**Deborah Rivkin** Vice President Government Affairs – Maryland

CareFirst 🔹 💱

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## Sent via email: comments.pdab@maryland.gov

May 2, 2023

Van Mitchell, Chair Maryland Prescription Drug Affordability Board 16900 Science Drive, Suite 112-114 Bowie, MD 20715

Dear Mr. Mitchell:

CareFirst BlueCross BlueShield (CareFirst) appreciates the opportunity to provide formal comments on the Prescription Drug Affordability Board (PDAB) Draft Proposed Cost Review Process Regulations (COMAR 14.01.03.04). As the largest health insurer in the Mid-Atlantic, CareFirst has a unique perspective and insight into the ongoing need to lower the cost of prescription drugs for our members and the communities we serve. We strongly support the goals of the PDAB and need to conduct a thorough cost review of potential prescription drug products. This is critical in determining the extent to which affordability issues exist and should inform future PDAB activity. As noted below, we are concerned that a few of the requested data elements are not readily available to carriers which could limit the utility of the requests for information and potentially undermine the established goals of the cost review. In other instances, we would appreciate clarity in the identified elements to determine our position. More specifically:

## (2) Health Insurance Carrier, HMO and MCO:

(a) The total amount of the price concession, discount, or rebate the manufacturer provides to each health plan operating in the State, expressed as a percent of the WAC;

CareFirst delegates rebate management to our Pharmacy Benefit Manager (PBM), thus the information requested by the PDAB may not be available to us as the health insurance carrier. As an example, CareFirst does not currently receive drug-level rebate data. We recognize the PDAB will also seek data directly from the PBMs and we will work with you to identify the data elements that would need to be provided from our PBM.

(b) The average price concession, discount, or rebate provided in the State for therapeutic alternatives;

CareFirst recommends the PDAB clearly define therapeutic alternatives and a mapping to the reference products to limit interpretation from the health insurance carriers.

(c) Formulary placement and benefit design around the prescription drug product, including copay and coinsurance amounts; and

CareFirst requests clarification as to whether this pertains to a certain line of business given we operate multiple different plan designs all of which have varying cost-sharing amounts and potentially different formulary placements.

CareFirst is generally supportive of the regulations but seeks to ensure we are only responsible for reporting on data that is readily available to us and not protected under our existing contracts. Additional clarity would also be helpful for us to better ascertain the feasibility of the identified reporting requirements. Thank you again for the opportunity to provide our input. We look forward to further discussing these proposed regulations with the PDAB in greater detail, and to our active participation in any forthcoming meetings with all stakeholders.

Sincerely,

Jorah R. Rivkin

Deborah R. Rivkin