

**EVOLENT HEALTH LLC
POLICY AND PROCEDURE**



POLICY NUMBER: RXOPS.051.E.KY
 REVISION DATE: 10/19
 PAGE NUMBER: 1 of 6

POLICY TITLE: Pharmacy and Therapeutics Advisory Committee
DEPARTMENT: Pharmacy
ORIGINAL DATE: July 2016

Approver(s): David Stackhouse, Managing Director, Pharmacy Operations

Policy Review Committee Approval Date: October 31, 2019

Product Applicability: mark all applicable products below:

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large States: <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All <input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____
OTHER	<input type="checkbox"/> Self-funded/ASO

Regulatory Requirements: Kentucky Open Meetings Law KRS 61.800 to 61.850;
 Kentucky Department for Medicaid Services Contract Section 32.8

Related Documents: RX.059.KY Preferred Drug List Decision Making Process

PURPOSE

The purpose of this policy is to describe the responsibilities and functions of the health plan client’s Pharmacy and Therapeutics Advisory Committee (P&T) and describe the minimal elements that are used in the therapeutic evaluation of drugs for inclusion on the drug list.

DEFINITIONS

PREFERRED DRUG LIST (PDL): a list of prescriptions drugs, both generic and brand name, used to identify drugs with status (preferred or non-preferred) that offer the greatest overall value based on efficacy, safety and cost-effectiveness. The Preferred Drug List shall be maintained by a group of clinicians.

PHARMACY BENEFITS MANAGER (PBM): An entity contracted to provide pharmacy services (including performing prior authorization evaluations).

QUALITY MEDICAL MANAGEMENT COMMITTEE (QMMC): The health plan client’s Quality Medical Management Committee (QMMC) provides direction to,

and oversight of, those management and subcommittee functions responsible for the provision of clinical care and services. The QMMC reports to the Partnership Council.

PRACTITIONER: Medical Doctor (MD), Doctor of Osteopath (DO), Doctor of Dental Science (DDS), Doctor of Dental Medicine (DMD), Doctor of Podiatry Medicine (DPM), Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Advanced Register Nurse Practitioner (ARNP), Certified Register Nurse Anesthetist (CRNA), Family Nurse Practitioner (FNP), and Certified Register Nurse Surgical Assistant (CRNSA)

PARTNERSHIP COUNCIL: The health plan client's Partnership Council is a non-profit organization established to broadly represent Medicaid providers and health plan client members to assure constituencies have a voice in determining the policies and procedures of the Kentucky Managed Care Program.

The Partnership Council has responsibility for reviewing, providing feedback, and approving the annual QI and UM Program Descriptions, the QI Work Plan annually, and the annual QI and UM Evaluations. The Partnership Council has ongoing responsibility for recommending policy decisions, reviewing, and evaluating the results of quality activities, instituting actions and overseeing follow up as appropriate. The Partnership Council may establish subcommittees to support the QI and UM Programs in accordance with, and subject to, the approval by the Kentucky Department for Medicaid Services.

POLICY

It is the policy of Evolent Health (Evolent) to ensure that the Pharmacy and Therapeutics Advisory Committee (P&T Committee) advises on the preferred drug listing, clinical guidelines for pharmaceutical treatment, and drug monitoring programs. This is a sub-committee of the Quality Medical Management Committee (QMMC). Evolent uses a standard procedure for the therapeutic evaluation of drugs and new technologies for review by the health plan client's Pharmacy & Therapeutics Advisory Committee for possible addition to the preferred drug list.

PROCEDURE

Committee Structure and Responsibilities

1. A Practitioner will be appointed to serve as the chair of the committee which is comprised of actively practicing pharmacists, practitioners, and other health care professionals with representation from various areas including but not limited to:

- Pharmacists
 - Family Practice
 - Internal Medicine
 - Pediatrics
 - Gastroenterology *ad hoc
 - Cardiology* ad hoc
 - Allergist *ad hoc
 - Behavioral Health
 - **Additional staff attends as appropriate.
2. The Committee meets at least four times during the year to meet quality improvement objectives. The P&T Committee shall be considered an advisory committee and will operate in accordance to the Open Meetings Law KRS as codified in 61.805 to 61.850. A quorum is established with an attendance of 50% of the committee membership.
 3. The mission of the P&T Committee is to advise the health plan client on the establishment, and maintenance of a preferred drug list (including restrictions and preferences) which promotes clinically appropriate cost-effective drug therapy. The committee also serves in an advisory capacity to the health plan on matters pertaining to the utilization, prescribing, dispensing and administration of drugs, medicinal, and medication-related supplies for patient care and treatment.
 4. The scope and functions of the P&T Committee are to advise the health plan client on the following:
 - a. The promotion of rational and appropriate use of medications;
 - b. Changes to the preferred drug list;
 - c. Treatment protocols and guidelines for Drug Utilization Review (DUR);
 - d. Guidelines and standards for the use of accepted and investigational drugs;
 - e. Therapeutic recommendations to promote appropriate and cost-effective prescribing among plan providers.
 - f. Review of all policies and procedures specific to their realm of advisement, including the preferred drug list, at least annually

Review Process

1. The medication review should include all of the following information:
 - Generic name and brand name;
 - An objective review of the medication in relation to products currently on the preferred drug list;
 - Pharmacology/pharmacokinetics;
 - Indications;
 - Clinical trials;
 - Contraindications;
 - Warnings/precautions;
 - Drug interactions;
 - Adverse reactions/side effects;
 - Cost analysis (as needed);
 - Recommendations; and
 - References

2. References that shall be used for documentation and decision-making processes include:
 - CMS Compendia: Gold Standard Clinical Pharmacology, Thompson Micromedex DrugDex, and AHFS-DI
 - Peer reviewed journals, such as the Journal of American Medical Association (JAMA), American Journal of Health-System Pharmacy (AJHP), Drug Intelligence and Clinical Pharmacy (DICP) or similar publication;
 - Trade publication or non-peer review journal, such as Pharmacy Times, Pharmacy Practice News, Drug Topics, or similar publication;
 - Pharmacy references including Facts and comparisons (Facts), The Physicians' Desk Reference (PDR), Remington, or similar pharmacy or pharmacology reference;
 - Non-promotional materials from drug manufacturers, including drug inserts and advice for proper use;
 - Recommendations from professionals serving on advisory committees such as the Pharmacy & Therapeutics Advisory Committee; and
 - Other materials or the recommendations of advisory professionals as deemed appropriate by the pharmacy director and/or adjunctive professional staff.
 - Other recognized scientific based technology assessment reports.

3. Parity in Decision Making: When developing fail first requirements or establishing the formulary design, Evolent and the Passport P&T committee do not utilize any factors which take into account the prescription drug's primary indication as a mental health or substance use disorder prescription drug. Such drugs are assessed under the process listed above without regard

- to their primary indication being related to mental health or substance use disorder.
4. A packet of information is prepared for each product under consideration and provided to the Pharmacy & Therapeutics Advisory Committee for recommendation of status on the preferred drug list. Information garnered from the above listed sources should be appropriately referenced in the review documents. Information from advisory committees, sub-specialty review and the PBM is included and referenced in the review.
 5. Pharmacy & Therapeutics Advisory Committee makes a recommendation based on the clinical review of the drug in relation to similar drugs on the preferred drug list, and cost-effectiveness to add/remove drugs from the preferred drug list. Evolent may elect not to accept the recommendations of the Pharmacy & Therapeutic Advisory Committee if the recommendations conflict with the requirements outlined in the Department for Medicaid Services contract.
 6. Upon Pharmacy & Therapeutics Advisory Committee recommendation, prescribers and pharmacies are notified of changes to the preferred drug list via the Pharmacy News Bulletin. It is available on the health plan client's website for both practitioners and members. Information on how to view the drug list on the health plan client's website is communicated to the members in the member newsletter. The member newsletter also states a hard copy of the drug list is available upon request. Digital copies of the member newsletter can be found at passporthealthplan.com/members/my-health-my-life-member-newsletter.
 7. The recommendations of the P&T Committee are forwarded to QMMC for notification of planned changes. Following the QMMC, meeting the recommendations are then forwarded to the Partnership Council. Following the Partnership Council meeting, planned changes are then forwarded to the health plan client's Board for final notification.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	11/16
Annual Review	12/17, 12/18
Merge and retire RX.052.KY Standards for Drug Review Performed by the P&T Advisory Committee	05/19
Addition of parity statement	10/19