# Pharmacy Services
# San Francisco Health Plan Pharmacy & Therapeutics Committee

**Wednesday, April 08, 2026**
**7:30AM – 9:30AM**
**50 Beale St., 13th Floor, San Francisco, CA 94119**

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| **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:**<br>Steve O'Brien, MD (SFHP Chief Medical Officer)<br>**Voting Members:**<br>Brian Ellsworth, PharmD (SFHP Pharmacy Director)<br>James Lee, MD<br>Nicholas Jew, MD<br>Linda Truong, PharmD<br>Jamie Ruiz, MD<br>Ronald Ruggiero, PharmD | **Others in Attendance:**<br>Eileen Kim, PharmD (SFHP Clinical Pharmacist)<br>Thy Pham, PharmD (SFHP Clinical Pharmacist)<br>Katrina (Katie) Vo, PharmD (SFHP Clinical Pharmacist)<br>Sue Chan (SFHP Pharmacy Compliance Program Manager)<br>Ankur Kotecha, PharmD (MedImpact Therapeutics Pharmacist)<br><br>**Guests:**<br>none |
| **Members Absent:** | Robert (Brad) Williams, MD<br>Steven Wozniak, 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/<br>SFHP formulary and prior authorization criteria are located at https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/ | |

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| 1. | Call to Order | Steve O'Brien, MD | The meeting was called to order at 7:30 am.<br>• Attendance/Quorum<br>• Agenda overview | Introduction and agenda topics done. |
| 2. | Review and Approval of October 2025 P&T minutes<br>*(pp.5 – 10 of April 2026 packet)* | Steve O'Brien, MD | The committee approved the minutes as presented. | **VOTE:**<br>**Review and Approval of January 2026 P&T minutes**<br>Approved minutes as presented.<br><br>*Vote: Unanimous approval (6/6)* |
| 3. | Chief Medical Officer and Pharmacy Director Informational Updates | Steve O'Brien, MD<br>Brian Ellsworth, PharmD | • Budget updates for SFHP in 2026<br>○ Downward trend in membership. Expected membership in Medi-Cal to hit 159 thousand, down 30 thousand members.<br>○ Immigration status issue affecting all MCPs | *Non-voting item* |

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| | | | ○ Tightened membership begets tighter budgeting, but SFHP remains financially stable.<br>○ January 2027 will see implementation of work requirements for Medi-Cal eligibility.<br>• Accuity rates have gone up due to membership drop, as less healthy members and those needing the most support fall off coverage first.<br>• For STARS program support, pharmacy is partnering with MedImpact and AspenRx for MTM. | |
| 4. | Annual Pharmacy Policies and Procedures (P&Ps) Review *(supplemental policy packet)* | Sue Chan | *The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:*<br>**Document Changes**<br>*Pharm-01 Pharmacy and Therapeutics Committee*<br>**Update:**<br>• **DMHC APL 25-20 impact:**<br>Added the following new regulations that are required formulary management to be compliant with:<br>○ **AB-260**: Coverage of Brand and generic mifepristone.<br>○ **SB-40:** Insulin coverage – at least one in every category in all formulations and strengths.<br>○ **SB-729:** Infertility treatment -The bill expanded coverage to include medications to induce ovulation.<br>• **New PBM implementation impact:**<br>○ Elected to use the PBM's standard formulary where formulary management is delegated to the new PBM.<br>○ Updated SFHP P&T Committee's formulary management responsibilities of SFHP's Healthy Workers HMO formulary to oversight role.<br>○ SFHP Pharmacy Team will review the PBM P&T Committee's approved materials to ensure their committee membership and operations meets regulatory requirements<br>• SFHP P&T Committee remains responsible for review and approval of Pharmacy department's policies and oversight of DUR activities, including the retrospective DUR review for Medi-Cal line of business.<br>*Pharm-02 Pharmacy Prior Authorization*<br>**Update:**<br>• Reviewed for new DMHC APL 25-20 impact and PBM implementation impact.<br>• Replaced all references around the use of SFHP's P&T approved PA criteria for request reviews to the PBM's criteria,<br>• including removing Attachment A, our previous Step Criteria used by the previous PBM.<br>• Updated the form of electronic PA request submission accepted to include web-based PAs.<br>• Aligned terminology: | **VOTE:**<br>**Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)**<br>Approved recommendations as presented.<br><br>*Vote: Unanimous approval (7/7)*<br><br>**Dr. Ruiz arrived at 7:35** |

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| | | | ○ Replaced "modifications" (a form of case decisioning) to "partial approvals" to align to current PBM's terminology, for requests where the medication request was approved with changes to the quantity or duration requested.<br>• As the PBM uses its own PA criteria, added explicit regulatory language on review procedures for Step Therapy exception requests, medications without specific criteria or off-label indications and/or dosing that are not supported by compendia or published clinical trials requests, and brand or generic mifepristone requests, where we cannot limit or exclude coverage for brand or generic mifepristone solely on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA per new AB-260 mifepristone (from DMHC APL 25-20) requirements to ensure compliance with these specific review requirements.<br>• Procedures for requests received subsequent to a denial or partial approval were updated and these are processed as appeals and are reviewed by SFHP's Grievance and Appeals team if received within 180 days of the denial or partial approval. Alternatively, providers can call and discuss with clinician and provide new information that may lead to an approval.<br>• Elected to use the new PBM's Continuation of Care (CoC) Request Review Procedures:<br>○ CoC Requests will be approved if under the PBM's six protected classes:<br>▪ Antidepressants<br>▪ Antipsychotics (if treatment of mental illness)<br>▪ Anticonvulsants (if treatment of epilepsy/seizures)<br>▪ Antiretroviral (if treatment of HIV/AIDS)<br>▪ Immunosuppressant (if for organ transplant)<br>▪ Antineoplastic (if treatment of cancer)<br>○ Existing members receiving a drug that has been previously approved for a limited duration by SFHP for a medical condition where the provider continues to prescribe the drug and drug is used continuously, provided that the drug is appropriately prescribed and is considered safe and effective in treating the member's medical condition, will continue to be approved for continued use through the prior authorization process. | |

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| | | | ▪ Continuing use is evaluated as having a paid claim within the past 210 days.<br>o If there is not a paid claim within the past 210 days the request is reviewed nor is the drug or product under the six protected classes, the request is reviewed with the PBM's PA criteria.<br>*Pharm-07 Emergency Med Supply*<br>**Update:**<br>• Reviewed for PBM implementation impact.<br>• Elected to use the new PBM's standard emergency override procedures.<br>o Pharmacies can call our PBM for a 5-day emergency while a PA is submitted/reviewed outside of normal business hours for prescribers.<br>o These are outside of refill too soon, lost, stolen, destroyed meds.<br>• Cleaned up some regulation references that were no longer applicable.<br>*Pharm-08 Annual Review*<br>**Update:**<br>• Retiring policy Pharm-08 as requirements are already covered in Pharm-01:<br>o Annual Formulary Review oversight.<br>o Annual Criteria Review oversight<br>o Annual and as needed review and approval of SFHP policies.<br>*Pharm-13 After-Hours Pharmacy Access*<br>**Update:**<br>• Reviewed for PBM implementation impact.<br>o Minor edits to the description of how pharmacies can obtain emergency supplies (to align with Pharm-07).<br>o Removed Clinical Operations as an affected party.<br>*Pharm-14 Pharmacy Drug Utilization Review (DUR) Program*<br>**Update:**<br>• Reviewed for PBM implementation impact and recent DHCS APL impact.<br>• Elected to use the new PBM's standard formulary and enrolled into their opioid safety edits program, which includes impact to coverage limits and point of sale screening:<br>• Updates:<br>o Removed Brand Medication Policy section (previously generally preferred generic drugs) as it is no longer relevant.<br>o Edits to the Prospective DUR program description to align with the PBM's coverage limits (such as day supply limits, early refill, | |

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| | | | ○ Specialty Pharmacy use restrictions for designated specialty medications) and opioid safety edits thresholds.<br>○ Removed Therapeutic Interchange as it's no longer relevant.<br>○ Updated exceptions to OTC exclusions.<br>• Updates to our retrospective DUR program description was driven by: A recent DHCS APL (25-13) updated retrospective DUR guidance to include the citation of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).<br>○ Explicit language and citation from the APL was added to the policy and was approved by DHCS.<br>○ Updated the cadence of the DUR reporting to provide more clarity.<br>*Pharm-15 Generic Drug Management (Retirement)*<br>**Update:**<br>• Reviewed for PBM implementation impact.<br>• Retiring Pharm-15 due to:<br>○ The mandatory generic policy no longer being relevant.<br>○ The day supply policies are addressed in Pharm-14.<br>○ Formulary management is delegated to the PBM, therefore, there is no longer a need to monitor the Maximum Allowable Cost (MAC) list.<br>**Committee Discussion:**<br>*Dr O'Brien stated that PA removals on meds approved over 90% decreases the busy work on meds almost always approved.* | |
| 5. | **Adjourned to Closed Session** | Steve O'Brien, MD | Closed session began at 7:57 am | |
| 6. | Review of Interim Formulary Changes and Formulary Placement for New Drugs to Market<br>*(pp.13 –15)* | Eileen Kim, PharmD | The plan presented interim formulary changes and formulary status for new drugs to market.<br><br>**Committee Discussion:**<br>*Dr O'Brien stated that SFHP should continue to always pursue a generics first strategy as policy, brand rebate chasing can be an issue.* | *Non-voting item* |
| 7. | Review of Utilization Management Changes<br>*(pp.16-28)* | Eileen Kim, PharmD | *The plan presented changes to utilization management delegated processes for review.*<br><br>**Committee Discussion:**<br>*Dr Ellsworth further stated for the committee that MedImpact approves the most strict version of their criteria at their P&T, which is then applied to our commercial and DSNP lines of business. This does not apply to PADs.* | *Non-voting item* |
| 8. | **Neurology**<br>Alzheimer's Disease Class Review<br>*(pp.29 – 46)* | Eileen Kim, PharmD<br>Ankur Kotecha, PharmD | The plan presented a class review for neurology medications.<br><br>**Committee Discussion:** | *Non-voting item* |

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| | | | *Dr Ellsworth inquired regarding auto-authorizations through MedImpact. Dr Kotecha responded that auto- authorizations do a system lookback for certain factors to see if requirements are met. If the auto-auth occurs with a POS error or not must be taken back for confirmation.* | |
| 9. | **Neurology**<br>Migraines Class Review<br>*(pp.47 – 70)* | Eileen Kim, PharmD<br>Ankur Kotecha, PharmD | The plan presented a class review for neurology medications.<br>**Committee Discussion:**<br>*Dr Ruiz inquired with regard to CGRPs, who is responsible for training members on injections. Dr Kim stated most commonly both the provider and the pharmacy would assist member. Dr Truong stated that at DPH, patients are brought in to the clinics for an education session.* | *Non-voting item* |
| 10. | **Cardiology**<br>Lerochol® (lerodalcibep) Monograph<br>*(pp.71 –82)* | Eileen Kim, PharmD<br>Ankur Kotecha, PharmD | The plan presented a monograph for Lerochol®.<br><br>**Committee Discussion:**<br>*Dr O'Brien inquired that if non-formulary, there was still a path to coverage. Dr Kim clarified that there is still a path for members through the PA process.* | *Non-voting item* |
| 11. | **Pulmonology**<br>Rhapsido® (remibrutinib) Monograph<br>*(pp.83 –92)* | Eileen Kim, PharmD<br>Ankur Kotecha, PharmD | The plan presented a monograph for Brinsupri®<br><br>**Committee Discussion:**<br>*The committee had no comments or questions.* | *Non-voting item* |
| 12. | **Drug Utilization Review (DUR) Reports**<br>Prime Rx Retrospective DUR Quarterly Activities 4Q2025<br>*(pp.93 – 97)* | Katie Vo, PharmD | The plan presented the Prime Rx rDUR Activities Report for 4Q2025 for committee review.<br>**Summary**<br>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.<br>**Materials:**<br>• Statins letter<br>• SUPD letter<br><br>**Committee Discussion:**<br>*The committee had no comments or questions.* | *Non-voting item* |
| 13. | **Drug Utilization Review (DUR) Reports**<br>Opioids and Narcan DUR Report Updates | Thy Pham, PharmD | The plan provided updates on opioid and Narcan reporting questions from January P&T<br><br>**Committee Discussion:**<br>*Dr O'Brien inquired if the providers of identified members had been reached out to as of yet. Dr Ellsworth stated it is in discussion for outreach options.* | |

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| 14. | **Drug Utilization Review (DUR) Reports**<br>Proportion of Days Covered (PDC) Adherence Report<br>*(pp.98 – 104)* | Thy Pham, PharmD | **Summary:**<br>This DUR analysis evaluated medication adherence among Medi-Cal and Healthy Workers HMO members receiving treatment for hyperlipidemia, hypertension, and type 2 diabetes mellitus.<br>Adherence was assessed using the Proportion of Days Covered metric, with a threshold of 80% used to identify whether member was deemed adherent or non-adherent. Any member with PDC <80% was considered non-adherent.<br>Overall, this analysis identified patterns of suboptimal medication adherence across disease states, lines of businesses, and provider sites. Non-adherence was most pronounced among members receiving treatment for type 2 diabetes mellitus, with substantially higher rates compared with hyperlipidemia and hypertension. Across all disease states, Medi-Cal members demonstrated higher levels of non-adherence than Healthy Workers HMO members, suggesting potential differences in access, socioeconomic factors, or care coordination needs. Additionally, clinic-level analyses revealed meaningful variability in adherence outcomes, with a subset of clinics consistently accounting for a high number of non-adherent members across multiple conditions and populations. These findings highlight key opportunities for targeted interventions, including provider outreach, patient education, and care management strategies to improve medication adherence and optimize clinical outcomes among high-risk member populations.<br>**Recommendations**:<br>• Conduct targeted provider outreach to primary care clinics.<br>o Collaborate with Provider Network Operations to connect with high-impact clinics.<br>o Share medication adherence findings.<br>o Provide strategies to improve adherence such as mail-order pharmacy services and prescribing 100-day supply of eligible medications.<br>o Encourage medication counseling to members to reinforce importance of medication adherence.<br>• Create member educational materials and resources regarding importance of medication adherence.<br>• Continue to monitor member medication adherence using PDC metrics on an annual basis.<br>o Evaluate the impact of implemented interventions and adjust strategies as needed to improve adherence outcomes over time.<br><br>**Committee Discussion:**<br>*Dr Ruiz inquired whether PDC rates account for ACE to ARB. Dr Vo answered, affirming that PDC calculations are adjusted with consideration to those changes. Dr Truong asked if PDC is tracked as multiple disease states or bucketed. Dr Pham clarified that each* | |

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| | | | *disease state's PDC is tracked individually, so there is possibly some overlap. Dr Ruiz further inquired if clinic level analysis was members with disease states vs PDC. Dr Pham confirmed this. Dr Lee stated NEMS has specific staffing for outreach and adherence. Further, inter-departmental communication is key at NEMS. Dr Ruiz observed that recent pharmacy closures throughout the city have also increased travel distance for some members, which can also be an adherence barrier.* | |
| 15. | **DSNP Stars Presentation** | Katie Vo, PharmD | The plan provided updates on STARS measures for DSNP for committee review.<br><br>**Committee Discussion:**<br>*Dr Ellsworth added that SFHP is currently mapping a member adherence timeline to develop SFHP outreach with consideration to MedImpact programs and NEMS pharmacy partnership. Dr. Ellsworth emphasized the importance of NEMS collaboration, as 80% of pharmacy claims YTD were attributed to NEMS pharmacies. To decrease contact/outreach gaps, Dr Vo requested for the committee to voice feedback for adherence improvement strategies. Dr O'Brien recommended following up with MedImpact regarding the Choice-100 program, as conversion to extended-day supply prescriptions will improve adherence.* | |
| 16. | **Reconvene in Open Session** | Steve O'Brien, MD | Open session resumed: 9:25 am. | *Non-voting item* |
| 17. | **Summary of Closed Session** | Steve O'Brien, MD | NA- No public attendees. | *Non-voting item* |
| 18. | **Appendix**<br>MedImpact Pipeline Report 1Q2026<br>*(pp. 105 – 107)* | Ankur Kotecha, PharmD | The plan provided information published by MedImpact regarding new developments in the pharmacy market as of 1Q 2026. | *Non-voting item* |
| 19. | Adjournment | Steve O'Brien, MD | The meeting adjourned at 9:28 am.<br><br>2026/2027 P&T Committee Meeting dates are:<br>• Wednesday, July 15, 2026<br>• Wednesday, October 14, 2026<br>• Wednesday, January 20, 2027<br>• Wednesday, April 21, 2027 | |

Respectfully submitted by:

Steve O'Brien

7/15/2026

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Steve O'Brien, MD
Pharmacy & Therapeutics Committee Chair

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Date