

# House Health & Human Services Committee Presentation

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**NMPBC**  
NEW MEXICO PHARMACY  
BUSINESS COUNCIL

## Pharmacy Issue: Barriers to Patient Access

- **Access to Pharmacy Care = Access to Healthcare**
  - When patients cannot reliably obtain their medications, it leads to expensive hospital and ER care
  - Rural NM has experienced an unprecedented decrease in primary-care providers
- **Pharmacist training & education are underutilized.**
- **OVERALL costs continue to rise even though pharmacy reimbursement has consistently declined for years.**
- **Anti-competitive PBM practices harm patients & pharmacies.**



## Solution: Use Pharmacists at Full Capacity

- **Allow pharmacists to practice at the top of our license:**
  - Pharmacists should be permitted to prescribe over-the-counter drugs and medical supplies
  - Pharmacists should be permitted to test & treat (strep, COVID, flu, etc.)
  - Pharmacists should be permitted to conduct therapeutic interchange & substitution to favor lower-cost drugs
- **Reimburse pharmacists for clinical services:**
  - Increases patient access to care
  - Decreases hospital stays & use of emergency services
  - Decreases the time needed to access care & start treatment
  - Allows primary-care providers to focus on preventive care & outcomes



# Solution: Medicaid Pharmacy Benefit Reform

## New Mexico Can Manage Its Own Preferred Drug List:

- 9 states do so – AR, CO, IA, KS, LA, NC, NE, TX, VA
- Cost savings in generic use (and biologics) vs. brand-name drugs
- **NM can access supplemental manufacturer rebates**
- Create a partnership with UNM College of Pharmacy for drug utilization committee based on medication efficacy vs. current process that considers only rebate money
- **States saved an average of \$57 million in 2017 (CMS)**

## Medicaid Pharmacy Carve-Out:

- 8 states do – CA, MO, ND, NY, OH, TN, WI, WV
- **HUGE documented savings!!**
- Reimburses front line pharmacies at fair & sustainable level
- Simplifies & creates a uniform Medicaid formulary
- **Provides transparency in drug spending**
  - A.G. Balderas \$13.7 million Centene Corporation settlement due to subsidiaries' pricing & reporting of pharmacy benefits in Medicaid





## Solution: Continue PBM Reforms

- **Allow real patient choice & eliminate mandated mail order:**
  - A PBM may not reimburse a pharmacy for a prescription drug or pharmacy service less than the amount that the PBM reimburses itself or its affiliate for the same prescription drug or pharmacy service
- **PBMs may not reimburse a pharmacy for a prescription drug less than the national average drug acquisition cost (NADAC):**
  - Must include reasonable dispensing fees adjusted annually to reflect increased costs to pharmacies
- **Prohibit unethical PBM Steering:**
  - Harassing phone calls, constant inaccurate/misleading letters to patients, co-pay manipulations





**Thank You!**  
**Questions?**

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