



# P&T Committee/DUR Board Overview

Donna L. Sullivan, PharmD, MS  
Chief Pharmacy Officer  
Clinical Quality and Care Transformation  
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# Roles & Responsibilities

## HCA Pharmacy Management

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

# Roles & Responsibilities

## Medicaid Pharmacy Policy

- April Philips – Clinical Pharmacist
  - Assists with clinical policy development
- Amy Irwin, Medicaid Pharmacy Operations Manager
  - Manages pharmacy operations
  - Assists with data submission for the cost analysis

# 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
- Christy Pham, PharmD, Pharmacist
  - L&I staff responsible for implementing PDL changes

# 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

# Washington Prescription Drug Program

- 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 WA 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

# Washington Prescription Drug Program

## 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 the WA PDL

## Washington Preferred Drug List

- The WA 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 WA PDL currently covers approximately 30 therapeutic drug classes
- Agencies began using the list in January 2004
- The agencies currently using the WA PDL are Uniform Medical Plan and Labor and Industries

## 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

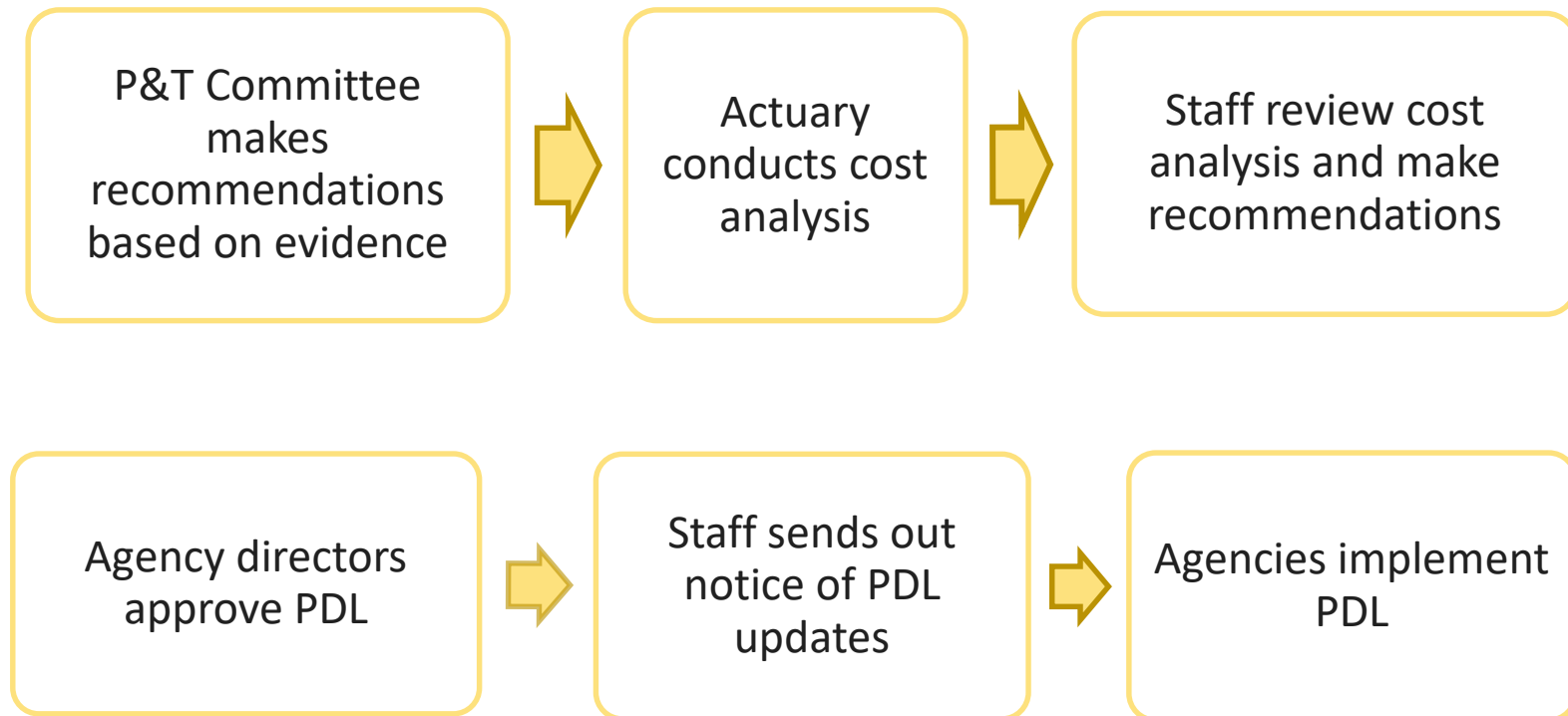
# Status of Drugs on the WA PDL

- Preferred:
  - By definition TIP does not apply
- Non-Preferred drugs are subject to TIP when:
  - Included in a New Class report, Updated report, Summary Review, or Single Drug Addendum
  - It is not prescribed as 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
  - Prescribed by an endorsing practitioner
- In a PDL class but not included in one of the DERP 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 the WA 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

# WA PDL Selection Process



# 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

# Apple Health PDL

- January 1, 2018 Medicaid moved to a single preferred drug list for all Apple Health clients.
- HCA joined The Optimal PDL Solution (TOP\$) supplemental rebate pool administered by Magellan Medicaid Administration.
- Two implementation dates:
  - 1/1/18 (13) drug classes were added
  - 7/1/18



# Apple Health PDL Process

- **Clinical:** Magellan will review each drug and drug class on its clinical merits relative to other medications in the same therapeutic class.
  - Published, peer-reviewed clinical trials are the primary source of information Magellan uses for this review. Data regarding efficacy, effectiveness, adverse effects, and tolerability will be analyzed and compared to other drugs within the therapeutic class.
- **DUR Board Meetings:** Magellan will present the therapeutic class review and analysis to the DUR Board. From this analysis, the board determines an agent's superiority, equivalency, or inferiority relative to the therapeutic alternatives within the class.
- **Financial:** In addition, Magellan will perform a financial analysis of the drug class. This analysis incorporates Medicaid utilization data from Washington State as well as net drug costs after consideration of all rebates from manufacturers. Magellan will make recommendations to HCA on which drugs to select as preferred.
- **Decision:** After considering both DUR Board recommendations and the financial analysis from Magellan, HCA will make the final selection of preferred drugs for the PDL.

# 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)

# Questions?

Donna L. Sullivan, PharmD, MS

[donna.sullivan@hca.wa.gov](mailto:donna.sullivan@hca.wa.gov)

Tel: 360-725-1564