

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

Wednesday April 18th, 2018 – 12:00 PM – 1:30 PM

Present: Meghan McNelly, PharmD, MHA; FACHE, Dr. Cory Rigberg, Patrick Newsome, RPH, Germaine Biksey, RPH, Michelle LoBello (Participant Advisory), Debbie Rose (Participant Advisory), Lorri H. (LTSS Participant Rep.), Jill Scheaffer, RN, and Dr. Francis Grillo

Absent: Sherry Sharp, MD, FAPA

Guests: Catherine Gorsky (Medical Management), Marci Kramer (Quality Improvement), George Kimbrow Jr. (Pharmacy), Christina Kauffman (Pharmacy), Cami Witmer (Grievance & Appeals), Emily Godfrey (Provider Relations)

Call to Order: The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was called to order at 12:10 p.m.

Adjourned: The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 1:16 p.m.

Next Meeting: The next PA Health & Wellness Pharmacy & Therapeutics Committee meeting is pending a meeting date & time.

Submitted By: George L. Kimbrow, Jr., Pharmacy Coordinator & Christina Kauffman, Pharmacy Coordinator

Committee Chair: _____ **Date:** July 18, 2018.


Meghan McNelly, PharmD, MHA; FACHE

Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
I. Call to Order	Meghan McNelly called the PA Health & Wellness (PHW) Pharmacy & Therapeutics Committee meeting to order at 12:10 p.m.	Meeting Called to Order		Meghan McNelly
A. Introductions	<p>Meghan welcomed the Committee members and verbalized to the Committee a brief synopsis of the meeting flow and stages, as this is the Committee's initial meeting.</p> <p>The Committee Members in attendance – In person: Meghan McNelly, Dr. Cory Ruberg, and Dr. Francis Grillo. Via telephone: Patrick Newsome, Germaine Biksey, Michelle LoBello, Debbie Rose, Lorri H., and Jill Scheaffer.</p>	No action taken.		Meghan McNelly
B. Attendance Requirement Committee Roster	Meghan initiated a Committee meeting roll call and indicated the absence of Dr. Sherry Sharp. Each Committee member and guest introduced themselves as a measure of attendance. All members are noted as Committee Members of the initial & official "Go-Live" PHW P&T Committee. Meghan explained the member attendance responsibility and quorum requirements, in addition to, the voting process that the Committee will use (Pennsylvania/State request a vote tally for each initiative)	Initial Committee Roster was taken.		Meghan McNelly
C. 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 concerns with the recording and there were no voiced concerns.			Meghan McNelly
II. P&T Meeting Minutes	No prior meet minutes available, as this is PHW's initial P&T Committee Meeting.			Meghan McNelly
III. Old Business	NONE			Meghan McNelly
IV. New Business				
1. PDL Review	<p>Meghan explained what the PDL is and where to locate it on the PHW Website. The request was presented to review the PDL as a quarterly agenda line item to assure previous approvals are appropriately included with highlighted additions/changes --- A unanimous tally vote was taken without comment.</p> <p>Voting Members for the meeting included: Dr. Cory Rigberg, Patrick Newsome, Germaine Biksey, Michelle LoBello, Debbie Rose, and Lorri H.</p>	Motion to approve the PDL approval as a line item at each meeting - Unanimous tally vote captured		

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		and motion approved.	
<p>2. Charter Review</p>	<p>Charter review was systematically detailed to assure that Committee Members were clear about the purpose of the Charter and how it affects the Plan & Participants. This includes the initial contract requirements and new State directives that are handed down from the State throughout the year, Complaints & Grievances, managing the PBM (Envolve) and the upcoming switch to Advance RX from CVS in 2019 to 2020. Lastly developing a more formalized request mechanism for physician to inquire into concerns, reviews, additions, etc. Dr. Grillo inquired into the timeframe and prioritization for aforementioned changes and expectations. Meghan explained that no timeframe has been set, but that the State DUR Committee, of which Meghan is a member, was cancelled due to snow. Meghan will update the Committee if she learns more during the State's P&T Board next month, and she should receive some direction in a few months at the next State P&T Committee Meeting.</p>		<p>Meghan McNelly</p>
<p>3. Explanation of Review and Approval Process</p> <p>a. Voting and Vote Totals (Tie-breaker)</p>	<p>Voting was revisited to explain Meghan and Dr. Grillo's stance on voting - As the policy reviewer and individual responsible for structuring the meeting, a COI is believed to be present for Meghan in this capacity. Thus, eliminating her as a voting member. Dr. Grillo is recommended to be a tie-breaking vote casting member only</p>	<p>Vote to approve Meghan abstaining from voting per COI and Dr. Grillo voting in a tie-breaking capacity only. Unanimous tally vote captured for both and approved</p>	<p>Meghan McNelly</p>
<p>b. Committee Policy Actor for</p>	<p> Meghan explained that the volume of policies and the revisions necessary to meet the State requirements for approval do not afford us with the time to wait for quarterly meetings for voting; Proposal presented that Meghan act on behalf of</p>	<p>Approved – but no vote taken, as it was not a line</p>	<p>Meghan McNelly</p>

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<p>policy revision & Correction</p>	<p>the Committee to make necessary changes and updates to policies per the State's feedback track for policy approval. As a result, two packets will be sent to Committee Members moving forward – 1 packet of previous quarter's policies with changes and state approved policies and a second packet of current quarter policies for review.</p>	<p>item on the agenda</p>	
<p>c. PHW Review and Approval Process</p>	<p>Meghan detailed the vote tally process and explained that the Committee votes on policies by section. Each section will be presented by section name and the floor opened for questions or comments to be addressed, then a tally vote will be taken.</p>	<p>No action necessary or taken</p>	
<p>a. New Drugs</p>	<p>Meghan informed the Committee that there was a total of 16 new drug arrivals to review</p>	<p>Unanimous tally vote captured to approve the new drug arrivals passed</p>	<p>Meghan McNelly</p>
<p>b. Therapeutic Class Review</p>	<p>Meghan presented the Therapeutic Class Review for questions or concerns.</p>	<p>Unanimous tally vote captured to approve the Therapeutic Class Review passed</p>	<p>Meghan McNelly</p>
<p>c. Guideline Review</p>	<p>Dr. Rigberg voiced concerns about PA.CP.PMN.137 Carbamazepine ER (Equetro) and why it is limited to Bipolar I and not Bipolar II. Debbie Rose is in agreement with Dr. Rigberg that both Bipolar I & II should be included. Recommendation will be added to policy submitted to the State for approval. Dr. Rigberg questioned the dosage starting point of 200 mg in Sect. 4, as being low, but Meghan pointed out that the dosage guardrail for potential lower age dosing is there. Because the policy does not mandate the doctor start at 200 mg, then he is fine with the policy as is. Patrick Newsome, RPh, injected that the "Equetro" is only non-FDA approved to treat Bipolar II, but other Carbamazepine products can be approved for use on Bipolar I & II. Dr. Rigberg withdrew his concern.</p> <p>The Committee had no other questions or concerns and a vote was called and unanimously passed. Lorri H., the participant parent/representative, stated that she is enjoying the meeting, but is not sure about some of the things being said,</p>	<p>Unanimous tally vote captured to approve the Guideline Review passed</p>	<p>Meghan McNelly</p>

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	<p>i.e. – she said that she does not know what Bipolar II is and if everyone is in agreement, then she will agree as well.</p> <p>Meghan explained the Retired Policies make the prior authorizations less restrictive.</p> <p>The Committee had no questions and voted to accept the material as presented.</p>	<p>Unanimous tally vote captured to approve the Retired Policies as presented passed.</p>	<p>Meghan McNelly</p>
<p>Medicaid Formulary Updates</p>	<p>Meghan presented this grouping and noted that the Loperamide (Imodium) has been identified with intentional misuse leading to overdose. She highlighted a case of a lethal dose in the Pittsburgh area about a month ago. The Committee had no questions and voted to accept the material as presented.</p>	<p>Unanimous tally vote captured to approve the Medicaid Formulary Updates as presented passed.</p>	<p>Meghan McNelly</p>
<p>d. Policy and Procedure Review</p>	<p>Meghan presented this grouping and the Committee had no questions and voted to accept the material as presented. Dr. Rigberg abstained his vote, because he did not have an opportunity to review this section thoroughly enough to commit a vote.</p>	<p>Tally vote captured to approve the Policy and Procedure Review as presented passed with one(1) abstain</p>	<p>Meghan McNelly</p>
<p>e. Clinical Policies</p>	<p>Meghan presented this grouping and Dr. Rigberg questioned why, “removed requirement that one of the trials must have occurred within the past 90 days, unless contraindicated or intolerant “in P.A.CP.PMN.33 Pregabalin (Lyrica) was removed. Meghan indicated that the original policy had a 30-day trial period indication that was removed. Dr. Rigberg also indicated that he had also never heard of being used for treating what was noted here, “added off-label indication: generalized anxiety disorder”. He did state that he has no objection to the addition. Meghan state that she attended the State Department of Drug and Alcohol Advisory Committee Meeting this past week and there is a big push on</p>	<p>Unanimous tally vote captured to approve the Clinical Policies as presented passed.</p>	<p>Meghan McNelly</p>

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	<p>Lyrca and Gabapentin group, and there has been rumbling that the Federal Government will push to schedule Gabapentin. Both medications may soon be included in the PDMP Database and more regulatory checks may be put into place at some point. Still in initial discussions.</p> <p>PA.CP.PMN.125 Milnacipran (Savella) questioned why “Added failure of amitriptyline or cyclobenzaprine if duloxetine cannot be used” is in the policy? It was pointed out the indication is posted under Fibromyalgia for treating chronic pain. Dr. Rigberg realized that the indication was under a total different context.</p> <p>The Committee had no further questions or concerns and voted to accept the material as presented.</p>		
<p>V. Miscellaneous Items</p> <p>a. Goals</p>	<p>Meghan opened this section by restating the importance of the Charter, but we want to find out what goals Committee Members would like to see come from the Committee. Lorrie added that the G&A process be more streamlined. Meghan explained the policy in the contract that handles bridge coverage from the time of the denial, through the Grievance/Appeal decision. New medication(s) were addressed. Dr. Rigberg inquired about an online mechanism for provider to work from. There are several documents available to download and fax or email to PHW. Dr. Rigberg asked about submissions via the CoverMyMeds website and Emily indicated that there is a section in the Provider Manual that mentions Envolve Pharmacy Solutions and where & how submissions should be sent, but not sure about all.</p> <p>Meghan highlighted the PHW Website, www.PAHealthWellness.com and asked that Committee Members visit the site and peruse it and while doing so, indicate areas of concern or improve upon that you may identify.</p>		

<p>b. PA Emergency Opioid Declaration</p>	<p>Meghan talked about Gov. Wolf and the Emergency Opioid Declaration and the 3 things that came from it:</p> <ol style="list-style-type: none"> 1. Beginning May 1, 2018 there are changes to Medicare Assisted Therapy Options and Prior Approval processes for Medication Assisted Therapy – All MCO’s must remove prior auth. restrictions and quantity limits for one (1) oral product of choice. PHW selected Suboxone Film to hit the PDL w/out a need for prior auth. PHW also included removal of prior authorization requirements for Vivitrol for the same time frame. Gov. Wolf requests removal of the language in the policies due to the somewhat restrictive nature related to Counseling & Random Urine Drug Screen requirements for the aforementioned agents; however, products with quantity limits, PHW can still request Counseling & Random Urine Drug Screen when quantity limits are exceeded as a full-picture therapy option. 2. Opioid Prescription Length – Beginning Sept. 1, 2018, the length of an Opioid script for non-cancer acute pain will be 5 days from the existing 7 days. Per the request of Gov. Wolf, Dr. Levine, & Dr. Kelly it will go through all of the MCOs and Commercial plans. CARA 2.0, a bi-partisan Senate Bill, proposed that would take all Opioid scripts for non-cancer acute pain down to 3 days. Several states that had no requirements, adopted the 3-day length of stay for their initial guideline. This will create noise within the communities, provider and participant, and discussions are taking place surrounding messaging and delivery vehicles. 3. Maximum Opioid Does Per Day – Currently the daily allowable limit is 90 MME per dose/per day, 	<p>No Action</p>	<p>Follow-up on State position on CARA 2.0 when/if passed. Establish what the policy is on renewals. Workarounds and policy for treated cancer diagnosis (ICD code) prompts.</p>
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	<p>the new limit will be 50 MME per dose/per day and enacted on July 1, 2019. Part of CARA 2.0 will include a dose per day limitation, though it remains to be determined.</p> <p>Dr. Rigberg asked about the meaning of CARA 2.0 and Patrick responded “Comprehensive Addiction Recovery Act”. Dr. Grillo asked if there has been discussion on a policy for renewals and Meghan said that has been an area of uncertainty, but it is believed that the Plan can delineate the next steps for approval. The initial script will have the limitations. Tennessee is a trailblazer in this area and has a step tier system in place. Meghan advised that Committee Members, time allowing, visit Tennessee’s website and view the Opioid policies. Dr. Grillo asked about treated cancer workarounds and Meghan said the ICD code would work.</p>		
<p>c. Online Voting</p>	<p>We will be utilizing an online voting mechanism to address the large volume of policies with hope of having the system active by July, no later than October. The system will allow votes on different groups, approval with an area for vote exceptions, and a Q&A section.</p>	<p>No Action</p>	
<p>d. Open Discussion</p>	<p>Dr. Grillo asked if we have a mechanism for notifying providers about negative drug reports on problems, prior to formal recalls or formal declarations from the FDA black box warnings. Cathy Gorski said that for NCQA there is a requirement that Class 1 recalls are notified and that there is likely a process, but we need to make sure that we have operationalized it. She is currently working on the NCQA plan with Med Management and once worked out she will bring the process to the Committee. Meghan said that we have a Pharmacy specific Recall Notification mechanism, but she is not sure about one specific to P&T.</p> <p>Dr. Grillo mentioned that we need Doctors for the Committee and Meghan agreed and explained our planned expansion to the SE PA in Jan. 2019, so the ask is to recommend doctors in the SE PA area for participating on the P&T Committee.</p>	<p>No Action</p>	

<p>VII. Next Meeting Future</p>	<p>The next meeting will be held on TBD. The question was asked by Meghan regarding which days of the week and times of day (afternoon or evening) work best for Committee Members, as it relates to future meeting scheduling considerations. It was determined that Mon-Wed at lunchtime.</p>	<p>No action.</p>	<p>Set Date & Time for next meeting (TBD)</p>	<p> Meghan McNelly</p>
<p>VIII. Adjournment</p>	<p>With no further business to discuss a motion was made and accepted to adjourn the meeting at 1:16 PM.</p>	<p>Meeting adjourned at 1:16 PM</p>		<p> Meghan McNelly</p>

