to be monitored in a quarterly report • Future reports should include a profile of a random provider with high controlled medication prescribing • Consider analyzing usage of controlled medications III-V for members and prescribers • Consider optimizing the tableau dashboard to better evaluate the members with the highest • controlled drug ratios • Filter out Medicare dual eligible members from future FWA reports **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
11.	**Drug Utilization Review (DUR) Reports** Antipsychotics Adherence DUR Report (pp 63 – 66)		*The plan presented a DUR report on antipsychotic adherence for committee review via Consent Calendar portion of committee packet.* **Summary:** No antipsychotic drug class had a PDC above 66%, suggesting that members prescribed antipsychotics have difficulty with adherence. This is further enforced by the high rate of single-fill non-adherence for second-generation antipsychotics. As seen in other diagnoses and drug classes, Asian members had higher adherence while Black members and those with race identified as “Other” had the lowest adherence. More information on the root cause of this heath disparity needs to be obtained. **Recommendations:** • Share report results with San Francisco Department of Public Health county behavioral health • Outreach to Black health advocacy groups for insights on possible causes of reduced medication adherence in this population	

	Topic	Brought By	Discussion	Action
			Committee Discussion: *The committee had no comments or questions.*	
12.	**Drug Utilization Review (DUR) Reports** Provider Education Materials: "Recommended Agents for Asthma and COPD on Medi-Cal Rx Contract Drug List and SFHP Healthy Workers HMO Formulary" *(pp. 67 - 69)*		*The plan presented provider education materials on asthma and chronic obstructive pulmonary disease (COPD) treatment coverage on Medi-Cal Rx Contract Drug List and SFHP Healthy Workers HMO Formulary for committee review via Consent Calendar portion of committee packet.* **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
13.	**Drug Utilization Review (DUR) Reports** Provider Education Materials: "2023 Global Initiative for Chronic Obstructive Lung Disease (GOLD) Report" *(pp.70 - 72)*		*The plan presented provider education materials on guideline-directed COPD management for committee review via Consent Calendar portion of committee packet.* **Key Points for Practice***:* • Combination long-acting beta agonist (LABA)+long-acting muscarinic antagonist (LAMA) is the preferred initial treatment choice for patients with COPD. • Long-term inhaled corticosteroid (ICS) monotherapy and LABA+ICS are not recommended regimens in COPD. **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
14.	**Drug Utilization Review (DUR) Reports** Magellan Rx Retrospective DUR Quarterly Activities 3Q2023 *(pp.73 – 75)*		*The plan presented retrospective DUR activities pertaining to Healthy Workers HMO for committee review via Consent Calendar portion of committee packet.* **Summary***:* Magellan Rx reviews of the Healthy Workers HMO population have found a small number of members with concerning prescribing based on the topics of interest. This is consistent with the relatively small and engaged population of Healthy Workers HMO members (in comparison to Medi-Cal). Continued monitoring for different areas of rDUR interest will identify any concerning prescribing behavior or possible topics that require further intervention. **Sample DUR Letter(s):** • Migraine letter **Committee Discussion:** *The committee had no comments or questions.*	*Non-voting item*
15.	**Drug Utilization Review (DUR) Reports** Quarterly Prospective DUR Report		*The plan presented a 2Q2023 DUR report on prospective edits for committee review via Consent Calendar portion of committee packet.* **Summary & Recommendations**	*Non-voting item*

	Topic	Brought By	Discussion	Action
	2Q2023 *(pp. 76 - 84)*		This report and analysis provide regular oversight for prospective DUR edits, including denial and report-only errors, and supports optimization of the formulary for safe and effective treatment while preventing waste and abuse. Reporting Recommendations: • Continue quarterly review of the Prospective DUR Report, with presentation of notable findings and resulting recommendations for formulary changes to P&T as needed. Drug-Specific Formulary Recommendations: • None DUR Education Recommendations: • None **Committee Discussion:** *The committee had no comments or questions.*	
16.	**Cardiology** Anticoagulants Class Review *(pp.86 - 102)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for cardiology medications.* *Major recommendations included the following:* **Last reviewed:** April 2021 **Formulary Update:** (Healthy Workers HMO only): • Add Pradaxa® (dabigatran) 110 mg to formulary tier 3 with quantity limit and PA required to align with other strengths (Healthy Workers HMO and Healthy San Francisco): • Remove Savaysa® (edoxaban) from formulary due to lack of utilization and cost-effective alternatives available **PA Criteria Update:** • Update Direct Factor Xa Inhibitors criteria to reflect formulary changes above **DUR Update:** • None **Committee Discussion:** *The committee commented on recent dabigatran shortage; this drug remains non-preferred on SFHP formulary.*	**VOTE:** **Cardiology:** Approved recommendations as presented. **Anticoagulants Class Review** *Vote: Unanimous approval (8/8)*

	Topic	Brought By	Discussion	Action
17.	**Cardiology** Heart Failure, Angina & Coronary Artery Disease Class Review *(pp.103 - 124)*	Eileen Kim, Pharm. D	*The plan presented a class review and recommendations for cardiology medications.* *Major recommendations included the following:* **Last reviewed:** April 2022 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain Inpefa® (sotagliflozin) and Aspruzyo Sprinkle™ (ranolazine) as non-formulary due to cost-effective alternatives available **PA Criteria Update:** • Remove ejection fraction requirement for Farxiga® (dapagliflozin) to reflect FDA approved indication for heart failure with preserved ejection fraction **DUR Update:** • None **Committee Discussion:** *Dr Truong commented that new diagnosis/new start therapy isn't common from a PCP, more often from a referred cardiologist.* *Dr Lee inquired about member pill burden and evaluations.* *Dr Truong inquired about further DUR reviews in the future.* *Dr Wiliams proposed expanding the Step Therapy for heart failure diagnoses for member access.*	**VOTE:** **Cardiology:** Approved recommendations with the modification of updating step logic for formulary sodium-glucose co-transport 2 (SGLT2) inhibitors Jardiance® (empagliflozin) and Farxiga® (dapagliflozin) to allow claims to pay for patients with prior optimal therapy: beta blocker, and angiotensin receptor-neprilysin inhibitor (ARNI), angiotensin converting enzyme (ACE) inhibitor, or angiotensin receptor blocker (ARB). **Heart Failure, Angina & Coronary Artery Disease Class Review** *Vote: Unanimous approval (9/9)* (Dr. Ruiz joined remotely at 8:01am)

18.	**Neurology**
	Sleep Disorders (Narcolepsy) Class Review
	(pp.125 - 136)
		Eileen Kim, Pharm. D	*The plan presented a class review and recommendations for neurology medications.*
			Major recommendations included the following:
			Last reviewed: January 2020
			Formulary Update*:*
			(Healthy Workers HMO and Healthy San Francisco):
			• Maintain Xywav® (calcium, magnesium, potassium, and sodium oxybates) and Lumryz™ (sodium oxybate) as non-formulary due to cost-effective alternatives available and lack of utilization
			PA Criteria Update:
			• Update Sleep Disorder Medications criteria to reflect the following updated clinical guidelines:
			  ○ Add coverage criteria for modafinil in idiopathic hypersomnia
			  ○ Remove coverage criteria for modafinil in depression augmentation
			• Update Sodium Oxybate criteria to include coverage requirements for Lumryz™ and for Xywav® in idiopathic hypersomnia
			DUR Update:
			• None
			Committee Discussion:
			The committee had no comments or questions.
				VOTE:
				Neurology:
				Approved recommendations as presented.
				
				Sleep Disorders (Narcolepsy) Class Review
				Vote: Unanimous approval (9/9)

	Topic	Brought By	Discussion	Action
19.	**Neurology** Skyclarys (omaveloxolone) Monograph *(pp.137 - 148)*	Kaitlin Hawkins, Pharm. D	*The plan presented a monograph and recommendations for a neurology medication.* *Major recommendations included the following:* **Last reviewed:** N/A **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Add Skyclarys™ to formulary tier 3 with PA required and quantity limit of #90 tablets per 30 days **PA Criteria Update:** • Implement new PA criteria requiring documentation of diagnosis and baseline cardiac and hepatic laboratory data **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Neurology:** Approved recommendations as presented. **Skyclarys (omaveloxolone) Monograph** *Vote: Unanimous approval (9/9)*
20.	**Ophthalmology** Glaucoma Class Review *(pp.149 – 161)*	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for ophthalmology medications.* *Major recommendations included the following:* **Last reviewed:** April 2021 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Remove age limit from latanoprost (Xalatan®) 0.005% ophthalmic drops due to lack of such restriction in the labeling • Add travoprost (Travatan Z®) 0.004% PF ophthalmic drops to formulary tier 1 based on comparative cost-effectiveness **PA Criteria Update:** • Update Ophthalmic Glaucoma Agents criteria to reflect formulary changes above **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Ophthalmology:** Approved recommendations as presented. **Glaucoma Class Review** *Vote: Unanimous approval (9/9)*

	Topic	Brought By	Discussion	Action
21.	**Otorhinolaryngology** Allergy, Cough, & Cold Medications Abbreviated Review (pp. 162 – 175)	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for otorhinolaryngology medications.* *Major recommendations included the following:* **Last reviewed:** October 2020 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain Ryaltris™ (olopatadine-mometasone) non-formulary due to lack of utilization and alternatives available • Remove quantity limit from levocetirizine tablet based on lack of misuse risk and to align with other antihistamines • Remove minimum age limits from the following products due to lack of pediatric population: promethazine tablet, promethazine-dextromethorphan syrup, promethazine-codeine syrup • Remove the following oral liquid dosage forms from formulary due to minimal utilization and cost-effective alternatives available: hydroxyzine oral solution, promethazine syrup, cyproheptadine syrup, promethazine-phenylephrine syrup • Remove fluticasone propionate 50mcg nasal spray (OTC) from formulary to align with the Evidence of Coverage and based on minimal utilization and available alternatives (Healthy San Francisco only) • Remove all OTC products due to lack of utilization and to align with Healthy Workers HMO, except cetirizine (Zyrtec®) tablet, fexofenadine (Allegra®) tablet, and loratadine (Claritin®) tablet **PA Criteria Update:** • Update Therapeutic Allergenic Extracts criteria to reflect new age labeling for Odactra® (house dust mite extract) and to clarify wording on preferred alternatives **DUR Update:** • None **Committee Discussion:** *Dr Yohanan asked regarding crushable tablets within the class possibly being difficult. Dr Hawkins clarified that SFHP has the Solid Oral Substitution criteria to address any PA submissions with identified issues such as g-tubes.*	**VOTE:** **Otorhinolaryngology:** Approved recommendations as presented. **Allergy, Cough, & Cold Medications Abbreviated Review** *Vote: Unanimous approval (9/9)*
22.	**Psychiatry** Antidepressants Therapeutic Class Review (pp. 176 – 194)	Jessica Shost, Pharm. D	*The plan presented a class review and recommendations for psychiatry medications.* *Major recommendations included the following:* **Last reviewed:** July 2021 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain Auvelity® (bupropion-dextromethorphan) as non-formulary due to cost-effective alternatives available • Remove doxepin and nortriptyline oral syrups from formulary due to lack of utilization and lack of pediatric population **PA Criteria Update:** • Update Antidepressants criteria to add Auvelity® to the list of non-formulary drugs	**VOTE:** **Psychiatry:** Approved recommendations as presented. **Antidepressants Therapeutic Class Review** *Vote: Unanimous approval (9/9)*

	Topic	Brought By	Discussion	Action
			DUR Update: • Review separate DUR analysis of antidepressant adherence and prescribed regimens **Committee Discussion:** *The committee had no comments or questions.*	
23.	**Psychiatry** Antidepressants Adherence DUR Report (pp. 195 - 199)	Jessica Shost, Pharm. D	*The plan presented a DUR report on antidepressant adherence. Major recommendations included the following:* **Goal:** Assess adherence for Medi-Cal members on antidepressants. **Summary:** No antidepressant class had an average PDC over the 80% threshold for adherence. First line antidepressant classes, SSRIs and SNRIs, have higher average PDCs than other antidepressant drugs at around 70%. SARIs have the lowest PDC, but this is likely due to their use in other indications: trazodone is commonly prescribed for insomnia and may be used as needed. Medications that required prior authorization did not have higher rates of adherence, as has been seen in other drug classes. Black members had lower rates of adherence compared with other racial groups, as did younger members. **Recommendations:** • Bring report to future collaborative meetings with medical groups to discuss possible interventions. • Explore piloting a follow-up call from a clinician using existing Population Health resources for members who are new-starts on antidepressant medications. **Committee Discussion:** *Dr Ruggiero commented that provider discussions of mental health care with patients are very important, and continuing therapy even if patients are feeling better. Dr Wozniak commented that difficulties arise convincing patients that therapy manages conditions, unlike curing a cold, which can lead to adherence drop off after symptom improvements.*	*Non-voting item*
24.	**Psychiatry** Antidepressants Regimen DUR Report (pp. 200 - 202)	Jessica Shost, Pharm. D	*The plan presented a DUR report on antidepressant regimen options. Major recommendations included the following:* **Summary:** A majority of members (75%) on antidepressants received only one drug class during the entire review period. This follows both guideline recommendations for starting therapy with one medication and avoids the risk of additive toxicities, including serotonin syndrome. Of the members on multiple classes of medications, 64% were taking one of the therapies recommended to be used as adjunctive and 70% experienced a sufficient trial of at least one medication class. While it appears that most antidepressant prescribing is within the recommended limits, members receiving three or more classes of medications in one year are at risk of insufficient therapy trials or additive toxicity from multiple serotonergic medications. **Recommendations:** • Consider a review of members with three or more classes of	*Non-voting item*

	Topic	Brought By	Discussion	Action
			antidepressant medication through the Medication Adherence Program (MAP), Carelon, or other available resources. • Meet with internal SFHP behavioral health experts and the external Carelon team to determine existing resources for provider and member education around antidepressant adherence. **Committee Discussion:** *Dr Yohanan commented that Carelon engagement with psychiatrist check-ins is a useful tool. Dr Wozniak inquired about the generally less popular tricyclic medications and their use in migraine therapy. Dr Shost stated that the plan can investigate tricyclic utilization stratified by dose as a and provide an update at a later time.*	
25.	**Rheumatology** Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Therapeutic Class Review (pp. 203 - 259)	Kaitlin Hawkins, Pharm. D	*The plan presented a class review and recommendations for rheumatology medications.* *Major recommendations included the following:* **Last reviewed:** April 2022 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Add adalimumab biosimilars Cyltezo® (adalimumab-adbm) and Amjevita™ (adalimumab-atto) to formulary tier 3 with PA required, on par with Humira® • Add Xeljanz®/XR (tofacitinib) to formulary tier 3 with PA required and allow approval following step through formulary TNFi per the labeling, based on utilization and to expand formulary coverage for labeled indications • Removed Taltz® (ixekizumab) from formulary due to cost-effective alternatives available and authorize continuity for any current utilizers (Healthy San Francisco only) • Add cyclosporine, modified capsule to formulary tier 1 to align with Healthy Workers HMO **PA Criteria Update:** • Update Disease Modifying Drugs and Biologics criteria with formulary changes above and to reflect the following clinical updates: o New indications polymyalgia rheumatica for Kevzara® and CD for Rinvoq® (upadacitinib) o Cosentyx® (secukinumab) dosing up to 300 mg every four weeks for most indications per labeling o Incorporate Litfulo™ (ritlecitinib) into criteria for alopecia areata requiring use of Olumiant® (baricitinib) **DUR Update:** • None **Committee Discussion:** *Dr Nolan clarified that for rebating opportunities Taltz® and Xeljanz® formulary changes should be postponed to 1/1/2024.*	**VOTE:** **Rheumatology:** Approved recommendations as presented. **Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Therapeutic Class Review** *Vote: Unanimous approval (9/9)*
26.	**DUR Program Updates, Reports, and/or Educational Items**	Jessica Shost, Pharm. D	*The plan presented a DUR report on high dose opioids and CNS depressants utilization.*	*Non-voting item*

	Topic	Brought By	Discussion	Action
	High Dose Opioids and Concurrent Central Nervous System Depressants DUR Report *(pp.260 - 265)*		**Summary** Overall opioid prescribing has fallen during the past two years, from 3,104 to 2,974 members. Concurrent opioid and benzodiazepine prescribing has also fallen, from 7.5 to 3.9%. The only CNS depressants that did not see a downward trend in co-prescribing were gabapentinoids. The proportion of members with opioid prescriptions on high dose opioids has also fallen, from 24.3% to 14.1%. Unfortunately, during the same period, fatal opioid overdoses in San Francisco have more than doubled. Fentanyl has entered the illicit drug supply in San Francisco and driven overdoses. While the safety issue of new start opioids and concurrent CNS depressant use has improved, the new focus for opioid safety must be around illicit opioid use and harm reduction interventions. **Recommendations** • Discuss the opioid and overdose trends with the internal SFHP Pain and Opioid Workgroup. • Outreach to community organizations that are currently addressing illicit opioid use for information sharing and support. • Continue to publish information in the SFHP Medi-Cal member newsletter ("Your Health Matters") around opioids, overdoses, and treatment. • Continue to update the "Pain Management" SFHP website page with links to resources for members and providers. **Committee Discussion:** *Dr Jew asked if members had access to fentanyl test strips.* *Dr Shost clarified that neither SFHP nor Medi-Cal Rx covers those strips as a benefit, but both cover Narcan despite its OTC status. Fentanyl strips are available from other organizations in San Francisco.* *Dr Ruiz noted that both medical and behavioral treatments are necessary for opioid use disorder treatment, and asked how the plan identifies members with illicit usage overdoses. Dr Shost explained that all reported member overdoses are tracked. Also, that coordination discussions continue with Carelon and the Pain & Opioid Workgroup.*	
27.	**Reconvene in Open Session**	Kaitlin Hawkins, Pharm. D	Open session resumed: 9:17 am.	
28.	Annual Pharmacy Policies and Procedures (P&Ps) Review *(pp.266 - 288)*	Sue Chan	*The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:* **Document Changes** ***Pharm-02:*** *Pharmacy Prior Authorization* **Update:** This policy is up for annual review. Removed HW HMO reference in the PA TAT requirements section header as the policy is now only applicable to HW HMO after the transition of the pharmacy benefit to Medi-Cal Rx. Under the PA Review procedures section (2.B.3.i), updated the list of SFHP P&T Committee- approved general PA criteria used for PA review to reflect current general PA Criteria in use. ***Pharm-03:*** *Pharmacy Network Credentialing*	**VOTE:** **Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)** Approved recommendations as presented. *Vote: Unanimous approval (9/9)*

	Topic	Brought By	Discussion	Action
			Update: This policy is up for annual review. No updates are needed at this time. ***Pharm-14:*** *Pharmacy DUR Program* **Update:** This policy is up for annual review. Clarified SFHP's Prospective DUR program is only applicable to Healthy Workers HMO following Medi-Cal Rx carveout. • Updated educational program section to highlight SFHP's Qualified Health Educator role and add to the list of available educational modalities. • Updated affected departments to reflect current structure. • Updated related policies to include relevant member materials policies. • Updated references include DHCS APL 23-016 (9/23/23) and replace prior APL 19-012. **Committee Discussion:** *The committee had no comments or questions.*	
29.	Review and Approval of Prior Authorization Criteria Interim Changes *(pp.289 - 290)*	Eileen Kim, Pharm. D	*The plan presented Prior Authorization Criteria interim changes (New Criteria, Revised Existing Criteria & a table of criteria that were evaluated per the Annual review process where no clinical changes were made) for review and approval.* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Prior Authorization Criteria Interim Changes** Approved recommendations as presented. *Vote: Unanimous approval (9/9)*
30.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market *(pp.291 - 294)*	Eileen Kim, Pharm. D	*The plan presented interim formulary changes and formulary status for new drugs to market.* **Committee Discussion:** *The committee had no comments or questions.*	**VOTE:** **Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** Approve recommendations as presented. *Vote: Unanimous approval (9/9)*
31.	**Appendix** Magellan Pipeline Report 3Q2023 *(pp. 295 - 349)*	Steve Nolan, Pharm. D	*The plan provided information published by Magellan Rx regarding new developments in the pharmacy market as of Q3 2023.*	*Non-voting item*
32.	Adjournment	Kaitlin Hawkins, Pharm. D	The meeting adjourned at 9:31 am. 2024 P&T Committee Meeting dates are: • Wednesday, January 17, 2024 • Wednesday, April 17, 2024 • Wednesday, July 17, 2024 • Wednesday, October 16, 2024	

Respectfully submitted by:

1/17/2024

Kaitlin Hawkins, PharmD, BCPS
Pharmacy & Therapeutics Committee Chair, on behalf of

Eddy Ang, MD
Chief Medical Officer

Date