MyMatrixx
By EVERNORTH

Kamerron Slay
Commission Secretary
Idaho Industrial Commission
Via email: commissionsecretary@iic.idaho.gov

October 28, 2024

Re: Comments on proposed changes to IDAPA 17.01.01- Administrative Rules Under the Worker's Compensation Law

MyMatrixx, an Evernorth Company, appreciates the opportunity to submit comments to the Industrial Commission regarding proposed amendments to the workers' compensation administrative rules, specifically provisions related to physician dispensing. By way of background, MyMatrixx provides pharmacy benefit management services to many workers' compensation insurance carriers, employers, and third-party administrators. Our strategic approach includes structuring customized client solutions around best-in-class core services, supported by advanced trend-management and clinical-review programs, to ensure safety for injured workers, while aggressively controlling costs.

MyMatrixx supports the Industrial Commission's effort to further control costs associated with physicians dispensing medications from their offices. Physician dispensing has continued to be a notable concern in many states for workers' compensation for several years. We believe the practice of physician dispensing bypasses the benefits of a pharmacy benefit manager and ignores critical patient safety alerts that are typically identified and communicated to retail pharmacies before medications are dispensed. The practice often also inflates medication costs by targeting specific medications that have higher Average Wholesale Price (AWP) values.

Along with our general support for controlling physician dispensing costs, we also would recommend the related language proposed to be amended in Section 803.02.f. be clarified. First, we urge the Commission to clarify what is meant by "cost" in the phrase "lowest-cost." Is the "cost" tied to the AWP for the medication(s) or some other type of cost benchmark such as billed charge? Second, we recommend the Commission clarify what is meant by "therapeutic equivalent drug," perhaps borrowing from a standard definition already acknowledged in state or federal laws. For example, the FDA maintains a definition at 21 CFR 314.3(b): "Therapeutic equivalents are approved drug products that are pharmaceutical equivalents for which bioequivalence has been demonstrated, and that can be expected to have the same clinical effect and safety profile when administered to patients under the conditions specified in the labeling." We believe clarifying both of these terms will ensure stakeholders apply the rule changes correctly and consistently, curtailing delays in the billing and reimbursement process and minimizing potential disputes over proper payment in the future.

Thank you for the open dialog during the negotiated rulemaking process this year and for this final opportunity to submit written comments. We appreciate your consideration of our comments and recommendations. If you have questions regarding our positions, please contact me for further discussion.

Sincerely,

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