

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

Wednesday, April 15, 2020 – 12:00 PM – 1:30 PM

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Germaine Biksey, RPH, Jill Schaeffer, RN, Debbie Rose, Dr. Oluwatoyin Fadeyibi, Dr. Francis Grillo, Dr. Carla Huitt, Dr. Venkateswara Davuluri, Michelle Bennett, and Dr. Geoffrey Neimark
- Absent:** Dr. Auren Weinberg (Chief Medical Director, PHW), Dr. Barbara Wingate, Dr. Christopher Hughes, and Michelle LoBello
- Guests:** Patrick Newsome (Pharmacy), William Baker (Pharmacy), Christina Kauffman (Pharmacy), Amy Williams (Pharmacy), Rhonda Hredzak (Pharmacy), Jason Skaria (Pharmacy Manager), George Kimbrow, Jr. (PHW Policy Coordinator), Marci Kramer (Director, Quality Improvement, PHW), Tia Dantzler (Grievance & Appeals, PHW), and Iris Krug (VP, Compliance, PHW)
- 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 1:03 PM.
- Next Meeting:** Wednesday, July 15th, 2020 – 12:00 PM
- Submitted By:** William Baker (PHW Pharmacy)

Committee Chair: _____ **Date:** July 15, 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	Meghan briefly welcomed all attendees.	Staff attendees noted		Meghan McNelly
Announcements	Meghan 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.		
Meeting Minutes	The minutes were sent out for online voting and Meghan announced that they were approved. She asked if anyone who did not vote, was opposed to the approval. No opposition was voiced. The Meeting Minutes from Q1_2020 were approved.	Adoption of Q1_2020 Meeting Minutes recorded as approved		Meghan McNelly
Old Business				
Policy Submission Status	<p>Out of the 79 policies submitted, all but two have been finalized.</p> <p>The State has requested PHW refrains from making any new policies during the month of April.</p> <p>Pa Health & Wellness (PHW) has been meeting with the State Pharmacy Department approximately every other week. The hydroxychloroquine Quantity Limits were updated per the State's request. The State requested the update to ensure there is a proper rationale, diagnosis, and coding. PHW has also</p>	No action required or taken.		William "Bill" Baker/Meghan McNelly

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<p>Statewide PDL (SW-PDL) Update</p>	<p>completed a configuration override per State request to ensure the Participant can get early refills and can get up to a 3 month supply of their medication. The State requested this so the Participant has less interaction with the Pharmacy.</p> <p>A vote went out online and if a tiebreaker was necessary, the Chair of the committee would have decided. Once approved by this Committee, these PHW specific policies are submitted to the State and will follow the State’s normal review process for approval. The PHW Pharmacy team represents the PHW P&T Committee to address any State feedback on all submitted Pharmacy Prior Authorization guidelines until they are deemed approved by the State.</p> <p>The Charter for this committee is the same as the last two years. Oversight and proper review of the charter is being completed.</p> <p>The Statewide Preferred Drug List (PDL) was discussed in the January meeting. The Community Health Choice and Health Choice program for Medicaid contracted Managed Care Organizations (MCO) in the State, were mandated to move to a Pennsylvania PDL starting on January 1, 2020.</p> <p>Contractually PHW is being held to a 95% compliance rate. For the T-Zone a 60 day Continuity of Care time period was given that ended on March 1, 2020. New members were given this timeframe in order to have time to change to a preferred medication.</p> <p>Data will be reviewed to determine if there are any major changes that affects the Participants such as the diabetic testing supplies and insulin that were identified previously. Providers and Provider groups have given feedback to PHW concerning the diabetic issues. These concerns will be taken to the State to consider at their next P & T meeting.</p>			
<p>New Business</p>				
<p>Committee Votes</p>				

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Hemophilia Education	Meghan referenced the Hemophilia Education Packet that was sent out for a vote. There was no opposition to the approval.	The packet was Committee approved.		Meghan McNelly
Drug Coverage Criteria (i.e. prior authorization guidelines)	Meghan referenced the Drug Coverage Criteria that was sent out for a vote. Changes were made to policies, new policies were created, and policies were retired/replaced due to the Statewide PDL, PHW supplemental list and other non-formulary agents, and Ambetter (Marketplace). There was no opposition to the approval.	The packet was Committee approved.		Meghan McNelly
Fraud, Waste & Abuse (FWA) Activity Review	No new submissions were presented to the FWA team in the first quarter. PHW continually monitors for inappropriate billing practices. Due to the COVID situation, the State gave us guidance for the lock in program. The State wants PHW to be less restrictive and to work with the Participant on a case by case basis.	No action required or taken.		Meghan McNelly
Complaints and Grievances Review	<p>Information for medication Complaints and Grievances was provided by Tia Dantzler. This information is monitored for trends. As in the previous quarter, Opioids are the largest number of drug classes that move to a grievance. There is a 24 hour turn-around time for approval and if all of the information for the approval is not received in the initial request, it will be denied until further information is received.</p> <p>Dr. Fadeyibi asked with the COVID 19 guidance that has been received are there any things that have been lifted that affect access to opioids?</p> <p>Meghan responded that there has been discussion however, there has not been any distinct rule given on how each MCO is to treat opioids. New starts are going through the proper approval and prior authorization process. The opioid policy has direction to have a urinalysis completed but the State has asked us to be more lenient on this at this time. There are instances where Participants aren't going in to have the urinalysis done right now.</p> <p>Dr. Fadeyibi asked if we are taking into consideration that provider's aren't able to send in paper documentation at this time, in handling the prior authorizations.</p>			Meghan McNelly/ Tia Dantzler

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	<p>Meghan responded that is one of the factors that is taken into consideration while reviewing the authorizations.</p> <p>Dr. Fadeyibi asked if PHW is taking into consideration the Drug Enforcement Agency (DEA) guidance of loosening some of the regulations around prescribing substances.</p> <p>Meghan responded that she will look into that. She also stated that everybody is being mindful of the safety of the Participant and making sure they get their medication. These are being looked at on a case by case situation.</p> <p>Dr. Neimark asked what “Pre-grievance withdrawn” meant.</p> <p>Tia Dantzler responded this is when a Participant or provider request a grievance and there is enough information on file to overturn the decision. The information is sent to the Medical Director to review as quickly as possible so an authorization can be put in the system and an approval letter can be sent to the Participant. At that time the Participant can get their medication and withdraw the grievance.</p> <p>Dr. Neimark stated that if you combine the pre-grievance with the overturned there is 115 out of the 138. This may be something that Utilization Management (UM) may want to look at.</p> <p>Meghan stated her understanding is that some of the information has not been sent in but it is in the patient’s chart. Once we request the specific information than the information is sent in.</p> <p>Tia stated the Clinical team makes several outreach attempts to get the missing information. They have a longer timeframe than the prior authorization process so they may receive the information after the denial.</p>	<p>The DEA direction will be reviewed.</p>		<p>Meghan McNelly</p>
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<p>Hepatitis C Documentation</p>	<p>Meghan stated that Dr. Neimark’s observation was a good segue to discuss the Hepatitis C item that was included in the packet for approval this meeting. For requests for Hepatitis C medication, pertinent information was missing in order to approve. The Pharmacy team worked on a prior authorization form specific to Hepatitis C, so all of the information is captured in order to make the approval. The form is lengthy but worth it in order to be able to make the approval so the Participant can get started on the medication quickly. The Pharmacy team is looking at working on a form for opioids next in order to get the necessary information the first time.</p>			
<p>PBM oversight</p>	<p>Jason informed the committee that they reviewed 110 requests from Envolve. Of these requests 55 approvals for high cost medications were reviewed to verify they were consistent with policy. Of the 55 approvals, there were five that were approved incorrectly because it was a non-preferred medication or they were for the incorrect duration of therapy. There were 55 denials audited for the elements that were put into the Quality Improvement Plan (QIP) last year. The denials had 25 errors. There were 22 letters sent to Participant’s that were written above the 6th grade reading level, there were two that the wrong criteria was used, and there was one that was denied by a Pharmacist and not a Medical Director. At the end of each month the results are given to Envolve to review for process improvement.</p> <p>Meghan informed the committee that they meet every week with Envolve’s Prior Authorization team and their Envolve’s Compliance team is kept up to date. They are making sure that the issue is identified and addressed quickly.</p>	<p>No action required or taken.</p>		<p>Jason Skaria/Meghan McNelly</p>
<p>Drug Utilization Review (DUR) Reports</p>	<p>Patrick provided an overview of the Envolve Pharmacy Solutions (EPS) generated quarterly reports from last quarter. These reports help to identify potential drug problems that may be addressed. The first area of focus was FWA where we report identified Participants that abuse pharmacies or prescribers to the Lock In Committee. Morphine equivalent benchmark is 90 MME per day with 87 Participants identified this quarter. The next area of focus is identified Participants that abuse pharmacies or prescribers. These are also reported to the Lock In Committee. This quarter there were 7 Participants identified with 3 or</p>	<p>No action required or taken.</p>		<p>Patrick Newsome</p>

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	<p>more prescribers of opioids. Inappropriate prescribing is reviewed. One of the areas of focus under this heading is Acetaminophen Overutilization where participants are identified as using >4 grams per day. The next area of focus under this heading is Participants who are prescribed an anti-psychotic with an inferred dementia diagnosis. There were 19 faxes sent to prescribers this quarter concerning this issue. The next heading addresses Disease Management. There were 371 faxes sent to providers for diabetics not using an Ace-inhibitor or ARB. Lastly there were 15 Participants identified that were using beta-agonist monotherapy. Personnel make sure the Participant does not have a diagnosis of asthma and then they recommend the addition of inhaled corticosteroid.</p> <p>Dr. Neimark asked why the morphine going over 90 is considered FWA and the acetaminophen issue is considered inappropriate prescribing.</p> <p>Patrick responded that part of it is because of locking in and it is for clinical appropriateness as well. If a Participant has a cancer diagnosis or Sickle Cell Anemia, they are ruled out. Both the morphine and the acetaminophen could be considered inappropriate billing.</p> <p>Iris Krug stated that FWA could happen in both scenarios, where there is a provider overprescribing or a Participant drug seeking.</p>			
<p>COVID 19</p>	<p>Meghan informed the committee that the Pharmacy area has shifted their priorities. Previously they had a group who were focused on adherence and the Stars and HEDIS ratings around oral diabetic medications and statins. With the onset of COVID the priority has shifted. One area identified is Participants who have not been filling what we consider a critical maintenance drug. A report has been created to help identify these Participants.</p> <p>The Coordinators are contacting these Participants and giving them motivational counseling to try to get them to refill their medications. Some of the issues they are running into are the Participant is highly leaning on the “shelter in place” order by the governor, they do not want to leave their homes for fear of</p>	<p>No action required or taken.</p>		<p>Meghan McNelly</p>

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	<p>contracting COVID. The Participant does not want anything foreign coming into their homes either. The coordinators are taking the Participants through some safety practices, i.e. wiping the package down.</p> <p>The report is also being shared with the Coordination team so the Participant can hear from another person in their Care Coordination team how important it is to get these prescriptions filled.</p> <p>Dr. Neimark asked if we utilize the 90 day supply of medication. Meghan stated that is something that has been started due to the COVID outbreak and a way to limit contact.</p> <p>Bill brought up the medication shortage and why some pharmacists are not willing to give the 90 day supply. Meghan informed the committee that they have had pharmacies call in and request that they only give a 30 day supply so they have enough medication for all of their customers.</p> <p>Another item Meghan wanted to bring up is that they are extending the prior authorizations for another 60 days. They were set to expire on April 30, 2020 but we may be unable to get information from the provider offices due to staffing issues.</p>			
Announcements	<p>Meghan reminded the committee members that our P&T Committee is seeking new members with experience in:</p> <ul style="list-style-type: none"> • HIV & HIV related areas of expertise • A Current PHW Participant or Participant Advocate to speak on behalf of a PHW Participant <p>The P&T Committee is also looking for more representatives, advocates, or Participants since we have opened up the T-Zone. We would like some from the Northeast, Northwest, and Lehigh regions.</p>	No action required or taken.		Meghan McNelly

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Open Forum	<p>Meghan opened the meeting for questions or concerns.</p> <p>There were no questions or concerns.</p>	No action required or taken.		Meghan McNelly
Adjournment	The meeting was adjourned at 12:43 pm	Meeting adjourned		Meghan McNelly

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