Health Care Cabinet
Pharmacy Pricing Workgroup
Meeting Summary

Monday, December 4, 2017
9:00 AM – 10:00 AM

Members Present: *Chair* - Josh Wojcik, Policy Director, Office of the State Comptroller; Leslie Bennet, National Organization of Rare Diseases; Bob Clark, Special Counsel to the Attorney General, Office of the Attorney General; Anne Foley, Under Secretary, Office of Policy and Management.

Members Via Video Conference: Ellen Andrews, CT Health Policy Project; Sarah Emond, Executive Vice President and Chief Operating Officer, Institute for Clinical and Economic Review (ICER); Krista Ostaszewski, Department of Social Services for Commissioner Roderick Bremby.

Other Participants: Kelly Sinko, Office of Policy and Management; Sandra Czunas, Office of the State Comptroller.

1. **Call to Order and Introductions.**

The Chair opened the meeting at 9:00 a.m. and participants introduced themselves.

2. **Reviewing and prioritizing draft recommendations.**

The Chair led the group in the review and prioritization of draft recommendations. Each recommendation was accompanied by short justification statements to facilitate discussion. The following order indicates the group's prioritization and any additional requested changes:

DRAFT PROPOSALS	*REQUESTED CHANGES*
1. Evaluate the potential benefits of various types of value based contracts for supplemental rebates, including the results in other states pursuing such contracts at this time.	*-Add language indicating that DSS will report back to the Health Care Cabinet with their findings.*
2. Create a work group, inclusive of all stakeholders including consumer representation, to evaluate the potential risks and benefits of adding exclusions or more onerous prior authorizations to the Medicaid formulary in order to drive toward value based pricing.	*-Consider input from the Consumer Advisory Board (CAB) when appointing consumer representation* *-Include language that ensures that proposed exclusions will not result in discrimination*

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3. Ensure the state employee plan maximizes the value of its pharmacy expenditures by: a. Making capacity and engagement in value based contracting a consideration in selecting a PBM vendor. b. Requiring a PBM to utilize independent analysis of the therapeutic value of drugs, including their comparative effectiveness and cost-effectiveness, to build a value-based formulary. c. Explore opportunities for direct engagement with manufacturers.	
4. Over the long-term determine if Medicaid's capacity and expertise in formulary development and rebate contracting could be utilized by the state plan.	
5. Explore the option of expanding access to the state employee pharmacy contract terms, which are now available to non-state public employers, to private sector entities.	
6. Recommend to the SIM Quality Council that they seek to add quality measures to the core measure set related to: medication adherence, assistance, and monitoring; and prescriber communication with patients about drug prices, barriers, the clinical value of each prescription, patient priority setting, and alternatives.	*- Reframe rationale to clarify that the responsibility for quality measures, especially those that are pricing-related, are not solely on the primary care provider or prescriber*
7. As part of its mandate to promote value based insurance design, the SIM consortium should consider promoting formulary designs that focus on value by tying formulary placement to value, not rebate size.	*- Include language on transparency around the determination of value-based benchmarks*
8. Prohibit manufacturer coupons for drugs when a lower cost brand name or generic drug is available in the same therapeutic class.	*-Consult with MA on their experience in prohibiting coupons* *-Change prohibit to "limit" and rework recommendation to include a robust exemption process to ensure that consumers who would be purchasing non-preferred drugs due to clinical need could still benefit*
9. Require facilities and physician offices to publicly post in the office or facility, already publicly available information about gifts and monetary compensation accepted from drug manufacturers.	
10. Explore the feasibility of creating a statewide revolving loan program that allows patients that are challenged by the structure of high deductible plans or with significant co-insurance responsibilities the opportunity to amortize the upfront costs incurred at the start of each plan year.	

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11. Review the potential for a public utility model for drug price oversight, to determine, through the state's own analysis with input from all stakeholders, whether such efforts would be viable in CT and if they would best serve the public interest.	
12. Review the potential for wholesale importation from Canada to determine, through the state's own analysis with input from all stakeholders, whether such efforts would be viable in CT and if they would best serve the public interest.	

3. Adjournment

The Chair adjourned the meeting at 10:50 a.m.

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