

**PA Health & Wellness Pharmacy and Therapeutics Committee Meeting Minutes**  
**300 Corporate Center Drive, Suite 600, Camp Hill, PA 17011**

**Wednesday, July 15, 2020 – 12:00 PM – 1:30 PM**

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Jill Schaeffer, RN, Debbie Rose, Dr. Venkateswara Davuluri, Michelle Bennett, Dr. Auren Weinberg (Chief Medical Director, PHW), Dr. Barbara Wingate, Dr. Christopher Hughes, Dr. Mahmood Usman, and Dr. Geoffrey Neimark
- Absent:** Dr. Francis Grillo, Dr. Carla Huitt, Germaine Biksey
- Guests:** Patrick Newsome (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), Amy Williams (Pharmacy), Rhonda Hredzak (Pharmacy), Jason Skaria (Pharmacy Manager), Shalyn Kline (Pharmacy), Marci Kramer (Director, Quality Improvement, PHW), Tia Dantzer (Complaints & Grievances), Iris Krug (VP, Compliance, PHW), and George Kimbrow, Jr. (PHW Policy Coordinator)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting called to order at 12:06 PM.
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 1:08 PM.
- Next Meeting:** Wednesday, October 21, 2020 – 12:00 PM
- Submitted By:** William Baker (PHW Pharmacy)

**Committee Chair:** \_\_\_\_\_ **Date:** July 15, 2020  
Meghan McNelly, PharmD, MHA; FACHE

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Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
Call to Order	Meghan McNelly called the PA Health & Wellness Pharmacy & Therapeutics Committee meeting to order at 12:06 PM.	Meeting Called to Order		Meghan McNelly
Recording	Meghan informed the Committee that the meeting is being recorded and that the recording will be discarded upon completion of the Meeting Minutes. Meghan asked if there were any objections to the recording. No objections were voiced.	No action required or taken.		Meghan McNelly
Introductions	Meghan briefly welcomed all attendees.	Staff attendees noted		Meghan McNelly
Announcements	Meghan reiterated the annual meeting attendance mandate of 3 of 4 meetings for all voting Committee Members to remain as an active committee member.	No action required or taken.		Meghan McNelly
Meeting Minutes	A vote was taken for the approval of the minutes from Q2_2020.	Adoption of Q2_2020 Meeting Minutes recorded as approved		Meghan McNelly
Old Business				
Policy Submission Status  Explanation of the Review and Approval Process	There is complete clearance of all Q1 and Q2 policies that were submitted to the state. There are no policies remaining from 2019.  Upon PA Health and Wellness (PHW) going to the statewide Preferred Drug List (PDL) as of January 1, 2020, many of the previous policies have rolled up into the state's prior authorization policies. These policies are brought to the committee as informative. The real changes are made by the state P & T committee; however, this committee may take suggested changes back to the state where changes could be made.	No action required or taken.		William "Bill" Baker/Meghan McNelly

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<p>Statewide PDL and Supplemental PDL</p>	<p>The policies that are not in the statewide PDL, we do have the opportunity to make changes, make suggestions, make amendments, etc. We would work with the state for approval of the policies.</p> <p>If a tiebreaker were necessary, Dr. Weinberg or Meghan McNelly would be the tiebreaker.</p> <p>Due to COVID 19, some of the meetings with the state for the review and approval of polices have been canceled. There will be a Zoom DUR meeting and a Zoom P&amp;T meeting in late August and early fall. There will be more information at our next meeting in the middle of October.</p> <p>One requirement for utilizing the state’s PDL is that CHC MCOs meet a 95% compliance rate for using the preferred medications. This does not take into account a non-preferred medication that meets medical necessity based on a peer-to-peer process, prior authorization, or medical request. We are looking for a more informative and structured way of meeting our compliance rate.</p> <p>There has not been very clear instruction on how the state will be measuring us and holding us accountable to the rate. Since we have not seen how they are reviewing there will be more to come on that. We are looking to ask the state from a coalition of all plans from the Community Health Choices (CHC) program for information so we can reach our compliance rate goals.</p> <p>PHW has created a preliminary internal auditing process based on State comments regarding PDL compliance expectations in order to estimate compliance rate.</p>			
<p>New Business</p>				
<p>Committee Votes</p>				
<p>CAR-T Education</p>	<p>Bill Baker informed the committee that the CAR-T Education document was provided in the invite. The therapy is fairly new. The document requires a vote</p>	<p>The packet was Committee approved.</p>		<p>Bill Baker</p>

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	because it is part of PHW’s DUR education for the Medicaid Mega-Reg. A vote was taken.			
FDA Updates	This is informational only and addresses recalls, new drugs, etc. No vote necessary.			Bill Baker
Drug Coverage Criteria – Marketplace	This is the prior authorization guideline revisions made for the Marketplace guidelines. Dr. Neimark asked for clarification on Health Insurance Marketplace (HIM) policy CP.PMN.60.SSRI/SNRI Duplicate Therapy for Ambetter line of business. He did not approve because he did not agree that duplicative therapy with these agents should require prior authorization. All other committee members approved.	Follow up on Dr. Neimark’s question. The packet was approved by popular vote.		Bill Baker
Drug Coverage Criteria - Medicaid	There are 44 policies and 9 of the policies are new. A vote was taken.	The packet was Committee approved.		Bill Baker
Short and Long-acting Opioid Analgesic Prior Authorization Fax Forms	<p>In order to alleviate some errors for prior authorization (PA) requests relating to short and long-acting Opioid analgesics (which have a higher appeal rate), fax forms for Opioids were created. These forms are aligned with criteria from the state PA guidelines. The forms were created so there are no questions left unanswered for the prior authorization requester and much easier for the PA approver to approve or deny based on the guidelines from the state.</p> <p>Debbie Rose said she had a Participant that had issues getting a refill. The Participant said that the prescriber put the authorization in but the pharmacy said they never received the authorization. The Participant was working with the prescriber and the pharmacy and has still not gotten his prescription. She wanted to know what PHW is doing to make sure that the pharmacy is updated with the current authorization. If the prescriber said they put it in the system, it seems like it is not getting to the pharmacy in a timely manner. Meghan McNelly asked Deb to send the information for the Participant so that it could be examined more closely.</p> <p>Dr. Hughes said that it is expected that the documentation is submitted with the answers on the form. The prescriber may just answer the questions and not submit the documentation. If they attest to the answer, that should be enough. He</p>	Debbie Rose will send the Participants information to Bill and Meghan. They will follow up on the issue.		Bill Baker/Meghan McNelly

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	<p>stated that there would be the same amount of denials because the documentation will not be submitted.</p> <p>Bill stated that they have had discussions with the PA team concerning this. Since there are multiple parties questioning this, PHW may be able to address this with the state. He told Dr. Hughes that he would be curious on his take on each criteria that some may require more due diligence than others with more documentation.</p> <p>Dr. Neimark wanted to know what the difference is between the original form and this form. Dr. Hughes responded that the new form is more robust and needs a lot more information. Dr. Neimark also wanted clarification on the complaints and grievances numbers. Dr. Weinberg explained that these come from denials and part of the problem is that we only have a 24-hour turn-around-time so we do not have the time to collect additional information if necessary. We are trying to work with the state to get more than a 24-hour turn-around-time.</p> <p>Dr. Neimark voted no. All others voted yes.</p>	<p>The packet was approved by popular vote.</p>		
<p>Complaints and Grievances Review</p>	<p>Dr. Neimark wanted the grievance numbers explained. Dr. Weinberg explained that the 173 were grievances that were filed due to denials. Out of these a 134 were reviewed by the grievance team who looked for additional information. When they find the additional information, they send it to one of the Medical Directors to review and the denial may be overturned at that point resulting in a pre-grievance withdrawal of the grievance.</p> <p>Dr. Weinberg told the committee that with the pharmacy requests, we do not have time to gather the missing information since there is a state mandated 24 hour turn-around time.</p>			<p>Dr. Weinberg</p>
<p>Fraud, Waste, and Abuse</p>	<p>The Office of the Attorney General has requested information concerning an investigation for an in-network pharmacy. Claims submissions identified the pharmacy may be submitting a large number of claims for “hyper-inflated” drugs. The pharmacy has been placed on immediate adjudication and payment suspension.</p>			<p>Meghan McNelly</p>

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	<p>Debbie Rose wanted to know if the Participants were made aware of the pharmacy. Meghan McNelly explained that once the pharmacy is removed from the network, they would not be able to get a paid claim and at that time, the Participant would know that they would have to find a different pharmacy. The Participant can call us to get available pharmacies that they are able to go to.</p> <p>Iris Krug explained that we are not able to inform the Participant because this could hinder the investigation.</p> <p>Dr. Neimark wanted to know what hyper-inflated drugs are. Meghan responded that they are drugs that are being sold in an abundance over the average. It could be a drug that is high cost but it could also be the type of drug.</p>			
<p>PBM Oversight</p>	<p>Jason Skaria explained that every month they audit Envolve Pharmacy. In the 2<sup>nd</sup> Quarter, they audited 120 requests of which there were 60 approvals and 60 denials.</p> <p>Findings were 1 Hepatitis C request was approved incorrectly for brand instead of generic. For denials, it was found that there were three errors where the denial language was not consistent with the clinical review notes. There was an improvement with the denial language for member notifications.</p>			<p>Jason Skaria</p>
<p>Drug Utilization Review</p>	<p>Patrick Newsome informed the committee that in the last quarter under the Fraud, Waste, and Abuse, there were 47 participants identified with 90 Morphine Milligram Equivalents or more. There were no Participants identified with three or more prescribers of opioids.</p> <p>For inappropriate prescribing there were no Participants identified with Acetaminophen overutilization. Five repeat Participants were identified as being on anti-psychotic's with inferred dementia diagnosis compared to 19 last quarter. These have already been reviewed.</p> <p>Under Disease management there were 10 Participants that were previously reviewed identified for long-acting beta-agonist monotherapy.</p>			<p>Patrick Newsome.</p>

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<p>COVID 19 Response</p>	<p>Meghan McNelly informed the committee that we have ensured we are following the states guidance and Centene’s commitment to Participants being able to get their medications. We are allowing overrides of refill too soon rejects at pharmacy.</p> <p>PHW is continuing to ensure that participants are able to access hydroxychloroquine for non-COVID-related indications, while imposing quantity limits for those members that do not have a non-COVID-related indication in order to limit potential stockpiling/abuse. PHW executed a “Late Refill” report in order to identify Participants who did not refill their maintenance medication for greater than 7 days after the expected refill date. The report was sent to the Service Coordination team so they could do outreach to make sure the Participant has their medication or had a plan in place to obtain the medication. As COVID 19 continues these programs will continue.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>Announcements</p>	<p>Meghan reminded the committee members that our P&amp;T Committee is seeking new members with experience in:</p> <ul style="list-style-type: none"> <li>• HIV &amp; HIV related areas of expertise</li> <li>• A Current PHW Participant or Participant Advocate to speak on behalf of a PHW Participant</li> </ul> <p>The P&amp;T Committee is also looking for more representatives, advocates, or Participants since we have opened up the T-Zone. We would like some from the Northeast, Northwest, and Lehigh regions.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>Open Forum</p>	<p>Meghan opened the meeting for questions or concerns.</p> <p>There were no questions or concerns.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>Adjournment</p>	<p>The meeting was adjourned at 1:09 pm</p>	<p>Meeting adjourned</p>		<p>Meghan McNelly</p>

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