

Wolfe Pharmacy Inc.

Non-Emergency Medical Transportation (NEMT) and Pharmacy Benefits Manager (PBM) Request for Comment	
RFI Question	Response
<p>If Medicaid were to change its current broker model for non-emergency medical transportation (NEMT), what changes would you recommend?</p>	<p>No data here</p>
<p>If Medicaid were to change its current pharmacy benefit manager model, what changes would you recommend?</p>	<p>Louisiana Medicaid should only allow independent pharmacies to participate in Medicaid. It has been proven many times that patients are treated better by independent pharmacies. We are training clinical Pharm D pharmacists to give enhanced care to patients and are not allowing this to happen. There is a disconnect between the way pharmacists are trained and how community pharmacists are paid. I have owned my pharmacy for almost 50 years and a pharmacist for 60 years. The true value of our service is to help our patients understand the need to use their medication correctly to control their illness/ we started compliance packaging in 2012 and the success of that practice is unbelievable we call all patients every month to check if their regimen has changed, have they been to Dr's office, on in hospital to determine how to pack their medication. Our MPR (medication possession ratio) has improved dramatically. Reason our clinical pharmacist is in touch with patients routinely to help educate patient to use medication correctly. Mail order pharmacy can't compete with this practice nor can the chains. This is the way to conduct business to improve health outcomes</p> <p>Pharmacies need to be paid correctly the PBMs are paid better than pharmacies and we supply the medication. We need to have an accurate cost of the medication and a reasonable disp fee of 15.00 or more. The PBMs need to be controlled they are the reason for increase cost of medication.</p>