



Pharmacy Services
San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 21, 2026
 7:30AM – 9:30AM
 50 Beale St., 13th Floor, San Francisco, CA 94119

Meeting called by:	Steve O'Brien, MD	Minutes: Luke Nelson (SFHP Pharmacy Operations Program Manager)
Meeting Objective:	Vote on proposed formulary and prior authorization (PA) criteria changes	Type of meeting: Quarterly
Member Votes Cast:	Committee Chair: Steve O'Brien, MD (SFHP Chief Medical Officer) Voting Members: Brian Ellsworth, PharmD (SFHP Pharmacy Director) James Lee, MD Nicholas Jew, MD Robert (Brad) Williams, MD Linda Truong, PharmD Jamie Ruiz, MD Ronald Ruggiero, PharmD	Others in Attendance: Eileen Kim, PharmD (SFHP Clinical Pharmacist) Thy Pham, PharmD (SFHP Clinical Pharmacist) Katrina (Katie) Vo, PharmD (SFHP Clinical Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager) Ai Quynh Nguyen, PharmD (Prime Therapeutics Pharmacist) Guests: none
Members Absent:	Joseph Pace, MD Steven Wozniak, MD	
Meeting Materials:	Summary of all approved changes is posted under "Materials" section at https://www.sfhf.org/about-us/committees/pharmacy-and-therapeutics-committee/ SFHP formulary and prior authorization criteria are located at https://www.sfhf.org/providers/pharmacy-services/sfhf-formulary/	

	Topic	Brought By	Discussion	Action
1.	Call to Order	Steve O'Brien, MD	The meeting was called to order at 7:30 am. <ul style="list-style-type: none"> Attendance/Quorum Agenda overview 	Introduction and agenda topics done.
2.	Review and Approval of October 2025 P&T minutes <i>(pp.5 – 13 of October 2025 packet)</i>	Steve O'Brien, MD	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of October 2025 P&T minutes</u> Approved minutes as presented. <i><u>Vote: Unanimous approval (7/7)</u></i>
3.	Chief Medical Officer and Pharmacy Director Informational Updates	Steve O'Brien, MD Brian Ellsworth, PharmD	<ul style="list-style-type: none"> Budget updates for SFHP in 2026 <ul style="list-style-type: none"> Medi-Cal line of business faces budget challenges. 	<i>Non-voting item</i>

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			<ul style="list-style-type: none"> ○ State and Federal budgets have been released, severe cutbacks across the board. 1 in 4 people losing Medicaid access reside in California. ○ Undocumented population most affected, and utilization is dropping. Could lose 20% membership, as enrollment lists are being shared with ICE and work requirements. ○ Medical respite sites have increased from 1 to 9 in an attempt to keep people off the streets and avoid federal involvement or national guard deployment into the city. ○ With moving to a standard formulary the staff will be able to have more time to be more proactive with provider outreach and communication. PADs will eventually be brought to P&T committee when pharmacy starts taking it on. 	
4.	DSNP STARs Presentation	Katie Vo, PharmD	<p>Dr. Vo presented an overview of SFHP's Care Plus D-SNP formulary and STARS program for review and discussion.</p> <p><u>Committee Discussion:</u> <i>Dr. Ruggiero inquired whether delivery fees were charged separately to members using mail order pharmacies. Dr. Vo stated that cost was part of the claim and not a member responsibility. Dr. Elsworth stated that Part B claims have a 20% coinsurance remaining, which can then be billed to Medi-Cal Rx. Dr. Williams inquired about low-income subsidy (LIS) level determination. Dr. Vo explained that LIS levels are determined by annual income as reported to CMS. Dr. O'Brien stated the plan rating for STARS is very important, and the plan aims for a 3.5 to 4* rating for rebating to reinvest into the plan and supplemental benefits. SFHP has opted for the more enhanced delegation package from our PBM as we learn more about what can be brought in-house.</i></p>	<i>Non-voting item</i>
5.	Adjourned to Closed Session	Steve O'Brien, MD	Closed session began at 8:11 am	
6.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.23 – 25)	Eileen Kim, PharmD	<p>The plan presented interim formulary changes and formulary status for new drugs to market.</p> <p><u>Committee Discussion:</u> <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> Approved recommendations as presented.</p> <p><i>Vote: Unanimous approval (7/7)</i></p>
7.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.26)	Eileen Kim, PharmD	<p>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.</p> <p><u>Committee Discussion:</u> <i>Dr. O'Brien stated for the committee that GLP1s are non- formulary for the obesity indication. This change reflects a similar coverage change on GLP1s by Medi-Cal Rx.</i></p>	<p>VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approve recommendations as presented.</p> <p><i>Vote: Unanimous approval (7/7)</i></p>

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8.	Formulary Updates: MedImpact MedPerform Premier Standard Formulary	Eileen Kim, PharmD	The plan presented a summary of changes effective 2/1/2026 for MedImpact standard formulary delegation. Committee Discussion: <i>Dr. Kim stated that major changes have been communicated to providers at SFDPH and also published in the provider newsletter. Members on drugs that will become non-formulary on 2/1/26 will be authorized to continue their treatment. Dr. O'Brien stated more energy is pushing toward a biosimilars strategy for cost mitigation. SB-306, expected to start in 2028, applies to Healthy Workers HMO. Any 90% approval rates on PAs will end up no longer being on PA. Plans begin submitting data for PA% review this year.</i>	<i>Non-voting item</i>
9.	Rheumatology Biologics and DMARDs Class Review (pp.28 – 137)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	The plan presented a class review and recommendations for rheumatology medications. Major recommendations included the following: Last reviewed: January 2025 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> No changes recommended PA Criteria Update: <ul style="list-style-type: none"> No changes recommended DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>Dr. Ellsworth stated for the committee that Medi-Cal Rx will begin requiring all prescriptions to be submitted with a diagnosis code. If not submitted the pharmacy will receive a reject at point-of-sale. Dr. Lee stated that most EHRs on the market require a diagnosis input before an order can be transmitted to a pharmacy, so provider documentation burden may be less of a concern than initially thought.</i>	VOTE: Collective Vote of Topics 9 thru 12: Class Reviews and Monographs Approve recommendations as presented <i>Vote: Unanimous approval (8/8)</i> **Dr. Williams arrived at 8:38**
10.	Infectious Disease Hepatitis B Class Review (pp.138 – 150)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	The plan presented a class review and recommendations for infectious disease medications. Major recommendations included the following: Last reviewed: January 2025 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> No changes recommended PA Criteria Update: <ul style="list-style-type: none"> None DUR Update: <ul style="list-style-type: none"> None Committee Discussion: <i>Dr. O'Brien stated that SFHP removed the PA requirement on Vemlidy a year ago, and while it increases cost to plan there is member therapy improvement overall.</i>	

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11.	<u>Psychiatry</u> Antidepressants Class Review (pp.151 –276)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	The plan presented a class review and recommendations for antidepressant medications. Major recommendations included the following: Last reviewed: October 2023 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> • No changes recommended PA Criteria Update: <ul style="list-style-type: none"> • None DUR Update: <ul style="list-style-type: none"> • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	
12.	<u>Pulmonology</u> Brinsupri® Monograph (pp.277 –283)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	The plan presented a monograph and recommendations for Brinsupri® Major recommendations included the following: Last reviewed: n/a Formulary Update: (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> • No changes recommended PA Criteria Update: <ul style="list-style-type: none"> • None DUR Update: <ul style="list-style-type: none"> • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	
13.	<u>Drug Utilization Review (DUR) Reports</u> Prime/Magellan Retrospective DUR Quarterly Activities 3Q2025 (pp.284 – 288)	Katie Vo, PharmD	The plan presented a Prime Rx rDUR Activities Report for 3Q2025 for committee review. Summary Prime Therapeutics 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. Materials: <ul style="list-style-type: none"> • Migraine letter • Opioid letter <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	<i>Non-voting item</i>
14.	<u>Drug Utilization Review (DUR) Reports</u> Opioids and Narcan DUR Report	Thy Pham, PharmD	Summary This review identified gaps in naloxone claims among SFHP Medi-Cal and Healthy Workers HMO members with a documented history of	

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	(pp. 289- 291)		<p>opioid overdose and an active opioid prescription. Of the members within the top three medical groups, 65% had no naloxone pharmacy claim within the past two years. Members with higher MEQ were also found to have lower naloxone pharmacy claims, showing misalignment between clinical risk and naloxone claims. These patterns highlight opportunities towards understanding the gap and reinforcing the importance of targeted provider outreach, educating members, and monitoring outcomes to promote naloxone utilization.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • Conduct targeted provider outreach for patients identified as high risk who do not have naloxone pharmacy claims, encouraging follow-up to assess need and address potential barriers to access <ul style="list-style-type: none"> ○ “Sign and Send” Naloxone Provider Initiative ○ Determine best practices for prescription initiatives (fax, E-Prescription, etc.) • Provide members with educational materials and resources focused on opioid overdose prevention and the appropriate use of naloxone <ul style="list-style-type: none"> ○ Work with our new PBM, MedImpact, to potentially waive Healthy Workers HMO co-pay for naloxone prescription • Follow up after outreach to monitor whether the above efforts increased naloxone prescribing in this population <p>Committee Discussion: <i>Dr. O’Brien inquired regarding the large percentage of overdoses, and how these are tracked. Dr. Pham stated tracking is through admissions records and/or treatment of an overdose. Dr. O’Brien requested the plan research deeper into this and potentially make it a provider education point. He further inquired if overdoses count with buprenorphine? Dr. Pham stated we will review the data and inform the committee accordingly. Dr. Williams pointed out that pharmacists can dispense Narcan without a prescription and some clinics have Narcan vending machines in the lobby. Dr. O’Brien requested an opioid utilization by medical group review in a future meeting. Overdoses with continued opioid orders post OD need provider outreach by the plan. Dr. Ellsworth said that SFHP welcomes any provider suggestions on outreach processes or other provider engagement ideas.</i></p>	
15.	Reconvene in Open Session	Steve O’Brien, MD	Open session resumed: 9:09 am.	<i>Non-voting item</i>
16.	Summary of Closed Session	Steve O’Brien, MD	NA- No public attendees.	<i>Non-voting item</i>
17.	Appendix Prime Therapeutics Pipeline Report 3Q2025 (pp. 292 – 326)	Ai Quynh Nguyen, PharmD	The plan provided information published by Prime Therapeutics regarding new developments in the pharmacy market as of Q4 2025.	<i>Non-voting item</i>

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18.	Adjournment	Steve O'Brien, MD	<p>The meeting adjourned at 9:17 am.</p> <p>2026/2027 P&T Committee Meeting dates are:</p> <ul style="list-style-type: none"> • Wednesday, April 8, 2026 • Wednesday, July 15, 2026 • Wednesday, October 14, 2026 • Wednesday, January 20, 2027 	

Respectfully submitted by:

Steve O'Brien

Steve O'Brien, MD
Pharmacy & Therapeutics Committee Chair

4/8/2026

Date