

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

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

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Germaine Biksey, RPH, Jill Schaeffer, RN, Debbie Rose, Dr. Sherrie Sharp, Dr. Oluwatoyin Fadeyib, Dr. Christopher Hughes, Dr. Francis Grillo, Dr. Carla Huitt, Dr. Venkateswara Davuluri, Michelle Bennett, and Dr. Geoffrey Neimark
- Absent:** Dr. Auren Weinberg (Chief Medical Director, PHW), Dr. Barbara Wingate, and Michelle LoBello
- Guests:** Patrick Newsome (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), Amy Williams (Pharmacy), Evan Sebastian (Pharmacy), Rhonda Hredzak (Pharmacy), Jason Skaria (Pharmacy Manager), George Kimbrow, Jr. (PHW Policy Coordinator), Marci Kramer (Director, Quality Improvement, PHW), Tia Dantzler (Grievance & Appeals, PHW), and Iris Krug (VP, Compliance, PHW)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting called to order at 12:07 PM.
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 1:03 PM.
- Next Meeting:** Wednesday, January 15th, 2019 – 12:00 PM
- Submitted By:** William Baker (PHW Pharmacy)

**Committee Chair:** \_\_\_\_\_ **Date:** January 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 12:07 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, and introduced new member, Dr. Geoffrey Neimark, Community Care Behavioral Health, Senior Medical Director and, Jason Skaria, PHW's new pharmacy manager. Both provided brief professional background summaries.	New Committee Members and 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. In addition, there are several outstanding COI, CS & ND forms due for committee members; the Committee charter requires these annual form be completed and on file for further meeting attendance & stipend payments.	No action required or taken.		
Meeting Minutes	Meghan requested a motion to adopt the Q4_2019 Meeting Minutes – Roll was taken for the approval of the minutes and approved without dissent. The P&T Committee charter requires that vote totals be tabulated for all voting members with Dr. Auren Weinberg, PHW Chief Medical Director, serving as the tiebreaker. In his absence, a Medical Director in attendance will serve as his proxy.	Adoption of Q4_2020 Meeting Minutes recorded as approved		Meghan McNelly
Old Business				
Policy Submission Status	As a result of coordination with the newly implemented Statewide PDL (Effective Jan. 1, 2020), all Prior Auth. policies are aligned, up to date and approved. No vote or action otherwise is required by the Committee at this time. The voting responsibility moving forward for the PHW P&T Committee will include the responsibility for review of Prior Auth. Guidelines of medications	No action required or taken.		Meghan McNelly

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	<p>external of those medications identified and addressed in the Statewide PDL (SW-PDL). Once approved by this Committee, these PHW specific policies are submitted to the State and will follow the State’s normal review process for approval. The PHW Pharmacy team represents the PHW P&amp;T Committee to address any State feedback on all submitted Pharmacy Prior Auth. guidelines until they deemed approved by the State.</p>			
New Business				
Statewide PDL (SW-PDL) Update	<p>Beginning Jan. 1, 2020, every Health Choices and Community Health Choices contracted MCO have converted to using a single Statewide PDL. On November 1, 2019, PHW sent transition fill letters to all impacted participants as a disruption notification explaining the impending changes effective on January 1. Our records indicate that since the letters went out, some participants have not updated their medication for a preferred drug, which resulted in rejections at the pharmacy on Jan.1 and beyond. In these cases, 3 or 15-day emergency supply fills were available based on the drug and period of time the participant has been on the medication.</p> <p>Some immediate updates and concerns of note from the State – Provider feedback indicated manufacturer supply issues have affected the availability to pharmacies of a specific preferred drug listed on the SW-PDL. The Sate responded by converting alternate/comparable drugs void of supply issues to preferred status. This move garnered appropriate approvals in these targeted drug categories at the pharmacy. Envlove, our PBM, has its Prior Authorization Team closely monitoring all PAs and are conscious of our new T-zone participants that are currently in the 60-day Continuity Of Care (COC) period with no supply of PAs on currently on file.</p> <p>Our PHW Pharmacy team is compiling a running list of medications that we have identified as absent from the SW-PDL, but PHW believes there was intent for inclusion on the SW-PDL. We plan to forward this list to the State, requesting these drugs be added to the updated drug file. Each Wednesday evening, the state issues its weekly drug file and allots up to 2-weeks for MCO implementation. Additional details and updates will be provided in the 2<sup>nd</sup> Quarter P&amp;T Meeting.</p>	No action required or taken.		Meghan McNelly & William “Bill” Baker

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	<p>Dr. Neimark inquired about the scope and number of PA denials, in addition to the drug identified as experiencing the manufacturer supply issue to the pharmacies. Bill responded that the drug was methylphenidate and the issue was with a specific pharmacy chain that preferred one labeler to other generic labelers. As a result, all MCOs were instructed to open the labelers up to other generic labelers until that pharmacy chain resolved the issue. Meghan also shared that another medication group experiencing issues are insulins, which also offer emergency supply options for rejections. Some pharmacies continue to receive inappropriate processing rejections for insulins and diabetic testing supplies, and we are investigating to determine whether the root cause may be the SW-PDL or the 48 county go-live in general.</p>			
<b>Committee Votes</b>				
<p>Sickle Cell Disease Education Packet</p>	<p>Meghan referenced the Sickle Cell Disease Education Packet included in the P&amp;T Meeting packet. This proactive education will be available to our provider network once approved. Increased interest in this disease is brimming with the expectation of new therapies entering the market sometime in 2020. These new therapies are expected to carry a significant cost increase versus existing therapies, but we will bring additional information back to the committee in future meetings.</p>	<p>The packet was Committee approved with Dr. Neimark abstaining, as he did not receive the P&amp;T packet in time to review</p>		<p>Meghan McNelly</p>
<p>FDA Informational Packet</p>	<p>An FDA Informational Packet was also included in the P&amp;T Meeting packet, which will not require a vote.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly &amp; William “Bill” Baker</p>
<p>Guideline Votes:</p> <ul style="list-style-type: none"> <li>• Market Place and Ambetter products</li> <li>• Medicaid summary table</li> </ul>	<p>Other guidelines requiring committee votes included in your P&amp;T Meeting packet are Market Place and Ambetter products, which are summary tables with additional policies as approved by Centene’s P&amp;T Committee and Medical Director.</p>	<p>All Guideline and policy groupings were Committee approved with Dr. Neimark</p>		<p>Meghan McNelly</p>

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<p>and 79 new policies</p> <ul style="list-style-type: none"> <li>• SW-PDL Guideline</li> </ul>	<p>The second vote is for the Medicaid summary table and 79 new policies. These include medications within a drug class governed by the SW-PDL, as our Plan is mandated to follow the State PA Guidelines. We establish our own PA policies for any new to market drugs external from the SW-PDL. We do this as a guardrail for these drugs, until they can be fully adopted by the State’s P&amp;T Committee. Thus, we will see some old policies that are reviewed and revised and some new policies for new drugs that come to market in this grouping.</p> <p>Based on updates (ad hoc changes) to the SW-PDL, changes were made to the Opioid Dependence Treatment Policy. A State mandated decision was made to remove the prior authorization requirement for concomitant Buprenorphine when used with a Benzo or CNS depressant. This update has been implemented by PHW and the policy is now aligned with the State’s request, as to not delay treatment to Participants seeking medically assisted treatment for substance use disorders.</p>	<p>abstaining, as he did not receive the P&amp;T packet in time to review</p>		
<p>Narcan Article – Pharmacy Reimbursement versus Acquisition Costs</p>	<p>Meghan shared information on a recent news story in the Pittsburgh Post-Gazette regarding Naloxone cost as it relates to pharmacies and reimbursement. A local family (father-daughter) pharmacy in Pittsburgh where the pharmacy reimbursement cost was less than their acquisition cost for Narcan. This issue dissuades and potentiates the pharmacists need to dispense this particular brand from the SW-PLD to another brand if they are losing money to fill the prescription and each subsequent prescription thereafter. After reading the article, in which PHW was not mentioned, Meghan reached out to the Pharmacy to hear their concerns. Though we had no complaints regarding Narcan, PHW is actively reviewing our payment strategies surrounding Narcan via our PBM Envolve, to assure our pricing methodology and reimbursement scale is appropriate. We have removed copay requirements for these medications in alignment with other MCOs to assure the process in its entirety works.</p> <p>Dr. Neimark offered that he also read the article and was unsure on whether this was an individual pharmacy issue or broader issue, but feels that any actions to help ease access to appropriate use of Suboxone is important.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>

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	<p>Dr. Fadeyib shared that she was not aware of any instances of this happening in Philadelphia County, so it may be a more localized issue. However, Narcan claims across the board have increased exponentially over the last year. DPH in Philadelphia County has been in price lowering discussions with Narcan manufacturers to try to help with retailer costs. Perhaps this issue could be pushed to the State on behalf of public health. Meghan replied that she would caution the correlation between this story and a broader issue, due to the pharmacy being a small entity. Further research to identify the root cause and scope of the issue is on going and additional information is to come. Meghan will send the article to Dr. Fadeyib.</p>			
<p>Fraud, Waste &amp; Abuse (FWA) Activity Review</p>	<p>Our Pharmacy team at PHW reviews multiple daily reports, claims and rejects daily to identify outlying inappropriate rejections and paid claims to assure paid claims are falling within normal parameters. In doing this, we identified potential abuse of supply cost estimated for reimbursements that may were paid in excess. Meghan gave the example of an over the counter supply for \$10 was billed to us in excess of \$1,000. Our response has been to monitor these claims closely and we have established a high dollar limit that supersedes any usual customary cost for these supplies. We also forwarded these claims to the Special Investigations Unit (SIU) for review, as some of the claims involved Medicare. In such, we are meeting our responsibility to report FWA by demonstrating that we are filing potential cases resulting from necessary oversight within our team.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>Complaints and Grievances Review</p>	<p>Meghan welcomed back Tia to the team. She will be working with the P&amp;T Committee to bring back a review of all medications complaints and grievances. She is recently back to the team so this is being tabled for now.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>PBM oversight</p>	<p>Meghan reported to the Committee that the State’s Corrective Action Plan (CAP) for 2019 prior authorizations, was officially closed in Dec. 2019. A PHW imposed a QUIP with Envolve (EPS) associated with their prior authorization process was also closed. To assure we remain compliant, we internally review 10 EPS completed cases each week. We will continue to monitor these and based on</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>

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	the claim volume generated by the T-zone, we may increase the number of performed EPS cases reviewed.			
T-Zone Expansion	Meghan stated that the T-zone is the final phase of the program. The expansion area encompasses 48 counties within the Northeast and the Northwest and the Lehigh Capitol Region, with approximately 38,000 covered lives joining the PHW platform.	No action required or taken.		Meghan McNelly
Drug Utilization Review (DUR) Reports	<p>Patrick provided an overview of the EPS generated quarterly reports from last quarter. These reports help to identify potential drug problems that may be addressed. The first area of focus is Opioid Profiling, which identifies prescribers that prescribe opioids to &gt;75% of their patients. This quarter there were zero providers identified. The next area of focus is Acetaminophen Overutilization where participants are identified as using &gt;4 grams per day. This quarter there were also zero providers identified as exceeding this prescribing limit. The next area addresses FWA and we report identified participants that abuse pharmacies or prescribers to the PHWs Lock In Committee. These participants have been identified as seeking multiple Opioid prescriptions from 3 or more prescribers per month or seeking to fill the same Opioid prescriptions at different pharmacies. Again, no participants or providers were identified in this category during this quarter. The next area is the Morphine equivalent benchmark is 90 MME per day with 30 of 38 participants identified this quarter having also shown up on the previous quarter report. The 8 new participants are deemed to be appropriately prescribed based on the MME guideline. The next category addresses Drug Disease, for which participants are identified as taking an antipsychotic drug and having a dementia diagnosis. This quarter 5 participants were identified and the providers were notified of the potential interaction danger. In addition, 6 participants were identified this quarter as being prescribed long acting beta-agonist (Monotherapy). We communicated to the prescribers to assure these were not being used to treat asthma. These same 6 participants were identified as having COPD or taking an inhaled corticosteroid with no claims in our system.</p> <p>The final category identified is diabetes under use, which identifies participants with a diabetic diagnosis and not taking an ace inhibitor or an angiotensin</p>	No action required or taken.		Patrick Newsome

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	<p>receptor blocker. There were 198 participants identified, faxes were sent to their prescribers indicating the potential for better therapy options.</p> <p>Our plan for the balance of 2020 is to stay the course of monitoring these reports using the same criteria. However, suggestions or comments for process improvement are always welcome. No suggestions or comments were made.</p>			
<b>Announcements</b>	<p>Meghan left the meeting to attend to another issue, but in Meghan’s absence, Bill touched on the remaining agenda items and announcements.</p> <p>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>In addition, we request that any Committee member or meeting attendee that still needs to complete and submit their 2020 Conflict of Interest and Confidentiality Agreement forms, should do so by weeks end. Completion of these forms are a Corporate requirement for attendance of the P&amp;T meetings and Membership on the Committee. We will be sending an email reminder out this week about completion and return of these forms. We will also email the Remote Attendance Verification Form to those committee members not physically in attendance get their attestation that they were present and on the call.</p>	<p>No action required or taken.</p>		<p>William “Bill” Baker</p>
<b>Open Forum</b>	<p>Bill opened the meeting for questions or concerns. Dr. Huitt asked about the driving factor(s) and rationale for selecting the 90 MME daily Opioid limitations and the treatment guideline used. Patrick explained that before May 2019 our daily limit was set at 125 MME. However, in May 2019, two months prior to the State required change; we reduced that amount to 90 MME daily. State mandated change was implemented in response to the Opioid crisis and now dictates the 90 MME daily limits and anything &gt;90 MME daily or exceeding 5 days of therapy at 90 MME requires a prior authorization. These are our prior authorization benchmarks. Dr. Huitt acknowledged the 90 MME daily limited, then referenced</p>	<p>No action required or taken.</p>		<p>William “Bill” Baker</p>

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	<p>literature that showed &gt;50 MME daily the risk of overdose or death increases exponentially. So in the mindset of patient safety, we may want to look at lower levels with understand of the State’s position. Bill thanked Dr. Huitt for her feedback and followed up with information regarding the State moving to one P&amp;T a year and one DUR meeting a year. The issue may be something we may want to discuss with the State at one of these meetings.</p> <p>Dr. Grillo inquired into any feedback from the Aces at Hearts or diabetics across the board. Bill responded that the response rate has been rather low from providers, maybe 5% response with varied response. There has been no identified negative pushback overall.</p>			
Adjournment	The meeting was adjourned at 1:03 pm	Meeting adjourned		William “Bill” Baker

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