

Washington Insulin Work Group (WAIG)

**Table 1: Short Term Solutions Grid: Emergency Supply Programs; definitions**

Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Ohio House Bill 37 <sup>3</sup>	Utah Pharmacy Policy Amendments (2022) <sup>4</sup>
Summary of Policy	A policy to make <b>30-day emergency supply of insulin available</b> and <b>require manufacturers to reimburse</b> for that emergency supply.	A policy to make <b>30-day emergency supply of insulin available</b> and <b>require manufacturers to reimburse</b> for that emergency supply.	Allow for pharmacists to <b>dispense emergency refills of all non-controlled drugs</b> . Allows for patients to access the emergency supply no more than <b>3 times in a 12-month period</b> . No associated cost offset for the patient.	Allows pharmacists to <b>dispense emergency supply of insulin</b> for exhausted prescription. See table 4 for patient cost offsets.
Emergency Prescription Authority ( <b>specific to insulin</b> )	Upon receipt of completed and signed application, pharmacist may dispense emergency refills of insulin and associated insulin-related devices and supplies <sup>5</sup>	Upon receipt of a completed and signed application, pharmacist may dispense prescribed insulin.	Legislation is not specific to insulin, emergency prescription authority applies to all non-controlled drugs,	If a prescription for insulin expired no earlier than 6 months before or is not expired but has no refills yet, pharmacist may dispense emergency supply.
Eligibility Criteria	<ol style="list-style-type: none"> <li>1. Resident of Maine</li> <li>2. Not enrolled in MaineCare</li> <li>3. Not enrolled in health plan that limits cost-sharing to \$75 or less for 30-day supply</li> <li>4. Household income &lt; 400% FPL</li> <li>5. Not eligible for federal health care coverage</li> <li>6. If on Medicare Part D,</li> </ol>	<ol style="list-style-type: none"> <li>1. Minnesota resident</li> <li>2. Urgent need for insulin</li> <li>3. Current prescription for insulin</li> <li>4. Pay more than \$75 each month for insulin</li> <li>5. Not be enrolled in Medical Assistance or MinnesotaCare</li> <li>6. Present proof of Minnesota resident</li> </ol>		

<sup>1</sup> [Maine Insulin Safety Net Program](#)

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<sup>3</sup> [Ohio HB 37 \(2021\)](#)

<sup>4</sup> [Utah Pharmacy Policy Amendments \(2022\)](#)

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	must also spend at least \$1,000 on prescription drugs in calendar year			
Amount Supplied	30-days accessed once in a 12-month period.	30-days accessed once in a 12-month period.	30-days supply can be dispensed first then for 2 <sup>nd</sup> or 3 <sup>rd</sup> time in 12-month period, pharmacist must dispense 7-days supply.	On emergency basis, may dispense refill for exhausted prescription in an amount up to supply for 60 days. Must follow prescribing practitioner's instructions for exhausted prescription.
Administrative Funding Source to fund government program	\$75,000 licensing fee levied on manufacturers for the payment of insulin. Additional State funding for 1 FTE to manage program. <a href="#">Appropriations from original bill:</a>	Does not include licensing fee assessed on manufacturers. FY 2020: \$547,000 FY 2021 – FY 2024: \$76,000 FY 2025: \$38,000 FY 2026: \$0  <a href="#">Appropriations from original bill:</a>	No appropriations clause.	No appropriations clause.

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Copayment Instructions Pharmacy may charge up to \$35 to cover dispensing fee.	Pharmacy may charge up to \$35 to cover dispensing fee.	Pharmacy may charge up to \$35 to cover dispensing fee.	N/A	N/A N/A
Application Process	<p>Must fill out online application. Application is also available at health care settings.</p> <p>Must present signed and dated application, valid prescription (can still access without), and Maine identification to access emergency supply.</p>	MNsure (Minnesota's health insurance marketplace) required to develop application form to be available on website and at health care settings.	N/A	N/A
Reimbursement Process	<p>Pharmacy can submit claim to manufacturer after dispensing insulin and manufacturer may reimburse by sending replacement supply or reimbursing pharmacy at their acquisition cost amount.</p> <p>May charge patient up to \$35 copay for 30-day</p>	<p>Pharmacy can submit claim to manufacturer after dispensing insulin and manufacturer may reimburse by sending replacement supply or reimbursing pharmacy at their acquisition cost amount.</p> <p>May charge patient up to \$35 copay for 30-day</p>	Standard insurance claim reimbursement process	Standard insurance claim reimbursement process.

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Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Ohio House Bill 37 <sup>3</sup>	Utah Pharmacy Policy Amendments (2022) <sup>4</sup>
	supply of the insulin dispensed to cover the pharmacy's costs of processing and dispensing the insulin.	supply of the insulin dispensed to cover the pharmacy's costs of processing and dispensing the insulin. Standard insurance claim reimbursement process.		
Educational Materials on patient assistance provided	Pharmacy must provide information sheet to patient about health insurance consumer assistance program.	Pharmacy must provide patient with information sheet and a list of trained navigators to contact to assist in accessing ongoing insulin options including assistance in applying to the manufacturer's patient assistance program.	N/A	N/A
Pharmacy reporting to Prescriber about dispensing emergency supply requirements	Pharmacy must notify prescriber of dispensed insulin no later than 72 hours.	Pharmacy must notify prescriber no later than 72 hours after insulin is dispensed.	Pharmacy must maintain record of drug dispensed for a year and must notify prescriber who issued original prescription.	Within 30 days after pharmacist dispenses insulin, pharmacist must inform prescriber.
General Statewide Emergency Prescription Authority ( <b>not specific to insulin</b> )	Not specific to insulin: Pharmacists are able to dispense 30-days emergency supply of chronic maintenance drugs if pharmacy has record of prescription, pharmacist cannot receive authorization from prescriber, and drug is essential. <sup>5</sup> Regulation	Not specific to insulin: Pharmacists are able to dispense an emergency supply of 3 days of non-controlled drugs to patients once in a 12-month period <sup>7</sup>	Pharmacists are permitted to dispense emergency refill, other than for a schedule 2 controlled substance, for 3-days supply not more than 3 times in a 12-month period.	Not specific to insulin: Pharmacists are able to dispense an emergency supply. The pharmacist may dispense in an amount over 3-days if the prescription meets additional criteria. <sup>8</sup>

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	applies to health plans regulated by state.			
Other notes	Allows pharmacist to also dispense diabetes supplies along with insulin.	N/A	N/A	Allows pharmacist to also dispense diabetes supplies along with insulin.

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<sup>4</sup> [Utah Pharmacy Policy Amendments \(2022\)](#)

**Table 2: Short Term Solutions Grid: Emergency Supply Programs; checklist**

Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Ohio House Bill 37 <sup>3</sup>	Utah Pharmacy Policy Amendments (2022) <sup>4</sup>
Insulin-specific emergency authorization for pharmacists to dispense?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Days supply limits?	30 days	30 days	30 days	60 days
Limits emergency access to once in 12-month period?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No more than once per exhausted prescription
Funding for state staff?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defines amount for copayment collection?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires proof of state residency?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allows access for uninsured?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires reimbursement by manufacturers?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires insurance billing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Educational materials on assistance options included with emergency supply?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires pharmacies report to prescriber about patient needing assistance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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<sup>2</sup> [Minnesota Insulin Safety Net Program](#)

<sup>3</sup> [Ohio HB 37 \(2021\)](#)

<sup>4</sup> [Utah Pharmacy Policy Amendments \(2022\)](#)

Washington Insulin Work Group (WAIG)

Table 3: Potential Washington Emergency Supply Policy Recommendations; definitions

Element	Potential Washington Policy (based on workgroup feedback)
Summary of Policy	A policy to make a once-yearly 30-day emergency supply of insulin available.
Emergency Prescription Authority (specific to insulin)	Upon receipt of completed and signed application, pharmacist may dispense emergency refills of insulin and associated insulin-related devices and supplies.
Amount Supplied	<p>Significant feedback from workgroup: Emergency supply should be 90 days rather than 30.</p> <p>A patient should be allowed to access an emergency supply more than once in 12-month period.</p>
Funding Source	<p>Reimbursement by manufacturers as long as that covers pharmacy costs including insulin, Business and Occupation tax (gross receipts tax).</p> <p>Consideration of state FTE to administer program and to help ensure patients, pharmacies, providers, and manufacturers are aware and able to resolve any issues.</p>
Copayment Instructions	Pharmacy should be made whole including dispensing fee through a copayment of \$15.
Eligibility Criteria	<p>The recommendation is to require state residency (in the form of providing Washington address on application form)</p> <p>Do not require state ID – this would limit access of people who are undocumented, homeless, or visiting Washington.</p>
Application Process	<p>Pharmacies should not be required to maintain copies of patient applications as this is just an additional administrative burden.</p> <p>Registration system should be standard and easy to use.</p>
Reimbursement Process	<p>Pharmacies need to be supported by the manufacturer through replacement stock or reimbursement from the manufacturer.</p> <p>Majority of workgroup members supported requiring manufacturers to reimburse supply but some people thought pharmacies should be able to choose preferred reimbursement process.</p> <p>If manufacturers are reimbursing, policy should make sure reimbursement is timely (e.g., 10 days).</p>

Educational Materials Provided	Educational material should be provided to all patients accessing emergency supply and should include information on wraparound services and other health insurance options or state programs.
Prescriber Reporting Requirements	We will not mandate prescriber reporting requirements due to burden to pharmacies and unclear value.



Washington Insulin Work Group (WAIG)

Table 4: Long Term Solutions Grid: Cost Containment Policy Options

Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Utah Insulin Savings Program <sup>3</sup>
Summary of Policy	Provides affordable insulin to Maine residents through manufacturer assistance programs.	Provides affordable insulin to Minnesota residents through manufacturer assistance programs.	Increases access to affordable insulin by allowing Utah residents to receive same insulin benefits as Public Employee Health Plan (PEHP). Program targets uninsured and underinsured and allows them to purchase insulin at discounted, post-rebate price.
Eligibility Criteria	<p>Must be a Maine resident, have a family income that is equal or less than 400% FPL, not enrolled in MaineCare or eligible to receive health care coverage through federal funded program or to receive prescription drug benefit through VA, individual, or group health plan that limits total cost sharing for 30-day supply of insulin to \$75 or less.</p> <p>Individuals enrolled on Medicare Part D are eligible if the individual has spent \$1,000 on prescription drugs in current calendar year.</p> <p>Eligibility is valid for 12 months and is renewable upon eligibility redetermination.</p>	<ul style="list-style-type: none"> <li>• Live in Minnesota.</li> <li>• Present Minnesota ID</li> <li>• Family income &lt; 400% FPL</li> <li>• Not be enrolled in Medical Assistance or MinnesotaCare.</li> <li>• Not be eligible to receive health care through most federally funded programs. If enrolled in Medicare Part D is eligible for a manufacturer's insulin safety net program if the individual has spent \$1,000 on prescription drugs in the current calendar year and meets the other eligibility requirements.</li> <li>• Not be eligible to receive prescription drug benefits through the Department of Veterans Affairs.</li> </ul> <p>If approved, manufacturer shall provide eligibility statement to</p>	<p>To be eligible to participate, you must:</p> <ul style="list-style-type: none"> <li>• be a resident of the state of Utah.</li> <li>• be an individual who has been diagnosed with diabetes.</li> <li>• use insulin to treat diabetes; and</li> <li>• not be an employee or dependent of an employee of the state of Utah with insulin related benefits covered through PEHP Health &amp; Benefits.</li> </ul>

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<sup>3</sup> [Utah Insulin Savings Program](#)

Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Utah Insulin Savings Program <sup>3</sup>
		individual which is valid for 12 months and can be renewed upon redetermination of eligibility.	
Application Process	<p>Can apply directly through manufacturer or through health care practitioner if the practitioner participates in program.</p> <p>Manufacturer shall notify applicant of determination within 10 business days of receipt of application.</p>	Individuals may apply directly to manufacturer or through their health care practitioner if the practitioner participates in the program. They can also contact trained navigator for assistance.	<p>Individuals can apply online.</p> <p>Once determined eligibility, the discount program provides the participant with a card identifying individual as eligible and allows them to purchase insulin at discounted, post-rebate price.</p>
Manufacturer Responsibilities	<p>Manufacturer determines eligibility and works with patient to receive any additional application information.</p> <p>Once manufacturer receives order from pharmacy, they will send pharmacy 90-day supply of insulin as order (or lesser amount if requested) at no charge to pharmacy.</p> <p>Manufacturer may send insulin directly to patient if manufacturer provides a mail order service option.</p>	<p>Manufacturer receives application and must determine eligibility and notify patient within 10 business days.</p> <p>If the individual has drug coverage through individual or group health plan, the manufacturer may supply necessary coupons for copayment-assistance program for patient to submit to pharmacy.</p> <p>Once manufacturer receives order from pharmacy, they will send pharmacy 90-day supply of insulin as order (or lesser amount if requested) at no charge to pharmacy.</p> <p>Manufacturer may send insulin directly to patient if manufacturer provides a mail order service option.</p>	None

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Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Utah Insulin Savings Program <sup>3</sup>
Patient Responsibilities	Must submit proof of eligibility via the eligibility statement provided by manufacturer to pharmacy.	Must submit proof of eligibility via the eligibility statement provided by manufacturer to pharmacy.	Must apply online.
Pharmacy Responsibilities	<p>Must submit order containing name of insulin product and daily dose amount as contained in valid prescription to product's manufacturer as well as pharmacy information.</p> <p>The pharmacy may submit to manufacturer a reorder if eligibility statement is not expired. Upon receipt, manufacturer will send additional supply at no charge to pharmacy.</p>	<p>Must submit order containing name of insulin product and daily dose amount as contained in valid prescription to product's manufacturer as well as pharmacy information.</p> <p>The pharmacy may submit to manufacturer a reorder if eligibility statement is not expired. Upon receipt, manufacturer will send additional supply at no charge to pharmacy.</p>	Individual must have prescription or standing prescription drug order.
Reimbursement Process	<p>Pharmacy may not request reimbursement from manufacturer or from any 3<sup>rd</sup> party payer.</p> <p>Pharmacy may collect copayment from individual to cover costs for processing and dispensing in an amount not to exceed \$50 for 90-day supply.</p>	<p>Pharmacy may not request reimbursement from manufacturer or from any 3<sup>rd</sup> party payer.</p> <p>Pharmacy may collect copayment from individual to cover costs for processing and dispensing in an amount not to exceed \$50 for 90-day supply.</p>	A participant's health plan may allow payment or reimbursement of the amounts that the patient spends through the Insulin Savings Program through either electronic payments or by submitting pharmacy receipts.
Educational Assistance	Board of Pharmacy must develop information sheet to post on website that must include description of each manufacturer's patient assistance program, including contact information for accessing the assistance program,	The Board of Pharmacy shall develop an information sheet to post on its website and provide a link to the information sheet on the board's website for pharmacies, health care practitioners, hospital emergency	Discount program must provide participant with information about pharmacies that honor discount and instructions on how to pursue reimbursement of purchase price from participant's health insurer.

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<sup>3</sup> [Utah Insulin Savings Program](#)

Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Utah Insulin Savings Program <sup>3</sup>
	and information on how to contact board if requesting eligibility review.	departments, urgent care clinics, and community health clinics.  The information sheet should also include information on how to contact trained navigators.	
State Entity Responsibilities	Maine Board of Pharmacy receives request to review eligibility if patient disagrees with manufacturer's eligibility determination. Review of eligibility must be conducted by the board administrator, in consultation with a board member. Review should be completed within 10 business days and the decision is final.	Minnesota Board of Pharmacy receives request to review eligibility if patient disagrees with manufacturer's eligibility determination. And must hold 3-person panel to review within 10 business days. Decision of panel is final.  The Board shall also inform all individuals who used program they may participate in a survey conducted by the department of health regarding satisfaction with the program.  MNSure, in consultation with board of pharmacy, must develop training program for peer navigators and make available a list of trained navigators.	Administered by PEHP Health & Benefits.
Reporting requirements	Manufacturer submits report to Board annually and the board submits aggregated report to legislative committees.	Board of Pharmacy shall receive annual data from manufacturer and provide report to legislative committees.	N/A
Program Expiration	Program is repealed January 1, 2027.	Program expires December 31, 2024, unless "legislature affirmatively determines need for continuation of long-term safety net program"	N/A

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Element	Maine Insulin Safety Net Program <sup>1</sup>	Minnesota Insulin Safety Net Program <sup>2</sup>	Utah Insulin Savings Program <sup>3</sup>
Other notes	<p><i>Continuing Needs Lilly Maine Insulin State Patient Assistance Program:</i> commercially insured patients receive savings card, and all other qualified individuals must have their pharmacy order insulin from the program's website <a href="http://www.voucheraccess.com">www.voucheraccess.com</a>. In both cases, patients may be charged up to \$50 copayment for 90-day supply.</p>	<p>If a navigator assists an individual in accessing assistance program, MNsure will pay navigator a one-time bonus of no less than \$25.</p> <p>Legislative auditor conducts program review.</p> <p>Commissioner of health, in consultation with board of pharmacy and individuals who are insulin-dependent, shall develop and conduct survey of participants (individuals and pharmacies). Survey seems to be one-time and was submitted January 15, 2022, to legislative committees.</p> <ul style="list-style-type: none"> <li>• Lilly Minnesota Patient Assistance Program: <a href="#">visit their website for more information.</a></li> <li>• Novo Nordisk: <a href="#">visit their website for more information.</a></li> <li>• Sanofi Minnesota Continuing Safety Net Program: <a href="#">visit their website for more information</a></li> </ul>	<p>Covered insulin includes Lantus®, Toujeo®, Toujeo Max®, Novolin®, Novolog®, and other Novo brand mixed insulins. Vials and pens are available.</p>

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<sup>2</sup> [Minnesota Insulin Safety Net Program](#)

<sup>3</sup> [Utah Insulin Savings Program](#)

## Washington Insulin Work Group (WAIG)

### Table 5: Potential Washington Long Term Policy Recommendations

Element	Potential Washington Policy (based on workgroup feedback)
Summary of Policy	Provide discounted insulin to Washingtonians through: <ol style="list-style-type: none"> <li>1. ArrayRx discount card</li> <li>2. ArrayRx voucher program</li> <li>3. Manufacturer patient assistance programs</li> </ol>
Eligibility Criteria	ArrayRx current eligibility: all state residents qualify, no age or income restrictions. Would not require ID or documentation of residence; all that is required is Washington address. And for people who are houseless, they could put down shelter or leave it blank.  Additional requirement for manufacturer patient assistance program: <ul style="list-style-type: none"> <li>• Family income less than 400% FPL</li> </ul>
Application Process	All individuals would sign up online and receive either a digital card delivered to their phone or paper card mailed to them.
Manufacturer Responsibilities	For discounted insulin: Washington Legislature could require manufacturers to offer insulin at discounted price – such as requiring insulin be evaluated annually by Prescription Drug Affordability Board. For voucher program: manufacturers would bid on ArrayRx’s RFP and their brand would be used for voucher program. For manufacturer assistance program: manufacturer would be responsible for eligibility determination, providing insulin to pharmacies or patients via direct mail service, and reimbursing pharmacies for dispensed insulin.
Patient Responsibilities	Patients would be responsible for enrolling in program online and presenting ArrayRx card at pharmacy. Patients would also be able to check online for participating pharmacies (1,200 in WA). For manufacturer assistance program, patients would need to apply and present proof of eligibility (provided by manufacturer) to pharmacy
Pharmacy Responsibilities	Individuals would show ArrayRx card or proof of eligibility at point of sale at pharmacy to receive discounted price or insulin supply.
Reimbursement Process	Voucher program: covered medications are paid to pharmacy by state agency sponsoring program plus the patient cost share for prescription HCA would have to backfill the cash flow gap to the pharmacy with state funds until rebate is received by HCA from the drug manufacturer.

Element	Potential Washington Policy (based on workgroup feedback)
	For patient assistance program, manufacturers would be responsible for reimbursing pharmacies directly.
Educational Assistance	Workgroup suggestion: Make available educational program for pharmacists and patients to help identify individuals that need help overcoming barriers.
State Entity Responsibilities	<p>Workgroup members prioritized access to state-negotiated insulin prices through ArrayRx Solutions as a top policy strategy for a long-term affordable insulin program. ArrayRx Solutions has interagency participation from Washington, Oregon, and Nevada state agencies.</p> <p>At the request of HCA, ArrayRx would go out for bid, get preferred price of insulin and work with state's existing drug discount card or voucher program to pass through discounted insulin to consumers.</p> <p>Individuals on government-purchased health plans would continue with their existing benefit process.</p> <p>HCA would have to backfill the cash flow gap to the pharmacy with state funds until rebate is received by HCA from the drug manufacturer.</p>
Reporting requirements	<p>Workgroup requests:</p> <p>Transparent financial disclosures from manufacturers, PBMs, and plans regarding what the plan paid, member paid, rebates, and acquisition costs through quarterly disclosure.</p> <p>Ability to integrate data and publish total diabetes impact and improved outcomes.</p> <p>Workgroup members supported exploring data transparency efforts related to the price of prescription – this would require exception to current Washington Drug Price Transparency (DPT) program rules.</p>
Program Expiration	N/A
Other notes	<p>ArrayRx could also be used for an emergency supply of insulin if Washington Legislature enacted same law directing all insulin manufacturers to provide a free or minimal copay for an emergency supply.</p> <p>We could consider providing patient navigators as part of a long-term assistance program like Minnesota has done.</p>