

Kim Wixson RPH, Cottonport Corner Drug

<b>Non-Emergency Medical Transportation (NEMT) and Pharmacy Benefits Manager (PBM) Request for Comment</b>	
<b>RFI Question</b>	<b>Response</b>
If Medicaid were to change its current broker model for non-emergency medical transportation (NEMT), what changes would you recommend?	n/a
If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?	The DAW 9 (preferred brand) program is killing pharmacies. I understand it is all about the rebate dollars, but it is unfair to put the burden on the pharmacy to operate this program. At minimum an additional fee on top of the dispensing fee should be given to pharmacies to compensate for the loss that we are taking filling these drugs at NADAC especially when so much of our cash flow is tied up sitting on our shelves for this program. The payment model for a preferred brand rx should look like nadac +dispensing fee+ daw 9 fee + provider 0.10 fee. Pharmacies should be compensated a portion of the rebate for having to pay for a more expensive medication when there is a cheaper alternative.