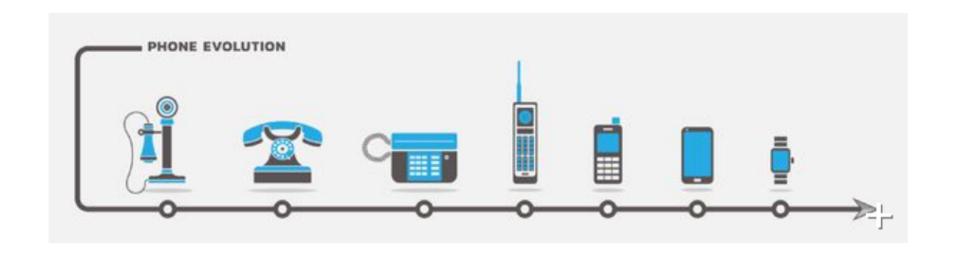
### Living in a World of Specialization

#specialtypharmacy

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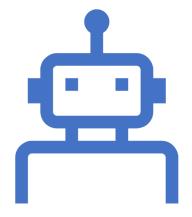


We are living in a different era

Like a phone, medicine has evolved

# Personalized and Specialized Medicines are Here

- Pharma no longer develops drugs for all of us
- Most of us are treated with generics
- But for some, specialty medication is all that will work
- For those, treatment costs are rising at an alarming rate
- Rebates don't work by design



# In the last 30 years, One Specialty Drug to Four-Hundred

#highcostmedication

# But Cost Containment Has Not Evolved It doesn't "Work like the Old Days"

#### **Cost Sharing**

- Tier Structure
- Copayments / Coinsurance
- Deductible

#### Drug Specific Criteria

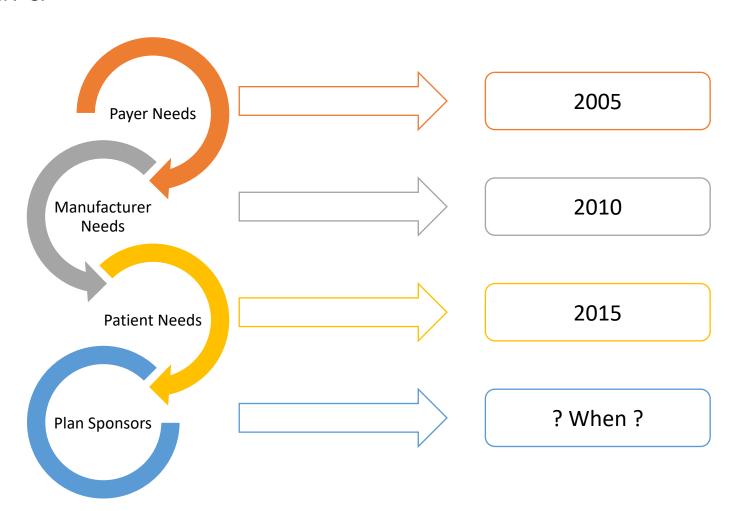
- Formulary Placement
- Step Therapy
- Prior Authorization

#### Provider Network

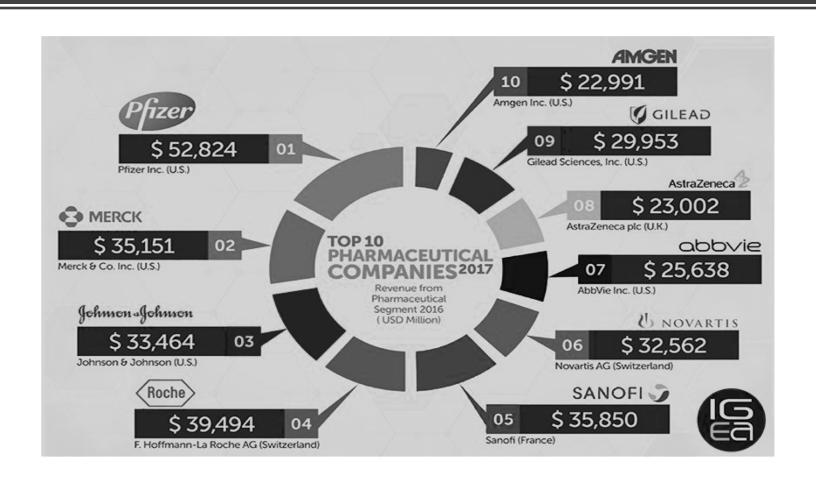
- Mandatory mail/specialty
- 90-days at Retail
- Preferred Network

Cost Control Strategies Over the last 38 years

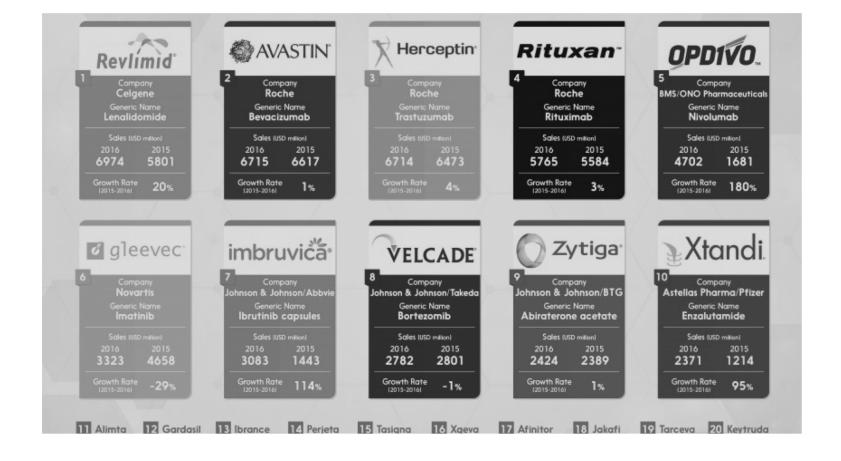
# The Plan Sponsor's Needs have Not Been Heard



## Yet Billions are Moving in One Direction

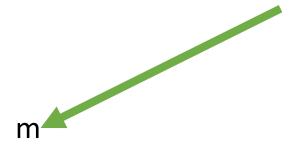


#### Oncology Continues to Drive Specialty Costs



## So where is the "M"?

For the last 30 years the management of prescription benefits has not changed



#### Common Threads









#### Any Idea what you are Paying?



LIST PRICE (WAC)



AVERAGE WHOLESALE PRICE (AWP)



MEDICAID BEST PRICE



**NET PRICE** 

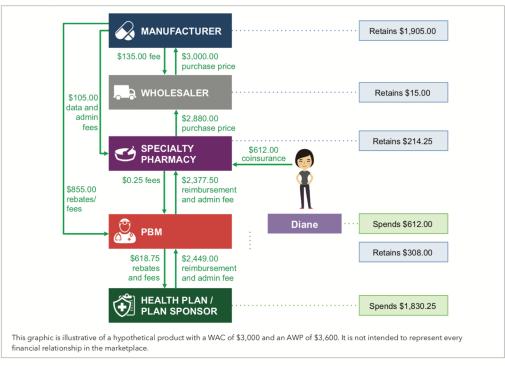


You have no idea

# Affordability and Access

#### Flow of Payment for a \$3,000 HIV Medicine

(Patient Pays Coinsurance)



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## Co-insurance Trap

Chase Rebates

## Who Pays Whom?

#### Flow of Payment for a \$3,000 HIV Medicine (Coinsurance Example): Diane

| Tiow of Fayment for a \$5,000 file Medicine (Comsulance Example). Diane |                                     |   |            |  |
|---|-------------------------------------|---|------------|--|
| Number  |                                     | Item  | Amount     | Computation  |
| [WAC]   |                                     | Wholesale Acquisition Cost  | \$3,000.00 | WAC (set by manufacturer)                                  |
| [AWP]   |                                     | Average Wholesale Price   | \$3,600.00 | [WAC] * 1.2 (determined by pricing publications)           |
| Wholesaler:   | [1]                                 | Buys product from manufacturer  | \$3,000.00 | [WAC]  |
|   | [2]                                 | Collects distribution fee from manufacturer                           | \$135.00   | [1] * 4.5%   |
|   | [3]                                 | Sells product to pharmacy   | \$2,880.00 | [1] - 4.0%   |
|   | Wholesaler Retains                  |   | \$15.00    | [2]-[1]+[3]  |
| Specialty<br>Pharmacy:  | [4]                                 | Collects cost-sharing from patient                                    | \$612.00   | Determined by plan (20% coinsurance) (([AWP] - 15%) * 20%) |
|   | [5]                                 | Collects dispensing fee from PBM                                      | \$1.50     | Estimate   |
|   | [6]                                 | Collects administrative and data fees from manufacturer               | \$105.00   | [WAC] * 3.5%   |
|   | [7]                                 | Ingredient cost reimbursement from PBM                                | \$2,376.00 | ([AWP] - 17%) - [4]  |
|   | Specialty Pharmacy Retains          |   | \$214.25   | [4]+[5]+[6]+[7]-[3]-[12]                                   |
| РВМ:  | [8]                                 | Collects base rebate from manufacturer                                | \$600.00   | [WAC] * 20%  |
|   | [9]                                 | Collects administrative service fee from manufacturer                 | \$135.00   | [WAC] * 4.5%   |
|   | [10]                                | Collects price protection rebate from manufacturer                    | \$120.00   | [WAC] * 4.0%   |
|   | [11]                                | Collects and retains administrative fee from health plan/plan sponsor | \$1.00     | Negotiated with plan sponsor/per claim fee                 |
|   | [12]                                | Collects and retains transaction and E-prescribing fees from pharmacy | \$0.25     | Transaction (\$0.10) + E-prescribing (\$0.15) fees         |
|   | [13]                                | Retains share of base rebate and price protection rebate              | \$135.00   | ([8] * 12.5%) + ([10] * 0.5)                               |
|   | [14]                                | Retains share of manufacturer administrative fee                      | \$101.25   | [9] * 75%  |
|   | [15]                                | Reimbursed for ingredient cost by health plan/<br>plan sponsor        | \$2,448.00 | ([AWP] - 15%) - [4]  |
|   | РВМ                                 | Retains   | \$308.00   | [11] + [12] + [13] + [14] + [15] - [7] - [5]               |
| Health Plan/<br>Plan Sponsor:   | [16]                                | Payment to PBM  | \$2,449.00 | [11] + [15]  |
|   | [17]                                | Receives share of rebates and fees                                    | \$618.75   | ([8] + [10] - [13]) + ([9] - [14])                         |
|   | Final Health Plan/Plan Sponsor Cost |   | \$1,830.25 | [16] - [17]  |
| Patient Payment Amount  |                                     |   | \$612.00   | [4]  |
| Manufacturer-retained Payment   |                                     |   | \$1,905.00 | [WAC] - [2] - [6] - [8] - [9] - [10]                       |

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#### Summing this all Up

Benefits for Prescription Drugs Need a Complete Overhaul

Pharma is winning and everyone else is loosing the economic battle

The current PBM model is not designed for a "special" world

Specialty Drugs are killing budgets, but extending lives

Co-insurance should be based on net price, but it is not

Rebates incentivize irrational behavior in buyers

Specialty Pharma and Pharmacy is an economic engine supporting a broken model