PHARMACY TAC MEETING

Commencing at 1:00 p.m.

April 20, 2022

Via Zoom Videoconferencing

APPEARANCES

Ron Poole, Chair

Members Present:

Matt Carrico
Meredith Figg
Rosemary Smith
Paula Straub
ERIN: Okay. I just admitted a few more people from the waiting room, so they should be logged in. So I'll go ahead and hand it over to you, Ron.

MR. POOLE: Okay.

ERIN: It's nice to meet you guys, virtually.

MR. POOLE: You, too, and welcome. You got some big shoes to fill, as you know, with Sharley, but --

ERIN: Yes, I do, very much so.

MR. POOLE: Looks like we have four members on here unless Matt and Mr. Almeter have joined, but anyway, we do have a quorum. So I call the meeting to order, and also it's not on the agenda because that's my fault, but I sent out the minutes from the past meeting whenever I received them from Sharley. So if anybody has any changes to make; if not, then motion to approve -- I need a motion to approve the minutes from the last meeting.

MS. SMITH: I make that motion, Ron.

MR. POOLE: Okay. Thanks. Motion
by Rosemary. Need a second.

MS. STRAUB: Second.

MR. POOLE: Second by Paula. All those in favor say aye? Any opposed?

(Motion Carries)

MR. POOLE: Okay. Paula, I know you had the first three here. So if you want, I'll just take them one by one here and turn it over to you, but --

MS. STRAUB: Sure.

MR. POOLE: The OTC list, and you're referring to the document that came out from Medicaid, but anyway, I'll just take -- I'll just let you take over from there.

MS. STRAUB: Okay. Yes. There is an OTC list for the managed care organizations on the Medimpact portal. Can everyone hear me? Yes. Okay. Great. And then on Page 11 at the bottom of the page, it just lists skin protectants, and I've had several providers reach out to me asking if there could be some examples given in that section around the emollient creams, the gels, the kits, the liquids, so that providers know exactly what is preferred so
they know what medications to prescribe for
the OTC products in this category.

MR. POOLE: And what would you -- I
guess, what would be your ask of the MAC as
to --

MS. STRAUB: Ask DMS or Medimpact
to provide some example products that are
covered on the OTC list for this skin
protectant category.

MR. POOLE: Okay. And do you want
to make that into a motion?

MS. STRAUB: I do.

MR. POOLE: Okay. Motion by Paula.

MS. FIGG: Second.

MR. POOLE: Second by Meredith.

Any further discussion? All those in favor
say aye. Any opposed? Okay.

(Motion Carries)

MR. POOLE: And I'll work with you,
Erin, on getting you all these motions
afterwards and --

ERIN: Thank you.

MR. POOLE: Okay. And then the
second one, can additional OTC products be
added? I can make comments just real quick
that, obviously, I've said it before, and it kind of goes into the third one there, too, but anyway, I have a great deal of autism patients that, obviously, are deficient in metabolic pathway enzymes or elements, and they would really benefit from, you know, Glutathione, Taurine, magnesium, zinc, and the essential fatty acids, just as a baseline.

So, you know, I just wish that we could help these parents out by having these covered because many of them cannot afford the items that they -- the child needs. But anyway, Paula, go ahead with your comments.

MS. STRAUB: I have met with several providers over the last, you know, two to three months, and a lot of them were pediatric providers. And they just gave me a list of a few items that they feel like should be added to the formulary, and I've listed them. The generic Allegra liquid. The zinc oxide 20% is on the OTC coverage list, but I have had several providers ask about the 40%. And then melatonin is covered, but there's no melatonin gummies for
those older kids that may have trouble swallowing. And then I have had a lot of discussion from providers around the NovaFerrum. Excuse me. I know it's a branded product, but several providers have said there -- the products that are listed on the preferred drug lists don't taste well and their patients will not take them, so it's kind of useless for them to prescribe them. So a recommendation was made to see in NovaFerrum could be added.

MR. POOLE: And if you don't care, I would like to include the ones that I mentioned --

MS. STRAUB: Absolutely.

MR. POOLE: -- in your motion.

MS. STRAUB: Yes.

MR. POOLE: So if you want to make that motion?

MS. STRAUB: I have a motion to see if Medimpact can review the OTC preferred drug list to add some potential additional agents including the metabolic agents, the generic Allegra liquid, the zinc oxide 40%, the melatonin gummies, and NovaFerrum.
MS. ALI: Ron, this is Fatima with Medicaid, if I could just jump in here. I will say that, you know, we are going under an OTC revamp, in general. You know, we're taking a look at all the products. We're taking a look at things, you know, that folks are recommending to add. So we'll certainly take this back. You know, if you can provide all of the specific products that you are making a recommendation on, that will make things easier for us when we review them, and then we can provide a response about the decision when it's time.

MR. POOLE: Okay. Thank you. Okay. And a motion by Paula?

MS. STRAUB: Yes.

MR. POOLE: Second?

MS. SMITH: I'll second that motion.


(Motion Carries)

MR. POOLE: Paula, do you want to
just -- on Item 3 there.

MS. STRAUB: Yes, sir. I, again, had several provider meetings over the last several weeks, and I had a pediatric provider. She had a long discussion. I know, Ron, I sent you several studies that she forwarded to me. She just feels like she would like to ask DMS to review the eczema category at the next P&T or future P&Ts for additional product considerations. She gave me an example, this last provider did, of CeraVe. She actually got specific NDCs for the products that are listed on the preferred list, and she's actually giving that paperwork out to her patients with the prescriptions. And she's still getting feedback from the chain pharmacies that CeraVe was not covered. So she definitely would like DMS to review that category and any other additional topical categories for eczema because she feels like this class needs a review.

MR. POOLE: Okay.

MS. ALI: Paula, if there are certain NDCs that are not, you know,
processing at the pharmacy, you know, just
make sure you reach out to either DMS or
Medimpact so that we can --

MS. STRAUB: Yeah. And I have, and
Medimpact is telling me that they're
processing, but, you know, I'm getting mixed
messaging from pharmacies. Some tell me
they're using the UPC -- that the UPC code is
what's listed versus the NDC, which doesn't
make sense to me because I know it has to be
NDC. So I can send that to Medimpact again
and maybe cc you on it, Fatima.

FATIMA: Yeah. That sounds good.

MR. POOLE: And on this, Paula, can
you --

MS. STRAUB: Okay. Great. Thank
you.

MR. POOLE: Can you list the
products that are -- that this pediatrician
and different ones have asked you about so we
can --

MS. STRAUB: Well, she didn't
really give me, and some of the others didn't
give me any specific drugs. They just feel
like that the category needs a review.
MR. POOLE: Okay.

MS. STRAUB: And she did ask, and I'm pretty sure I know the answer to this, that there is a pediatric provider on the P&T, and I know there is. But she did ask me that question, and I said, I'm sure that there is one. But she did ask me that, as well, because she feels like there just isn't adequate coverage for top. She's constantly getting rejections from pharmacies around this category for this indication.

MR. POOLE: Okay. So your motion is to review this category.

MS. STRAUB: Class, yes, this class. Yes.

MR. POOLE: Okay. Got a motion.

MS. STRAUB: And if you do need some additional insight, DMS, I can get some if you want some additional products for review or whatever from the pediatric providers that I work with. I'd be happy to send you a list of possible additions to this class. They're more than willing to do that.

MS. ALI: Yes, that would be helpful for us. Thank you.
MS. STRAUB: Okay. I can get you a list.

MR. POOLE: Okay. Got a motion from Paula?

MS. STRAUB: Yes. To review the eczema topical class for additional consideration and next or future P&T.

MS. FIGG: I'll second.

MR. POOLE: Problems from doing this at home.

Do I have a second on that?

MS. FIGG: I said I would second that, Ron. It's Meredith.

MR. POOLE: Okay. All right. Got a first by Paula, a second by Meredith. Any further discussion? All those in favor say aye. Any opposed? Okay.

(Motion Carries)

MR. POOLE: And No. 4, Matt, if you want to take over so I can mute out my dog barking.

MR. CARRICO: Sure. I've -- I've experienced since Medimpact came on, as I'm sure everyone else has, a big increase in the amount of cash prescriptions we've had for
opiates, for me specifically hydrocodone and benzos. And I know some patients are getting them covered, and I've asked prescribers what are you doing to get that covered? And they're coming up with: I don't really know. The ones that are getting covered are the same diagnosis codes as the ones that we are getting rejections on PAs. And not only is it difficult for patients to afford these medications on a monthly basis, but with the settlement that the big three wholesalers have done, they're looking at people's cash prescriptions for controls. And even though there's a legitimate reason for it, you know, Medicaid's not covering it, people like me that are in high Medicaid areas, I mean, I've seen my hydrocodone's cash percentage quadruple; same with my benzos. And I like to know that I help the patients and help make other pharmacies' cash prescriptions for controlled substances look better, and everyone I've spoke to in the area that I've worked pharmacy-wise, they're having the same issue of no one's getting it covered, it's difficult, and I feel like this is going to
be a problem for a lot of people, not only that, but patients are having difficulties affording their medications. So I didn't know if there might be some insight tutorial or something we can help doctors get this covered correctly for patients and the pharmacies.

I'm not really sure what to tell them. I don't see what kind of happens on the doctor's end of PAs, but every office I've called's kind of had the same response of things that are going through are also the same ones that are getting rejected; we don't know what to do.

MS. ALI: So if I can chime in there --

MR. POOLE: And just to elaborate a little bit, Fatima, on this, pharmacies are being dropped by their wholesalers which is a traumatic experience, too, because they're, first of all, they just had the big settlement, the big -- the big three just had the big settlement with DEA. So if you go over that threshold of percentage of -- of cash controlled substances filled, they're
just -- they're just dropping people, and
then good luck in trying to get another
wholesaler after you've been dropped. So
this isn't just a minor issue. This is a
major issue, and it's only getting worse.

I've had one of my pharmacies called,
that the DEA called and said, You normally
order one bottle of Tylenol, generic Tylenol,
three a month; why did you have to -- why did
you have to order two?

And, you know, and the answer was is
because, obviously, this dentist in the area
picked up just doing Tylenol 3 instead of
hydrocodone, but that's how much we're being
scrutinized on a daily level of what we're
ordering. And, you know, my ordering
patterns haven't changed for years, but the
scrutiny certainly has gone up. And when
you're sitting there just -- you've got a
patient, needs a drug, you order the drug in,
it's not that simple anymore because of the
pressure that DEA has put on everybody. And
when you look at pharmacies that have been
out there for years, taking care of patients
and now they're being dropped, to me, and
really there's not an easy solution to fix
their issue because they're marked after that
and they're just legitimate pharmacies trying
to take care of the prescriptions. So I
don't know if you knew that or not, Fatima,
that there's people out there having issues
with the DEA.

    FATIMA: I did not, Ron. So thank
you for shedding light on that situation.

    With regards to, you know, PAs for
opiates and benzos, you know, doctors have
resources with Medimpact to reach out and to
help, you know, get those prior
authorizations approved and understand the
rationale as to why something was denied. In
addition, a lot of prior auths are electronic
PAs, so, you know, providers can use
CoverMyMeds, you know, to make that process
simpler. We also put out forms, opioid and
benzo specific forms on our website or on the
Medimpact website, rather, you know, that are
a little more targeted and easier for
prescribers to fill out and send back to
Medimpact, you know, to kind of streamline
the process that PAs require.
You know, if there are issues getting prior auths approved, we're happy to take a look at it with DMS, research it internally, work with Medimpact to meet the needs of our members.

MR. CARRICO: Is there anything pharmacies can do to help get a PA approved, or is it just the doctors' offices?

MS. ALI: Well, you know, it depends. If the rejection that the pharmacy is receiving is that 75 PA required, you know, that would require collaboration with the doctor's office to fill out the prior authorization appropriately, meet the criteria, you know, our PA criteria, especially for opioids and benzos is laid out on our website. You know, that criteria is very transparent for doctors, for pharmacies, and there are some things that go through via SmartPA, so, you know, you might not realize that -- from a pharmacist perspective, you might not realize that there is a prior auth that's going on in the back end. And then, you know, if that criteria is not being met, then that's when it would deny for one
patient versus another.

MR. CARRICO: Are you getting a lot of prescribers successfully getting PAs, or do you not see that information or -- because I can't find anyone that's good at it. Everyone says it's kind of a crap shoot at the moment.

MS. ALI: In what way? In terms of submitting the PA or --

MR. CARRICO: Getting successful PAs.

MS. ALI: So, you know, I think that requires review of the criteria prior to submitting the PA. So if you take a look at the PA criteria, see what exactly is needed, ensure that the member meets that criteria for the requested drug, you know, there really should not be issues. But, again, if there are, there is a Medimpact clinical line that can help. You know, you can always reach out to DMS, myself. Medimpact has a general mailbox where they take provider concerns. So those avenues are available.

MR. CARRICO: Okay. I'll look those up and report back if I have any
issues.

MS. ALI: Fair. And I can put some of that in the chat to make your life easier.

MR. CARRICO: That would be great. Thank you.

MR. POOLE: Okay. Moving on then to Item No. 5. And, Fatima, and I have had e-mails going back and forth. I know KPHA has weighed in on this issue. The Kentucky Retail Federation lobbyist has weighed in on this issue. The fact of the matter is there is one wholesaler out there that has a product that Medimpact is basing their reimbursement off of, and not everybody can deal with this one wholesaler, this secondary wholesaler. And it is also a patient nonpreferred product, meaning the patients do not like that they claim that it does not work for them. But because it took me a while to even find this product out there that was so dirt cheap is the reason why the reimbursement level had gone down so much, or really since Medimpact took over, but basically in just reviewing the first six months of last year and the last
six months, we were getting reimbursed at an adequate rate on -- on the ingredient cost paid, and then the latter six months we were not.

And if somebody else can weigh in on this because, you know, it's one thing that I look at the 23-day threshold and, yeah, beforehand we wouldn't say anything about it because, hey, we were getting reimbursed good on the ingredient cost paid because we weren't getting much of a dispensing fee in the first place. But, obviously, now when you look at the reimbursement and, you know, we go through just this one strength, two pharmacies that are closest to this clinic that went from seven clinics into one, we go through nine thousand tablets a month of just this particular strength of generic Suboxone eight slash two.

So, obviously, it's a big hit for us when we get reimbursed below cost on our reimbursement, and then because the doctors have a particular NDC they want because they hear from their patients that they like this one NDC that tastes good because it is a
dissolve sublingual tablet. So I don't have much of a decision in, well, I'm going to get that dirt-cheap one that nobody wants to use. And the doctors, when they write for a specific NDC and says do not sub, you don't have much of a choice.

So that's -- that's on the ingredient cost paid side, and then, of course, we still have the issue of 88% of my Suboxone claims are on a 7-day cycle. There are some that are able to graduate up and go to 14-day or even 21-day cycle. I think we even have a couple that are at 28-day.

But anyway, that's just the nature of that -- of that therapy, and I really would like to invite anybody else on the committee here to weigh in on their -- what they're seeing.

MR. CARRICO: I'm seeing an increase of patient base due to the Suboxone, you know, trying to fix the opioid epidemic, and it's an increase of prescriptions, and it's after your -- after your dispensing fee for that first week of the month, you're, uh, for the most part filling prescriptions for
free or losing after you take into account
the cost for receiving a scribe, submit the
claim, someone to fill it, check it, and your
material side. I want to continue to help
this epidemic, but at what cost?

MR. POOLE: That's the problem that
we've got is that, you know, we're their two
main pharmacies, and I've had, you know,
multiple conversations with the clinic
itself, and their feedback is, you know, we
are not going to tell our doctors how to
prescribe so we just got to pretty well live
with it. And that's the problem that I have.

And it took me -- when a pharmacy closed
in October, obviously, our threshold demand
went up, again another DEA issue to where it
took me three months to get the threshold up
to where I wasn't cut off at both of those
stores, say, on the 25th of the month in
ordering them. So, again, there was an
access issue at that point.

So, anyway, Fatima, I didn't know if you
wanted to weigh in anymore on this to fill
everybody else in or --

MS. ALI: So, you know, the fee for
service methodology is the ten-sixty-four
every 23 days and, you know, that's what we
-- we followed with the implementation of the
single PVM. I apologize. I'm a little sick
today.

So that's the fee for service
methodology, and you know, we're approaching
the one year mark with Medimpact. So, you
know, we're looking at different dispense fee
approaches that other states have in place,
and, you know, that's a conversation that
will happen with leadership in the next few
months as we approach that one year mark.
And, you know, with regards to the ingredient
cost which I believe I've mentioned in some
e-mails, you know, that piece of it is -- is
a little different between the two
methodologies that were utilized with the
MCOs and fee for service. So, you know, if
you take a look at the dispense fee, solely
the dispense fee between pre 7/1 and post
7/1, you know, the MCOs were giving you guys
two to $3 per dispensation, and now it's back
ten-sixty-four. So the dispense fee,

essentially, aligns itself from a dispense
fee perspective again.

The ingredient cost, I think, is a different conversation. You know, the MCOs had a different reimbursement methodology, and now we're going with the fee for service methodology which was clearly stated as a NAADAC MAC WAK (phonetic) FUL and NUNC.

MR. POOLE: Okay.

MR. VENNARI: This is Joe. I've got a quick question. Is this a MAC issue or is this is NAADAC issue that you're talking about, Ron, on the -- on the ingredient cost side?

MR. POOLE: It's a NAADAC.

MR. VENNARI: Is that a question for -- it's a NAADAC?

MR. POOLE: Yeah.

MR. VENNARI: So what's happening is what you're saying is with NAADAC when this generic came into the market really low -- at a low price, it drove down the average cost?

MR. POOLE: Right.

MR. VENNARI: Across -- across the other -- okay.
MR. POOLE: You know, it's not preferred by patients. It's not preferred by --

MR. VENNARI: Yeah.

MR. POOLE: -- prescribers because of the patient feedback. So...

MR. VENNARI: Yeah. Okay. Thank you.

MR. POOLE: Thanks, Joe.

MR. VENNARI: You bet.

MR. POOLE: And as far as my percentage of 7-day, you know, looking at just the therapy that we see, you know, 88%, and that can vary from month to month, but this is last month. It was 88% or on a 7-day cycle, and it's going to continue on those people until they can graduate up. You know, obviously, that shows you where the disparity is in our -- you know, just arguing between, you know, this is one of those products I wish that we could get a waiver on to waive the 23-day because of what this, you know, what Matt, you know, conveyed a while ago about how it's just at a break even or a loss on every single one of those. So it's a lot
of labor and a lot of knowledge base working with these patients because, as I've stated before, of how much extra time and effort it goes through. Many times, I'm calling the physicians to discuss their therapy because of issues. So, anyway. Anybody else have anything to add on that topic?

MS. SMITH: Ron, I'd just like to add, you know, from KIPA's standpoint, you know, our independence, you know, across the state that this is definitely a major issue. You know, it's not just isolated, you know, to a couple of different areas. It is across the state, and I think we brought this up numerous times about the pricing and also about the 23-day, you know, one dispensing fee every 23 days. So we're in total agreement with you and Matt on this from a KIPA standpoint.

MR. POOLE: Okay. Thank you.

MS. FIGG: And I think the other thing to point out, which I think you are, is that, you know, unlike any other drug, this 7-day isn't necessarily a choice. It's not just a, you know, that's what they feel like
they need to do. You know, this is a legal
requirement. And like you said, they can't
graduate up, you know, to more days' supply
until they meet certain criteria. So that's
what makes this drug very different from --
from anything else that they're just choosing
to reevaluate. You know, they don't really
have that choice. They have to. And if, you
know, they're going to have to reevaluate and
we're going to have to descend it then I
think there should be compensation for the
work that's being done.

MR. POOLE: Okay. Thank you,
Meredith. Thank you, Rosemary.

MR. CARRICO: Well, I'll also add,
I mean, for independent providers, or even,
you know, not any provider that's prescribing
it, they have no incentive to not write
seven days. I mean, they're able to bill for
visits every week. So it's -- they're not
really incentivized to write for more than
seven days which really falls on us to, you
know, take the brunt, the financial brunt of
it.

MR. POOLE: And a lot of that,
Matt, is laid out in their -- their guidelines, too. So I mean, I even have some of them that they'll write for just the two or three days because they have to do their -- their interview with the patient to evaluate their addiction. So it's their addiction interview that they have to get within a 7-day period. So a lot of times there's even two dispensings within seven days. So it's just -- it's just a different therapy altogether for this -- this group of patients. So -- okay.

Any further comments? Okay. That's all we had on the agenda today. So thanks, everybody, for attending. Erin, I'll get you all the motions and the comments for the next meeting. Is it -- I think it's May 26, the next MAC meeting. I may be wrong. I know it's in May.

ERIN: You're correct.

MR. POOLE: All right. Thank you all. Have a good day.

ERIN: Thanks, everybody. Have a great afternoon.

---
REPORTER'S CERTIFICATE

STATE OF KENTUCKY       )
COUNTY OF FRANKLIN       )

I, Kathryn Marshall, Court Reporter and Notary Public in and for the Commonwealth of Kentucky at Large, do hereby certify that the facts as stated by me in the caption hereto are true; that the foregoing meeting was reduced to computer-aided transcription by me and under my supervision; and that the same is a true and accurate transcript of the proceedings to the best of my ability.

IN WITNESS WHEREOF, I have affixed my signature and seal this 27th day April, 2022.

/s/ Kathryn Marshall
Kathryn Marshall, Court Reporter
Notary Public, State-at-Large
Notary ID 608218

My Commission Expires: August 4, 2023