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

Date: **Time:** **Presiding:**	**8/6/2019** **5:30 PM-7:00 PM** **Natalie Nkurunziza, Pharm.D, Pharmacy Director**	**Telephonic Attendance:** B. Lewin, MD, CMO; Bradley Tabaac, RPh, Friendly Pharmacy; Romani George, MD, CCBH; Oluwatoyin Fadeyibi, Pharm.D, MPH, CBH; Robert Schreiber, RPh, Burns Pharmacy; T. Cummings, Sr. Pharmacy Director, Aetna Medicaid Administrators; Stephanie Saba, Executive Director MDCD Pharmacy AMA Pharmacy ; E. Carroll, Health Care QM Project Manager; S. Gamils, QM Nurse Consultant*

* Nonvoting member(s)

TOPIC FOR DISCUSSION	SPEAKER	DISCUSSION	ACTION	DATE DUE
I. Standing Agenda Items				
A. Call to Order & Confidentiality Statement	B. Lewin, MD	The meeting was called to order at 5:34pm. Telephonic roll call was completed, and quorum was established. B. Lewin, MD, CMO 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. Review and Approval of Minutes	B. Lewin, MD	B. Lewin, MD, CMO presented the minutes from the 5/7/2019 P&T meeting. There were no concerns or suggestions for revision posed by the committee. B. Lewin, MD, CMO 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
II. New Business				
A. New Statewide PDL – 1/1/2020	N. Nkurunziza, Pharm.D	This evening's P&T Slide deck was presented by N. Nkurunziza, Pharm.D. Statewide Preferred Drug List (PDL) • Per Exhibit BBB of the managed care organization (MCO) Agreement, the amount, duration, and scope of Covered Outpatient Drugs must be consistent with coverage under the Fee-for-Service (FFS) program • Does not apply to CHIP (Children's Health Insurance Program) • Committee's responsibilities:	Informational	N/A

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A. New Statewide PDL 1/1/2020 – Cont'd	N. Nkurunziza, Pharm.D	○ 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 ○ The Formulary must be developed and reviewed at least annually by the MCO's P&T Committee, as defined in Exhibit BBB or Exhibit D of the MCO Agreement. There were no questions or concerns regarding the presented information.		
B. New Drug Reviews	N. Nkurunziza, Pharm.D	<u>New Drug Reviews</u> Information was presented regarding New Drug Reviews. New Drugs to the market default to Non-formulary status and the plan's standard non-formulary process until they can undergo their formal P&T review. The standard non-formulary process is to review for the following criteria: • The drug is deemed to be medically necessary; AND • Three (3) formulary drugs (when available) in the same therapeutic category have been utilized for an adequate trial and have not been effective or not tolerated; OR Formulary drugs in the same therapeutic category are contra-indicated; OR There is no therapeutic alternative listed on the Formulary; OR • The Member is currently receiving medication within the following drug classes (members are grandfathered if they come into the plan already taking these medications): a. Anticonvulsants, Oral b. Antidepressants c. Antipsychotics d. Cystic Fibrosis e. Cytokines and Cell Adhesion Molecules (CAM)	New Drug Reviews and non-formulary recommendations were approved as presented.	Complete

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B. New Drug Reviews – Cont'd	N. Nkurunziza, Pharm.D	f. Hereditary Angioedema (HAE) medications g. Hepatitis C agents or HIV medications h. Immunosuppressives, Oral i. Multiple Sclerosis (MS) j. Oncology Agents k. Pancreatic Enzymes l. Pulmonary Arterial Hypertension (PAH) m. Stimulants and Related Agents n. Ulcerative Colitis Agents ***Note:** Specialty/High Cost medications also require plan Medical Director Review (MDR) for all requests regardless of the decision. The following new agents have been reviewed and are being recommended as Non-formulary as they are drugs that are expected to be covered as medical benefits based on the nature of their use and administration requirements. Detailed information regarding drug class, indication, efficacy and formulary alternatives was presented. • Vyndaqel Capsule (Tafamidis Meglumine Capsules) There were no questions, comments or concerns posed by the committee regarding the presented information. R. Schreiber, RPh motioned to approve the New Drug Review**s** as presented with a second from B. Tabaac, RPh. The motion carried without opposition.		

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<table>
<tr><th>TOPIC FOR DISCUSSION</th><th>SPEAKER</th><th>DISCUSSION</th><th>ACTION</th><th>DATE DUE</th></tr>
<tr><td>C. New Generics</td><td>N. Nkurunziza, Pharm.D</td><td>All are state PDL Drug classes. As such, they were not reviewed during tonight's meeting.</td><td>N/A</td><td>N/A</td></tr>
<tr><td>D. Drug Class Reviews</td><td>N. Nkurunziza, Pharm.D</td><td>All are state PDL Drug classes. As such, they were not reviewed during tonight's meeting.</td><td>N/A</td><td>N/A</td></tr>
<tr><td>E. Coverage Guidelines/ Criteria Reviews</td><td>N. Nkurunziza, Pharm.D</td><td><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 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&T Committee were presented.

The following guidelines have been 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.
<table><tr><td>Compounds</td><td>Sucraid</td><td>Somatostatin Analogs</td></tr><tr><td>Neudexta</td><td>Synagis</td><td>Xyrem</td></tr><tr><td>Immune Globulins</td><td>Increlex</td><td></td></tr></table></td><td>Coverage Guidelines/ Criteria Reviews and recommended changes were approved as presented.</td><td>Complete</td></tr>
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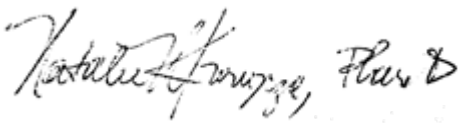
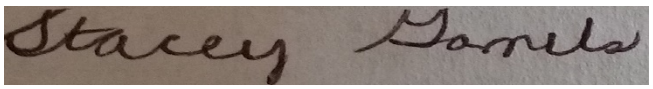
E. Coverage Guideline/ Criteria Reviews – Cont'd	N. Nkurunziza, Pharm.D	There were no questions, comments or concerns posed by the committee regarding the presented information. B. Tabaac, RPh motioned to approve the Coverage Guidelines/Criteria Reviews and recommended changes as presented, with a second from B. Lewin, MD, CMO. The motion carried without opposition.		
III. Open Forum	All	There were no items discussed during open forum.	N/A	N/A
IV. Adjournment	All	B. Tabaac, RPh motioned to adjourn the meeting at 5:48 pm with a second from B. Lewin, MD, CMO. The motion carried without opposition.	The meeting adjourned.	N/A
V. Next Meeting	N/A	The next P&T Committee meeting is scheduled for November 5, 2019.	N/A	N/A

APPROVED: November 5, 2019 P&T Meeting



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



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S. Gamils, QM Nurse Consultant, Scribe*