

POLICY AND PROCEDURE				
Policy # and TITLE:				
PH04 Pharmacy & Therapeutics Committee				
Primary Policy owner:	POLICY #:			
Pharmacy	PH04			
Impacted/Secondary policy owner: Sele responsible for compliance with all, or a outlined 1) □All Departments	portion of the policy or procedure as12)□Facilities (FAC)			
 2) ⊠Behavioral Health (BH) 3) ⊠Benefits Administration (BA) 4) ⊠Care Management (CM) 5) □Claims (CLMS) 6) □Community Marketplace & Member Engagement (MAR) 7) □Compliance (CMP/HPA) 8) □Configuration (CFG) 9) □Provider Contracting (CONT) 10)□Cultural & Linguistics (CL) 11)□Customer Service (CS) 	 13) □Finance (FIN) 14) ⊠Health Equity (HEQ) 15) □Human Resources (HR) 16) □Information Technology / Core Systems (IT) 17) ⊠Pharmacy (PH) 18) □Provider Networks (PRO) 19) ⊠Quality Management (QM/GRV/HE) 20) ⊠ Utilization Management (UM) 			
PRODUCT TYPE:	Supersedes Policy Number:			
⊠Medi-Cal	Policy # and Policy Title			

I. PURPOSE

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

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II. POLICY

- 1. The Health Plan of San Joaquin (HPSJ) Pharmacy and Therapeutics Committee (P&T) is responsible for providing input on pharmaceutical management procedures. The P&T Committee is responsible for ensuring HPSJ's members receive high quality, safe, and efficacious medication therapy.
- 2. The P&T Committee is comprised of primary care and specialty physicians, pharmacists, and other health care professionals.

III. PROCEDURE

- 1. The P&T Committee is a multidisciplinary group with a majority of physician and pharmacist members. The members of the P&T Committee are:
 - a. Chief Medical Officer, voting.
 - b. Director of Pharmacy, voting.
 - c. At least five practicing physicians in primary care and specialty areas, voting.
 - d. One pharmacist representing a different pharmaceutical specialty, voting.
 - e. 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.
 - f. Committee members may also include nurses, legal experts, and administrators, non-voting.
- 2. When the therapeutic classes listed below are up for review, nonvoting 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:
 - a. Endocrinology
 - b. Hematology

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- c. Neurology
- d. Oncology
- e. Psychiatry
- f. Rheumatology
- 3. 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.
 - a. 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.
 - b. Committee members shall sign HPSJ's conflict of interest statement revealing economic and other relationships with entities that could influence committee decisions.
- 4. Meeting Frequency and Process
 - a. The Committee shall meet at least quarterly, and more frequently, if necessary, to review and update policies and coverage criteria in light of new drugs and new indications, uses, and warnings affecting existing drugs.
 - b. The P&T Committee Chairperson is elected by the P&T Committee from its membership.
 - c. 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.
 - d. The Director of Pharmacy oversees the scheduling of meetings.
 - e. 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.
- 5. Agendas

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- a. Meeting agendas are structured to review a sufficient number of therapeutic drug classes per meeting in order to review all drug classes annually.
- b. New product releases and FDA approved labeling changes are evaluated expeditiously.
- c. Committee members can request the addition of an agenda topic by contacting the Director of Pharmacy.
- d. All pharmaceutical management procedures will be reviewed annually and more frequently if needed.
- e. Topics suggested by network practitioners are presented at each meeting and considered as potential future agenda items.
- f. 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.
- 6. Meeting Minutes
 - a. The meeting proceedings will be documented in the meeting minutes, which will be overseen by the Director of Pharmacy.
 - b. Meeting minutes are reviewed by the Chairperson and distributed at least five working days prior to the next P&T Committee meeting.
 - c. 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.
- 7. The main tasks of the committee are to:
 - a. Review the materials provided and make recommendations regarding HPSJ pharmaceutical management procedures based on the collective expertise of the committee.

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- b. Approve all pharmaceutical management policies and procedures, including but not limited to, prior authorization and therapeutic interchange protocols based upon written guidelines or procedures.
- c. Maintain up-to-date protocols and procedures for the use, of and access drug products.
- d. Review and make recommendations regarding the criteria used to develop, adopt, and review pharmaceutical management procedures.
- e. Provide input regarding:
 - i. Quality improvement activities that relate to pharmaceutical usage.
 - ii. Drug use evaluation activities.
- f. Review current therapeutic guidelines and the need for revised or new guidelines.
- g. Establish policies and procedures to educate and inform health care providers about drug product usage and committee decisions.
- h. Seek input from practitioners with specialized expertise as appropriate to topics being considered.
- i. Consider the views of network practitioners when such are submitted.
- j. Interface with Quality Improvement/Utilization Management Committee (QI/UM) in the development of treatment guidelines and disease management programs.

IV. ATTACHMENT(S)

- 1. DHCS Medi Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- 2. <u>Glossary of Terms Link</u>
- 3. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

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V. REFERENCES

- DHCS APL 20-020 Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx
- 2. Health & Safety Code, §1363.5(b), 1367.24(e)(2)
- 3. NCQA Standard UM13 Procedures for Pharmaceutical Management
- 4. Title 22, §53214
- 5. Title 28, §1300.51
- 6. Title 28, CCR, §1300.67.24(b)(2), §1300.67.24(b)(3)

VI. **REVISION HISTORY**

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	09/08, 03/10, 06/12, 11/15, 09/16, 09/17, 02/18, 12/18, 07/19, 12/19, 06/21, 12/21, 07/22	N/A
001	Moved PH04 to new template	06/16/2023
002		
Initial Effective	Date: 02/01/1996	

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	08/17/2023
Privacy & Security Oversight Committee (PSOC)		
Risk Management		
Delegation Oversight		
Policy Review	001	07/19/2023
Quality and Utilization Management	001	07/13/2022
Quality Operations Committee		

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• Grievance

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	N/A	N/A	N/A
Department of Managed Care (DMHC)	N/A	N/A	N/A

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy

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