

Washington Insulin Workgroup (WAIG) Scope and Workplan

Background

In the 2022 session, the Washington Legislature passed [HB 1728](#), which directs the Health Care Authority (HCA) to create a total cost of insulin workgroup and secure input from this workgroup about strategies to reduce the cost of, and total expenditure on, insulin and provide a 30-day supply of insulin to individuals on an emergency basis.

Scope

Over the course of 5 meetings, the workgroup will consider the following:

- Strategies to reduce the cost of insulin and total expenditures for patients, including but not limited to:
 - A state agency buys drugs for resale and distribution (e.g., a licensed drug wholesaler)
 - A state agency manages prescription drug benefits on behalf of health insurers, large employers, and other payers (e.g., a registered pharmacy benefit manager)
 - A state agency purchases prescription drugs on behalf of the state directly from other states or in coordination with other states
- Design considerations to provide a once yearly 30-day supply of insulin to individuals on an emergency basis.
 - For the emergency supply program, the strategies identified by the workgroup shall include recommendations on: eligibility criteria, patient access, program monitoring, and pharmacy reimbursement, if applicable.

Meeting Timeline

Task/Deliverable	Date
Total Cost of Insulin Workgroup #1 <ul style="list-style-type: none"> • Review legislation and workplan • Review insulin cost analysis (from WADL project) • Solicit workgroup suggestions and feedback about topics to be covered 	July 8, 2022
Total Cost of Insulin Workgroup #2 <ul style="list-style-type: none"> • Review existing Washington capacities including, but not limited to, the Consortium and the ArrayRx discount program • Review the pros and cons of: <ul style="list-style-type: none"> ○ A state agency buys drugs for resale and distribution (e.g., a licensed drug wholesaler) ○ A state agency manages prescription drug benefits on behalf of health insurers, large employers, and other payers (e.g., a registered pharmacy benefit manager) ○ A state agency purchases prescription drugs on behalf of the state directly from other states or in coordination with other states 	Late August 2022

Task/Deliverable	Date
<ul style="list-style-type: none"> • Presentation(s) focused on the patient and consumer experience with diabetes with specific emphasis on accessing medications to treat diabetes (possible presenters include patients/consumers with diabetes, diabetes association, providers who treat diabetes) 	
<p>Total Cost of Insulin Workgroup #3</p> <ul style="list-style-type: none"> • Proposed topics to cover at workgroup #3 may include: HCA to review emergency supply program options and discuss considerations for eligibility criteria, patient access, program monitoring, and pharmacy reimbursement 	October 2022
<p>Total Cost of Insulin Workgroup #4</p> <p>Proposed topics to cover may include:</p> <ul style="list-style-type: none"> • Follow-on discussion and presentations regarding: <ul style="list-style-type: none"> ○ Emergency supply program options and considerations ○ Strategies to reduce the cost and expenditures ○ Discussion of draft recommendations 	December 2022
<p>Total Cost of Insulin Workgroup #5</p> <p>Proposed topics to cover may include:</p> <ul style="list-style-type: none"> • Review and finalize recommendations • Workgroup input and public testimony 	March 2023