

Addressing High Prescription Medication Cost: Part 1

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11:30am-2:30pm EST Twitter: @EmplyrsForumIN

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Agenda: https://employersforumindiana.org/media/2021/01/Agenda-February-2021.pdf

Introductions
Tee Up the Topic

Would you ever pay \$20 for a Starbucks Coffee?

Troy Trygestad

Specialty Pharmacy Carveout

Candace Shaffer

Maximizing Co-Pay Assistance and Good Rx

- Amy Ball
- Ed Isakson

Innovative Future of Medication Match-Making

- Rich Mousty
- Mark Williams
- Daniel Wilson

Purposely Changing our PBM Strategy

- Sheri Alexander
- Jeff Post

PANEL DISCUSSION moderated by Candace Shaffer

Stats: National Health Expenditures in 2019

US health care spending increased 4.6%

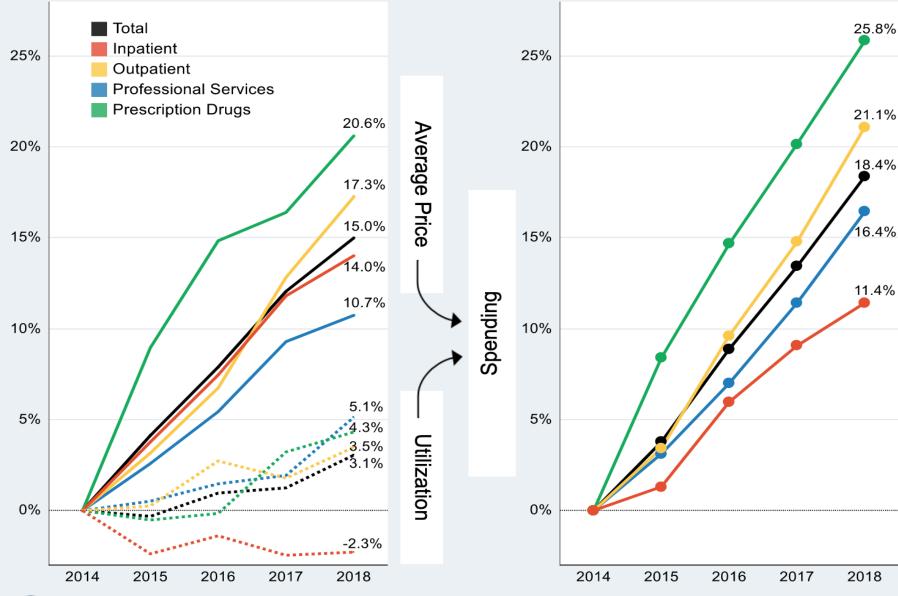
Retail prescription drug spending accounted for 10% of total health spending

Retail prescription drug spending growth was 5.7%, increasing to \$369 billion

Households' out-ofpocket health care expenditures increased 4.6%



Figure 4: Cumulative Change in Spending per Person, Utilization, and Average Price by Service Category



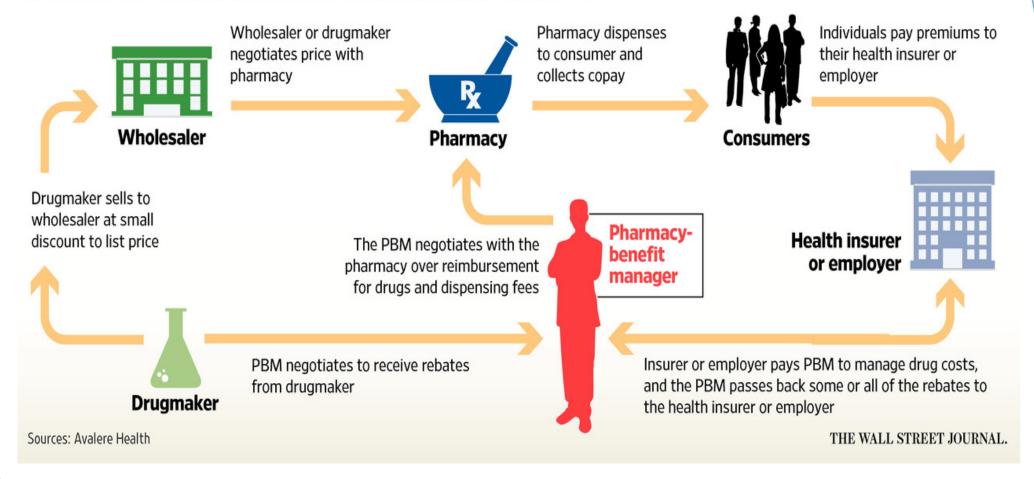


Note: Utilization and average prices account for changes in the type or intensity of services used, with the exception of prescription drugs. Prescription drug spending is the amount paid on the pharmacy claim, which reflects discounts from the wholesale price, but not manufacturer rebates.



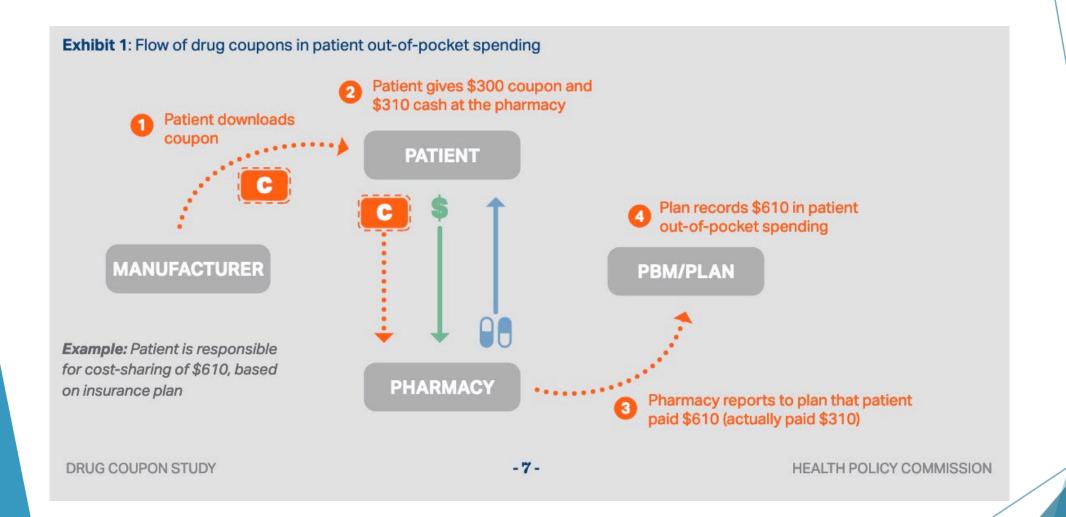
How Drug Distribution Works

A complex supply chain determines how prescription drugs are paid for in the U.S.





Prescription Drug Coupons: Traditional Model





One of Many Rx Problems: Medication Non-Adherence

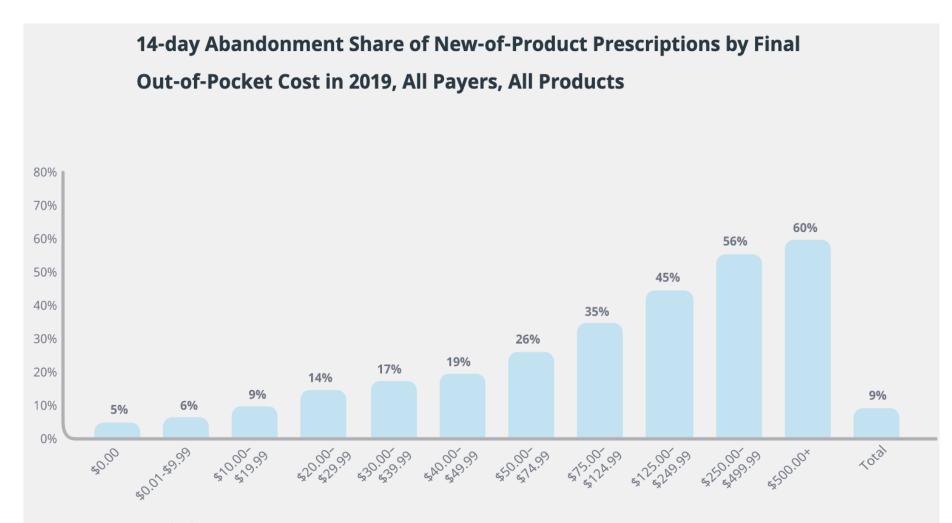
9% of all new prescription starts were abandoned at retail pharmacies in 2019.

Prescription abandonment rates are less than 5% with no out-of-pocket cost, 45% with a cost of over \$125, and 60% with cost of over \$500.

The average abandonment rate of diabetes, anticoagulants, and oral cancer medications 18% of all new therapy starts.



Rx Non-Adherence Correlates with Price



Source: IQVIA LAAD Sample Claims Data, Dec 20199

Notes: New to product prescriptions are those where patients have not had a prescription for the specific brand or generic drug within the prior year. Pharmacies in the sample provide information on prescriptions which were prepared for dispensing and whether they were dispensed, with abandonment defined as the prescription in question not being dispensed to the patient within 14 days of the initial fill.

Report: Medicine Spending and Affordability in the United States. IQVIA Institute for Human Data Science, August 2020



Rx Discount Cards: An Opportunity to Maximize

- Pharmacy network discount cards are offered by vendors such as GoodRx, Blink Health, and ScriptSave.
- Discount cards typically cannot be used together with insurance, but serve as an additional option for patients.
- Some PBMs have figured out how to incorporate these discount cards

Good_R

Image: https://images.app.goo.gl/mY1YMahj2sYCSrw17

Source: https://www.pharmacytoday.org/article/S1042-0991(20)31054-9/fulltext



Innovation: Mark Cuban Cost Plus Drug Company

About the Company

"We will let everyone know what it costs to manufacture, distribute, and market our drugs to pharmacies. We add a flat 15% margin to get our wholesale prices. This makes sure we remain viable and profitable. There are no hidden costs, no middlemen, no rebates only available to insurance companies. Everybody gets the same low price for every drug we make."

First Drug = Albendazole

- To make and distribute the drug is ~ \$13.00 per tablet
- add a 15% profit margin, so charge is \$15 per tablet as a wholesale price to pharmacies, clinics, hospitals, etc.
- set a manufacturer's suggested retail price at \$20 per tablet.



https://costplusdrugs.com/

Legislative Solutions

Thirty-six states have passed or are actively advancing legislation on four areas relating to drug pricing

Exhibit 22: State Policies Expected to Impact Affordability and Prices in 2020 and Beyond



Financial Transparency

17 states enacted

- Require advance notice and/or justification of price increases
- Report information on development and manufacturing costs and prices
- Require PBMs to disclose manufacturer rebates



Copay Caps

18 states enacted

- Limits on monthly out-of-pocket costs
- Limit patient cost obligation to retail price if less than plan defined-copay/coinsurance



Insulin Copay Caps

10 states enacted (11 progressing)

- Limits on monthly insulin copays with states ranging from \$25 to \$100 per month
- All enacted policies except in Minnesota cover commercial plans regulated by states, some go beyond
- Minnesota covers uninsured and underinsured at max \$50 for 90 day supply



Anti-Price Gouging

2 states passed (10 progressing)

 Legislation providing jurisdiction for states to sue manufacturers for "unconscionable" price increases, ones that are not justified by the costs of making or distributing the drug

Source: IQVIA Institute, Jul 2020

Exhibit notes: Gallup-West Health National Healthcare Study, Sept 16-30, 2019, N=1,099.

Source: https://www.iqvia.com/insights/the-iqvia-institute/reports/medicine-spending-and-affordability-in-the-us



Indiana PBM legislation



- ► SB 62 dead
- ► SB 131 alive
- ► SB 143 alive
- ► HB 1393 alive

To follow these bills, visit the Indiana General Assembly website: http://iga.in.gov/