

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

Wednesday, October 17, 2018 – 12:00 PM – 1:30 PM

- Present:** Meghan McNelly, PharmD, MHA; FACHE, Dr. Cory Rigberg, Germaine Biksey, RPH, Sherry Sharp, MD, FAPA, Debbie Rose (Participant Advisory), Jill Schaeffer, RN, Dr. Auren Weinberg, Michelle Bennett and Dr. Francis Grillo
- Absent:** Michelle LoBello (Participant Advisory), Lori Hagwood (LTSS Participant Rep.)
- Guests:** Catherine Gorski (Medical Management), Tia Dantzler, (G&A), Marci Kramer, (Q&A), Patrick Newsome, RPH (Pharmacy), Christina Kauffman (Pharmacy)
- Call to Order:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was called to order at 12:02 PM.
- Adjourned:** The PA Health & Wellness Pharmacy and Therapeutics Committee meeting was adjourned at 1:02 PM.
- Next Meeting:** Wednesday, January 16, 2019 – 12:00 PM
- Submitted By:** George L. Kimbrow, Jr., Pharmacy Coordinator

Committee Chair: _____ **Date:** October 17, 2018
Meghan McNelly, PharmD, MHA; FACHE

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Agenda Item	Discussion/Recommendation	Action	Next Steps	Owner
I. Call to Order	Meghan McNelly called the PA Health & Wellness Pharmacy & Therapeutics Committee meeting to order at 12:02 PM.	Meeting Called to Order		Meghan McNelly
A. Introductions	Meghan welcomed the Committee members and guests, then a brief synopsis of the meeting flow, voting process(s) and various stages of the meeting, as a review for some and new information for others.	No action taken.		Meghan McNelly
B. Attendance Requirement Committee Roster	Meghan initiated a Committee meeting roll call and indicated the absence of Michelle LoBello (Participant Advisory) and Lori Hagwood (LTSS Participant Rep.). Each Committee member attending remotely introduced himself or herself, while Meghan identified the members or guests in the room as a measure of attendance. All members are noted as Committee Members of the initial & official PA Health & Wellness 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). Meghan also indicated that the committee is undertaking two quarters of policies to catch up and parallel the Corporate P&T reporting.	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. There were no voiced concerns to the recording of the meeting.	No action taken.		Meghan McNelly
II. P&T Meeting Minutes	Prior meet minutes were made available as a part of the Meeting Packet, All members were asked review the 3Q Meeting Minutes and be prepared to vote and adopt or decline them during this 4Q_2018 meeting. Meghan inquired about questions on the 3Q Meeting Minutes; with no responses, a motion to adopt the 3Q Meeting Minutes was made by Debbie Rose and Marci Kramer second the motion. All Committee Members voted to approve the motion	3Q 2018 Meeting Minutes were approved and adopted		Meghan McNelly
III. Old Business	Reviewing 3Q policy submissions (7 outstanding policies remaining) *Reminder – Meghan is the approved delegate tasked with making changes on behalf of the P & T Committee. Meghan detailed that once policies are State approved a copy is uploaded to the PHW website. Call audits of our partners, EPS (Envolve) and	No action taken.		Meghan McNelly

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	<p>CVS were discussed last meeting and we continue to work with John Mee, Contracts dept., on changes to our satisfaction scores and where we can do better in our audits and QC of our partners moving forward. We are looking at the possibility of implementing a digital voting system, but given the volume of policies in this grouping and the working to streamline our process into the system to match our grouped voting process. Reminder that Meghan and Dr. Grillo serve as tie-breaking votes and will abstain from voting unless necessary. Meghan introduced Patrick Newsome, Clinical Pharmacist, and former P&T Comm. Member, as the newest member of the PHW Pharmacy team. Patrick will be working and advocating on policy work on PHW's behalf. Dr. Auren Weinberg has also joined us as the Chief Medical Director and will help facilitate with policy work alongside Dr. Grillo. Michelle Bennett, Pharmacist, has also joined the P&T Committee as a replacement for Patrick.</p>			
IV. New Business				
A. Charter Review	<p>Explained that the PDL must be reviewed annually; Entire PDL was reviewed and Committee approved in Q2 2018. The State responded with the ask of reviewing changes quarterly and the entire PDL annually, rather than the entire PDL quarterly. Changes were reviewed – no vote was necessary or taken.</p>			
B. Opioid Prior Authorization Changes	<p>Reminder – Changes were verbalized in our July Mtg. – All new scripts for SA Opiates req. PA if they exceed 5 days dropping down from 7 days. Jan 1, 2019 this req. is effective for all members, not just members w/ new scripts. Even existing med users will need to go through the PA process. The most significant change will take place prior to July 1, 2019 and is State mandated; it requires all scripts exceeding 50 MME per day will need a PA, dropping from 90 MME daily and will be a significant change to our providers. To assure we meet the State mandated date, we are planning to implement the change on May 1, 2019. PHW is looking at in-person and web based training options for providers, fax blasts, website info, and newsletters. A request for additional Committee recommendations was extended for ideas on best delivery methods for informing providers. This is a request from the HHS Secretary for all commercial plans and a mandate for all MCOs across the State and is not unique to PHW.</p>			<p>Meghan McNelly</p>

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	<p>Dr. Weinberg added the Dr. Grillo recommend to Corp that a WebEx be provided to providers. Dr. Rigberg and Dr. Sharp were asked for ideas on information delivery and Dr. Rigberg asked about the option of a soft-rollout in March/April, which is voluntary to alert providers, Dr. Sharp added that email and newsletter notification of the Webinar could also be helpful. Possibly a post card w/ a return envelope, requesting acknowledgement of the change. Meghan thanked and acknowledged the comments from both and noted that PHW would look into those options. Dr. Sharp added that challenges in shared messaging about the webinar with both the physical and mental health providers in their internal and group newsletters could be helpful. We will share the idea with Heather Clark, PHW BH and Meghan will speak with her. Dr. Grillo added that we might also want to focus on pain specialist, as our providers are not using them as much as they should and the change from opioids to non-steroidals will be challenging for providers due to PTP compensation dosing resulting in possible renal failure. There needs to be a balance on the issue because what is helpful on one hand may be detrimental on the other. We also engaged our Government Affairs team to discuss the issue with the PA Medical Society and the Orthopedic Society to assist with our outreach efforts and add to the discussion on other areas of concern and how to meet those challenges appropriately.</p>			
<p>V. 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>VI. New Drug Review– RT 1, 2, 3 & 5</p>	<p>Meghan proceeded through the Committee vote roll call of the new drug arrivals under review – RT 1, 2, 3 & 5</p>	<p>Unanimous tally vote captured to approve the new drug arrivals passed</p>		<p>Meghan McNelly</p>
<p>VII. New Drug Review– RT 4</p>	<p>Meghan proceeded through the Committee vote roll call of the new drug arrivals under review – RT 4</p>	<p>Unanimous tally vote captured to approve the new</p>		<p>Meghan McNelly</p>

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			drug arrivals passed		
VIII.	Guideline Review Summary Table	Meghan proceeded through the Committee vote roll call of the Guidelines under review	Unanimous tally vote captured to approve the Guideline Review passed		Meghan McNelly
IX.	Retired Policies	Meghan explained that is noted on the Agenda that the policies being replaced are either being retired an no longer requiring a PA or being replaced with another policy or other policies. Some policies may also be moved in their same applicable form into a new policy number base on the PHW naming convention. The Committee had no questions and voted to accept the material as presented.	Unanimous tally vote captured to approve the Retired Policies as presented passed.		Meghan McNelly
X.	Guidelines (Medicaid)	Meghan presented this grouping of 4 policies Dr. Sharp asked that Meghan comment explain the changes in this section. Meghan explained in detail that there were no significant changes to this grouping of policies. Dr. Sharp approved per vote.	Unanimous tally vote captured to approve the Medicaid Guidelines as presented passed.		Meghan McNelly
XI.	Medicare Formulary	Medicare Formulary is dictated by CMS. This is an annual vote for the committee. Centene will assure that the formulary meets the CMS requirement for having a specific number of meds per class available and assure the drug rebate status is available. PHW has submitted and is awaiting final approval of the 2019 version, but we will vote on the previously approved version. Regarding the Medicare Opioid strategy for 2019, we included documents discussing the 2018 discussion on opioid strategies w/ the meeting packet including the circumstances and the positive aspects found in the DUR retrospective reviews and edits that occurred. The final 2018 prep call with CMS took place in early September 2018 – CMS agreed to the earlier start (7-day daily dose limit for new starts/90 MME per day). For meds without an upper qty. limit as delineated by the packaging & prescribing information, a self-imposed 200 MME daily limit has been established. We have also asked for and received	Unanimous tally vote captured to approve the Medicaid Formulary (Update) as presented passed.		

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	<p>approval for different edits for concurrent DUR (POS edits at the pharmacy) specifically looking concurrent meds of buprenorphine and opioid excessive high-doses, excessive controlled substances opioids, & benzos together, and duplicative therapy of LA opioids. Currently these are soft edits based on the need to wean opioid use in PTPs, so there will be circumstance where these will need PAs. Discussions and concerns on the use of Benzos and opioids together are ongoing and solutions are being formulated to meet and satisfy the occasional need to subscribe these types of drugs together. The outlook for 2020 is to analyze the current and 2019 research to use when formulating hard edits to address these circumstances.</p> <p>We offer MTM services to our SNPs and our MMP members. We automatically reach out to members utilizing 3 drug combos (opioids, benzos and muscle relaxants) or (opioids and benzos). Additionally we look for situations where members see multiple providers or pharmacies, currently delineated as 3 providers & 3 pharmacies, and then we provide MTM services.</p> <p>We also assure our MATs are in the Tier 1 for Med D w/ \$0 copay with expansion as additional MAT options are added. We removed OxyContin was removed from our formulary and more of the abuse deterrent LA opioids have been added to the formulary.</p>			
XII. Therapeutic Class Review (PT 2)	<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>
XIII. New Drug Review– RT 1, 2, 3 & 5 (PT 2)	<p>Meghan proceeded through the Committee vote roll call of the new drug arrivals under review – RT 1, 2, 3 & 5</p>	<p>Unanimous tally vote captured to approve the new drug arrivals passed</p>		<p>Meghan McNelly</p>
XIV. New Drug Review– RT 4	<p>Meghan proceeded through the Committee vote roll call of the new drug arrivals under review – RT 4</p>	<p>Unanimous tally vote captured to</p>		<p>Meghan McNelly</p>

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(PT 2)		approve the new drug arrivals passed		
XV. Guideline Review Summary Table (PT 2)	Meghan proceeded through the Committee vote roll call of the Guidelines under review	Unanimous tally vote captured to approve the Guideline Review passed		Meghan McNelly
XVI. Retired Policies (PT 2)	Meghan explained that is noted on the Agenda that the policies being replaced are either being retired an no longer requiring a PA or being replaced with another policy or other policies. Some policies may also be moved in their same applicable form into a new policy number base on the PHW naming convention. The Committee had no questions and voted to accept the material as presented.	Unanimous tally vote captured to approve the Retired Policies as presented passed.		Meghan McNelly
XVII. Guidelines (Medicaid) (PT 2)	Meghan presented this grouping of operational policies Pharmacy Technicians under the guidance of a licensed pharmacist are able to process and approve PAs, utilizing policies constructed, reviewed, and approved by a licensed pharmacist and a licensed physician. This holds true as long as there is no clinical judgment necessary. All denials must go to review by a physician.	Unanimous tally vote captured to approve the Medicaid Guidelines as presented passed.		Meghan McNelly
XVIII. Ambetter Policies	Centene & PHW are moving into the Health Insurance Marketplace in Pennsylvania beginning Jan. 1, 2019. The completed 2019 Ambetter Formulary have not be confirmed, though Prior Auth. policies are being outlined for this line of business. These are not state specific, but provide guidance nationally and are managed out of our Centene corporate office. The final approved formulary will appear on our Ambetter by PHW website sometime in Nov. 2018. These policies are similar in directive to our state specific policies, but are not held to the state specific memos & fee for service directives and direction.	Unanimous tally vote captured to approve the Ambetter Policies as presented passed.		Meghan McNelly

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<p>XIX. Complaints & Grievances</p>	<p>Meghan referenced the attendance of Tia Dantzler of the G&A Team, and stated that to these point (Q3_2018 – 16) medication related grievances, which is down from 21 in Q1 & 48 in Q2.</p> <p>Tia expressed a huge drop at the conclusion of the COC period, with a significant portion of the current requests related to narcotic drugs. This leads to the correlation of taking the opioid changes up in May 2019 to address the anticipated spike in May & April coming out of the COC period.</p> <p>Dr. Grillo inquired into a metrics related to reversals based on the # of calls. Tia said that we track the overturn/uphold rate which is reported to Envolve quarterly. Per Tia, the data shows approximately 50%, primarily related to Med. Dir. electing to taper PTPs and in the grievance world, these equate to overturns, as they require the input of a PA for a month-long taper. It was further explained that the overturn ration might be a bit skewed because providers are not initially sending in the required information with the PA forms to make a determination. Once the appeal is processed, the appropriate information the second time is submitted which contributes to the overturn rate. The GA team does extensive outreach by the nurse to get the appropriate info and handle it in-house, rather than have it move to fair hearing or external review.</p> <p>Dr. Grillo mentioned that review appeals of specialty meds were reviewed in the past by general physicians, rather than being reviewed by specialist in that field, currently who reviews them? Tia responded that approx.. 99% go to AMR and a similar specialty is requested per the State contract. Dr. Grillo added that once the determination is received the determination is reviewed again internally to validate the determination of the external reviewer.</p> <p>As an add-on, for PBM oversight, we do have monthly & quarterly calls to monitor Envolve who is independently contracted with CVS. PBM are garnering a significant amount of media and government oversight attention (PA Auditor General, DePasquale) has started an investigation with the expected report release</p>	<p>No action necessary, Informational only.</p>	
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	in Dec. 2018. Once the information is released, we will bring the results and direct/indirect effects on PHW and our partners back to the committee.			
XX. Quality and Improvement	<p>We are conducting internal pharmacy education including weekly pharmacy and call center meetings, SE go-live pharmacy training and on-boarding education for new hires and refresher courses as those staff members settle into their roles. With the increased pharmacy staff, we are also exploring external educational initiatives (Opioid initiatives, webinars, etc.)</p> <p>We are also working on adherence initiatives (Medicare & Medicaid) looking at anti-diabetic, anti-hypertensive, and anti-psychotic meds and statins. We have taken a more robust approach to assure our PTPs receive the promised services and PHW meets and operates at a 4/5-star rating. We are developing a sharable dashboard that we will soon be able to share with the committee.</p>	No action necessary, Informational only.		
XXI. SE Expansion	At our Jan. 2019 meeting, our plan will be live in five Philadelphia area counties with our CHC contract. Education and outreach continues in these areas and PHW awareness including branding and educational information is still being distributed and shared in the SE region.			
XXII. Open Discussion	Dr. Grillo inquired into what mechanisms are available to challenge the policies. Meghan responded that from a corporate perspective, there is a 2-hr. weekly meeting to review the policies up for review in the upcoming quarter that is led by Dr. Bernie Shore and attended by different pharmacy directors. A vote is taken from attendees on the policies prior to the policies going up to P&T corporate wide. Note that PA is the only state that is required to change all of the Medicaid policies prior to receiving State approval. Meghan offered to add Dr. Grillo to that meeting agenda to keep him abreast of the policies. Dr. Grillo will consult Dr. Shore about inclusion of more members on the Medical side for representation. Meghan added that for every specialty med that a policy is reviewed, there are two specialist in that area that are on-boarded for contribution prior to the policy being drafted. Meghan will outline as a process and send it to the group prior to the Jan. meeting so it is understood by all.	No Action		

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	<p>Debbie Rose asked that because she is in a long-term facility, if she is able to share the info on the Opioid changes and recommendations with her staff management teams and staff. Meghan responded absolutely, and we would love to receive feedback from the meeting and how we can better disseminate and collaborate with the groups that would most benefit from this information. Meghan will reach out directly to Debbie Rose.</p> <p>Meghan also asked all members attending the meeting to complete and return the Remote Attendance Verification form and the COI & CS documents that were emailed by George to all Committee Members.</p>			
<p>XIII. Next Meeting</p>	<p>The next meeting is scheduled for Wed., Jan. 16, 2019.</p>	<p>No action.</p>		<p>Meghan McNelly</p>
<p>XIV. Adjournment</p>	<p>With no further business to discuss a motion was made and accepted to adjourn the meeting at 1:02 PM.</p>	<p>Meeting adjourned at 1:02 PM</p>		<p>Meghan McNelly</p>

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