

<b>POLICY AND PROCEDURE</b>	
<b>Title:</b> Pharmacy & Therapeutics Committee	
<b>Primary policy owner:</b> Pharmacy	<b>Policy #:</b> PH04
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Case Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input checked="" type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input checked="" type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input checked="" type="checkbox"/> Medical Management (MM)
<b>Product Type:</b> <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> D-SNP	<b>Supersedes Policy Number:</b> NA

**I. PURPOSE**

To ensure Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") is in compliance with all contractual requirements, applicable federal and state laws, and regulations for responding, preventing, reviewing, and investigating all reported and identified non-

compliance. This policy defines Health Plan's Pharmacy and Therapeutics Committee (P&T) members, duties, tasks, and meeting agendas for both Medicaid and Advantage Dual-Special Needs Plan (D-SNP) line of business.

## **II. POLICY**

A. Health Plan's Pharmacy and Therapeutics Committee (P&T) is responsible for providing input on pharmaceutical management procedures. P&T Committee is responsible for ensuring Health Plan's members receive high quality, safe, and efficacious medication therapy.

1. P&T Committee is a multidisciplinary group with a majority of physician and pharmacist members. Members of the P&T Committee are:
2. Chief Medical Officer, or delegate Medical Director, voting.
3. Director of Pharmacy, voting.
4. Medical Director, voting.
5. At least five practicing physicians in primary care and specialty areas, voting.
6. One pharmacist representing a different pharmaceutical specialty, voting.
7. 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.
8. Committee members may also include nurses, legal experts, and administrators, non-voting.

## **III. PROCEDURE**

A. When the therapeutic classes listed below are up for review, non-voting clinical specialists are consulted. These non-voting clinical specialists review information prepared by Health Plan's pharmacist(s) and provides formulary recommendations for the following therapeutic classes:

1. Endocrinology
  2. Hematology
  3. Neurology
  4. Oncology
  5. Psychiatry
  6. Rheumatology
- B. 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 Health Plan other than as practitioners within Health Plan's network and members of the P&T Committee.
  2. Committee members shall sign Health Plan's conflict of interest statement revealing economic and other relationships with entities that could influence committee decisions.
- C. Meeting Frequency and Process
1. 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.
  2. P&T Committee Chairperson is elected by the P&T Committee from its membership.
  3. Health Plan's Director of Pharmacy in conjunction with the Medical Director as Co-Chairpersons make the decision whether it is relevant for the Committee to meet more frequently to address pharmacy-related issues.
  4. Health Plan's Director of Pharmacy and Medical Director oversee the scheduling of meetings.
  5. A simple majority of members, including at least the Health Plan's Director of Pharmacy, Chief Medical Officer, or Medical Director, are required for a quorum and for the committee to officially conduct business.
- D. 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. Committee members can request the addition of an agenda topic by contacting the Director of Pharmacy and/or the Medical Director.
4. All pharmaceutical management procedures are reviewed annually and more frequently if needed.
5. Topics suggested by network practitioners are presented at each meeting and considered as potential future agenda items.
6. Health Plan's Director of Pharmacy and Medical Director oversees the development of the agenda and supplementary materials, which shall be distributed to committee members prior to the scheduled meeting to allow time for member review.

E. Meeting Minutes

1. The meeting proceedings are documented in the meeting minutes, which are overseen by the Health Plan's Director of Pharmacy and the Medical Director.
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 appraised of any critical issues prior to that time by the Health Plan's Director of Pharmacy via an ad hoc memo or report.

F. The main tasks of the committee are to:

1. Review the materials provided and make recommendations regarding Health Plan's pharmaceutical management procedures based on the collective expertise of the committee.
2. Approve all pharmaceutical management policies and procedures, including but not limited to, prior authorization and therapeutic interchange protocols based upon written guidelines

or procedures for both Medi-Cal and Advantage Dual-Special Needs Plan (D-SNP) line of business.

3. Maintain up-to-date protocols and procedures for the use, of and access of drug products.
4. Review and make recommendations regarding the criteria used to develop, adopt, and review pharmaceutical management procedures.
5. Provide input regarding:
  - a. Quality improvement activities that relate to pharmaceutical usage.
  - b. Drug use evaluation activities.
6. Review current therapeutic guidelines and the need for revised or new guidelines.
7. Establish policies and procedures to educate and inform health care providers about drug product usage and committee decisions.
8. Seek input from practitioners with specialized expertise as appropriate to topics being considered.
9. Consider the views of network practitioners when such are submitted.

#### IV. ATTACHMENT(S)

- A. Desk- Level Procedure (DLP) or Department Job Aide
- B. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- C. [Glossary of Terms Link](#)
- D. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)
- E. 42 CFR 422.101 [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-C/section-422.101#p-422.101\(b\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-C/section-422.101#p-422.101(b))
- F. [42 CFR 422.112\(b\)\(8\) – Continuity of Care](#)
- G. 42 CFR 422.137 <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-C/section-422.137>
- H. Parts C & D Enrollee Grievances, Organization/Coverage

- I. Determinations, and Appeals Guidance
- J. Addendum to the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for Applicable Integrated Plans, Updated August 2022
- K. CMS CY 2025 Part D DMP Guidance – Section 40
- L. Medicare Coverage Database website:  
<https://www.cms.gov/medicare-coverage-database/search.aspx>
- M. <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-final-rule-cms-4201-f>

**V. REFERENCES**

- A. DHCS - APL 20-020 – Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx
- B. Health & Safety Code, § 1363.5(b), 1367.24(e)(2)
- C. NCQA Standard UM11 – Procedures for Pharmaceutical Management
- D. Title 22, § 53214
- E. Title 28, § 1300.51
- F. Title 28, CCR, § 1300.67.24(b)(2), § 1300.67.24(b)(3)
- G. State Medicaid Agency Contract
- H. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)

**VI. REVISION HISTORY**

\*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
001	9/08, 3/10, 6/12, 11/15, 9/16, 9/17, 2/18, 12/18, 7/19, 12/19, 6/21, 12/21, 7/22	N/A
002	Moved PH04 to new template	5/14/2024
003	Adding Deputy Chief Medical Officer and Delegate Medical Director as alternates to the Chief Medical Officer as a voting member.	6/10/2025

003	Moved PH04 to new template. Added DSNP requirements.  Removed Deputy Chief Medical Officer, updated Medical Director to a Co-chairperson and voting member.	12/8/2025
<b>Initial Effective Date: 2/1/1996</b>		
<b>Published Date: 12/23/2025</b>		

**VII. Committee Review and Approval To Be Completed by Compliance**

Committee Name	Version	Date
Compliance Committee	003	12/18/2025
<ul style="list-style-type: none"> <li>• Privacy &amp; Security Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>• Program Integrity Committee</li> </ul>		
<ul style="list-style-type: none"> <li>• Audits &amp; Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>• Policy Review Committee</li> </ul>	001	7/17/2024
Quality Improvement Health Equity Committee (QIHEC)	001	7/09/2024
<ul style="list-style-type: none"> <li>• Quality Operations Committee</li> </ul>		
<ul style="list-style-type: none"> <li>• Grievance Committee</li> </ul>		

**VIII. REGULATORY AGENCY APPROVALS**

Department	Reviewer	Version	Date
Department of Healthcare Services (DHCS)			

Department of Managed Care (DMHC)			
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**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