

# VDP MCO Pharmacy Meeting

## July 25, 2024

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### Summary:

The VDP MCO Pharmacy Meeting was held on July 25, 2024 where VDP provided updates on the following topics:

- HB 3286 Implementation
- Non-drugs
- Adult Vaccines
- Pharmacy Network Adequacy
- 90 Day Supply List
- Hepatitis C
- COVID Test Kit Coverage
- High Cost Drugs

The presentation can be found [here](#).

### HB 3286 Implementation:

- Provisional formulary still on track for November 2024
- VDP will be working with MCOs on prep and testing, working with Gainwell to finalize details.
- July PDL implementation was delayed until 8/8 which caused a delay in the antidepressant exception.
- VDP will post the PDL implementation and criteria guide on July 29. Details should show up in TX Connect later today and will be an email.
- VDP noted that the SPA on temporary non-preferred is very “high level” and said it’s possible CMS will have more questions about how they are establishing the criteria and may want details added.
- Dr. Mary Lou Buyse with Community Health Choice starting on the DUR in October. This fills all 3 MCO spots on the DURB.
- MCO members are now voting, MCOs are only excluded from confidential pricing discussions. Should be further details soon.

- REMINDER: Automated PA requirements started in June 25 and MCOs must complete a compliance attestation that was sent out.

## Non-drugs

- CMS requirements for non-drug dispensing require pharmacies to be licensed as DME providers if they wish to prescribe non-drugs.
- MCO Question: We get requests for Vigo (insulin delivery patch) and want to be sure that when making the SPA it will include permission for Vigo as well.
  - Response: The SPA was very high level so won't need a new one. It's just that the manufacturer will have to submit a COI, that process will be public.
- VDP further clarified that federal law doesn't require them to add these non-drugs so there may be more scrutiny to see if it "appropriate to be added to the pharmacy side". Cost will be a part of that consideration.

## Adult Vaccines

- Adult vaccine policy was posted, next steps is to complete a fiscal analysis. Updates will be on the VDP site.
- VDP appreciates the information they have received from MCOs related to experience in other states and is asking for any additional information as they continue with a fiscal analysis. Send to the operations inbox.

## Network Adequacy

- VDP explained that the purpose of network adequacy changes was to align with what MCCO did so they don't have different standards for pharmacy.
- HHSC recognized that in the past it was difficult for MCOs to meet the standards and that drove this change.
- MCO Question: What is the go live date?
  - Response: VDP is still in the research phase, so no timeline. They will need approval through the agency process first to move forward. This will have an impact on managed care rates. Those change on September 1st, so there's a chance this goes live by then, but that's still to be determined.

## Additional Updates

- CAD Drug benefits update included several changes to age requirements for specific drugs.
- 90 day supply issue: based on the comments they got they are going to take a closer look and coordinate with us before moving ahead.
- COVID policy changes as federal law ends. TX Connect notice will have more details and end dates on specific policies. Will include pharmacies being able to vaccinate younger ages. Not really Medicaid specific but they want to keep MCOs informed.
- VDP noted comments from MCOs about COVID test kits fraud, waste, and abuse and mentioned that they are looking at changes and a possible prescription requirement going forward. VDP noted that there is an impact on rates.
- Hepatitis C requirement question: They are reviewing the question on whether MCOs must continue to cover the full course upfront after hep c drugs are carved in 9/1.
- MCO Comment: An MCO representative clarified that the main reason for the question is just around avoiding waste with members that have allergic reactions or other issues with the first treatment. They just want to be able to get through the first treatment before approving the remaining treatments.
- High Cost CAD drug project: Multiple teams working on this at HHSC and trying to gather an overall project timeline. They are aware of the request to give MCOs a chance to comment on a proposed state plan amendment and will be providing an update on this.
- Dr. V amplified the work that the team is doing on high cost drugs and also wanted to recognize the very high cost of these therapies. However, he reminded MCOs that they are responsible for approving medically necessary services. If they have a client that they've identified that has these needs, MCOs should immediately flag this for HHSC. He expressed that the Medical Director's office and VDP stand ready to help.
- VDP Operations name is changing to VDP Policy & Project Management to better reflect their work. The email box address will be changing but VDP operations email will continue to work.

## Open Discussion:

- MCO Question on billing for waste for Vyjuvek noting that based on the instructions of how the drug is administered the provider has to discard up to 1 mil.
  - Response: This was added, should have been an MCO notice sent out and can send out the modifier list to MCOs directly.
  - Further MCO comment on why the JW modifier list isn't just sent out every quarter or made available on the website? It allows MCOS to not pay inappropriately.
  - Response: Tried in the past to publish it and has some issues. Will take it back to the team and see what they can do and provide an update next meeting.
- Question on Coverage for dual eligible members and COVID test kits being listed as covered items, but aren't being reimbursed.
  - Response: They identified the problem and should be fixed in next quarter's non-risk file.
- Question on PDL PA and compliance rate. There is a requirement in TAC 353.907 for MCOs to cover non preferred drugs if the drug was approved when it was preferred. The member must be allowed to continue getting the same drug without PDL PA until they finish all the refills. Question is how does this impact the PDL compliance rate.
  - Response: VDP notes that exceptions are not counted as non-compliance but they will take this specific TAC requirement back and make sure.
  - Jamie noted that the 95% compliance is an HHSC requirement, but wasn't in law so there is flexibility to make sure.
  - VDP is going to take this back and look into it.
- Question on the CMS cell gene therapy access model, we understand that the state did a letter of intent. Is VDP involved and if so in what way?
  - Response: Yes, VDP was the lead on drafting the LOI. They are engaged with CMS.
  - Follow-up question: Will there be any MCO involvement or will the status be discussed.
  - Response: VDP can provide updates as they get them but also note that CMS has a public site. VDP is essentially also just waiting on CMS.