

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

Wednesday, October 28, 2020 – 12:00 PM – 1:30 PM

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Debbie Rose, Germaine Biksey, RPh, Jill Schaeffer, RN, Michelle Bennett, Dr. Mahmood Usman, Dr. Jed Goldart, Dr. Geoffrey Neimark, Dr. Venkateswara Davuluri, Dr. Carla Huitt
- Absent:** Dr. Auren Weinberg (Chief Medical Director, PHW), Dr. Christopher Hughes
- Guests:** Patrick Newsome (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), Amy Williams (Pharmacy), Rhonda Hredzak (Pharmacy), Jason Skaria (Pharmacy), Shalyn Kline (Pharmacy), Tanayja Sams (Pharmacy), Jennifer Shepard (Pharmacy), Marci Kramer (Director, Quality Improvement, PHW), Jay Pagni (Complaints & Grievances), Iris Krug (VP, Compliance, PHW), George Kimbrow, Jr. (PHW Policy Coordinator), Keriann Clements Pharm.D candidate
- 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 12:44 PM.
- Next Meeting:** Wednesday, January 20, 2021 – 12:00 PM
- Submitted By:** William Baker (PHW Pharmacy)

Committee Chair: _____ **Date:** October 28, 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	<p>Meghan introduced the new members of the committee. Dr. Goldart is joining the committee from Magellan. Briefly welcomed all attendees. He gave a brief overview of his experience.</p> <p>The next introduction was Jennifer Shepard who is Manager, Clinical Pharmacy Solutions, Medicare. She is a new addition for the Medicare operations but she will be working in all three lines of business. She gave a brief overview of her experience.</p> <p>The last introduction was Keriann Clements, Pharm. D candidate LECOM Pharmacy School. She gave a brief overview of her experience. Meghan told the committee that they would be working on several projects with her. These include HIV, learning more about Pharmacists as providers. They are also going to have her look into Diabetic coaching.</p>	Staff attendees noted		Meghan McNelly
Announcements	Meghan reminded all that we have External providers representing both pharmacist and physicians. She 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 Q3_2020. Meghan wanted to let everybody know because of the new people, that the minutes cannot be approved with a first and second motion. The state want all votes to be counted so	Adoption of Q3_2020 Meeting Minutes		Meghan McNelly

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	a roll call is conducted for all votes. The tiebreaker resides with the Chief Medical Director.	recorded as approved		
Old Business				
Policy Submission Status	Everything that was submitted through the July team meeting has been approved by the state and is now moving into operations as far as clinical policies are concerned. There are two remaining administrative policies that are still under review by the state.	No action required or taken.		William “Bill” Baker/Meghan McNelly
Explanation of the Review and Approval Process	The state does their state P&T committee. They create a formulary as well as the prior authorization criteria. We utilize that information and create our PHW policies. They are brought to this committee as an informative type review. We can take your comments back to the State Committee as the updating of the policies is discussed. We do not have the opportunity in this committee to veto any of the policies that were approved by the State.			
Statewide PDL and Supplemental PDL	<p>The annual meeting with the state was held. There were some changes to the formulary going into the 2020 year. From that, we evaluated our members at the end of the month, doing a look back review to see any participants utilizing those medications. Letters will be sent out to the participants to notify them that the formulary will be changing in order to give them ample time to alert their physicians in case another prescription is necessary.</p> <p>The PDL contract language states that we are held to a 95% compliance rate in using preferred items on the formulary versus non-preferred medications. This is reviewed internally with PHW team and are sitting above that 95% compliance rate holistically.</p>			
New Business				
Committee Votes				
Spinal Muscular Atrophy Education.	Bill informed the committee that the Spinal Muscular Atrophy Education is intended to be a provider education. Bill took a roll call to get the approval of the education.	The education was Committee approved.		Bill Baker

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FDA Updates	This is informational only and addresses recalls, new drugs, etc. No vote necessary.			Bill Baker
Drug Coverage Criteria -Medicaid	Bill informed the committee that this is the prior authorization guidelines. There were 81 policy revisions. He took roll call for the approval of the revisions.	The policy revisions were Committee approved.		Bill Baker
Drug Coverage Criteria - Ambetter	Roll call was taken for approval of the Ambetter Policies.	The packet was Committee approved.		Bill Baker
Fraud, Waste, and Abuse	Meghan McNelly stated that there has not been anything sent to the investigation unit for quarter 3. They do have information to share with the team going into quarter 4. This will be presented in the January 2021 meeting.			Meghan McNelly
PBM Oversight	<p>Jason Skaria presented PBM oversight. He informed them that there were 120 requests reviewed in Q3. There were 60 approvals and 60 denials.</p> <p>The high cost approvals were audited for accuracy of clinical decision-making. The denials were audited using elements established in the Quality Improvement Plan (QIP) that was recommended by the state.</p> <p>Generic Eplusa was approved for 16 weeks instead of the 12 weeks recommended per AASLD guidelines. Envolve was contacted and the approval was updated to 12 weeks.</p> <p>For the denials, there were three areas that the wrong policy was selected for review. There were also three areas where the denial language was not consistent with the clinical review notes.</p> <p>Overall, Envolve is making great progress in their reviews. We will continue to monitor their progress going forward.</p>			Jason Skaria
Drug Utilization Review	Patrick Newsome informed the committee that in the last quarter under the Fraud, Waste, and Abuse, there were 42 participants identified with 90 Morphine			Patrick Newsome.

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Milligram Equivalents or more. There were no Participants identified with three or more prescribers of opioids.

There are 51 Participants that have some form of restriction as of 9/25/20. Two Participants were voted upon at the Q3 2020 meeting, to approve lifting of their restrictions.

For inappropriate prescribing there were no Participants identified with Acetaminophen overutilization. There were four Participants identified as being on an antipsychotic with an inferred dementia diagnosis. We sent out notifications to providers for these Participants informing them that an antipsychotic with the dementia diagnosis can have an increased risk of death.

There were eight Participants identified as being on long acting beta agonist monotherapy. The PCP was contacted by phone to verify that they had a COPD diagnosis. If they are using for asthma, we recommend an inhaled corticosteroid.

Patrick asked the committee if they have suggestions for future actions that should be taking or anything that we could add for our drug utilization review.

Debbie Rose asked if they are monitoring the authorization of marijuana and the benefits versus the Acetaminophen utilization forms. To see if it is actually assisting with pain, She asked if monitoring of the marijuana approved medical costs is ongoing. Also, to see if that is causing a decrease of the morphine and the equalization of certain medications.

Patrick responded that at this time it cannot be utilized for that. We are not aware of any of our Members or Participants that are utilizing the Pennsylvania medical marijuana program. Unless they disclose that to us, we do not know and have no way of tracking it.

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<p>COVID 19 Response</p>	<p>Meghan McNelly stated that there is nothing new that we have not talked about previously in terms of the overrides that we have allowed and the different utilization management restrictions that have been lifted during this time. We continue to follow the state’s declaration order and will accommodate our dating and lists with the state.</p> <p>We are not seeing many early fills for medications at this time. It is falling back into a more “normal pattern.” We will be interested in seeing what happens going into the Winter months. Especially as we see cases rise.</p> <p>Meghan stated that they want to do a deeper dive into the blood pressure medication and diabetic medications when COVID is over. We are concerned that patients who were held in normal range are not getting the right dosage to keep them in normal range.</p> <p>Dr. Neimark wanted to know if we are allowing a 90-day refill. Meghan responded that yes we are allowing up to a 90-day refill. This is a common practice that is not always well received. There are pharmacies and providers that like to have a more steady check in with their patients on a 30-day interval.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>Announcements</p>	<p>Meghan informed the committee that they are looking for a P & T member with robust HIV expertise. She asked the members to let her know if they have a name to pass on.</p> <p>She also informed the committee that they are always looking for Participant members or a Participant advocates. This is so we can have a true feel in the community that we serve.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>
<p>Open Forum</p>	<p>Meghan kicked off the open forum with two items. The first item was letting the committee know that there was a missing Grievance and Appeals slide in the presentation today. She stated that there has been some organizational changes within the Grievance and Appeals department and the information for them will be brought to the next meeting.</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>

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Her next item was to let everybody know that this will be the first year in three years that we will not have a go live in January 2021. PHW is looking to move out of the foundational new land stage into a more mature robust organization thinking strategy.

She asked the committee what information would they like brought to the committee. She opened up the floor to the group for any suggestions or comments.

Dr. Goldart stated that he is seeing across the board pharmacology management and how it looks as if multiple agents in the same category are being used simultaneously on a regular basis. This is called polypharmacy and he was wondering if there is an interest in looking at the patterns of care from that perspective and ways to influence that in terms of what the evidence base tells us about the best way to go about that kind of treatment.

Meghan asked him if he was looking for any particular groups of medication or polypharmacy in general. Dr. Goldart responded that he was talking about psychotropics in general. Within that, he is talking about the categories within anti-psychotics, mood stabilizers, etc. These are the ones that often have multiple medications being given simultaneously without a clear-cut rationale. Meghan informed him that is an area that we can investigate.

Meghan told him that is something under the BH that a project can be started. She stated that they could set up some time offline to further discuss this so that it can be tackled. Make this review into something more concrete into looking at patterns that would be deemed not appropriate in a clinical sense.

Dr. Goldart wanted to clarify that he does not believe all of this is inappropriate, but he is seeing it prevalently so he has to assume that some of it is inappropriate. Meghan informed him that we do what is called soft edits where the pharmacy can override the edit. There are polypharmacy headers within that. She said that could be something that could be reviewed with him.

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	<p>Dr. Neimark brought up the utilization disparities and he wondered if it would be helpful to the meeting. Maybe looking at big diagnoses or big clinical categories and thinking about what we see and taking inventory as a first step. Getting the baseline where there are big discrepancies and figure out what may be done.</p> <p>Meghan told him that Mark would take that down and look to break that down a bit more. She asked if there was anything else from the group. There was no response.</p> <p>Bill Baker wanted to remind everybody that we need the confidentiality statement and conflict of interest forms back in order for them to continue participation in the committee. He informed them that he must have them back before the next meeting on January 20, 2021.</p>			
Adjournment	The meeting was adjourned at 12:44 pm	Meeting adjourned		Meghan McNelly

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