POLICY AND PROCEDURE	
TITLE: Pharmacy & Therapeutics Committee	
DEPARTMENT: Medical Management - Pharmacy	**POLICY #:** PH04
EFFECTIVE DATE: 02/01/96	**REVIEW/REVISION DATE:** 09/08, 03/10, 06/12, 11/15, 09/16, 09/17, 02/18, 12/18, 07/19
COMMITTEE APPROVAL DATE: P&T 12/11/2018 PRC 06/19/2019 QMUM 07/10/2019	**RETIRE DATE:** None
PRODUCT TYPE: Medi-Cal	**REPLACES:** None

I. PURPOSE

To define the Health Plan of San Joaquin (HPSJ) Pharmacy and Therapeutics Committee (P&T) members, duties, tasks, and meeting agendas.

II. POLICY

A. The Health Plan of San Joaquin (HPSJ) Pharmacy and Therapeutics Committee (P&T) is responsible for providing input on pharmaceutical management procedures and for developing, managing, updating, and administering the Drug Formulary System for HPSJ. The P&T Committee is responsible for ensuring HPSJ's members receive high quality, cost-effective, safe, and efficacious medication therapy.

B. The P&T Committee is comprised of primary care and specialty physicians, pharmacists, and other health care professionals.

III. PROCEDURE

A. The P&T Committee is a multidisciplinary group with a majority of physician and pharmacist members. The members of the P&T Committee are:

1. Chief Medical Officer, voting.
2. Director of Pharmacy, voting.
3. At least five practicing physicians in primary care and specialty areas, voting.
4. Two pharmacists representing various pharmaceutical specialties, voting.

5. Additional professionals, in specialty areas appropriate to a class of pharmaceuticals being reviewed, may be added or consulted on an ad hoc basis when additional expertise is needed, voting or non-voting at the discretion of the Chair.
6. Committee members may also include nurses, legal experts, and administrators, non-voting.

B. When the therapeutic classes listed below are up for review, non-voting clinical specialists will be consulted. These non-voting clinical specialists will review information prepared by HPSJ pharmacist(s) and will provide formulary recommendations for the following therapeutic classes:

- Endocrinology
- Hematology
- Neurology
- Oncology
- Psychiatry
- Rheumatology

C. Committee members shall be free of any conflict of interest or shall recuse themselves from any decision in which there is an actual or potential conflict of interest.

1. At least one pharmacist and one physician member of the committee must have no affiliation with HPSJ other than as practitioners HPSJ's network and members of the P&T Committee.
2. Committee members shall sign HPSJ's conflict of interest statement revealing economic and other relationships with entities that could influence committee decisions.

D. Meeting Frequency and Process

1. The Committee shall meet at least quarterly, and more frequently if necessary, to review and update the Formulary System in light of new drugs and new indications, uses, and warnings affecting existing drugs.
2. The P&T Committee Chairperson is elected by the P&T Committee from its membership.
3. The Director of Pharmacy in conjunction with the Chairperson will make the decision whether it is relevant for the Committee to meet more frequently to address pharmacy related issues.
4. The Director of Pharmacy oversees the scheduling of meetings.
5. A simple majority of members, including at least the Director of Pharmacy or the Chief Medical Officer, is required for a quorum and for the committee to officially conduct business.

E. Agendas

1. Meeting agendas are structured to review a sufficient number of therapeutic drug classes per meeting in order to review all drug classes annually.
2. New product releases and FDA approved labeling changes are evaluated expeditiously.
3. If appropriate, deliberations regarding potential additions, deletions, and changes to the formulary are scheduled to occur at meetings other than the one at which the discussion of the relevant drug class is scheduled.
4. Committee members can request the addition of an agenda topic by contacting the Director of Pharmacy.
5. All pharmaceutical management procedures will be reviewed annually and more frequently if needed.
6. Topics suggested by network practitioners are presented at each meeting and considered as potential future agenda items.
7. The Director of Pharmacy oversees the development of the agenda and supplementary materials which shall be distributed to committee members at least five days prior to the scheduled meeting to allow time for member review.

F. Meeting Minutes

1. The meeting proceedings will be documented in the meeting minutes, which will be overseen by the Director of Pharmacy.
2. Meeting minutes are reviewed by the Chairperson and distributed at least five working days prior to the next P&T Committee meeting.
3. The final meeting minutes are approved at the subsequent meeting and submitted to the Health Commission for consideration. The Health Commission is apprised of any critical issues prior to that time by the Director of Pharmacy via an ad hoc memo or report.

G. The main tasks of the committee are to:

1. Review the materials provided and make recommendations regarding HPSJ's formulary and pharmaceutical management procedures based on the collective expertise of the committee.
2. Objectively appraise, evaluate, and select drugs for the formulary.
3. Approve all pharmaceutical management policies and procedures, including but not limited to, generic substitution, prior authorization, therapeutic interchange, and step therapy protocols based upon written guidelines or procedures.
4. Maintain up-to-date protocols and procedures for the use, of and access to, non-formulary drug products.

5. Review and make recommendations regarding the criteria used to develop, adopt, and review pharmaceutical management procedures.
6. Provide input regarding:
   a. Quality improvement activities that relate to pharmaceutical usage.
   b. Drug use evaluation activities.
7. Review current therapeutic guidelines and the need for revised or new guidelines.
8. Establish policies and procedures to educate and inform health care providers about drug product usage and committee decisions.
9. Seek input from practitioners with specialized expertise as appropriate to topics being considered.
10. Consider the views of network practitioners when such are submitted.
11. Interface with Quality Improvement/Utilization Management Committee (QI/UM) in the development of treatment guidelines and disease management programs.

IV. ATTACHMENT(S)

None

V. REFERENCES

A. Health & Safety Code, §1363.5(b), 1367.24(e)(2)
B. NCQA Standard UM13 – Procedures for Pharmaceutical Management
C. Title 22, §53214
D. Title 28, §1300.51
E. Title 28, CCR, §1300.67.24(b)(2), §1300.67.24(b)(3)

VI. REGULATORY AGENCY APPROVALS

DHCS Approved on 03/02/12.

VII. Glossary

Policy and Procedure Glossary Link

VIII. REVISION HISTORY

STATUS	DATE REVISED	REVISION SUMMARY
Reviewed	09/30/16	No content change, annual review.
Reviewed	09/12/17	No content change, annual review.
Revised	02/23/18	Removed SJHA, annual review.
Reviewed	12/11/18	No content change, annual review.
Revised	07/30/19	Added purpose statement, updated policy template.