

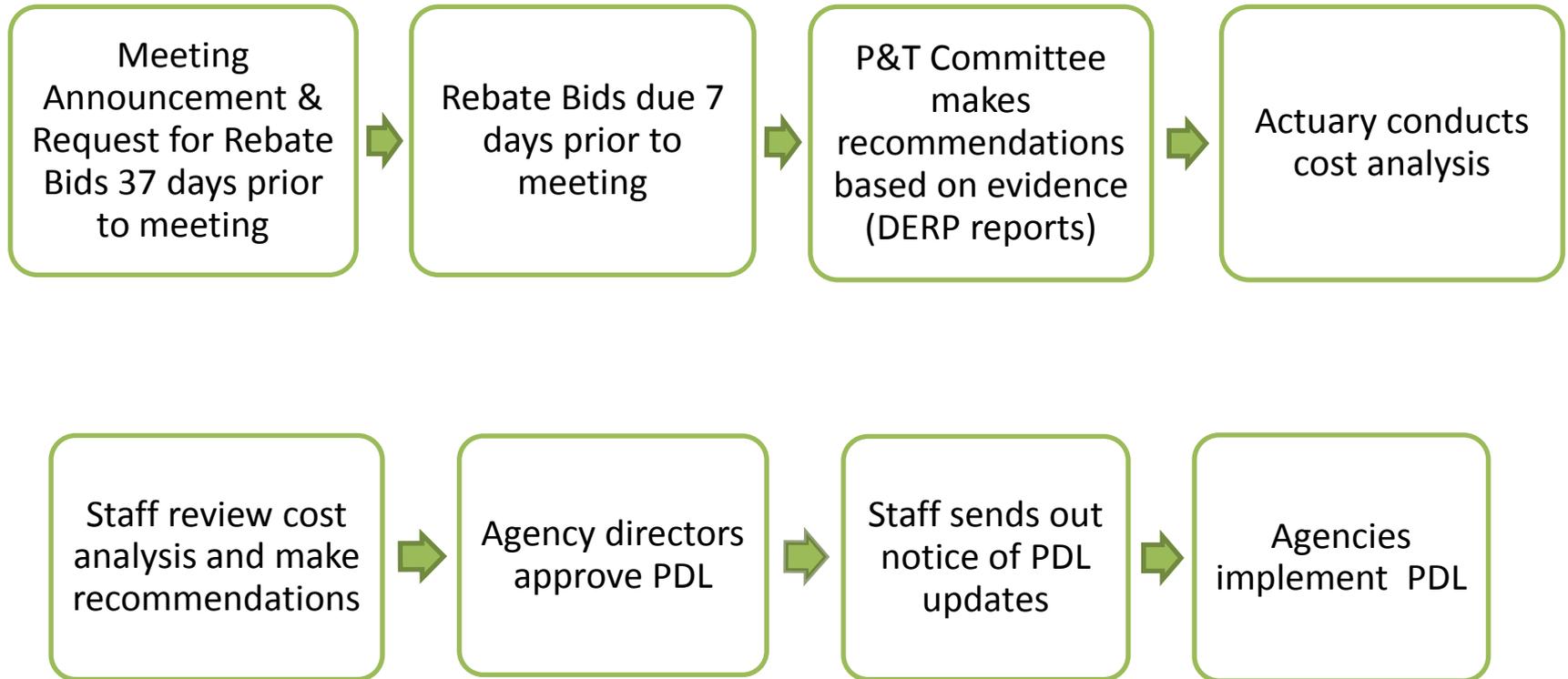
Washington State
Health Care Authority

P&T Committee Overview

Washington Prescription Drug Program

- 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 PDL 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

PDL Selection Process



Drug Effectiveness Review Project (DERP)

- DERP is a collaborative of 11 state Medicaid and public pharmacy programs that produces evidence-based products that assist policymakers and other decision-makers grappling with difficult drug coverage decisions
- Current DERP Participants
 - Arkansas
 - Colorado
 - Idaho
 - Minnesota
 - Missouri
 - Montana
 - New York
 - North Carolina
 - Oregon
 - Tennessee
 - Washington
 - Wisconsin

DERP Reviews

- New Class Review
- Update to an existing Class Review
- Literature Scan for an existing Class Review
 - Summarizes availability of new evidence in the class
 - Identifies new drugs and indications since last review
 - P&T may approve scan as adequate, or request updated class review
- Single Drug Addendums
 - Review for drug not included in an existing Class Review
 - Effectively updates the Class Review to allow inclusion in the PDL

Washington Prescription Drug Program

Components of the Program:

- Washington Preferred Drug List (PDL)
- Pharmacy & Therapeutics Committee
- Endorsing Practitioner – Therapeutic Interchange Program

Washington Preferred Drug List

- The Preferred Drug List is a list of drugs selected by the agencies to be used as the basis for their purchase of prescription drugs
- The PDL currently covers approximately 30 therapeutic drug classes
- Agencies began using the list in January 2004

Endorsing Practitioner – Therapeutic Interchange Program

- 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

Categories of Drugs and the PDL

- Preferred on the PDL
 - By definition TIP does not apply
 - May have other restrictions as approved by DUR Board
- Non-Preferred on the PDL (Subject to TIP when):
 - Included in New Class report, Updated report, or Single Drug Addendum; and
 - No continuation of therapy in refill protected class; and
 - Allowed by the Committee; and
 - Substitution is allowed by endorsing practitioner
- In a PDL class but not included in DERP Update Report or Single Drug Addendum
 - Covered according to program benefit design
 - TIP does not apply
 - DAW does not apply
- Not drug class on the PDL
 - Covered according to program benefit design

Pharmacy & Therapeutics Committee

- 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
- Reports prepared by the Drug Effectiveness Review Project (DERP) 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 program within drug classes on PDL

Drug Utilization Review Board

- Drug Utilization Review 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 preferred drug list
- 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