

Comments and Responses on ARC 4763C
Prescribed Outpatient Drugs
Received December 10, 2019

The following person/organization provided written comments, which are included in the summary below:

1. Flora A. Schmidt, Executive Director, Iowa Behavioral Health Association
2. Casey Ficek, J.D., Director, Public Affairs, Iowa Pharmacy Association

The Department received 7 comments from two respondents on the proposed rules. The comments and corresponding responses from the Department are divided into 5 topic areas as follows:

A. Non-payments of Drugs. *There were two comments in this topic area.*

1. One respondent commented the rules, in not allowing payment for drug products administered in a practitioner's office, outpatient clinic or infusion center, may limit access to Medication Assisted Treatment (MAT) drugs at Opioid Treatment Programs, MAT Unit sites and Mental Health Centers and Substance Abuse treatment facilities. The respondent requested deletion or amend with exceptions for behavioral health facilities.

2. One respondent commented, in not allowing payment for drug products administered in a practitioner's office, outpatient clinic or infusion center, while current policy under Medicaid, has resulted in some access issues for certain therapies provided in an infusion center controlled setting for Medicaid patients and request reconsideration.

Department Response: The department will further research the access concerns identified in the comments before formalizing the policy in rules, so this statement has been removed.

B. Prior Authorization for Medication Assisted Treatment Drugs. *There were two comments in this topic area.*

1. One respondent recommended a formatting change for the rule language and requested deletion of added language as indicated it was not in the legislative language for this requirement.

Department Response: The department inserted a line break return after the last drug in the list. The language "opioid overdose agent" clarifies that naltrexone is approved by the Food and Drug Administration (FDA) for the treatment of opioid overdose. The department revised the language to clarify.

2. One respondent supported the removal of the prior authorization requirements to increase access to treatment for opioid use disorder.

Department Response: The department agrees with the comment and was the reason the department initiated removal of the prior authorization requirement in the administrative rules.

C. Qualified Prescriber. *There was one comment in this topic area.*

1. One respondent supports the change to eliminate the list of specific qualified prescribers to ensure this will not have to be continually updated to reflect future changes in state law.

Department Response: The department agrees with the comment and was the reason the department initiated removal of the prescriber list in the administrative rules.

D. Professional Dispensing Fee. *There was one comment in this topic area.*

1. Respondent is concerned about how one dispensing per month may affect patients seeking to utilize medication synchronization services, patients residing in nursing home and long-term care facilities, and prepacked drugs in less than a 30-day supply (ex. oral contraceptives).

Department Response: Medication synchronization services are not a currently covered policy under Medicaid and this rule language will not change that. If a pharmacy makes a business model decision to service nursing homes and long-term care facilities, that pharmacy has the ability to continue billing according to their existing process (ex. less than a month's supply) however, a dispensing fee will only be reimbursed once a month for maintenance drugs. Additionally the pharmacy may choose to accumulate the billing to once a month as is the current process these pharmacies utilize for controlled substances. Lastly, the dispensing fee programming takes into account the monthly package size in allowing payment of a dispensing fee in accordance with the refill tolerance of 90% consumption. A dispensing fee would be allowed on a 28-day oral contraceptive when the refill is allowed on the 25th day. The department updated the dispensing fee language to account for the refill tolerance.

E. Unit Dose Packaging Credits. *There was one comment in this topic area.*

1. Respondent commented returns of unit dose packaging by a pharmacy must be consistent with Iowa Board of Pharmacy rules and the department's rule language would result in pharmacies losing the cost of the medication returned and credited.

Department Response: The department agrees a pharmacy must follow the Iowa Board of Pharmacy rules on drug returns and has added that wording to the rules to clarify. This language is consistent with guidance in Informational Letter No. 497 released on April 21, 2006, and in the Prescribed Drugs Provider Manual.