

# P&T Committee / DUR Board Process Overview

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# WA Prescription Drug Program (WPDP) Roles & Responsibilities

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- ▶ Donna Sullivan, PharmD, MS, Chief Pharmacy Officer
  - ▶ Responsible for HCA prescription drug purchasing strategy for Medicaid, PEB/SEB
- ▶ Ryan Pistoresi, PharmD, MS, Assistant Chief Pharmacy Officer
  - ▶ Manages PEB/SEB pharmacy policy and benefit design
  - ▶ Oversees clinical policy development
  - ▶ WA representative on DERP governance board
- ▶ Leta Evaskus, NW Prescription Drug Consortium Operations Manager
  - ▶ Manages P&T Committee contracts and meeting logistics
  - ▶ Manages the WA PDL
  - ▶ Oversees cost analysis process

# Apple Health Pharmacy Policy Roles & Responsibilities

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- ▶ Amy Irwin, Medicaid Pharmacy Operations Manager
  - ▶ Manages Medicaid fee-for-service pharmacy operations
  - ▶ Oversees Medicaid managed care plans
  - ▶ Assists with data submission for the cost analysis for WA-PDL
- ▶ Marissa Tabile, PharmD, Apple Health PDL/Drug Utilization Review Manager
  - ▶ Manages the Apple Health PDL
- ▶ Luke Dearden, PharmD, Clinical Pharmacist
- ▶ Ryan Taketomo, PharmD, Clinical Pharmacist
- ▶ Joey Zarate, Apple Health PDL Coordinator
  - ▶ Manages the new drugs to market

# Department of Labor & Industries Roles & Responsibilities

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- ▶ Jaymie Mai, PharmD, Pharmacy Director
  - ▶ L&I representative to the Prescription Drug Program
- ▶ Doug Tuman, PharmD, Pharmacist
  - ▶ L&I backup to the Prescription Drug Program
- ▶ Christy Pham, PharmD, MPH, Pharmacist
  - ▶ L&I staff responsible for implementing PDL changes

# History of WPDP

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- ▶ 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 Preferred Drug List 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

# WPDP: components

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- ▶ Washington Preferred Drug List (WA PDL)
- ▶ Endorsing Practitioner – Therapeutic Interchange Program (TIP)
- ▶ Pharmacy & Therapeutics (P&T) Committee
- ▶ Northwest Prescription Drug Consortium

# P&T Committee

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- ▶ 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 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 within drug classes on the WA PDL

# Drug Effectiveness Review Project (DERP)

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- ▶ DERP is a collaborative of 14 state Medicaid and public pharmacy programs that produces evidence-based products that assist policymakers and other decision-makers grappling with difficult drug coverage decisions
- ▶ DERP Participating States
  - Colorado
  - Delaware
  - Idaho
  - Michigan
  - Minnesota
  - Missouri
  - Nevada
  - New York
  - North Carolina
  - Oregon
  - Tennessee
  - Virginia
  - Washington
  - Wisconsin



# DERP Reviews

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Types of reports where new drugs **are eligible** for inclusion on the PDL:

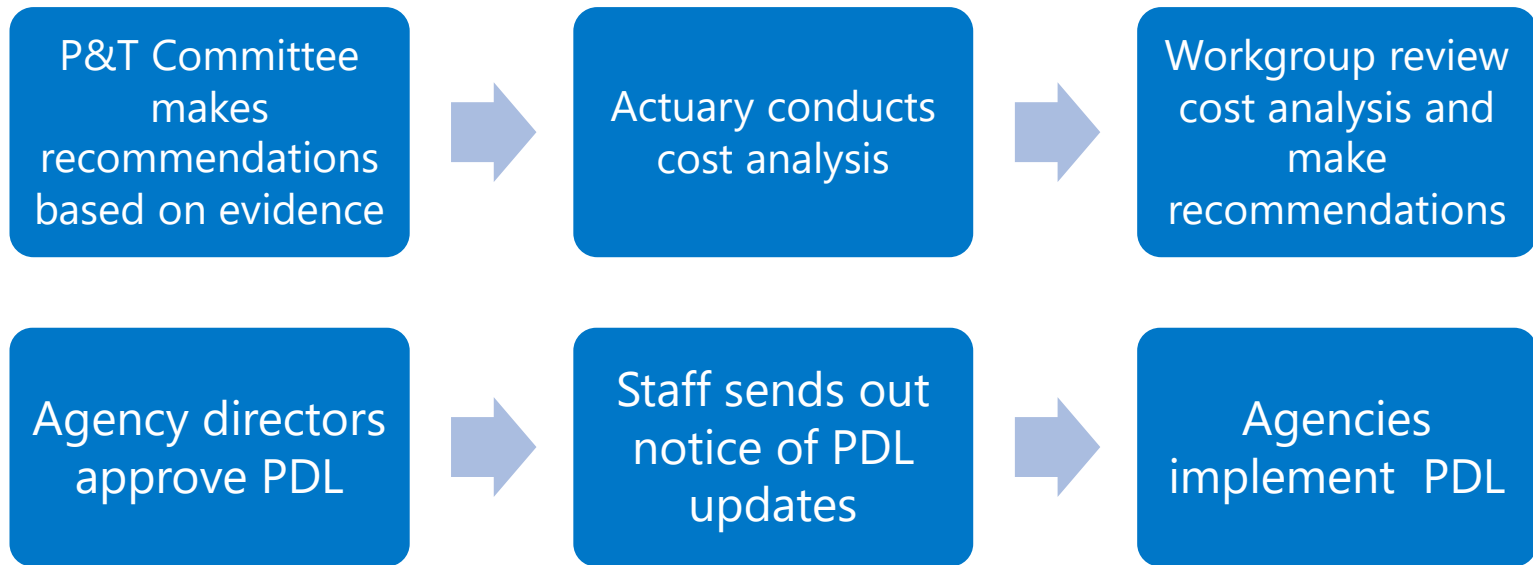
- ▶ New class review
- ▶ Update to an existing class review
- ▶ Single drug addendums
  - Review for a single drug not included in an existing class review
  - Effectively updates the class review to allow inclusion in the PDL
- ▶ Topic brief

Surveillance report for an existing drug class where new drugs are **not eligible** for inclusion on the PDL:

- ▶ Summarizes availability of new evidence in the class
- ▶ Identifies new drugs and indications since last review
- ▶ P&T may approve surveillance as adequate, or request updated class review

# WA PDL Selection Process

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# Washington Preferred Drug List

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- ▶ A list of drugs selected by the agencies to be used as the basis for their purchase of prescription drugs
- ▶ Currently covers approximately 30 therapeutic drug classes
- ▶ Agencies began using the list in January 2004
- ▶ Agencies currently using the WA PDL are Uniform Medical Plan and the Department of Labor and Industries

# Status of drugs on the WA PDL

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- ▶ Preferred:
  - ▶ TIP does not apply
- ▶ Non-Preferred drugs are subject to TIP when:
  - ▶ Included in a new class review, update to existing class 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
  - ▶ Substitution is allowed by endorsing practitioner (DAW applies)

# Status of drugs on the WA PDL continued

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- ▶ In a PDL class but not included in DERP report:
  - ▶ Covered according to program benefit design
  - ▶ TIP does not apply
  - ▶ DAW does not apply
- ▶ Drug classes not on the WA PDL:
  - ▶ Covered according to program benefit design

# Archived drug class process

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- ▶ HCA recommends drug class to be archived
- ▶ The Committee will:
  - ▶ Review a final surveillance report of the drug class
  - ▶ Vote on whether the drug class is appropriate to archive
  - ▶ Determine if the TIP and DAW 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 WPDP workgroup (slides 2-4) may re-activate an archived class if significant changes are made to the evidence base for the class or its indications

# Endorsing Practitioner – Therapeutic Interchange Program

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- ▶ 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

# Drug Utilization Review (DUR) Board

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- ▶ DUR 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 Apple Health PDL
- ▶ 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 (AH) PDL

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- ▶ January 1, 2018 Medicaid moved to a single preferred drug list for all Apple Health clients
- ▶ 484 drug classes currently on the AH PDL
- ▶ HCA is a member of The Optimal PDL Solution (TOP\$) supplemental rebate pool administered by Magellan Medicaid Administration

# AH PDL process

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- ▶ **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.

# AH PDL process continued

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- ▶ **Financial:** Magellan will perform a financial analysis of the drug class. This analysis incorporates Medicaid utilization data from WA 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 AH PDL.

# Acronyms

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- ▶ **AH PDL** = Apple Health preferred drug list
- ▶ **AHRQ** = Agency for Healthcare Research and Quality
- ▶ **CADTH** = Canadian Agency for Drugs and Technologies in Health
- ▶ **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 University
- ▶ **PA** = Prior Authorization
  - ▶ pharmacist/prescriber must submit information to HCA to get approval
- ▶ **P&T** = Pharmacy and Therapeutics
- ▶ **Preferred Drug** = Preferred on PDL
  - ▶ TIP does not apply

# Acronyms continued

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- ▶ **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
  - ▶ Self-funded health plan for PEBB and SEBB members
- ▶ **WA PDL** = Washington Preferred Drug List

# Questions?

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Apple Health PDL, DUR topics:  
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P&T/DUR meeting logistics, WA PDL:  
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