



**Aetna Better Health® of Pennsylvania/Aetna Better Health® Kids  
Pharmacy and Therapeutics Committee (P&T)  
Meeting Minutes**

<b>Date:</b>	11/5/2019	<b>Telephonic Attendance:</b> Dr. Donald Gibbon, DO, Sr. Director Clinical Solutions MD AMA; Bradley Tabaac, RPh, Friendly Pharmacy; Romani George, MD, CCBH; Robert Schreiber, RPh, Burns Pharmacy; Dr. Tracey Green, VP MDCCD Personalized Health AMA Innovation; S. Gamils, QM Nurse Consultant*
<b>Time:</b>	5:30 PM-7:00 PM	
<b>Presiding:</b>	Natalie Nkurunziza, Pharm.D, Pharmacy Director	

\* Nonvoting member(s)

TOPIC FOR DISCUSSION	SPEAKER	DISCUSSION	ACTION	DATE DUE
<b>I. Standing Agenda Items</b>				
<b>A. Call to Order &amp; Confidentiality Statement</b>	D. Gibbon, DO	The meeting was called to order at 5:40pm. Telephonic roll call was completed, and quorum was established. D. Gibbon, DO reminded committee participants that they are obligated to properly use and safeguard confidential information discussed during committee proceedings, and to identify and resolve potential conflicts of interest.	N/A	N/A
<b>B. Review and Approval of Minutes</b>	D. Gibbon, DO	D. Gibbon, DO presented the minutes from the 8/6/2019 P&T meeting. There were no concerns or suggestions for revision posed by the committee. B. Tabaac, RPh motioned to approve the minutes as written with a second from R. Schreiber, RPh. The motion carried without opposition.	The meeting minutes were approved.	Complete
<b>II. New Business</b>				
<b>A. New Statewide PDL – 1/1/2020</b>	N. Nkurunziza, Pharm.D	This evening’s P&T Slide deck was presented by N. Nkurunziza, Pharm.D. <u>Statewide Preferred Drug List (PDL)</u> <ul style="list-style-type: none"> <li>Per Exhibit BBB of the MCO Agreement, the amount, duration, and scope of Covered Outpatient Drugs must be consistent with coverage under the Fee-for-Service (FFS) program.</li> <li>Does not apply to CHIP (Children’s Health Insurance Program)</li> <li>Committee's responsibilities:</li> </ul>	Informational	N/A



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<b>A. New Statewide PDL 1/1/2020 – Cont’d</b>	N. Nkurunziza, Pharm.D	<ul style="list-style-type: none"> <li>▪ We may use a Formulary to manage Medical Assistance (MA) covered drugs and products that are outside the scope of the Statewide PDL as long as the Department has prior approved it.</li> <li>▪ The Formulary must be developed and reviewed at least annually by the Managed Care Organization (MCO)’s P&amp;T Committee, as defined in Exhibit BBB or Exhibit D of the MCO Agreement.</li> </ul> <p>There were no questions or concerns regarding the presented information.</p>		
<b>B. New Drug Reviews</b>	N. Nkurunziza, Pharm.D	<p><u>New Drug Reviews</u> All new drug reviews are outside the committee’s scope of review as they are state PDL drug classes. As such, they were not reviewed during tonight’s meeting.</p>	N/A	N/A
<b>C. New Generics</b>	N. Nkurunziza, Pharm.D	<p><u>New Generics</u> All are state PDL Drug classes which fall outside the committee’s scope of review. As such, they were not reviewed during tonight’s meeting.</p>	N/A	N/A
<b>D. Drug Class Reviews</b>	N. Nkurunziza, Pharm.D	<p><u>Drug Class Reviews</u> All are state PDL Drug classes which fall outside the committee’s scope of review. As such, they were not reviewed during tonight’s meeting.</p> <p><b>Drug Class Review – Summary</b> Growth Hormones, Inhaled Beta-Agonists and PAH Agents now fall under State PDL purview and outside of the committee’s scope.</p>	N/A	N/A
<b>E. Coverage Guidelines/ Criteria Reviews</b>	N. Nkurunziza, Pharm.D	<p><u>Coverage Guidelines/Criteria Reviews</u> All coverage guidelines are provided in the meeting materials in their entirety. Guidelines are reviewed at least annually for clinical appropriateness against national treatment recommendations/guidelines as</p>	Coverage Guidelines/ Criteria Reviews and	Complete

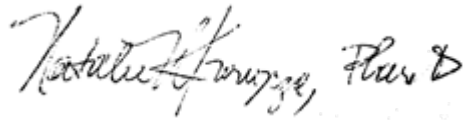


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<b>E. Coverage Guideline/ Criteria Reviews – Cont’d</b>	N. Nkurunziza, Pharm.D	<p>applicable for the topic at hand, and the current formulary status of the drug/drug classes. Highlights regarding changes made, if any, since the last guideline version(s) were approved by the P&amp;T Committee were presented.</p> <p>The following Guideline was reviewed and approved by the workgroup and Subcommittee as having no substantive changes. Updates may have included clarifications in wording, references or formatting. There is no change to the intended scope of coverage or criteria for approval since the previously approved version.</p> <ul style="list-style-type: none"> <li>▪ <b>Guideline: Oral Liquids Summary of Changes:</b> No clinical updates.</li> </ul> <p>The following Guideline was reviewed, and updates are being recommended based on clinical evidence, changes in treatment recommendations and/or other related or comparable products available in the market. A summary of the changes for each guideline was presented to the committee.</p> <ul style="list-style-type: none"> <li>▪ <b>Guideline: HP Acthar Summary of Changes:</b> Added note that submission of chart notes is required.</li> </ul> <p>There were no questions, comments or concerns posed by the committee regarding the presented information. R. Schreiber, RPh motioned to approve the Coverage Guidelines/Criteria Reviews as presented. B. Tabaac, RPh seconded the motion. The motion carried without opposition.</p>	recommended changes were approved as presented.	
<b>III. Open Forum</b>	All	There were no items discussed during open forum.	N/A	N/A
<b>IV. Adjournment</b>	All	R. Schreiber, RPh. motioned to adjourn the meeting at 5:48 pm with a second from B. Tabaac, RPh. The motion carried without opposition.	The meeting adjourned.	N/A
<b>V. Next Meeting</b>	N/A	The next P&T Committee meeting date is scheduled for 2/11/2020.	N/A	N/A

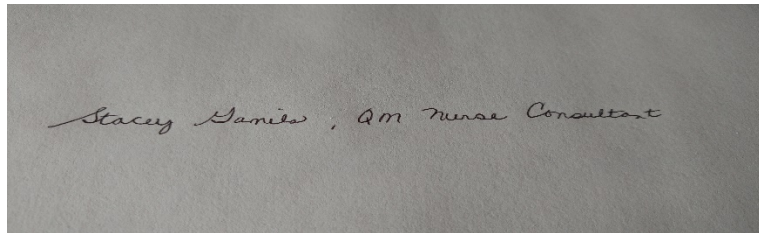
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APPROVED: February 11, 2020

A handwritten signature in black ink, appearing to read "N. Nkurunziza, Pharm.D".

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N. Nkurunziza, Pharm.D, Director of Pharmacy, Chair P&T

A handwritten signature in black ink, appearing to read "Stacey Gamils, QM Nurse Consultant".

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S. Gamils, QM Nurse Consultant, Scribe\*