P&T Committee Overview

Donna L. Sullivan, PharmD, MS
Chief Pharmacy Officer
January 26, 2017
Roles & Responsibilities
HCA Pharmacy Services and Operations

- Donna Sullivan, Pharm D, MS Chief Pharmacy Officer
  - Oversees HCA prescription drug purchasing strategy for Medicaid and PEB
- Ryan Piroresi, PharmD, MS Assistant Chief Pharmacy Officer
  - Manages PEB pharmacy policy and benefit design
  - WA representative on DERP governance board
- Ray Hanley, Program Director
  - Oversight of P&T Committee and PDL process
  - Manages cost analysis process
- Leta Evaskus, Program Analyst
  - Manages P&T Committee contracts and meeting logistics
  - PDL updates and communication
Staff Roles & Responsibilities
Medicaid Pharmacy Policy

- April Philips – Clinical Pharmacist
  - Assists with clinical policy development
- Charles Agte, Medicaid Pharmacy Specialist
  - Assures compliance with rules and regulations
- Allison Campbell, Supplemental Rebate Manager
  - Manages Supplemental Rebate Agreements with manufacturers
  - Assists with data submission for the cost analysis
- Jodie Arneson, Medicaid Program Specialist
  - Assists with program operations
  - Manages Second Opinion Process
Staff Roles & Responsibilities
Labor & Industries

• Jaymie Mai, PharmD, Pharmacy Manager
  – L&I Representative to the Prescription Drug Program

• Doug Tuman, PharmD, Pharmacist
  – L&I liaison and backup to the Prescription Drug Program
Drug Effectiveness Review Project (DERP)

DERP is a collaborative of 13 state Medicaid and public pharmacy programs that produces evidence-based products that assist policymakers and other decision-makers grappling with difficult drug coverage decisions.

Current DERP Participants
- Arkansas
- Colorado
- Idaho
- Minnesota
- Missouri
- Montana
- New York
- North Carolina
- Oregon
- Tennessee
- Texas
- Washington
- Wisconsin
In June 2003 the legislature created the Washington State Prescription Drug Program.

Coordinated effort by Health Care Authority’s Uniform Medical Plan and Medicaid Fee for Service, as well as Labor & Industries’ Workers Compensation Program.

The PDL is a subset of each program’s overall formulary/drug list.

Goal: to develop a statewide evidence-based “preferred drug list” to control prescription drug costs without reducing quality of care.
Components of the Program:

- Endorsing Practitioner – Therapeutic Interchange Program
- Pharmacy & Therapeutics Committee
- Washington Preferred Drug List (PDL)
- NW Prescription Drug Purchasing Consortium
Endorsing Practitioner – Therapeutic Interchange Program

• An “endorsing practitioner” is a prescriber who has reviewed the PDL and has agreed to allow therapeutic interchange of a preferred drug for any non-preferred drug, unless otherwise directed.

• Pharmacists will automatically interchange the preferred drug for any non-preferred drug prescribed by these practitioners and notify the prescriber of the change unless:
  • the Rx is for a "refill" of an antipsychotic, antidepressant, antiepileptic, chemotherapy, antiretroviral, or immunosuppressive drug, or treatment for hepatitis C
  • the endorsing practitioner indicates “dispense as written” (DAW) on an Rx for a non-preferred drug
    – In these situations the pharmacist will dispense the non-preferred drug as prescribed (generic first initiative may apply)

• There are about 7200 endorsing practitioners
Pharmacy & Therapeutics Committee

• Ten Members
  – Membership based on federal Medicaid requirements for DUR Board
  – 4 physicians, 4 pharmacists, 1 physician’s assistant, and 1 advanced registered nurse practitioner

• Meets at least quarterly

• Review reports prepared by the Drug Effectiveness Review Project (DERP) that compare the evidence of a drug’s safety, efficacy and use in special populations

• Determines which drugs are equally safe and effective, or have advantages in special populations

• Determines appropriateness of therapeutic interchange program within drug classes on PDL
Drug Utilization Review Board

- Drug Utilization Review Board required by Section 1927 of the Social Security Act
- Extension of the P&T committee in advising on additional utilization controls for drugs within the preferred drug list
- Recommend DUR programs or interventions based on data provided by Medicaid staff or CMO
- Review and approve DUR programs proposed by Medicaid or offer guidance on modifications to the program
- Engage in provider education activities when appropriate
The Preferred Drug List is a list of drugs selected by the agencies to be used as the basis for their purchase of prescription drugs.

The PDL currently covers approximately 30 therapeutic drug classes.

Agencies began using the list in January 2004.
DERP Reviews

• Types of reports where new drugs are eligible for inclusion on the PDL
  – New Class Review
  – Update to an existing class review
  – Expanded Scan Reports for an existing Class
  – Single Drug Addendums
    • Review for a single drug not included in an existing Class Review
    • Effectively updates the Class Review to allow inclusion in the PDL

• Literature Scan for an existing drug class
  – Summarizes availability of new evidence in the class
  – Identifies new drugs and indications since last review
  – *New drugs identified in a scan are not eligible for inclusion on the PDL*
  – P&T may approve scan as adequate, or request updated class review
Categories of Drugs and the PDL

• Preferred on the PDL
  – By definition TIP does not apply
  – May have other restrictions as approved by DUR Board

• Non-Preferred on the PDL are Subject to TIP when all of the following are true:
  – Included in New Class report, Updated report, Summary Review, or Single Drug Addendum
  – Not continuation of therapy in one of the following classes
    • Antipsychotic, antidepressant, antiepileptic, chemotherapy, antiretroviral, immunosuppressant, or Hepatitis C
  – TIP is Allowed by the Committee; and
  – Substitution is allowed by endorsing practitioner (DAW applies)

• In a PDL class but not included in DERP one of the report types mentioned above
  – Covered according to program benefit design
  – TIP does not apply
  – DAW does not apply

• Drug classes not on the PDL
  – Covered according to program benefit design
Archived Drug Classes

• HCA recommends drug class to be archived
• The Committee will
  – Review a final scan of the drug class
  – Vote on whether the drug class is appropriate to archive
  – Determine if the therapeutic interchange program and dispense as written rules are appropriate to continue without further clinical review
  – Direct Agencies to change preferred status of drugs based on cost when appropriate without additional review by the committee
• Archived drug classes will remain on PDL
• Committee or PDP workgroup may re-activate an archived class if significant changes are made to the evidence base for the class or its indications
PDL Selection Process

1. Meeting Announcement & Request for Rebate Bids 37 days prior to meeting
2. Rebate Bids due 7 days prior to meeting
3. P&T Committee makes recommendations based on evidence
4. Actuary conducts cost analysis
5. Staff review cost analysis and make recommendations
6. Agency directors approve PDL
7. Staff sends out notice of PDL updates
8. Agencies implement PDL
Questions?

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Acronyms

• DAW = Dispensed as written
• DERP = Drug Effectiveness Review Project
• EA = Expedited Authorization, claim is paid when submitted with correct code
• EPC = Evidence Based Practice Center
• Non-Preferred = TIP and DAW apply to endorsing practitioner, non-endorsing practitioner PA required
• OHSU = Oregon Health and Science Center
• PA = Prior Authorization, pharmacist/prescriber must submit information to HCA to get approval
• PDL = Washington Preferred Drug List
• P&T = Pharmacy and Therapeutics
• Preferred Drug = Preferred on PDL, TIP does not apply
• QLL = Quantity Level Limits
• Step Therapy = requires use of one drug prior to another being authorized
• TIP = Therapeutic Interchange, allowed when prescribed by an endorsing practitioner
• UMP = Uniform Medical Plan (State Employees)