

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

	Wednesday, January 11, 2023 – 12:00 PM – 1:30 PM		
Present:	Meghan McNelly, PharmD, Jill Schaeffer, RN, Michelle Bennett, RPh, Dr. Keith Brown, Dr. Chris Squillaro (guest of Dr. Brown)	r. Christopher Hughes, Dr. Carla Huitt, Dr. Kolin Good,	
Absent:	Dr. Mahmood Usman, Dr. Venkateswara Davuluri		
Non-Voting Members:	Amy Nowacki (Pharmacy), Jason Skaria (Pharmacy Manager), Rhonda Montesano (Pharmacy), Shalyn Kline (Pharmacy), Tanayja Sams (Pharmacy), Pamela Suhan (QI Coordinator), George Kimbrow (Clinical Policy Coodinator) Heather Clarke (Director of Case Management).		
Call to Order:	The PA Health & Wellness Pharmacy and Therapeutics Committee meeting called to order at 12:02 PM.		
Adjourned:	The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 12:15 PM.		
<b>Next Meeting:</b>	Wednesday, April 12, 2023 – 12:00 PM		
<b>Submitted By:</b>	Shalyn Kline (PHW Pharmacy)		
Committee Chair:	Shalyn Kline, PharmD	<b>Date:</b> 4/12/2023	

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Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
I. Introduction & Call to Order	Meghan McNelly called the PA Health & Wellness Pharmacy & Therapeutics Committee meeting to order at 12:02 PM.	Meeting Called to Order		Meghan McNelly
A. Introductions	No new introductions			Meghan McNelly
B. Announcements	Departure of Pharmacist team member announced. Meghan asked for a recommendation for replacement from the team.  Meghan reminded all that 75% attendance is required for all voting members to remain as active committee members.  Every month, a report is sent to the state. The state provides feedback, and the necessary follow-up is completed.	Recommendati on for new pharmacist team member requested from team.		Meghan McNelly
C. Explanation of the Review and Approval Process	<ul><li>i. Voting and vote totals</li><li>ii. Tie breaker</li><li>iii. Pennsylvania's Review and Approval Process</li></ul>	No action required or taken.		Meghan McNelly
D. Charter Review	The committee charter was reviewed with the committee members.	No action required or taken.		Meghan McNelly
II. Approval of Meeting Minutes	A vote was taken for the approval of the minutes from Q4_2022. No objections were made.	Adoption of Q4_2022 Meeting Minutes recorded as approved		Shalyn Kline

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III. Old Business	No old business	No action required or taken.	Meghan McNelly
A. Policy Submission Status	There are 2 outstanding clinical policies awaiting approval.	No action required or taken.	Shalyn Kline
IV. New Business			
A. Statewide PDL updates	According to the CHC contract, a compliance rate of 95 percent is expected. The compliance rate is currently being audited internally. The Pennsylvania Department of Human Services is conducting an audit of prior authorization determination data.		Shalyn Kline
B. Severe Asthma	A vote was taken for the approval of the Severe Asthma provider education. No objections were made.	The provider education was Committee approved.	Shalyn Kline
C. FDA Updates	This is informational only and addresses recalls, new drugs, etc. No vote necessary.	Informational	Shalyn Kline
D. Guidelines – Drug Coverage Criteria	Review on Combined Summary Table for summary revisions, new policies created, and policies being replaced/retired for all lines of business.	The policy revisions were Committee approved.	Shalyn Kline
E. Complaints and Grievances Review	Shalyn stated that there were 5 determinations upheld and 13 overturned. Nine of the twenty determinations were for opioids. Two determinations were withdrawn in pre-grievance.		Shalyn Kline
F. Drug Utilization Review	Shalyn presented the drug utilization review, noted the numbers are for October-December.		Shalyn Kline
	FWA – There were 38 Participants reviewed with 90 Morphine Milligram Equivalent (MME) or more. No issues were found. No		

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Participants were identified with three or more practices/hospitals prescribing opioids.		
Inappropriate prescribing – 22 Participants were identified potentially		
using inappropriate antipsychotic medications. A fax is to be sent to providers for awareness.		
In Q4, there were 1,634 requests audited. October error rate was 2.10%, November was 2.40% and December was 2.54%.		Jason Skaria/ Meghan McNelly
Corrective Action Plan put in place in Quarter 2 by PA DHS. Internal audit of all Prior Authorizations required by PHW		
pharmacists including PDL application, correct policy use, correct member/provider letter template, and decision timeline.		
Meghan stated that there is an ongoing 100% review of all Prior		
PHW pharmacist, per the Corrective Action Plan. The continual trend		
No Questions or Concerns brought forward	No action required or	Meghan McNelly
	taken.	-
The meeting was adjourned at 12:15 pm	Meeting	Meghan McNelly
	Inappropriate prescribing – 22 Participants were identified potentially using inappropriate antipsychotic medications. A fax is to be sent to providers for awareness.  In Q4, there were 1,634 requests audited. October error rate was 2.10%, November was 2.40% and December was 2.54%.  Corrective Action Plan put in place in Quarter 2 by PA DHS. Internal audit of all Prior Authorizations required by PHW pharmacists including PDL application, correct policy use, correct member/provider letter template, and decision timeline.  Meghan stated that there is an ongoing 100% review of all Prior Authorizations by both Centene Pharmacy Services and internal PHW pharmacist, per the Corrective Action Plan. The continual trend down in rate for errors found month over month.  No Questions or Concerns brought forward	Inappropriate prescribing – 22 Participants were identified potentially using inappropriate antipsychotic medications. A fax is to be sent to providers for awareness.  In Q4, there were 1,634 requests audited. October error rate was 2.10%, November was 2.40% and December was 2.54%.  Corrective Action Plan put in place in Quarter 2 by PA DHS. Internal audit of all Prior Authorizations required by PHW pharmacists including PDL application, correct policy use, correct member/provider letter template, and decision timeline.  Meghan stated that there is an ongoing 100% review of all Prior Authorizations by both Centene Pharmacy Services and internal PHW pharmacist, per the Corrective Action Plan. The continual trend down in rate for errors found month over month.  No Questions or Concerns brought forward  No action required or taken.

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