

**MARYLAND INSURANCE ADMINISTRATION  
PHARMACEUTICAL SERVICES WORKGROUP  
MEETING 4 AGENDA**

**OCTOBER 23, 2017  
1-4 PM**

**I. Opening Remarks**

**II. Specialty Drugs Follow Up**

- 1) Accreditation Standards – Is there some flexibility on what carriers will accept?
  - a. Non-URAC accreditation organizations?
  - b. Less than 2 accreditations?
- 2) Definition of Specialty Drugs
  - a. Should a higher cost than \$600 for a 30 day supply be considered?
    - i. Analysis from CareFirst of different increased dollar amounts
    - ii. How is the \$150 co-pay cap for specialty drugs impacted?
- 3) What if there was an exception in §15-847 [possibly§ 15-847(d)], for medications which are either taken orally or are self-injectable?
  - a. What financial impact would this have?
  - b. Can the co-pay cap be retained?

**III. MAC Pricing**

- 1) Appeals process as described in §15-1628.1(f):
  - a. Is the “drug code” information which must be provided by the pharmacy benefits manager if the appeal is upheld [§15-1628.1(f)(4)(ii)] insufficient to allow the contracting pharmacy to purchase the drug at or below the benchmark price?
  - b. If so, how should the language be fixed to require the actual purchasing source be provided as part of the denial?
- 2) NADAC discussion

**IV. Wrap Up**