



**San Francisco
Health Plan**

Pharmacy Services

San Francisco Health Plan Pharmacy & Therapeutics Committee

Wednesday, July 16, 2025

7:30AM – 9:30AM

50 Beale St., 12th 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) Steven Wozniak, MD James Lee, MD Ronald Ruggiero, PharmD Linda Truong, PharmD (remote attendee) Nicholas Jew, MD Jamie Ruiz, MD Robert (Brad) Williams, MD Joseph Pace, MD	Others in Attendance: 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) Guests: none
Members Absent:	Maria Lopez, PharmD	
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 7:30 am. - Attendance/Quorum - Vote to allow remote member's participation - Agenda overview	Introduction and agenda topics done. VOTE: <u>Remote Participation</u> <i>Unanimous approval (8/8)</i>
2.	Review and Approval of April 2025 P&T minutes (pp.5 – 13 of July 2025 packet)	Steve O'Brien, MD	The committee approved the minutes as presented.	VOTE: <u>Review and Approval of April 16, 2025 P&T minutes</u> Approved minutes as presented.

	Topic	Brought By	Discussion	Action
				<i>Vote: Unanimous approval (9/9)</i>
3.	Chief Medical Officer and Pharmacy Director Informational Updates	Steve O'Brien, MD Brian Ellsworth, PharmD	- Budget updates for SFHP in 2026 - Medi-Cal line of business faces challenges. - 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.	<i>Non-voting item</i>
4.	Annual Pharmacy Policies and Procedures (P&Ps) Review (Supplemental packet)	Sue Chan	<i>The plan presented changes to Pharmacy Policies and Procedures (P&P) for P&T committee annual review and approval:</i> Document Changes <u>Pharm-07 Emergency Medication Supply</u> Update: - This policy is up for annual review. No changes were necessary. <u>Pharm-11 Member Reimbursement for Pharmacy Services</u> Update: - This policy is up for annual review. - Per DMHC APL 25-007 Claims reimbursement, plans are required to treat member complaints around timeliness of claims payment as grievances regardless of whether grievance is stated in their complaint. That requirement is added to our policy. - Attachments A and B (member reimbursement forms) were updated with SFHP's new logo. - The References section was updated with the new APL citation. - The Related Policies section have a couple of policy names that were updated due to organizational structures changes. <u>Pharm-14 Pharmacy Drug Utilization Review (DUR) Program</u> Update: - We removed fertility agents from the list of exclusion categories. - SB-729, from DMHC APL 24-023, requires plans to provide coverage of infertility services if guidelines provided in the APL were met. - The APL and Senate bill is added to the References section. - Added non-monetary member incentives as part our educational program. The policy relating to non-monetary member incentives is therefore, added to the related policies section. <u>Pharm-16 Pharmacy System User Access</u> Update: - This policy is up for annual review. No changes were necessary. Committee Discussion: <i>Sue Chan explained to the committee that Pharm-17 for DSNP Part D Transition Policy is still being worked on to comply with CMS and will be brought back for voting at a future P&T meeting</i>	VOTE: <u>Review and Approval of Annual Pharmacy Policies and Procedures (P&Ps)</u> Approved recommendations as presented. <i>Vote: Unanimous approval (9/9)</i>
5.	Adjourned to Closed Session	Steve O'Brien, MD	Closed session began at 7:38 am	

	Topic	Brought By	Discussion	Action
6.	Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market (pp.52 – 54)	Eileen Kim, PharmD	<i>The plan presented interim formulary changes and formulary status for new drugs to market.</i> <u>Committee Discussion:</u> <i>Dr Pace inquired if drugs were commonly covered on both the medical and pharmacy benefits concurrently. Dr Kim stated it is not, and very few drug classes are handled by both sides simultaneously. Dr. Kim further explained that physician administered drugs are usually part of the medical benefit, but have been also added to the pharmacy benefit following providers' specific requests for clinics to be able to bill to the pharmacy benefit to provide better access for patients. Examples include Aprelude and long acting injectable antipsychotics, which are on both the medical and pharmacy benefit for Healthy Workers HMO.</i>	VOTE: <u>Review and Approval of Interim Formulary Changes and Formulary Placement for New Drugs to Market</u> Approved recommendations as presented. <u>Vote: Unanimous approval (9/9)</u>
7.	Review and Approval of Prior Authorization Criteria Interim Changes (pp.55 – 68)	Eileen Kim, PharmD	<i>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.</i> <u>Committee Discussion:</u> <i>Dr Ruiz inquired if CA Senate bill legislation SB-729 affected Medi-Cal, or only commercial members. Dr Kim clarified that this bill affects only commercial health plans. In regards to interim changes to criteria, Dr Ellsworth stated that SFHP pharmacists review the PA requests and appeals, and changes are recommended based on clinical analysis. Dr Ruiz further inquired how frequently classes are reviewed. Dr Kim stated SFHP reviews all classes on a schedule, or as needed ad hoc due to class or recommendation changes.</i>	VOTE: <u>Review and Approval of Prior Authorization Criteria Interim Changes</u> Approve recommendations as presented. <u>Vote: Unanimous approval (9/9)</u>
8.	<u>Endocrinology</u> Anti-Obesity Medications Class Review (pp.70 – 123)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a class review and recommendations for anti-obesity medications.</i> <i>Major recommendations included the following:</i> Last reviewed: July 2023 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • No changes recommended PA Criteria Update: • Reviewed Anti-Obesity criteria via interim change DUR Update: • None <u>Committee Discussion:</u> <i>Dr Ellsworth stated utilization is trending upwards, almost double the plan spend. Dr O'Brien stated that current trend and spend is unsustainable, as members seem to be continuing on these drugs. SFHP is in talks with the county regarding funding increases to maintain this benefit. Dr Ruggiero inquired if GLP1s were less effective in the long run, as some patients may depend on the medication without making lifestyle modifications to support weight loss. It can be a QA concern: Did patient actually make stated lifestyle changes? Dr</i>	VOTE: <u>Collective Vote of Topics 8 thru 13: Class Reviews and Monographs</u> Approve recommendations as presented, with exception of topic 12. <i>See below.</i> <u>Vote: Unanimous approval (9/9)</u>

	Topic	Brought By	Discussion	Action
			<i>Kim noted that balancing access and confirming lifestyle changes in this class is difficult. Dr Ruiz added that a burden of proof vs barriers to care is a serious issue in lower socio-economic situations, as some members may not have access to healthier food options.</i>	
9.	<u>Endocrinology</u> Tryngolza™ Monograph (pp.124 – 131)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a monograph and recommendations for Tryngolza™.</i> <i>Major recommendations included the following:</i> Last reviewed: NA Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • Maintain Tryngolza™ as non-formulary at this time due to lack of utilization PA Criteria Update: • Implement new PA criteria DUR Update: • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	
10.	<u>Endocrinology</u> Iqirvo® and Livdelzi® Monograph (pp.132 – 146)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a monograph and recommendations for Iqirvo® and Livdelzi®.</i> <i>Major recommendations included the following:</i> Last reviewed: NA Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • Maintain Iqirvo® (elafibranor) and Livdelzi® (seladelpar) as non-formulary • Remove Ocaliva® (obeticholic acid) from formulary due to no utilization and available alternative PA Criteria Update: • Change the Ocaliva® (obeticholic acid) PA criteria name to Primary Biliary Cholangitis and add Iqirvo® • (elafibranor) and Livdelzi® (seladelpar) to the criteria DUR Update: • None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	
11.	<u>Nephrology</u> CKD and MBD Class Review (pp.147 –175)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a class review and recommendations for nephrology medications.</i> <i>Major recommendations included the following:</i> Last reviewed: April 2023 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): • Maintain Xphozah® (tenapanor) as non-formulary due to cost-effective alternatives available • Move cinacalcet (Sensipar®) to Tier 1 (preferred generic) and remove PA criteria requirements.	

	Topic	Brought By	Discussion	Action
			PA Criteria Update: - Add Xphozah® to the Phosphate Binder PA criteria - Retire PA criteria for cinacalcet (Sensipar®) DUR Update: - None <u>Committee Discussion:</u> <i>The committee had no comments or questions.</i>	
12.	<u>Pain</u> Journavx® Monograph (pp.176 –184)	Eileen Kim, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a monograph and recommendations for Journavx®</i> <i>Major recommendations included the following:</i> Last reviewed: n/a Formulary Update: (Healthy Workers HMO and Healthy San Francisco): - Maintain non-formulary due to no utilization or requests PA Criteria Update: - Implement new PA criteria for appropriate diagnosis DUR Update: - None <u>Committee Discussion:</u> <i>The committee felt that the clinical trials were poorly designed and agreed to this drug being maintained as non-formulary. Dr Pace asked if the clinical trials compared Journavx® to prescription strength ibuprofen- they did not. Dr Pace stated that based on the clinical trials, it appears that the use is for post-procedures. The committee felt that the proposed criteria is not strict enough and wants requests and utilization to be monitored. The committee discussion led to vote deferral. The PA criteria will be brought back in October after monitoring for any requests or utilization and revising the criteria to be more strict.</i>	<i>After discussion on PA criteria wording and lack of clinical data on this medication committee decided to defer this topic until October.</i>
13.	<u>Psychiatry</u> Attention Deficit Hyperactivity Disorder Class Review (pp. 185-235)	Katrina Vo, PharmD Ai Quynh Nguyen, PharmD	<i>The plan presented a class review and recommendations for attention deficit hyperactivity disorder medications.</i> <i>Major recommendations included the following:</i> Last reviewed: Oct 2023 Formulary Update: (Healthy Workers HMO and Healthy San Francisco): - No changes recommended PA Criteria Update: - None DUR Update: - None <u>Committee Discussion:</u> <i>Dr O'Brien asked if pharmacy team is tracking use and potential abuse of stimulants and that since these drugs are mostly generic and inexpensive, the review should focus on tracking any potential for abuse and prescribing patterns. Dr Ellsworth stated that Pharmacy is re-evaluating how to best apply our reporting tools and drive proactive</i>	

	Topic	Brought By	Discussion	Action
			<i>partnering with other departments. Dr Wozniak stated that stimulant therapy is difficult to diagnose and treat in adult ADHD due to concerns over drug-seeking behaviors.</i>	
14.	<u>Drug Utilization Review (DUR) Reports</u> Prime/Magellan Retrospective DUR Quarterly Activities 1Q2025 <i>(pp.236 – 242)</i>	Katie Vo, PharmD	<i>The plan presented a Prime Rx rDUR Activities Report for 1Q2025 for committee review.</i> 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: • Asthma letter • Migraine letter • Opioids letter Committee Discussion: <i>Dr Ellsworth stated that DHCS has recognized SFHP as a model example of proper AMR management. Dr Jew noted that the guideline recommended inhalers for SMART therapy are more expensive than albuterol. The committee commented on the difficulty for prescribers, and especially patients, to adjust their perception of formerly maintenance-only inhaler as now dual maintenance and rescue inhaler in alignment with guideline recommendations. Dr Pace inquired if the opioid/benzodiazepine utilization data captured only the Healthy Workers HMO data, or the Medi-Cal population as well. Dr Kim clarified that while other utilization review reports capture both populations, the Prime rDUR is specific to HW HMO.</i>	Non-voting item
15.	<u>Drug Utilization Review (DUR) Reports:</u> Fraud, Waste and Abuse (FWA) DUR Report: Multiple Providers and Multiple Pharmacies 1Q2025 <i>(pp.243 – 246)</i>	Katie Vo, PharmD	<i>The plan presented a Fraud, Waste and Abuse (FWA) DUR analysis on Multiple Providers and Multiple Pharmacies for 1Q2025 for committee review.</i> 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 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. Recommendations: • 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:	Non-voting item

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			<i>Dr Ruggiero inquired if urgent care visits counted as Emergency Department visits. Dr Vo stated that Urgent Care visits do not count toward visit totals. Dr Ruiz stated that while EHRs are a great tool for providers, medical records are difficult to maintain at 100% accuracy as providers lack visibility into claims data to verify prescribed vs picked up medications by patients, which may contribute to risk of duplicative therapy. Dr Ellsworth and Dr Vo emphasized that the pharmacy team is working on revamping the DUR program and asked for suggestions from the committee. Dr O'Brien wanted to explore referring members that are found via this report to care management.</i>	
16.	Reconvene in Open Session	Steve O'Brien, MD	Open session resumed: 9:24 am.	<i>Non-voting item</i>
17.	Summary of Closed Session	Steve O'Brien, MD	<i>NA- No public attendees.</i>	<i>Non-voting item</i>
18.	<u>Appendix</u> Prime Therapeutics Pipeline Report 1Q2025 (pp. 247 – 279)	Ai Quynh Nguyen, PharmD	<i>The plan provided information published by Prime Therapeutics regarding new developments in the pharmacy market as of Q2 2025.</i>	<i>Non-voting item</i>
19.	Adjournment	Steve O'Brien, MD	The meeting adjourned at 9:31 am. 2025/26 P&T Committee Meeting dates are: • Wednesday, October 15, 2025 • Wednesday, January 21, 2026 • Wednesday, April 8, 2026 • Wednesday, July 15, 2026	

Respectfully submitted by:

Steve O'Brien

Steve O'Brien, MD
Pharmacy & Therapeutics Committee Chair

10/15/2025

Date