Agenda For the Governor's Task Force on Drug Pricing

1. Call to order
2. Minutes of the last meeting
3. Review of LHHS interim meeting. Ashley Seyforth and Barbara McAneny with comments from members
4. Discussion of PDAB
5. Discussion of PBM reform bill. Members and guests are invited to submit issues to be included in the PBM reform. Suggestions to date include:
    a. Full transparency of every part of the supply chain from manufacturer, to PBM and Insurer to Pharmacy or practice delivering the drug, including prices paid by pharmacies to acquire a drug and prices paid to pharmacies for providing the drugs, all copays and all fees.
    b. Transparent development of rebates, returned to patient at point of sale
    c. No DIR fees to be clawed back based on quality measures that are not relevant to the health of the patient, ie eliminate quality measures for cancer patients, rheumatology, MS Inflammatory bowel, (limit the star rating requirement to patients who only have DM, Hypertension or hyperlipidemai. Alternatively remove pharmacy issues from star ratings entirely.
    d. No copay accumulators or maximizers
    e. No steerage to a specific specialty pharmacy or mail order using copays or co-insurance differentials.
    f. No spread pricing
    g. Transparent evidence-based step therapy requirements with rapid 24-hour appeal process
    h. Insurers can increase their premiums to the same extent that they were able to lower them when the PBM process was initiated.
    i. Significant penalties for non-compliance
    j. If a payer with an ERISA plan wishes to sell MA or Managed Medicaid insurance, all plans including ERISA must comply with the PBM regulations
    k. If a payer acting as TPA for an employer base plan wishes a license to sell other commercial plans, MA plan or Managed Medicaid, the Employer based plans must comply with the PBM regulations.
    l. A reporting system for complaints of non-compliance with PBM regulations must be developed with funding for the superintendent to be able to investigate and remedy the situation
    m. Adequate funding for the SOI to develop regulations, monitor compliance, investigate complaints by patients, clinicians or other affected entities
    n. Formularies must include all drugs in NCCN guidelines or other appropriate guidelines created by specialty societies.
    o. A strict definition of experimental therapy and medical necessity will be created and must be used for denial of a therapy
    p. A strict definition of specialty pharmacy will be created and used by all PBMs

    q. Patients needing a medication with no alternative less expensive drug, biosimilar or generic will not be charged co-insurance.
    r. PBMs will follow the insulin cap of $35/month
6. Action Items
7. Adjourn