

Name of Meeting: Pharmacy Liaison Committee
Date of Meeting: July 9, 2026
Length of Meeting: 10:00AM – 11:00AM
Location of Meeting: DMAS – Conference Room A & B 1st Floor

Committee Members:

David Christian - Virginia Community Healthcare Association (VCHA)
Anne Leigh Kerr - Pharmaceutical Research and Manufacturers of America (PhRMA)
Jenner Foster (designee for John Seymour) - Community Pharmacy (Independent)
Jamie Fisher - Virginia Pharmacists Association (VPhA)

DMAS Staff:

Greg Barabell, MD, CMO
JoeMichael Fusco, PharmD, Pharmacy Manager
Rachel Cain, PharmD
Arielle Abbates, PharmD
Alexis Page, PharmD

Other Attendees:

Alexander Macaulay
Otto Wachsmann
Laurie Mauthe
Joe Kupiec
Frank Washington

Introductions

The meeting started at 10:06 a.m. Dr. Cain welcomed everyone, reiterated the PLC meetings are in-person meetings only, and asked the Committee members to introduce themselves.

Charge of the Committee

Dr. Cain gave an overview of the charge of the Committee as stated in the 2022 Appropriation Act.

The Department of Medical Assistance Services shall implement continued enhancements to the drug utilization review (DUR) program. The department shall continue the Pharmacy Liaison Committee and the DUR Board. The department shall continue to work with the Pharmacy Liaison Committee, meeting at least semi-annually, to implement initiatives for the promotion of cost-effective services delivery as may be appropriate. The department shall solicit input from the Pharmacy Liaison Committee regarding pharmacy provisions in the development and enforcement of all managed

care contracts. The Pharmacy Liaison Committee shall include a Department of Medical Assistance Services Department of Medical Assistance Services Pharmacy Liaison Committee Meeting representative from the Virginia Community Healthcare Association to represent pharmacy operations and issues at federally qualified health centers in Virginia. The department shall report on the Pharmacy Liaison Committee's and the DUR Board's activities to the Board of Medical Assistance Services and to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees and the Department of Planning and Budget no later than December 15 each year of the biennium.

Cost Savings Proposals from Committee Members:

Prior to each meeting, Dr. Cain requests the members provide input via email towards agenda topics. John Seymour, PLC member, was unable to attend but submitted recommendations to maximize the success of Virginia's SPBM. Mr. Seymour's document was shared with the committee and other attendees. During the meeting, there was much discussion regarding the 340B quarterly report.

DMAS Updates:

Dr. Fusco shared the following updates:

DMAS Agency Director	Steven Ford
DMAS Deputy Director	Elizabeth "Liz" Dervan
CMO QA	Greg Barabell, MD
Pharmacist	Alexis Page, PharmD

Budget Items

- **340B Reporting: 291.UUUUU.14**
 - Each 340B covered entities must report detailed data to DMAS every quarter for drugs dispensed to Medicaid patients, including drug information, costs, billing and reimbursement amounts, dispensing method, and any contract pharmacy involved. DMAS uses this data to prevent duplicate discounts, ensure proper rebate handling, and calculate the total value of 340B savings, which is reported annually to state leadership.
- **GLP-1 Coverage for Weight Loss: 291.MMMM.2**
 - DMAS is directed to evaluate pharmaceutical manufacturer programs and other contracting arrangements that could reduce the cost of GLP-1 receptor agonists and similar therapies for Virginia Medicaid. The evaluation must assess available programs, their feasibility, and projected fiscal impact. DMAS is authorized to implement the option that provides the greatest projected savings, provided it achieves a Medicaid cost of \$245 or less per unit and meets the assumed savings included in the state budget.

- **Sickle Cell and Gene Therapy: 291.WWWW W.1-2**
 - DMAS is authorized to unbundle the cost of eligible sickle cell disease cell and gene therapies from hospital daily rates and implement value-based payment agreements to participate in the CMS Cell and Gene Therapy Access Model.

Several members mentioned interest in working on a task force to assist DMAS regarding these issues.

Single PBM:

- **Single PBM: 295.RR**
 - The legislation directs DMAS to transition to a single, independent pharmacy benefits manager (PBM) to administer pharmacy benefits for all Virginia Medicaid members, including those enrolled in managed care organizations, by January 1, 2028.
 - The selected PBM must be independent, with no ownership ties to Medicaid managed care organizations.
 - The PBM must have no financial arrangements with drug manufacturers (e.g., rebates, discounts, chargebacks, clawbacks, or data sales) that could influence formulary or utilization management decisions.

Dr. Fusco stated DMAS is looking forward to working with our MCO partners and the pharmacy unit is reviewing other state Medicaid agencies' experience with a single PBM.

Other Business

Next meeting to be scheduled sometime in December 2026

Adjournment

The meeting adjourned at 10:47 AM