

**Meeting of the
Preferred Drug List Implementation Advisory Group
600 East Broad Street, Suite 1300
Richmond, Virginia**

October 20, 2003

Final Minutes

Present:

Cindi B. Jones, **Chair**, DMAS
Sheryl Garland, Virginia Hospital & Healthcare Association
Jill Hanken, Virginia Poverty Law Center
J.E. (Hill) Hopper, R.Ph., Virginia Health Care Association
Mike Jurgensen, Medical Society of Virginia
Anne Leigh Kerr, PhRMA
David Markowitz, Psychiatric Society of Virginia
John Pezzoli, Virginia Association of Community Services Boards
Matthew Sheffield, Boehringer-Ingelheim
Tim Robertson for Becky Snead, Virginia Pharmacy Congress
Susan Umidi, Virginia League of Social Services Executives
Cheryl J. Roberts, DMAS

DMAS Staff:

Adrienne Fegans
Debbie Giffin
Nancy Malczewski
Craig Markva
Javier Menendez
Maryanne Paccione
Bryan Tomlinson
Vicki Simmons

Guests:

15 guests were in attendance.

Absent:

Madeline Abbitt, Generic Manufacturers Association
James Evans, M.D., DMHMRSAS
Valeria D. Thomas, Virginia Health Care Association

Call to Order

Cynthia B. Jones, Chief Deputy Director of the Department of Medical Assistance Services (DMAS), introduced herself as Chair, and called the meeting to order at 9:07 a.m. She thanked the members for their participation and reminded everyone to check the DMAS website daily for updates @ www.dmas.state.va.us

Ms. Jones asked if there were any additional comments on the Minutes from the September 11 meeting, and that it was not necessary to vote to approve them. It was suggested that additional September post meeting comments, and DMAS' response(s) be added as appendices.

Ms. Jones thanked the members for meeting their deadlines to submit information for the prior authorization and consumer education groups. Cheryl Roberts noted that some of the suggestions were incorporated. Everyone who submitted questions will receive a response.

Preferred Drug List (PDL) Program

Ms. Jones remarked that many of the members have heard the presentations that DMAS has given on the PDL. DMAS Director Patrick Finnerty gave the presentation being given to the members today to the Joint Committee on Health Care Behavioral Health Subcommittee on October 7. Some additional information has been included.

The Pharmacy & Therapeutics (P&T) Committee will meet on Veteran's Day, Tuesday, November 11, 2003, at 1:00 p.m. to discuss the PDL criteria for the 13 initial classes of drugs to be implemented January 2004, and clinical information on 10 new drug classes to be implemented in April 2004. Ms. Roberts noted that the list of new drug classes was modified and leukotriene should have been added.

The PDL process is not new to physicians—there are many health plans with preferred drug lists—which is why it is important to educate the doctors, then the prior authorizations will be fewer in number.

The supplemental rebate contracting process for the initial classes of drugs is almost completed. However, it will be repeated once every quarter as new drug classes are added to the PDL. The P&T Committee made their decisions first on clinical efficacy, and then pricing. The final contracts then have to be signed with the pharmaceutical companies. If the final contracts are not signed, then the P&T Committee will have to make adjustments to the PDL.

Pharmacy Threshold Program

Bryan Tomlinson, Director of Health Care Services Division, introduced the new Pharmacy Manager, Javier Menendez. Mr. Tomlinson presented information regarding “Polypharmacy”—over nine unique prescription drugs. He noted that the standard operating procedure of most commercial health plans start at as low as five unique drugs (not including over-the-counter drugs). The polypharmacy program is a quality issue. The fee-for-service enrollees don't have a primary care physician (PCP) watching over the multiple physicians handling their care, nor are they obligated to use one pharmacy that can monitor drug interactions from prescriptions by different physicians. This system triggers patient safety and quality of care.

PDL Provider and Consumer Education

Ms. Cheryl Roberts, DMAS Deputy Director of Programs and Operations, presented the overview of the Communication Plan for the Virginia Medicaid Preferred Drug List (PDL) program. She reminded the group that the comments about the process or how to communicate the process were due by Tuesday, October 28, 2003; then recognized the DMAS and FHS staff and each lead position for which they were responsible.

Since the actual PDL will not be available until mid-November, Ms. Roberts noted the difficulty of educating 44,000 physicians, 280,000 fee-for service clients, and numerable pharmacists in six weeks. DMAS and FHS staff are meeting daily to draft material. It was also determined rather than have massive training meetings in the Richmond area, that we will try to reach the most people through other sources, such as: the key person at VCU Health System, and the top person at the Community Services Boards (CSB). Ms. Roberts introduced Barbara Dowd, FHS Clinical Manager, the FHS lead for education.

Ms. Dowd noted that all the educational material will be drafted by FHS, with consideration of the comments of the PDL/IAG, then DMAS will make the final edits. FHS realizes education is critical to the implementation of the PDL, polypharmacy, and prior authorization programs. Even though this program will be in place, it is important for all physicians, pharmacy providers,

and enrollees to understand that unless there was an exclusion prior to the start of the program everything is still available if the prescriber can demonstrate medical necessity for the enrollee.

The educational team started meeting in September. Target groups for education are being developed, as well as the materials to be used in the educational process, such as letters, educational brochures, Medicaid Memos, and fact sheets for both enrollees and providers. News Releases are currently being prepared for appropriate association's December newsletters. This information must be provided to the associations by the end of October in order to meet their December issue distribution. Due to the October timing, there will not be a list of drugs, but of the proposed classes that will be reviewed so the so the prescribers and pharmacists have an idea of which classes will be reviewed.

The call center will be operational mid-November and could handle questions before and after the mailings go out. The goal is to provide the information in a clear and concise format.

Next Meeting & Adjournment

Ms. Jones asked the members to contact her with any agenda items they would like to discuss at the next meeting. It was also agreed that the meeting should take two hours rather than three.

The date of the next meeting was agreed upon as December 16, 2003, from 10:00 a.m.-12:00 p.m. at DMAS. If a member cannot attend the meeting, an alternate may be sent. Please notify DMAS staff who will represent their association.