

#### Oregon Prescription Drug Affordability Board



## Prescription Drug Affordability Board Community Forums

April - May 2024

#### Lou Savage

Consumer Engagement Coordinator Oregon Prescription Drug Affordability Board (PDAB) Department of Consumer and Business Services (DCBS)

#### Why are we here?

- Provide you information on the Prescription Drug Affordability Board (PDAB) and background on prescription drug costs
- Discuss upper payment limit (UPL)
- Hear how the high cost of prescription drugs has affected you





## Prescription Drug Affordability Board (PDAB)

#### **D** Purpose

Created under Senate Bill 844 (2021) to protect Oregonians, state and local governments, commercial health plans, health care providers, pharmacies, and others within the health care system from the high costs of prescription drugs

#### **Composition**

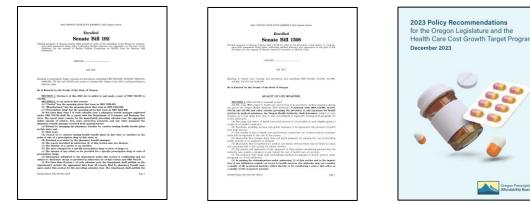
Eight members appointed by the governor and confirmed by the Senate, with backgrounds in clinical medicine or health care economics





#### **PDAB works to make Rx affordable**

- ➤ The board recommended to the Oregon Legislature that it lower the insulin copay limit to \$35 and/or decouple from inflation index
  - ✓ The 2024 Legislature passed Senate Bill 1508 that will cap the cost of insulin at \$35 a month and limit the cost to \$105 for a 90-day supply





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#### PDAB works to make Rx affordable

- Recommended to the Legislature a study of upper payment limits and more transparency of pharmacy benefit managers (PBMs), a middleman in the drug supply chain
  - ✓ The 2023 Legislature passed Senate Bill 192 to create an implementation plan for upper payment limits and increase reporting requirements for pharmacy benefit managers to improve transparency.





#### What does Senate Bill 192 ask PDAB to do?

- Develop an approach to establish an upper payment limit (UPL) on prescription drugs
- Seek public input on the effect of the rising cost of drugs

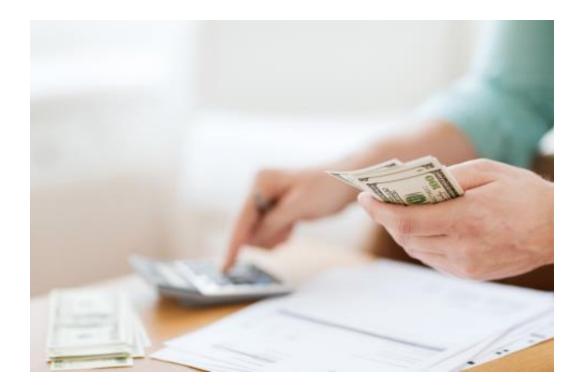
8	2nd OREGON LEGISLATIVE ASSEMBLY-2023 Regular Session
	Enrolled
	Senate Bill 192
ance with presessi-	paate Interim Rule 212.28 by order of the President of the Senate in conform on filing rules, indicating neither advocacy nor opposition on the part of th request of Senate Interim Committee on Health Care for Senator Del
	CHAPTER
	AN ACT
	a drugs; creating new provisions; amending ORS 646A.689, 646A.689, 646A.689 and 743.025 and section 9, chapter 598, Oregon Laws 2021; and prescribing an
Be It Enacted by the	People of the State of Oregon:
(a) "Carrier" has (b) "Manufacture (c) "Prescription 2) Not later than ander OBS 735.52 at (c) Not Services. The report and lollar amount of re- (a) Related to and (b) That were: (b) Passed on to an this state; and (c) The report de (c) Not later than the rescription drugs.	Is used in this section: the meaning given that term in ORS 743B.005. " <sup>47</sup> has the meaning given that term in ORS 646A.680. drug" has the meaning given that term in ORS 646A.680. Joue 1 of each calendary year, a pharmacy benefit manager registered hall file a report with the Department of Constancer and Business Sec- tors in the immediately preceding calendary ear, the aggregate bates, fees, price protection payments and any other payments the mager received from manufacturers: unaging the pharmacy benefit for carriers issuing health benefit plans - carriers issuing health benefit plans in this state or enrollees at the scription drug in this state; or evenue by the pharmacy benefit manager. Scribed in subsection (2) of this section may not disclose: of a carrier or an enrollee reged for a specific prescription drug or class of hay rebate or for provided for a specific prescription drug or class o unbmitted to the department under this section as Confidential and no cocept as provided in subsection (3) of this section and So 150, 157, 0 October 1 of each calendar year, the department shall publish on the scient of the preceding calendar year. The department shall publish to the aggregated data from all reports filled by pharmacy benefit man- tion for the preceding calendar year. The department shall publish on the
Inrolled Senate Bill 192 (5	SB 192-B) Page





### What is an upper payment limit (UPL)?

- A limit on what purchasers in the state will pay for specific drugs
- It creates a ceiling on what a payer can pay for a drug
- It does not set the price a manufacturer can charge







### What is a prescription drug?

- Intended for the diagnosis, cure, mitigation, treatment, or prevention of disease
- Brand name = covered by a patent for a set period
- Generic = same ingredients as brand name; available after the patent has expired



Generics usually cost less and are used more frequently due to cost





# How do Rx costs affect patient out-of-pocket costs?



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#### **Prescription drug costs for consumers**

- ➢ 6 in 10 adults take at least one prescription medicine
- About 8 in 10 adults believe the cost of prescription drugs is unreasonable
- 28 percent say it is difficult to afford their prescription medicine;
  40 percent of those have a household income of less than \$40,000
- About 3 in 10 people haven't taken their medicine as prescribed due to cost
- About 8 in 10 people think drug company profits are a major contributing factor to prescription drug costs

Source: "Public Opinion on Prescription Drugs and Their Prices," by Ashley Kirzinger et al, KFF, Aug. 21, 2023

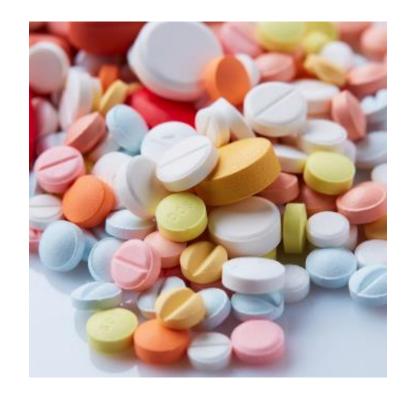




## Prescription drug costs affect public health

The state of Oregon is a major purchaser of prescription drugs

- Oregon Health Plan: \$1.3 billion in 2022
- Public Employees' Benefit Board (PEBB):
  \$180 million in 2022
- Oregon Educators Benefit Board (OEBB):
  \$127 million in 2021-2022
- CAREAssist (Oregon's AIDS Drug Assistance Program): \$17 million in 2023







#### How do Rx costs affect premiums?







### It depends on who you ask!

#### Where Does Your Health Care Dollar Go?

Your premium—how much you pay for your health insurance coverage each month—helps cover the costs of the medications and care you receive and improves health care affordability, access and quality for everyone. Here is where your health care dollar really goes.



# The AHIP Premium Dollar: Corrected

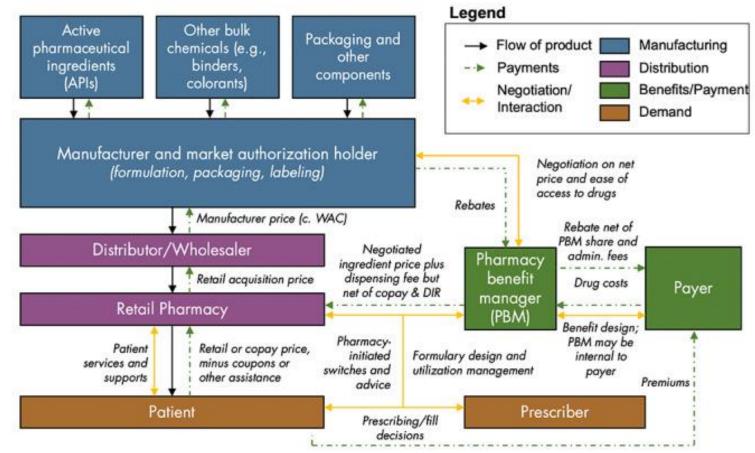
America's Health Insurance Plans (AHIP) would have you believe that brand medicines are the primary driver of insurance premium costs. But AHIP's own data show that this simply isn't true. A recent <u>AHIP infographic</u>, "Where Does Your Premium Dollar Go?," gives the misleading impression that prescription medicines account for the largest share of insurance premiums. However, when you properly account for the share of spending that goes to brand biopharmaceutical companies vs. generic manufacturers and supply chain intermediaries, **brand medicines comprise less than 11 cents of the premium dollar, or about 50% less than what is spent on insurer administrative costs and profit.**<sup>1,2</sup>



#### Source: AHIP (national association whose members provide health care coverage, services)

**Source:** PhRMA (national advocacy association for companies that provide research and develop treatments and cures)

#### **Typical supply chain for brand-name drugs**



Source: Mulcahy, Andrew W. and Kareddy, Vishnupriya. "Prescription Drug Supply Chains: An Overview of Stakeholders and Relationships." RAND Health Quarterly, June 2022. https://pubmed.ncbi.nlm.nih.gov/35837523/. Accessed March 12, 2024.

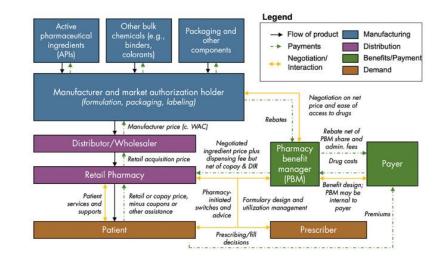


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### **Rx supply chain: everyone plays a role**

- Manufacturers brand, generic, biosimilars
- Wholesale distributors
- Pharmacies
- Pharmacy benefit managers (PBMs)
- Insurance companies
- Medical providers
- Consumers
- Government agencies and others



Source: "Pharmacy Benefit Manager Overview," by Division of Financial Regulation policy managers, presented to the Prescription Drug Affordability Board on Oct. 12, 2022.





## Why are prescription drug costs so high? Here are some opinions.







#### **America's Health Insurance Plans: Copay coupons**

Pharmaceutical manufacturers offer copayment coupons to insured patients to reduce or eliminate out-of-pocket costs for brand-name drugs.

Coupons remove incentives for patients to use lower cost drugs and manufacturers to lower their prices. <text>

Sources: AHIP presentation to the Prescription Drug Affordability Board on May 17, 2023. <u>Special Advisory Bulletin Pharmaceutical Manufacturer Copayment Coupons</u>, HHS OIG, September 2014. https://oig.hhs.gov/documents/special-advisorybulletins/878/SAB\_Copayment\_Coupons.pdf





#### Initiative for Medicines, Access, and Knowledge: Patents

- There are 74 granted patents on each of American's 10 top selling drugs.
- This gives major drugmakers an advantage to keep generic and biosimilar competitors off the market.

Lower-cost generic and biosimilar versions of three top-selling drugs – Humira, Eliquis, Enbrel – launched in Europe about 77 years earlier than their expected U.S. entry. Americans will spend about \$167 billion on branded versions of these three drugs.

Sources: I-MAK presentation to the Prescription Drug Affordability Board on Nov. 16, 2022. "Overpatented, Overpriced: curbing patient abuse: tackling the root of the drug pricing crisis." I-MAK, September 2022. https://www.i-mak.org/overpatented/





#### **Oregon State Pharmacy Association: PBMs**

- PBMs steer patients to their own affiliated pharmacies for their own profit, resulting in increased cost of care.
- PBMs gain profit from spread pricing. In spread pricing, a PBM charges a payor more for a drug than it pays the pharmacy where it obtained the drug. The PBM keeps the difference as profit.

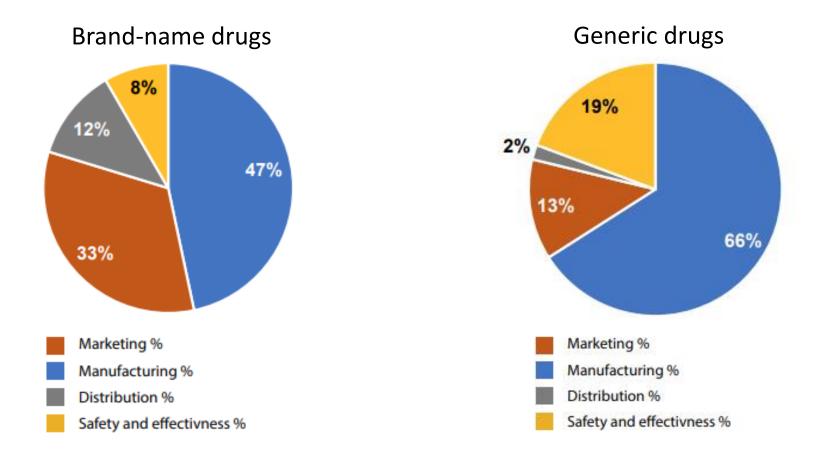
Sources: Oregon State Pharmacy Association presentation to the Prescription Drug Affordability Board on Jan. 18, 2023. "Understanding Pharmacy Reimbursement Trends in Oregon: The High Costs of Low Prices," October 2022. "The District of Columbia has taken significant steps to ensure accountability over amounts managed care organizations paid to pharmacy benefit managers." March 16, 2023. U.S. Department of Health and Human Services, Office of Inspector General. https://oig.hhs.gov/oas/reports/region3/32000200.asp



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#### Manufacturer direct cost breakdown



Source: Oregon Drug Price Transparency Program - Annual Report 2023. https://dfr.oregon.gov/drugtransparency/Documents/20231207-dpt-hearing/Prescription-Drug-Price-Transparency-Annual-Report-2023.pdf. Accessed March 12, 2024.



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## We want to hear from you!

# Please share with us information on the type of drug and costs.





How has the cost of your prescription drugs affected you or your household?

Do you feel you can follow your medical treatment plan for your condition with the cost of your prescription drug(s)?

Do you, or have you, had to switch your Rx due to insurance coverage?





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#### **Consumer participation at board meetings**

PDAB Meeting Date	Prescription drugs	Main Treatment	
May 15	Ozempic	Type 2 diabetes	
May 15	Trulicity	Type 2 diabetes	
June 26	Shingrix	Reduces the incidence of shingles	
June 26	Ocrevus	Multiple sclerosis (MS)	
July 24	Entyvio	Ulcerative colitis & Crohn's	
July 24	Inflectra	Rheumatoid arthritis, Crohn's, ulcerative colitis	
Aug. 21	Cosentyx	Plaque psoriasis, psoriatic arthritis	
Aug. 21	Skyrizi	Plaque psoriasis & Crohn's	
Sept. 18	Tremfya	Plaque psoriasis	
Sept. 18	Vyvanse	ADHD & eating disorder	
Oct. 16	Genvoya	HIV	
Oct. 16	Triumeq	HIV	
Nov. 20	The board will have the final review of drugs and make Legislative recommendations.		





#### How to attend online board meetings:

#### Go to https://dfr.oregon.gov/pdab

- Click on board calendar and materials
- Scroll to the meeting date
- Click on "Register here"
- Sign up for the Zoom meeting
- If you need assistance, email to pdab@dcbs.oregon.gov or call 971-374-3724



#### Board calendar and materials

Oregon Prescription Drug Affordability Board	2024			A 2024 print version
Board members				E 2024 print version
Board calendar and materials	January 26	February 21	March 20	April 17
Drug affordability review	Wednesday	Wednesday	Postponed	Wednesday
Prescription drug data	1:00 p.m 3:30 p.m.	9:30 a.m 12:00 p.m.		9:30 a.m 12:00 p.m. Register here 🗰
Public comment form	Agenda packet	Agenda packet		Public comments
Policies and rulemaking	Meeting minutes	Video		Public comments
Legislative reports	Video	Public comments		
Newsletters	Public comments			
Conflict of interest				
Frequently asked questions (FAQs)	May 15	June 26	July 24	August 21
Get board updates	Wednesday	Wednesday	Wednesday	Wednesday
Contact us	9:30 a.m 12:00 p.m. <b>Register here ⊞</b>			





### How to submit public comment for board meetings:

#### Go to https://dfr.oregon.gov/pdab

- Click on the public comment form
- Complete and submit the form
- Register for the Zoom meeting
- If you need assistance, email pdab@dcbs.oregon.gov or call 971-374-3724

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Oregon Prescription Drug Affordability Board							
Working to make prescription drugs aff	ordable						
♣ > Oregon Prescription Drug Affordability Board > Board calendar and	materials						
COMMENTER INFORMATI	ON						
Name: (required)*		Date: (required)*					
First and last name		MM/DD/YYYY					
Organization, if applicable: (required)*		Topic/Drug: (required)*					
Email Address: (required)*		Phone Number:					
		Optional					
Are written comments submitted with Do you plan to offer oral comment in addition to the written submission?							
○ Yes	○ Yes						
® No	® No						





# Register for the board meetings and take the survey about drug costs:



https://dfr.oregon.gov/pdab/

**Contact us** pdab@dcbs.oregon.gov 971-374-3724



