MARYLAND INSURANCE ADMINISTRATION
PHARMACEUTICAL SERVICES WORKGROUP
MEETING 5 AGENDA

MIA HEARING ROOM
24TH FLOOR

NOVEMBER 13, 2017
1-4 PM

I. Opening Remarks

II. Specialty Drugs Follow Up

1) Definition of Specialty Drugs - What if the definition at §15-847(a)(5) excluded medications which are not treated as specialty by Medicare or Medicaid?
   a. Would this provide more consistency by carriers, plans, and PBM’s in determining what is a specialty drug?

2) What are the substantive and/or material differences between the various organizations accreditation standards?
   a. CareFirst review
   b. CVS review
   c. Cigna review

3) Will any carrier, plan, or PBM accept less than two accreditations?
   a. Any non-URAC only accreditations?

III. MAC Pricing & Appeals

1) NADAC follow up
   a. NADAC focuses on average acquisition costs v. reimbursement amount and Washington survey result says reimbursements higher if off MAC list in aggregate, so is it useful and if so, how?

2) What if the denial was required to provide under § 15-1628.1(f)(4)(ii) an NDC from a national or regional wholesaler which makes that drug readily available for purchase by and serves pharmacies in Maryland?

3) Are there any other states with appeal laws similar to Maryland? What is the volume of appeals in these states?

IV. HB 1162: Fees Not Specified at Time of Claim

1) What right does a plan, carrier, or PBM have to charge fees not enumerated at time claim is processed?