

Name of Meeting: Pharmacy Liaison Committee

Date of Meeting: July 16, 2020

Length of Meeting: 1 hour and 47 minutes

Location of Meeting: Electronic Meeting

**Committee Members Present:**

William Droppleman, Virginia Association of Chain Drug Stores (VACDS)

Christina Barrille, Virginia Pharmacists Association (VPhA)

Alexander M. Macaulay, EPIC Pharmacies

Anne Leigh Kerr, PhRMA

Bill Hancock, Long Term Care Pharmacy Coalition

David Christian, Virginia Community Healthcare Association

**DMAS Staff Present:**

Donna Proffitt, RPh, Pharmacy Manager

Rachel Cain, PharmD

MaryAnn McNeil, RPh

Danielle Adeeb, CPhT

Nettie Emmelhainz, PharmD

**Other Attendees:**

28 representatives from pharmaceutical companies, providers, advocates, associations, etc.

**Introductions**

Donna Proffitt welcomed everyone and gave a brief overview of the electronic meeting format and procedure. Ms. Proffitt took a roll call of the Committee members. The beginning of the meeting was delayed until 10:20AM due to technical issues.

**Approval of Meeting Minutes from December 2019**

Ms. Proffitt asked if there were any corrections, additions, or deletions to the draft meeting minutes from December 2019. With none noted, Ms. Kerr motioned to approve the meeting minutes as submitted. Mr. Christian seconded the motion. The Committee unanimously approved the minutes.

**COVID-19 Testing and Vaccination by Pharmacists**

Ms. Proffitt gave a brief summary of DMAS current activities in the development of a process and payment methodology for pharmacists to bill for COVID-19 testing and vaccine administration. As part of this process, DMAS has participated in the VDH Pharmacy Services Subcommittee to address statewide issues related to COVID-19. Internally, DMAS has worked with Magellan, DMAS' pharmacy benefit administrator, to address system requirements and NCPDP changes to prepare the systems to facilitate submission of claims for specimen

collection. The committee requested clarification on the breadth of funding, including coverage for rapid testing, as well as the timeline for the structure to be in place for reimbursement for testing and vaccinations. Ms. Proffitt noted that DMAS was planning to submit a budget proposal for coverage of COVID-19 testing and vaccinations to the GA for the late August session. DMAS and Magellan will be prepared to reimburse pharmacists for specimen collection as soon as approval is received. Ms. Proffitt noted that September 1<sup>st</sup>, 2020 was the earliest estimated date for approval.

### **General Assembly Updates / Legislative Proposals**

The 2020 Virginia General Assembly directed DMAS to “add a representative to the Pharmacy Liaison Committee from the Virginia Community Healthcare Association to represent pharmacy operation and issues at federally qualified health centers in Virginia.” Ms. Proffitt welcomed David Christian, representing the Virginia Community Healthcare Association to the Pharmacy Liaison Committee.

In response to the 2019 Evaluation of Cost-Effective Pharmacy Delivery Models, the 2020 Virginia Assembly directed DMAS to add language to the MCO contracts to prohibit spread pricing by their contracted PBMs by July 1, 2020. Ms. Proffitt noted the Medallion 4 and CCC+ contracts were updated and all contracted MCOs have moved to a pass-thru pricing model as of July 1, 2020.

The legislatively mandated 2020 PBM Transparency Report is currently in process. The report is scheduled to be delivered to the appropriate General Assembly representative by October 1, 2020. Once received by the GA, the report will be posted publicly to the DMAS Website.

Virginia’s state plan amendment for pharmacy reimbursement requires DMAS to conduct a cost-of-dispensing (COD) survey every five years. The last report was completed in 2019 and the preliminary results were discussed at the December 2019 PLC meeting. Based on the final report, there were no recommendations to change the dispensing fee from \$10.65. DMAS was notified before this meeting that the report was not posted publicly as stated in the December meeting. Ms. Proffitt assured the committee this would be corrected by the end of the day. The final report can be accessed at

[http://dmas.virginia.gov/files/links/5205/VA\\_2019\\_COD\\_Report.pdf](http://dmas.virginia.gov/files/links/5205/VA_2019_COD_Report.pdf).

The 2020 Virginia Budget directs DMAS to establish a “workgroup of Medicaid managed care organizations, physicians and pharmacists and other stakeholders to assess policies and procedures [...] to determine Medicaid coverage and reimbursement of FDA Fast-Track drugs and emerging-break-through technologies.” Ms. Proffitt shared that DMAS would use a two-prong approach to assess both clinical and reimbursement factors. The workgroup is co-led by Dr. Bachireddy, the Chief Medical Officer, and the Provider Reimbursement Division at DMAS.

Ms. Christina Barrille, Executive Director, VPhA requested an update on DMAS’ response to HB1506 passed by the 2020 Virginia General Assembly, which updated § 54.1-3303.1 to expand pharmacist scope of practice in Virginia. Ms. Proffitt noted the HB1506 specifically excludes

Medicaid. However, DMAS is examining these changes. Any additional funding would be placed in the budget request to the 2021 Virginia General Assembly. The Board of Pharmacy has invited DMAS to participate as a payer in the Workgroup to Provide Recommendations for the Development of Statewide Protocols to Initiate Treatment.

### **Waiver 1135 – COVID-19 Flexibilities**

DMAS worked closely with stakeholders to develop flexibilities to assist the governor with his stay at home order for all Virginians and facilitate members' access to medications. Ms. Proffitt noted these flexibilities are scheduled to expire July 22, 2020 based on the current public health emergency expiration. The Public Health Emergency is expected to be expanded for another 90 days, in which case these flexibilities will be extended. DMAS developed the following flexibilities to the pharmacy benefit, applicable to both Medicaid FFS and MCO plans:

- 1) Suspend all drug co-payments for Medicaid, FAMIS and FAMIS Moms members,
- 2) Cover a maximum of a 90-day supply for all drugs excluding Schedule II drugs.
- 3) Suspend "refill too soon" edits for all drugs prescribed for 34 days or less. Prescriptions for 90-day supplies are subject to a 75% "refill too soon" edit.
- 4) Current prior authorizations on medications were extended to June 30, 2020.
- 5) Signature requirement at pick-up was suspended.

Ms. Proffitt also noted that DMAS is currently pursuing a legislative change to make the 90-day supply allowance permanent for certain medications, applicable to both FFS and MCOs. Proposed language is modeled after other state Medicaid programs, and would require two 30-day fills before allowing a 90-day supply. The 90-day supply would not be mandatory for members. Several committee members noted that the 90 day supply flexibilities have improved pharmacy efficiency and Member medication adherence.

Ms. Barrille requested clarification on the status of reimbursement of pharmacy delivery fees under the 1135 waiver. Ms. Proffitt noted that DMAS did not include this flexibility in the original CMS submission. Mr. David Christian, representative of the Virginia Community Healthcare Association, requested further consideration of reimbursement of pharmacy delivery fees.

### **HB 29 – MCO programs to promote cost-effective pharmacy benefit delivery**

HB 29 requires Medicaid MCO programs to promote cost-effective pharmacy benefit delivery models, including medication therapy management programs and medication reconciliation programs. Ms. Proffitt shared the DMAS MCOs' activities to promote cost-effective pharmacy benefit models. All health plans are contractually required to provide Medication Therapy Management (MTM), Patient Utilization and Management Safety (PUMS) program, Drug Utilization Review (DUR), and to comply with HEDIS medication measures. All the Medicaid MCO health plans provide an array of other value-added services to promote a cost-effective pharmacy benefit including (but not limited to) provider academic detailing, diabetes prevention

and management programs, sickle cell programs in collaboration with VCU, and poly-pharmacy programs.

Kristi Fowler, RPh, Director of Pharmacy, UnitedHealthcare Community Plan of Virginia, also provided information on these programs to the committee.

### **Other Business**

In response to Governor Ralph Northam's request to reduce costs in state agencies due to increased spending related to COVID-19, DMAS has submitted several cost reduction proposals. Mr. Hunter Jamerson, Attorney at Macaulay & Jamerson, P.C. requested clarification on the impact of cost-cutting measures on pharmacy services. Ms. Donna Proffitt noted the pharmacy department has not received any requests to reduce costs. Ms. Donna Proffitt also noted that all pharmacy coverage requirements are mandated by federal law.

Mr. Christian introduced a new request to address barriers to accessing treatment for Hepatitis C caused by specialty pharmacy requirements. Mr. Christian noted that hepatitis C treatments do not require a REMS program or other special requirement, and therefore may be dispensed at retail pharmacies. Ms. Donna Proffitt noted that DMAS does not typically mandate network coverage for MCOs unless there is a Member access issue. However, individual pharmacies have previously been successful reaching out directly to the MCOs to obtain an exemption.

### **Next meeting**

The next PLC Meeting is scheduled for Thursday, December 3, 2020 10AM-12PM.

### **Adjournment**

Ms. Kerr motioned to adjourn the meeting. Mr. Christian seconded the motion. The meeting was adjourned at 11:47 AM.