



September 13, 2016

Jim Freeburg
Office of the Insurance Commissioner
PO Box 40258
Olympia, WA 98504

Delivered via electronic mail
Attention: Rules Coordinator

RE: Rule 2016-22: Prescription Drug Substitution Processes

Dear Mr. Freeburg,

Thank you for the opportunity to review the stakeholder draft of Rule 2016-22 regarding Prescription Drug Substitution Processes. On behalf of Molina Healthcare, please find the following comments.

WAC 284-43-5080

General Comment

Molina's Comments:

We believe the use of "substitution" requires additional clarity and defined meaning within this stakeholder draft.

WAC 284-43-5080

(3)(b) A carrier must make its determination on a standard exception and notify the enrollee or the enrollee's designee and the prescribing provider (or other prescriber, as appropriate) of its coverage determination no later than 72 hours following receipt of the request.

Molina's Comments:

As the Drug Substitution Process described in this draft is similar to the existing Drug Utilization Review Process, we believe that the timeframes imposed in this section should mirror existing timeframes in WAC 284-43-2020 Drug Utilization Review.

WAC 284-43-5080

(3)(c)(i) A carrier must make its coverage determination on an expedited review request based on exigent circumstances and notify the enrollee or the enrollee's designees and the prescribing provider (or other prescriber) of its coverage determination no later than 24 hours following receipt of the request.

Molina's Comments:

As the Drug Substitution Process described in this draft is similar to the existing Drug Utilization Review Process, we believe that the timeframes imposed in this section should mirror existing timeframes in WAC 284-43-2020 Drug Utilization Review.

WAC 284-43-5080

(6)(b) If a carrier grants a request for an external review of a standard exception request, the carrier must provide coverage of the non-formulary drug for the duration of the prescription. If a carrier grants a request for an external review of an expedited exception request, the health plan must provide coverage of the non-formulary drug for the duration of the exigency.

Molina's Comments:

We believe that additional verbiage needs to be added to this section to clarify that a carrier is required to provide coverage of the non-formulary drug in the event that the substitution request is approved. If the intent is that a carrier must cover the non-formulary drug in cases other than when approval is granted, we may have additional concerns.

We appreciate the opportunity to work collaboratively with the OIC in proposed rulemaking. Thank you for your consideration of Molina's comments, and if there are any questions we would be happy to discuss if needed.

Sincerely,

Gretchen Gillis
Manager of Government Contracts
Molina Healthcare of Washington

CC:
Benjamin Schatzman, VP of Pharmacy Services
Lisa Moore, Contract Specialist