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