



**San Francisco  
Health Plan**

## Pharmacy Services

### San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, April 16, 2025

7:30AM – 9:30AM

50 Beale St., 12<sup>th</sup> Floor, San Francisco, CA 94119

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

	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"> <li>Attendance/Quorum</li> <li>Agenda overview</li> </ul>	Introduction and agenda topics done.
2.	Review and Approval of January 2025 P&T minutes (pp.5 – 13 of April 2025 packet)	Steve O'Brien, MD	The committee approved the minutes as presented.	<b>VOTE:</b> <b><u>Review and Approval of January 15, 2025 P&amp;T minutes</u></b> Approved minutes as presented.  <u>Vote: Unanimous approval (7/7)</u>
3.	Chief Medical Director and Pharmacy Director Informational Updates	Steve O'Brien, MD Brian Ellsworth, PharmD	<ul style="list-style-type: none"> <li>D-SNP Updates <ul style="list-style-type: none"> <li>D-SNP application submitted to CMS with a Model of Care.</li> </ul> </li> </ul>	n/a

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			<ul style="list-style-type: none"> <li>○ Anticipating a small D-SNP member population initially.</li> <li>○ Standardized, CMS compliant formulary will be administered by MedImpact.</li> <li>• Budget Gap Updates <ul style="list-style-type: none"> <li>○ Federal funding cuts expected throughout California.</li> <li>○ SFHP is in touch with Sacramento pursuing options.</li> </ul> </li> <li>• P&amp;T meeting: there are changes to the presentation for visual improvements for the committee and a lower emphasis on Medi-Cal Rx utilization.</li> </ul>	
4.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.14 – 15)	Eileen Kim, PharmD	<p><i>The plan presented Prior Authorization Criteria interim changes (New Criteria, Revised Existing Criteria &amp; a table of criteria that were evaluated per the Annual review process where no clinical changes were made) for review and approval.</i></p> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Review and Approval of Prior Authorization Criteria Interim Changes</u></b> Approve recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (8/8)</u></i> <i><u>** Dr. Williams arrived at 7:39**</u></i></p>
5.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.16 – 19)	Eileen Kim, PharmD	<p><i>The plan presented interim formulary changes and formulary status for new drugs to market.</i></p> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u></b> Approved recommendations as presented.</p> <p><i><u>Vote: Unanimous approval (8/8)</u></i></p>
6.	<b>Adjourned to Closed Session</b>	Steve O'Brien, MD	Closed session began at 7:43 am	
7.	<b><u>Drug Utilization Review (DUR) Reports</u></b> Prime/Magellan Prospective DUR Quarterly Activities 4Q2024 (pp.21 – 28)	Eileen Kim, PharmD	<p><i>The plan presented a 4Q2024 DUR report on prospective edits for committee review via Consent Calendar portion of committee packet.</i></p> <p><b>Summary &amp; Recommendations</b> 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.</p> <p><b><u>Reporting Recommendations:</u></b></p> <ul style="list-style-type: none"> <li>• Continue quarterly review of the Prospective DUR Report, with presentation of notable findings and resulting recommendations for formulary changes to P&amp;T as needed.</li> </ul> <p><b><u>Drug-Specific Formulary Recommendations:</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>DUR Education Recommendations:</u></b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Collective vote on Consent Calendar items 7 and 8.</u></b></p> <p><i><u>Collective Consent Calendar Vote:</u></i> <i><u>Unanimous approval (8/8)</u></i></p>
8.	<b><u>Drug Utilization Review (DUR) Reports</u></b>	Eileen Kim, PharmD	<p><i>The plan presented a Prime Rx rDUR Activities Report for 4Q2024 for committee review via Consent Calendar portion of committee packet.</i></p> <p><b>Summary</b></p>	

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	Prime/Magellan Retrospective DUR Quarterly Activities 3Q2024 (pp.29 – 31)		<p>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.</p> <p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>Statin letter</li> </ul> <p><b><u>Committee Discussion:</u></b></p> <p><i>The committee had no comments or questions.</i></p>	
9.	<b>Psychiatry</b> Insomnia Class Review (pp. 267-271)	Katrina Vo, PharmD Ai Quynh Nguyen, PharmD	<p><i>The plan presented a class review and recommendations for insomnia medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> Jan 2023</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>No changes recommended</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul> <p><b><u>Committee Discussion:</u></b></p> <p><i>Dr Wozniak inquired if data captured numbers of chronic-use patients, and that these agents should only be used short term. Dr Shost stated she will review PDC data and provide an answer. Dr Vo further clarified that the data also does not capture off-label prescribing vs insomnia. Dr O'Brien inquired about percentage of chronic-use members especially on Medi-Cal. This may be an outreach opportunity to discuss as a takeaway.</i></p>	
10.	<b>Cardiology</b> Heart Failure, Stable Angina/Coronary Artery Disease Therapeutic Class Review (pp.33 – 171)	Katrina Vo, PharmD Ai Quynh Nguyen, PharmD	<p><i>The plan presented a class review and recommendations for heart failure and angina/CAD medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> Oct 2023</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>No changes recommended</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Remove step therapy requirements for SGLT2 heart failure diagnosis</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul> <p><b><u>Committee Discussion:</u></b></p> <p><i>Dr Truong inquired how Tier enforcement would happen at the pharmacy. Dr Kim stated these medications require a PA.</i></p>	

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11.	<b><u>Endocrinology</u></b> Diabetes Class Review (pp.47 – 75)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<p><i>The plan presented a class review and recommendations for diabetes medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> April 2023</p> <p><b>Formulary Update:</b> (Healthy Workers HMO):</p> <ul style="list-style-type: none"> <li>Remove Victoza® (liraglutide) from formulary based on cost-effective alternatives available and low utilization. Authorize existing utilizers to continue the generic liraglutide.</li> <li>Remove step therapy requirements for SGLT-2 inhibitors class</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Update the GLP-1 Receptor Agonist criteria with formulary changes above</li> <li>Update the SGLT-2 inhibitors criteria with formulary changes above</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>Review separate DUR analysis on diabetes medication adherence</li> </ul> <p><b><u>Committee Discussion:</u></b></p> <p><i>Dr Jew asked what the denial rate and reasons are for SGLT2i class, and if it's worth having a step therapy requirement. Dr Kim stated that most denials are due to a lack of information. Dr Kim further explained that most denials are for the CKD diagnosis and for the year of 2024, there were total 11 denials, only 2 of which were not eventually approved due to more information given. Approximately 75% approval rate. Dr Williams agreed that removal of the step therapy requirement makes most sense based on the guidelines and place in therapy of these agents for all the indications. There were no objections from the rest of the committee.</i></p> <p><i>Dr Lee requested some offline information regarding long-acting insulins and interchangeability. Dr O'Brien stated that plan spend for GLP1s in diabetes and weight loss benefits are extremely high. There are ongoing internal discussions on cost mitigation.</i></p>	
12.	<b><u>Endocrinology</u></b> Diabetes Supplies and Hypoglycemia Class Review (pp.175 – 98)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<p><i>The plan presented a class review and recommendations for diabetes and hypoglycemia supplies.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> April 2023</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>No changes recommended</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>Edits made to Blood Glucose Testing PA criteria to address continuation of therapy</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>None</li> </ul> <p><b><u>Committee Discussion:</u></b></p> <p><i>Dr Truong asked if SFHP was aware of the upcoming release of the Freestyle Libre 3+ CGM to market in September and that it will be</i></p>	

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			<i>incompatible with previous generations of Libre products. Dr Kim thanked her for the information and will take that back to the team. Dr Williams asked for clarification on GCM criteria and Dr Kim brought criteria up for committee reading.</i>	
13.	<b><u>Drug Utilization Review (DUR) Reports</u></b> Diabetes Adherence Report (pp.29 – 31)	Jessica Shost, PharmD	<p><i>The plan presented a DUR analysis on diabetic member adherence for committee review.</i></p> <p><b>Summary</b> For all medications, the average PDC is high and for most medication classes roughly two thirds of members are sufficiently adherent to receive benefit. Adherence to GLP-1 medications may be obfuscated by recent shortages and the use of these agents for weight loss.</p> <p><b>Limitations</b></p> <ul style="list-style-type: none"> <li>• Claims data may not always be representative of how members are taking their medications.</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Review members with single-fill non-adherence to metformin and consider adding them to the Medication Adherence Program (MAP)</li> </ul>	
14.	<b><u>Endocrinology</u></b> Osteoporosis Class Review (pp.175 – 98)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<p><i>The plan presented a class review and recommendations for osteoporosis medications.</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> April 2023</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Edits made to the Parathyroid Hormone PA criteria to be more comprehensive</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i></p>	<p><b>VOTE:</b> <b><u>Collective Topics 9 thru 14</u></b> <i><u>Vote: Unanimous approval (8/8)</u></i> <i><u>**Dr Wozniak left meeting at 8:38**</u></i></p>
15.	<b><u>Hematology</u></b> Voydeya™ Monograph (pp.99 –108)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<p><i>The plan presented a monograph and recommendations for Voydeya™</i></p> <p><i>Major recommendations included the following:</i></p> <p><b>Last reviewed:</b> n/a</p> <p><b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco):</p> <ul style="list-style-type: none"> <li>• Maintain non-formulary due to no utilization or requests.</li> </ul> <p><b>PA Criteria Update:</b></p> <ul style="list-style-type: none"> <li>• Implement new PA criteria for appropriate diagnosis</li> </ul> <p><b>DUR Update:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>Dr O'Brien inquired about criteria development for new medications. Dr Kim stated that SFHP develops PA criteria based on package insert, clinical trials, and PBM monograph.</i></p>	

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16.	<b><u>Hematology</u></b> Fabhalta® Monograph (pp.99 –108)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a monograph and recommendations for Fabhalta®.</i> <i>Major recommendations included the following:</i> <b>Last reviewed:</b> n/a <b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> <li>Maintain non-formulary due to no utilization or requests</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>Implement new PA criteria for appropriate diagnosis</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i>	
17.	<b><u>Obstetrics and Gynecology</u></b> Veozah® Monograph (pp.141 – 180)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a monograph and recommendations for Veozah®.</i> <i>Major recommendations included the following:</i> <b>Last reviewed:</b> n/a <b>Formulary Update:</b> (Healthy Workers HMO and Healthy San Francisco): <ul style="list-style-type: none"> <li>Maintain non-formulary due to alternatives available on formulary</li> </ul> <b>PA Criteria Update:</b> <ul style="list-style-type: none"> <li>Implement new PA criteria for diagnosis and baseline hepatic function</li> </ul> <b>DUR Update:</b> <ul style="list-style-type: none"> <li>None</li> </ul> <b><u>Committee Discussion:</u></b> <i>Dr O'Brien inquired on why the single PA submission was denied. Dr Kim stated it was denied due to a lack formulary options trialed per the Non-Formulary PA criteria requirements.</i>	<b>VOTE:</b> <b><u>Collective Topics 15 thru 17</u></b> <u><i>Vote: Unanimous approval (7/7)</i></u>
18.	<b><u>Drug Utilization Review (DUR) Reports:</u></b> Fraud, Waste and Abuse (FWA) DUR Report: Multiple Providers and Multiple Pharmacies 4Q2024 (pp.331 – 209)	Jessica Shost, PharmD	<i>The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 4Q2024 for committee review.</i> <b>Summary:</b> 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 may have increased ED usage and 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. <b>Recommendations:</b> <ul style="list-style-type: none"> <li>Coordinate with CM to ensure that clients with multiple providers or multiple pharmacies receive a referral to ECM (Enhanced Care Management).</li> <li>Continue to monitor with quarterly reports</li> </ul> <b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions.</i>	Non-voting item

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19.	<b><u>Drug Utilization Review (DUR) Reports:</u></b> Top Controlled Drugs Review	Jessica Shost, PharmD	<p><i>The plan presented a DUR analysis on Top Controlled Drugs for committee review.</i></p> <p><b>Summary:</b> The profile of an SFHP member with a controlled prescription is most likely to be male white, 45 to 64 years-old, and English speaking. Of the members with the highest prescribing, a majority (64%) 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 had specialties consistent with prescribing 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.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Controlled substances should continue to be monitored in a quarterly report.</li> <li>Consider adding members with a high ratio of controlled medications to the Medication Adherence Program (MAP)</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions</i></p>	<i>Non-voting item</i>
20.	<b>Reconvene in Open Session</b>	Steve O'Brien, MD	Open session resumed: 9:11 am.	<i>Non-voting item</i>
21.	Annual Pharmacy Policies and Procedures (P&Ps) Review (pp.337 – 358)	Sue Chan	<p><i>The plan presented changes to Pharmacy Policies and Procedures (P&amp;P) for P&amp;T committee annual review and approval:</i></p> <p><b>Document Changes</b> <u>Pharm-02 Pharmacy Prior Authorization</u> <b>Update:</b></p> <ul style="list-style-type: none"> <li>Under the monitoring section, updated PA monitoring from daily review to monthly sampling method.</li> </ul> <p><u>Pharm-08 Annual Review</u> <b>Update:</b></p> <ul style="list-style-type: none"> <li>This policy is up for annual review. Regulatory citations were updated due to a newer APL from DMHC around mental health parity (SB-855) that superseded the previous citations. No other updates.</li> </ul> <p><u>Pharm-13 After-Hours Pharmacy Access</u> <b>Update:</b></p> <ul style="list-style-type: none"> <li>This policy is up for annual review. No updates are necessary.</li> </ul> <p><u>Pharm-15 Generic Drug Management</u> <b>Update:</b></p> <ul style="list-style-type: none"> <li>This policy is up for annual review. Removed biosimilar and interchangeable biological products references in procedure II as it's not in the scope of this policy. SFHP does not automatically make formulary brand biological product nonpreferred when a biosimilar or interchangeable biological product.</li> </ul> <p><b><u>Committee Discussion:</u></b> <i>The committee had no comments or questions</i></p>	<p><b><u>VOTE:</u></b> <b><u>Review and Approval of Annual Pharmacy Policies and Procedures (P&amp;Ps)</u></b> Approved recommendations as presented.</p> <p><u><i>Vote: Unanimous approval (7/7)</i></u></p>

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22.	<b>Appendix</b> Prime Therapeutics Pipeline Report 4Q2024 (pp. 359 – 251)	Ai Quynh Nguyen, PharmD	<i>The plan provided information published by Prime Therapeutics regarding new developments in the pharmacy market as of Q4 2024.</i>	<i>Non-voting item</i>
23.	Adjournment	Steve O'Brien, MD	The meeting adjourned at 9:25 am.  2025/26 P&T Committee Meeting dates are: <ul style="list-style-type: none"> <li>Wednesday, July 16, 2025</li> <li>Wednesday, October 15, 2025</li> <li>Wednesday, January 21, 2026</li> </ul>	

Respectfully submitted by:

*Steve O'Brien*

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Steve O'Brien, MD  
Pharmacy & Therapeutics Committee Chair

7/16/2025

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Date