Pharmacy Services
San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, January 15, 2025
7:30AM – 9:30AM
50 Beale St., 12th Floor, San Francisco, CA 94119

Meeting called by:	Steve O'Brien, MD	**Minutes:** Eileen Kim, PharmD (SFHP Clinical Pharmacist)
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) Steven Wozniak, MD James Lee, MD Joseph Pace, MD Ronald Ruggiero, PharmD Linda Truong, PharmD Nicholas Jew, MD Robert (Brad) Williams, MD	**Others in Attendance:** Rina Shah, MD (SFHP Senior Medical Director) Tammie Chau, PharmD (SFHP Clinical Pharmacist) Jessica Shost, PharmD (SFHP Clinical Pharmacist) Eileen Kim, PharmD (SFHP Clinical Pharmacist) Katrina (Katie) Vo, PharmD (SFHP Clinical Pharmacist) Ai Quynh Nguyen, PharmD (Prime Therapeutics Pharmacist) Sue Chan (SFHP Pharmacy Compliance Program Manager) **Guests:** none
Members Absent:	Maria Lopez, PharmD Jamie Ruiz, 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	Steve O'Brien, MD	The meeting was called to order at 7:32 am. • Attendance/Quorum • Agenda overview • Conflict of interest check	Introduction and agenda topics done.
2.	Review and Approval of October 2024 P&T minutes *(pp.6 – 15 of January 2025 packet)*	Steve O'Brien, MD	The committee approved the minutes as presented.	**VOTE:** **Review and Approval of October 16, 2024 P&T minutes** Approved minutes as presented. *Vote: Unanimous approval (6/6)*
3.	Chief Medical Director and Pharmacy Director Informational Updates	Steve O'Brien, MD Brian Ellsworth, PharmD	• Introduction of Senior Medical Director Rina Shah	n/a

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			• Re-introduced Katie Vo – officially full-time SFHP clinical pharmacist with Medicare focus	
4.	CMS Part D Stars *(pp.16 – 21)*	Katrina Vo, PharmD	The plan presented an introduction to Star measures with a focus on Part D domains. **Committee Discussion:** *Dr. Ellsworth stated that the SFHP pharmacy team will be focused on oversight and developing our own strategies for Star measures. Stars are ever changing; the next round of them will be released in the next month with corresponding metrics. Dr. O'Brien emphasized that Stars are particularly important for the plan. Pharmacy team intends to grow with a significant focus on Part D needs. There will be a Star leader across the organization to partner with providers and SFHP teams to drive this initiative. Adherence measures, which are triple-weighted, will be a priority for the pharmacy team. Dr. Jew inquired regarding SFHP's autonomy over the Part D formulary. Dr. Ellsworth answered that Part D formularies are highly specific and regulated by CMS, leaving little room for customization. Dr. O'Brien stated that any thoughts or feedback from committee is important for SFHP to hear.*	*Non-voting item* *(Dr. Williams arrived at 7:37am)*
5.	Review and Approval of Prior Authorization Criteria Interim Changes *(pp.22 – 23)*	Katrina Vo, PharmD	*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** Approve recommendations as presented. *Vote: Unanimous approval (7/7)*
6.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market *(pp.24 – 32)*	Katrina Vo, PharmD	*The plan presented interim formulary changes and formulary status for new drugs to market.* **Committee Discussion:** *Dr. Vo presented the newly added long-acting injectable medications (LAIs) for antipsychotic treatment and substance use disorder (SUD) treatment on HW formulary. Step therapy will be implemented for the antipsychotic LAIs only, not the SUD drugs. Claims for antipsychotic LAIs will be paid at the pharmacy level as long as there is a prior claim for the oral formulation of the antipsychotic. She stated that the rationale for this is to prevent inappropriate dispensing (e.g. off-label indications. Dr. Wozniak inquired as to how SFHP would handle scenarios where prior use of oral antipsychotics is not reflected in a member's pharmacy claims. In his practice, Dr. Wozniak has encountered patients who have only received oral antipsychotics during a hospital stay. Dr. Shost answered that a PA request should be submitted for these instances. Dr. Wozniak expressed that in the event a member states that they have trialed the medication before, he would take their word for it with the goal of the member gaining access to necessary treatment. Dr. Shost stated that there will be future DUR*	**VOTE:** **Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market** Approved recommendations as presented. *Vote: Unanimous approval (7/7)*

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			reviews to give the committee more insight into utilization patterns and adherence, which may drive modifications to the step therapy, as necessary. Dr. Ellsworth noted that while a PA request may require additional administrative efforts, this project ultimately opens member access to LAIs, which had not been available previously under the pharmacy benefit.	
7.	**Adjourned to Closed Session**	Steve O'Brien, MD	Closed session began at 7:59 am	
8.	**Drug Utilization Review (DUR) Reports** Prime/Magellan Retrospective DUR Quarterly Activities 3Q2024 *(pp.33 – 38)*	Jessica Shost, PharmD	*The plan presented a Prime/Magellan Rx rDUR Activities Report for 3Q2024 for committee review via Consent Calendar portion of committee packet.* **Summary:** Prime/Magellan 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:** • Statin letter • Opioid letter **Committee Discussion:** *The committee had no comments or questions.*	*(Dr. Pace arrived at 7:43 am)* **VOTE:** Collective vote on Consent Calendar items 8 and 9. *Collective Consent Calendar Vote:* *Unanimous approval (8/8)*
9.	**Drug Utilization Review (DUR) Reports** Quarterly Prospective DUR Report 3Q2024 *(pp.39 – 46)*	Katrina Vo, PharmD	*The plan presented a 2Q2024 DUR report on prospective edits for committee review via Consent Calendar portion of committee packet.* **Summary & Recommendations** 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.*	
10.	**Cardiology** Pulmonary Hypertension Class Review *(pp.48 – 66)*	Tammie Chau, PharmD	*The plan presented a class review and recommendations for pulmonary hypertension medications.* *Major recommendations included the following:* **Last reviewed:** Jul 2023 **Formulary Update***:*	

	Topic	Brought By	Discussion	Action
			(Healthy Workers HMO and Healthy San Francisco): • Maintain Opsynvi and Winrevair as non-formulary at this time due to cost-effective alternatives available **PA Criteria Update:** • Update Pulmonary Hypertension criteria to list Opsynvi and Winrevair among non-formulary products **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
11.	**Cardiology** Tryvio® Monograph *(pp.47 – 75)*	Katrina Vo, PharmD	*The plan presented a class review and recommendations for Tryvio®, a medication for resistant hypertension treatment.* *Major recommendations included the following:* **Last reviewed***:* n/a **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain non-formulary status for Tryvio at this time given limited data in comparison to existing generic therapies and lack of clinical guidance recommendations. **PA Criteria Update:** • Leverage Non-Formulary Medications criteria for any requests **DUR Update:** • None **Committee Discussion:** *Dr. Pace asked about the formulary status of eplerenone. Some patients may not tolerate spironolactone (gynecomastia, etc.) and he wants to make sure to have other options. Dr. Kim answered that eplerenone is tier 3 with step therapy required with spironolactone.*	
12.	**Dermatology** Atopic Dermatitis Class Review *(pp.76 – 98)*	Katrina Vo, PharmD	*The plan presented a class review and recommendations for atopic dermatitis medications.* *Major recommendations included the following:* **Last reviewed***:* Jul 2022 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Maintain IL-13 inhibitor Ebglyss (lebrikizumab-lbkz), IL-31 antagonist Nemluvio (nemolizumab-ilto), and topical PDE4 inhibitor Zoryve (roflumilast) as non-formulary due to comparative and cost-effective formulary alternatives already available • Maintain Rinvoq LQ as non-formulary as other Rinvoq (upadacitinib) dosage forms are available for use **PA Criteria Update:** • Update Atopic Dermatitis Topical Anti-inflammatory Medications criteria to include Zoryve at parity with Eucrisa (crisaborole) • Update Atopic Dermatitis Systemic Medications criteria to include Ebglyss and Nemluvio • Leverage Solid Oral Substitution criteria for Rinvoq LQ requests **DUR Update:**	

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			• None **Committee Discussion:** *The committee had no comments or questions.*	
13.	**Infectious Disease** Hepatitis B Class Review *(pp.99 –108)* Hepatitis B DUR Analysis *(pp.109 –111)*	Katrina Vo, PharmD Jessica Shost, PharmD	*The plan presented a class review and recommendations for hepatitis B treatment medications.* *Major recommendations included the following:* **Last reviewed***:* July 2021 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Remove Baraclude (entecavir) oral solution from formulary due to lack of utilizing population and availability of cost-effective alternative dosage forms. **PA Criteria Update:** • Leverage Solid Oral Substitution criteria for requests of Baraclude (entecavir) oral solution **DUR Analysis:** *The plan presented a Hepatitis B DUR analysis assessing adherence for Medi-Cal and Healthy Worker HMO members.* **Summary:** Treatment for hepatitis B appears to be successfully consistent for most SFHP members. The most represented ethnic group is Asian members, which appropriately corelates with hepatitis B prevalence within San Francisco. **Committee Discussion:** *Dr. O'Brien recommended to move Vemlidy from Tier 3 with step therapy required to Tier 2 without further restriction based on his experience with antiviral medications. He holds that SFHP members should not be subjected to the potential bone and renal adverse effects of TDF since hepatitis B requires long-term treatment. Dr Jew expressed agreement with Dr. O'Brien's proposal to re-tier Vemlidy. Dr. Kim commented that concerns surrounding TDF adverse effects are especially relevant to elder patients or those with current bone/kidney disease risk factors. She explained that these factors are key considerations in Vemlidy PA decisions. Dr. Chau proposed to modify the Vemlidy step therapy to require trial of only one agent: entecavir OR TDF (trial of BOTH agents is required by the current criteria). Dr. O'Brien noted that there is an abundance of evidence to justify the safety of Vemlidy. Given that SFHP's member population is predominantly Asian-American (which tends to have a higher risk of hepatitis B), Dr. O'Brien feels that SFHP should opt to ease member access to Vemlidy treatment. Dr. Jew and Dr. O'Brien discussed the impact of hepatitis B within San Francisco's immigrant population. Dr. Jew stated that the city experiences a large influx of immigrants born in Asia. Among this population, hepatitis B is almost always acquired via horizontal transmission. Vaccination reduces the likelihood of transmission, and Dr. Shost reminded the committee that hepatitis B vaccines are now covered as a pharmacy benefit.*	**VOTE:** **Infectious Disease:** Approved recommendations with the additional recommendation to move Vemlidy to Tier 2 with removal of the step therapy requirements. **Hepatitis B Class Review** *Vote: Unanimous approval (8/8)* **Hepatitis B DUR Analysis** *Non-voting item*

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14.	**Obstetrics and Gynecology** Contraceptives Class Review *(pp.112 – 126)*	Jessica Shost, PharmD	*The plan presented a class review and recommendations for contraceptive medications.* *Major recommendations included the following:* **Last reviewed***:* n/a **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • None **PA Criteria Update:** • No active criteria **DUR Update:** • None **Committee Discussion:** *Dr. Ruggiero stated that pharmacoeconomic studies profoundly favor universal coverage of all contraceptives and recommends for SFHP to review member adherence to treatment. He emphasized that UCSF research has shown that high touch healthcare strategies are crucial to achieve positive outcomes in contraception and HRT. Dr. Shost commented that SFHP is required to provide a one-year supply of oral contraceptives per California regulations. However, she mentions there is limited use of this benefit in San Francisco, perhaps due to members' ability to store medications. Dr. Shost commented that the OTC contraceptive product is also covered on the HW formulary.*	
15.	**Obstetrics and Gynecology** Hormone Replacement Therapy Class Review *(pp.127 – 140)*	Jessica Shost, PharmD	*The plan presented a class review and recommendations for medications for hormone replacement therapy.* *Major recommendations included the following:* **Last reviewed***:* Jan 2021 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • None **PA Criteria Update:** • No active criteria **DUR Update:** • None **Committee Discussion:** *The committee had no comments or questions.*	
16.	**Pulmonary** Pulmonary Fibrosis *(pp.141 – 180)*	Tammie Chau, PharmD	*The plan presented a class review and recommendations for medications used for pulmonary fibrosis treatment.* *Major recommendations included the following:* **Last reviewed***:* Jul 2021 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • No changes recommended **PA Criteria Update:** • None **DUR Update:** • None	

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			Committee Discussion: *The committee had no comments or questions.*	
17.	**Rheumatology** DMARDs Class Review *(pp.181 – 204)*	Katrina Vo, PharmD	*The plan presented a class review and recommendations for non-biologic and biologic disease-modifying anti-rheumatic drugs (DMARDs). Major recommendations included the following:* **Last reviewed***:* Jul 2021 **Formulary Update***:* (Healthy Workers HMO and Healthy San Francisco): • Add adalimumab biosimilars Hadlima, Simlandi, Hyrimoz, Yuflyma to formulary tier 3 with PA required, on par with Humira • Remove Amjevita and Cyltezo from formulary due to cost effective alternatives available and authorize continuity for any current utilizers • Maintain Bimzelx and Omvoh as non-formulary **PA Criteria Update:** • Update Disease Modifying Drugs and Biologics criteria with formulary changes above and to reflect the following clinical updates: o New approved indication for UC with Skyrizi and Tremfya o New Spevigo SC syringe for pustular psoriasis (PP) post-flare maintenance treatment **DUR Update:** • Consider provider outreach to encourage utilization of Humira biosimilars **Committee Discussion:** *Dr. Truong inquired about interchangeability of the new Humira biosimilar agents and about any regulations that may require providers to switch their patients' treatment to biosimilars. Dr. Ellsworth answered that there are no regulations, and SFHP will maintain Humira on formulary.*	**VOTE:** Collective vote on Formulary, Prior Authorization Criteria, and Drug Utilization Reports for Select Drug Classes items 10-12 and 14-17: **Cardiology:** • Approved recommendations as presented. • **Pulmonary Hypertension Class Review** • **Tryvio® Monograph** **Dermatology:** • Approved recommendations as presented. • **Atopic Dermatitis Class Review** **Obstetrics and Gynecology:** • Approved recommendations as presented. • **Contraceptives Class Review** • **Hormone Replacement Therapy Class Review** **Pulmonary:** • Approved recommendations as presented. • **Pulmonary Fibrosis Class Review** **Rheumatology:** • Approved recommendations as presented. • **DMARDs Class Review** *Collective Vote Formulary, Prior Authorization Criteria, and Drug Utilization Reports for Select Drug Classes:* *Vote: Unanimous approval (8/8)*
18.	**Drug Utilization Review (DUR) Reports:** Fraud, Waste and Abuse (FWA) DUR Report: Multiple Providers and Multiple Pharmacies 3Q2024 *(pp.205 – 209)*	Jessica Shost, PharmD	*The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 3Q2024 for committee review.* **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 likely have multiple primary care as well as specialty providers. High multiple provider utilization may also present a risk for duplicative therapy, supported by evidence of high number of unique medications. **Recommendations:**	*Non-voting item*

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			• Coordinate with CM to ensure that clients with multiple providers or multiple pharmacies receive a referral to ECM (Enhanced Care Management). • Continue to monitor with quarterly reports **Committee Discussion:** *The committee had no comments or questions.*	
19.	**Reconvene in Open Session**	Steve O'Brien, MD	Open session resumed: 9:18 am.	*Non-voting item*
20.	Annual Pharmacy Policies and Procedures (P&Ps) Review *(pp.211 – 216)*	Sue Chan	*The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:* **Document Changes** *Pharm-01 Pharmacy and Therapeutics Committee* **Update:** • Under Procedure IV, Committee Review Requirements, added new procedure IV.I.5 to ensure coverage of at least one medication (or AB-rated generic equivalent, biosimilar, or interchangeable biological product) without prior authorization, step therapy, or utilization review for the reversal of opioid overdose in the 4 categories listed in recently updated Health and Safety Code 1342.75a with the new requirements. • Under References section, added said H&S Code 1342.75a H&S Code and cleaned up the section. **Committee Discussion:** *The committee inquired as to whether any formulary changes had been made in response. Sue answered yes, noting the long-acting injectable antipsychotic and substance use disorder medications have been added to the formulary for compliance.*	**VOTE:** **Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)** Approved recommendations as presented. *Vote: Unanimous approval (8/8)*
21.	**Appendix** Prime Therapeutics Pipeline Report 2Q2024 *(pp. 217 – 251)*	Ai Quynh Nguyen, PharmD	*The plan provided information published by Prime Therapeutics regarding new developments in the pharmacy market as of Q2 2024.*	*Non-voting item*
22.	Adjournment	Steve O'Brien, MD	The meeting adjourned at 9:29 am. 2025/26 P&T Committee Meeting dates are: • Wednesday, April 16, 2025 • Wednesday, July 16, 2025 • Wednesday, October 15, 2025 • Wednesday, January 21, 2026	

Respectfully submitted by:

Steve O'Brien

4/16/2025

Steve O'Brien, MD
Pharmacy & Therapeutics Committee Chair

Date