

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

Wednesday, October 30th, 2019 – 12:00 PM – 1:30 PM

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Germaine Biksey, RPH, Jill Schaeffer, RN, Michelle Bennett, Debbie Rose, Oluwatoyin Fadeyib, Dr. Sherrie Sharp, Dr. Christopher Hughes, Dr. Francis Grillo, Dr. Carla Huitt, Dr. Venkateswara Davuluri
- Absent:** Dr. Auren Weinberg (Chief Medical Director, PHW), Dr. Barbara Wingate, Michelle LoBello
- Guests:** Patrick Newsome (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), Amy Williams (Pharmacy), Rhonda Hredzak (Pharmacy), George Kimbrow, Jr. (PHW Policy Coordinator)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was called to order at 12:05 PM.
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 1 PM.
- Next Meeting:** Wednesday, January 15th, 2019 – 12:00 PM
- Submitted By:** William Baker (PHW Pharmacy)

Committee Chair: _____ **Date:** October 30th, 2019
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 12:05 PM.	Meeting Called to Order		Meghan McNelly
Recording and Review of Charter	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. Meghan provided a brief review of the Committee Charter.	No action taken.		Meghan McNelly
Introductions	Meghan briefly welcomed the Committee members and guests, and introduced PHW's newest medical directors, Drs. Carla Huitt and Venkateswara Davuluri. Dr. Huitt and Dr. Davuluri both provided the committee with a brief history of their professional experiences prior to joining PHW.	Remote attendees noted		Meghan McNelly
Meeting Minutes	Meghan requested a motion to adopt the Q3_2019 Meeting Minutes – Moved by Dr. Grillo and 2 nd by Debbie Rose.	Adoption of Q3_2019 Meeting Minutes recorded as approved		Meghan McNelly
Old Business				
Policy Submission Status	<p>Meghan discussed the State's initiative to move all MCOs to use a statewide, uniform preferred drug list (PDL), and, consequently, the MCOs will be required to utilize the State's prior authorization guidelines as well. Additionally, the State has suspended any further policy submissions since July 2019. Thus, no new PHW policy submissions have occurred since the last committee meeting. All previously pending policy submissions have since been approved by the State. However, the committee will still be able to review and provide comment in regard to policies implemented for use with the Statewide PDL, and will still be able to review and approve policies that apply to medications that are outside of the scope of the statewide PDL.</p> <p>The review and approval of new and revised Ambetter policies will still be brought to the committee for a vote.</p>	No action taken.		Meghan McNelly

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<p>PDL Changes</p>	<p>Dr. Grillo inquired about the current status of the State’s PDL:</p> <ul style="list-style-type: none"> • What does it look like (in terms of content)? • How does it compare to our current PDL? • How major/minor are the differences? • What is its scope? <p>Meghan responded by providing some details about the upcoming member notification that will be post-marked 11/01/2019. The notification is sent to any member whose medication(s) will be disrupted by the Statewide PDL and will either require a new prescription for a preferred agent, or the completion of a prior authorization to continue the non-preferred agent. In terms of disruption, there will be approximately 1000 members sent this type of mailing. Meghan stated that work is being done to prepare the internal teams for questions resulting from the member disruption notification. Meghan added that the disruption of these medications is accompanied by an anticipated disruption in providers’ ability to care for these members, as some members would be expected to arrange an office visit in order to get medication changes made. Ultimately, members will be encouraged to outreach to their providers as soon as possible to ensure their medication-related needs are met.</p> <p>Dr. Hughes inquired as to whether we possess a copy of the PDL as of yet?</p> <p>Meghan stated that we have received several iterations of the PDL thus far, and that there is potential for more changes to be to the list prior to its implementation on 01/01/2020. The list can be circulated internally.</p> <p>Dr. Hughes voiced concern that changes to the PDL would be expected to result in a flooding of complaints & grievances in the short-term until providers are made aware of the contents of the list. Meghan affirmed Dr. Hughes’ concerns and added that the Prior Authorization team and Complaints & Grievances Team have been alerted to the disruption and the potential to see a significant uptick in</p>			

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PA requests as well as grievances. She added that previously approved prior authorizations for medications that will not be considered “preferred” per the Statewide PDL will be terminated 12/31/2019, with the exception of “grandfathered” medications (as designated by the State).

Dr. Hughes inquired about the process by which the State expects the MCOs to guide members/providers through the PDL. Meghan responded that the State has provided the PDL as guidance, and offered to provide the group with a list of those “grandfathered” medication classes.

Dr. Hughes inquired as to whether physicians (both internal and external) will receive training with regard to the Statewide PDL, to which Meghan offered to discuss further at a later time. Dr. Hughes inquired as to what the State is planning to do in order to alert physicians about the PDL. Bill responded that the State has published a Medical Assistance bulletin detailing the PDL transition, which includes the most recent version of the PDL. Meghan reminded the group that all MCOs will be engaged in notifying their members and providers of the PDL change and raised caution against the potential for alert fatigue. She added that, while member notifications are specific to the disrupted medication, physician and pharmacy provider outreach will use broader language via email and fax blasts.

Dr. Hughes inquired as to whether there would be “grace” period for members, given the busy time of year over which the PDL transition will occur. Meghan confirmed that the grace period is effectively through November and December following member notifications, as the State expects the PDL to be fully implemented January 1st. She reminded the group that Emergency Fills will be made available to members to provide time for prior authorizations to be completed. Meghan also reminded the group that the State contract requires us to remain 95% compliant to the PDL.

Dr. Hughes voiced concern that he was not hearing more about the PDL transition from physician colleagues? Meghan responded with the State’s

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	<p>position that a number of medical professional associations have provided the State with their support of the PDL change. However, as per the October 23rd Senate hearing, it is also apparent that at least some other high profile professional associations have not been made aware of the Statewide PDL.</p> <p>Meghan concluded that the plan will focus on continued efforts to address member and provider needs during this challenging transitional period.</p> <p>Dr. Hughes expressed optimism about the long-term effects of the statewide PDL as it pertains to high cost drugs with inappropriate utilization. Meghan reported that the Plan will no longer be permitted to collect drug rebates, and that the State will collect drug rebates per the statewide PDL. Pennsylvania’s overall drug costs could see an increase immediately, but much of this increase is to be recouped in the form of drug rebates. Bill added that the statewide PDL is not comprehensive to all drugs, so the plan will still require a supplemental formulary to the statewide PDL. Per the State’s direction, the collection of drug rebates via a supplemental formulary is prohibited.</p>			
Provider Education – Major Depressive Disorder	<p>Meghan requested a motion to approve the provider education materials pertaining to Major Depressive Disorder. Moved by Dr. Grillo; Second from Dr. Hughes; none opposed.</p>			
FDA Update	<p>Indication that this section is intended as informational only and no vote is necessary.</p>	<p>No action taken.</p>		<p>FDA Update</p>
Ambetter Policy Review	<p>Meghan briefly summarized the guideline changes for the Ambetter line of business:</p> <ol style="list-style-type: none"> 1. 54 policies with clinically significant changes 2. 9 new policies 3. 54 policies with no clinically significant changes 4. 4 policies being retired and/or replaced <p>Meghan requested motion to approve. Debbie moved; Dr. Huitt second; none opposed.</p>	<p>Vote taken</p>		<p>Meghan McNelly</p>

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<p>Medicaid Policy Review</p>	<p>Meghan briefly reiterated that though PHW is not permitted to review new or revised Medicaid policies per the implementation of the statewide PDL, in order to meet NCQA annual policy review standards, the group is permitted to review policies so long as no changes are made. There were 106 policies up for review this quarter; no changes made.</p> <p>Meghan requested motion to approve. 1st – Debbie; 2nd – Germaine; none opposed.</p>	<p>Vote Taken</p>		<p>Meghan McNelly</p>
<p>Prior Authorization guidelines for use with the Statewide PDL</p>	<p>136 total prior authorization guidelines have been submitted to the State for review/approval. These are to accompany the Plan’s implementation of the Statewide PDL. While these may be reviewed by the Committee for suggestions of comments that can be taken back to the State, the plan is not permitted to change the content of the guidelines.</p> <p>Meghan requested motion to approve. 1st – Dr. Grillo; 2nd – Dr. Sharp; none opposed.</p>	<p>Vote Taken</p>		<p>Meghan McNelly</p>
<p>Medicaid NCQA accreditation surve</p>	<p>Meghan provided a brief overview of the recent (10/28/19) NCQA survey that took place this week. Overall, the survey went well – surveyors were complementary of PHW. The survey did have 1 finding, which PHW was expecting and already had remediation steps in place.</p>	<p>No Action, Informational only</p>		<p>Meghan McNelly</p>
<p>Fraud, Waste, & Abuse</p>	<p>Meghan spoke about the plan’s deeper dive into pharmacy claims histories to find potential fraud, waste, or abuse that can be forwarded for closer review by Compliance. Additionally, PHW is reviewing news articles based on situations where pharmacies are under investigation from an authoritative board prior to any license revocation. In one instance, PHW was able to collect and forward supporting information for proactive review by Compliance</p>			
<p>Complaints & Grievances</p>	<p>C&G representative remains on leave. C&G update was tabled until next quarter</p>	<p>No action necessary, Informational only. – No questions or comments raised.</p>		<p>Tia Dantzler</p>

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PBM Oversight	Meghan stated that PHW is still on a corrective action plan/quality improvement plan initiative with our PBM, Envolve, in regard to prior authorizations. PHW/Envolve performed a 90-day lookback of prior authorizations. Subsequently, a number of improvements have been made. Christina Kauffman detailed the Plan’s audit of Q3 prior authorizations. Overall, 75 PAs were reviewed; 3 required correction by Envolve and all 3 are under review at this time.	No action necessary, Informational only. – No questions or comments raised.		Meghan McNelly
OLTL on-site for T-Zone Readiness	Meghan provided a brief overview of the OLTL on-site visit in preparation for the “T-Zone” Readiness Review. PHW is anticipating approx.. 40,000 additional covered lives with its expansion of services in the T-Zone. With that, PHW is opening additional offices in Erie and Moosic in order to facilitate provision of services	No action taken.		Meghan McNelly
DUR Outlook	Patrick Newsome provided a brief summary of reports completed in Q3 in an effort to detect and prevent fraud, waste, and abuse. Patrick reported on the recent State-directed change in the Morphine Milligram Equivalent (MME), which lowered the threshold daily dose for filling an opiate prescription without a prior authorization. PHW reviewed 36 members with above-threshold opiate prescription history for appropriateness of therapy. Additionally, PHW performed a review of members having 3 or more opiate prescribers. Two members were identified and reviewed, and fraud/waste/abuse was ruled out in each case. This was also reported in the recent Lock-In Committee Meeting	No action – informational only		Patrick Newsome
Request for Members	Meghan asked the group to provide referral of potentially valuable Committee members, especially any providers/participants/participant advisors with extensive HIV expertise.	No Action Take		Meghan McNelly
Confidentiality Statement and Conflict of Interest Forms	Meghan reminded the Committee to complete the annual Conflict of Interest and Confidentiality Statements as required for continued participation in the P&T Committee through 2020	No Action		Meghan McNelly
Open Discussion	Meghan opened the floor to discussion. Bill stated that he would send a copy of the State’s Medical Assistance Bulletin to the group for their review of the statewide PDL. Once reviewed, future discussions can take place to provide a level set to stakeholders in terms of preparing for increased member disruption and grievances.			

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	<p>Dr Hughes asked if the State has communicated its plans for educating/alerting providers to the upcoming transitions. Meghan responded that the State has indicated that the MCOs will be responsible for providing this guidance to providers. Debbie Rose state that, as a service coordinator, she has attended CHC townhalls for providers. She commented that physician offices appeared to be more interested in potential issues with billing, not necessarily with treatment options.</p> <p>Dr Sharp asked if PHW will have representation on the State’s P&T Committee; Meghan affirmed. Dr Sharp noted that the State recently reached out to behavioral health MCOs (BH-MCO) for P&T Committee participation. Dr. Sharp inquired about the utility of having BH-MCO providers on both the State and the MCO P&T Committees once the statewide PDL is implemented. Her impression was that the purpose of BH-MCO participation on physical health MCO P&T Committees would revolve around psychopharmacotherapy; if the bulk of which is occurring at the State level, what utility will remain at the Plan level? Meghan responded that the there is still expected to be pharmacotherapy review of any non-statewide PDL drugs. Dr Sharp concluded that further discussions would be necessary. Dr Fadeyibi added that the same concerns would apply to her circumstances as well, and inquired about having additional access to quality-related and DUR information from the Plan. Meghan added that future P&T meetings will have a heavier focus on Quality Improvement initiatives and DUR.</p>			
Adjournment	Meghan adjourned the meeting at 1 pm.	Meeting adjourned at 1 PM		Meghan McNelly

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