

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Pharmacy & Therapeutics Committee
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 02/20/2018	RETIRED:
EFFECTIVE DATE: 01/01/2018	REVIEWED/REVISED:
PRODUCT TYPE: LTSS	REFERENCE NUMBER: PA.PHARM.02

SCOPE:

PA Health & Wellness Pharmacy and Therapeutics Committee

PURPOSE:

To define the purpose, membership, organization, and responsibilities of the PA Health & Wellness Pharmacy & Therapeutics Committee (PHWPTC) per contract with Pennsylvania Community Healthchoices.

POLICY:

The Plan will establish and maintain a P&T Committee for the development of the Preferred Drug List (PDL) for the outpatient [drug](#) benefit. The Committee shall represent the needs of all its participants including those with special needs. The Plan will develop policies governing the conduct of P&T Committee meetings, including procedures by which it makes its PDL recommendations.

The Committee shall have the opportunity to participate in the development of the PDL and clinical drug policies and review, consider, and comment on proposed changes prior to implementation. In developing recommendations for the PDL, the Committee shall consider, for each product included in a category of products, the clinical efficacy, safety, cost-effectiveness, and program benefit associated with the product.

PHARMACY & THERAPEUTICS COMMITTEE CHARTER

1. **PURPOSE.** The purpose of the PA Health & Wellness Pharmacy & Therapeutics Committee (PHWPTC) is to review and make decisions for changes to the drugs listed for outpatient drug coverage, the edits related to controls or limitations of drug coverage, and the policies and procedures governing provision of drug coverage under the Medicaid Preferred Drug List (PDL) and the Medicare Formulary. The PHWPTC shall:
 - a. Objectively appraise, evaluate, and select drugs for [preferred status](#) on the Medicaid PDL and review the Medicare formulary coverage requirements as directed by the Centers for Medicare and Medicaid (CMS).
 - b. Meet quarterly, and if necessary more frequently, to review and update the PDL to consider adding newly approved drugs and recommending changes to existing drug coverage in consideration of changes in FDA approved labeling, safety concerns, or current market conditions.
 - c. Review and approve Drug Utilization Review (DUR) initiatives delegated to the subcontracted Pharmacy Benefit Manager (PBM).

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PAGE: 2 of 4	REPLACES DOCUMENT:
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- d. Review and approve policies and procedures governing provision of the Medicaid and Medicare outpatient drug benefits.
- e. Review and approve criteria guidelines for the use of restricted access drugs and non-PDL covered drug therapy.
- f. Review newly FDA approved drug products within 90 days, and reach a coverage decision for each newly FDA approved drug within 180 days of its market availability.

Commented [CT1]: Should this more accurately be outpatient drug benefit?

Commented [JM2R1]: changed

2. **PARTICIPANTSHIP & ORGANIZATION.** The PHWPTC will be chaired by the PA Health & Wellness Chief Medical Officer or his/her designee. Voting participants of the Committee will include:

- a. Physicians – including a minimum of two (2) behavioral health physicians, Pharmacists, Medical Assistance program Participants including:
 - i. One (1) physical health Participant representative. The physical health Participant representative must be a Participant enrolled in the CHC-MCO, or a physician, a pharmacist, or a physical health Participant advocate designated by Participants enrolled in the CHC-MCO to represent them.
 - ii. One (1) behavioral health Participant representative. The behavioral health Participant representative must be a Participant enrolled in the CHC-MCO, or a physician, a pharmacist, a behavioral health Participant advocate, or a family participant designated by Participants enrolled in the CHC-MCO to represent them
 - iii. One (1) LTSS Participant representative. The LTSS Participant representative must be a Participant enrolled in the CHC-MCO, or a physician, a pharmacist, a LTSS Participant advocate, or a family participant designated by Participants enrolled in the CHC-MCO to represent them.

b. Other appropriate clinicians

b.c. PA Health & Wellness will submit a P&T Committee participant list for Department review and approval upon request.

e.d. When the P&T Committee addresses specific drugs or entire drug classes requiring medical expertise beyond that of the P&T Committee participants, specialists with knowledge appropriate to the drug(s) or class of drugs being addressed will be added as non-voting, ad hoc participants.

Commented [HK3]: Should this be “b”? What does this apply to?

Commented [JM4R3]: Yes, changed.

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3. **RESPONSIBILITIES.** The PHWPTC will carry out its mission and perform its duties by applying the following principles:

- a. Clinical decisions are based on the strength of scientific evidence and standards of practice that include, but are not limited to, the following:
 - i. Assessing peer reviewed medical literature, randomized clinical trials, pharmacoeconomic studies, and outcomes research data.
 - ii. Employing well established clinical practice guidelines developed by means of an evidence-based process and make use of other sources of appropriate information.

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DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Pharmacy & Therapeutics Committee
PAGE: 3 of 4	REPLACES DOCUMENT:
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- iii. Comparing the safety, efficacy, the frequency of side effects and potential drug interactions among alternative drug products.
- iv. Assessing the likely impact of a drug product on patient compliance when compared to alternative products.
- v. Basing PDL coverage decisions on a thorough evaluation of the benefits, risks and potential outcomes for patients.
- vi. Reviewing and monitoring medication utilization trends and comparing data to recognized and established professional practice standards or protocols to facilitate the development or revision of coverage criteria, to assess appropriate use, to make recommendations for changes in PDL positioning and to provide feedback to prescribers. Ensuring the PDL meets the clinical needs of the Medical Assistance population including a range of drugs in each therapeutic drug class represented.
- vii. Review, at least annually, the prior authorization and medical necessity criteria guidelines for drug coverage to ensure that they reflect current market conditions and standards of care. Complete a review of each therapeutic class to ensure the PDL is reviewed annually.

b. Administrative considerations include, but are not limited to, the following:

- i. Posting the minutes from each Committee meeting within thirty (30) days of the date of the meeting.
- ii. Submitting all PDL, quantity limits, age edits, and the policies and procedures to determine medical necessity to the Department for written approval prior to implementing. The PDL will be re-submitted for Department review and written approval annually.
- iii. Submitting all PDL deletions to the Department for review and written approval prior to implementation.
- iv. Submitting written notification of any PDL additions to the Department within fifteen (15) days of implementation.
- v. Posting the PDL to the Plan's website
- vi. Notifying all provider and participants of changes to the PDL and prior authorization requirements. Providing written notification of changes to all affected Providers and participants at least thirty (30) days prior to the effective date of the change.

4. **REVIEW OF CHARTER.** The PAHWPTC will review this charter annually from the date of original approval or revision date, whichever is more current.

REFERENCES: N/A
ATTACHMENTS: N/A
DEFINITIONS: N/A

Commented [HK5]: Does the P&T Committee review the entire PDL annually? This is required in Exhibit D.

Commented [JM6R5]: Yes, we review each year by doing comprehensive therapeutic class reviews.

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REVISION LOG

REVISION	DATE

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Centene's P&P management software is considered equivalent to a physical signature.

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file