

La Cámara de Comercio de Puerto Rico y su Comité de Salud presentan el Foro:





U.S. HHS BLUEPRINT: RE-EXAMINING OF THE WHOLE SYSTEM

Transparency

Lowering List Prices

Lowering
OOP Costs

Promoting Innovation



HEALTH OUTCOMES

TOTAL COSTS OF CARE









PT. COST SHARE





RELEVANT Rx TRENDS - PUERTO RICO

COMPARATIVE EFFECTIVENESS (SPECIALTY MEDS)

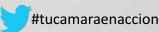
BIOSIMILARS

HEALTH OUTCOMES
(VALUE-BASED
CONTRACTING)

MEDICAL PHARMACY
MANAGEMENT

CONSUMER

Self-Insured Employers: "I have a tiered formulary with copay and coinsurance structures in-place and a GDR >86%, but Rx costs keep going up".





Driving Consumer Decisions: The Need for our own Version of a Reference Pricing Model

GLOBAL APPLICATION

- Country-level macroeconomic variables determines "Price Adequacy" of drug
- German model "AMNOG" Clinical Comparative Effectiveness

LOCAL APPLICATION

- In situations where there is wide price variation for therapeutically similar drugs.
- Individual drugs are grouped according to therapeutic class and payment is limited to the price of the least expensive alternative in each class.

TARGET THERAPEUTIC CLASSES (AVG. ANNUAL PLAN PAID +\$800K)

Row Labels	Average of GROSS_DUE_AMOUNT	Max of GROSS_DUE_AMOUNT	Min of GROSS_DUE_AMOUNT	1
ACE inhibitors	\$11.38	\$271.74	4 \$1.36	ŀ
Statins	\$18.36	\$526.33	\$1.00	Ş

MEDIAN MONTHLY
PRICE VARIATION =
\$384.17

Drug	Claims	% of Total	Comments				
ACE inhibitors	37,047						
ENALAPRIL	16,312	44%	More Expensive Drug				
LISINOPRIL	11,381	31%	Reference Drug				
Statins	89,011						
ATORVASTATIN	40,641	46%	More Expensive Drug				
SIMVASTATIN	27,922	31%	Reference Drug				
LOVASTATIN	472	1%	Reference Drug				

DEMONSTRATES LIMITED ABILITY
OF A TIERED FORMULARY TO
INFLUENCE DECISIONS BASED ON
PRICE





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								Avg INGF	PEDIENT	Avg REF ING	DEDIENT							
Drug	RefDrug	Patients	Claims	Patient Paid	Plan Paid	New Plan Paid	Diff Plan Paid	COST PER		COST PER UN								
ACE inhibitors		5,148	25,666	\$128,541.83	\$340,514.66	\$127,401.23	(\$213,113.43		\$0.34		\$0.	128						
ENALAPRIL		3,436	16,312	\$76,571.66	\$221,925.61	\$87,549.05	(\$134,376.56		\$0.34		\$0.	127						
CAPTOPRIL		119	617	\$1,962.96	\$39,713.25	\$11,333.53	(\$28,379.72		\$0.97		\$0.	103						
RAMIPRIL		1,169	6,276	\$32,956.97	\$38,548.09	\$15,548.17	(\$22,999.92		\$0.23		\$0.	133						
■ VASOTEC		4	20	\$2,642.32	\$14,896.93	\$3,754.63	(\$11,142.30		\$15.89		\$0.	108						
ALTACE		10	37	\$1,853.07	\$9,858.27	\$1,452.18	(\$8,406.09)		\$6.60		\$0.	155						
■ FOSINOPRIL		118	653	\$2,761.17	\$4,725.03	\$2,463.05	(\$2,261.98	The state of the s	\$0.24		\$0.	125						
QUINAPRIL		165	905	\$4,418.03	\$4,463.75	\$2,660.78	(\$1,802.97		\$0.19		\$0.	132						
• ACCUPRIL		3	15	\$1,444.40	\$2,244.50	\$447.79	(\$1,796.71		\$4.38		\$0.	129						
TRANDOLAPRIL		72	454	\$2,461.67		<u> </u>					7.00							
BENAZEPRIL		80	363	\$1,359.58														Avg REF
PERINDOPRIL		2	14	\$110.00													Avg INGREDIENT	INGREDIENT
Statins		6,537	25,732	\$128,637.40	Drug		Refi	Orug		Patients		Sum of Claims	Patient Paid	Plan Paid	New Plan Paid	Diff Plan Paid	COST PER UNIT	COST PER UNIT
ATORVASTATIN		3,816	15,058	\$49,838.04	ACE inhibitor	S				5,148	25,666			\$340,514.66				
SIMVASTATIN		1,303	4,949	\$37,813.55	■ ENALAPRIL	U TAD 1084	LICIA	IODDII TAD	2014	3,436 859	•			\$221,925.61 \$29,665.81	\$87,549.05	• •		
ROSUVASTATIN		589	2,059	\$10,643.58	ENALAPR ENALAPR	IL TAB 10M		NOPRIL TAB		339	3,923 1,471			\$5,021.63	\$10,237.45 \$1,546.77	(\$19,428.36) (\$3,474.86)	•	•
PRAVASTATIN		884	3,451	\$17,378.20		IL TAB 20M		NOPRIL TAB		692	3,304				\$17,339.30	• • •	•	
CRESTOR		15	42	\$6,049.65	■ ENALAPR	IL TAB 20MG	LISII	NOPRIL TAB	40M	1	1	100.00%		\$40.78	\$6.77	(\$34.01	\$0.52	2 \$0.142
• LIPITOR		11	33	\$4,991.61	■ ENALAPR	IL TAB5MG	LISI	NOPRIL TAB	10M	605	2,669		\$16,684.19		\$5,758.94	(\$11,759.01)	\$0.26	6 \$0.107
PRAVACHOL		3	25	\$1,514.68		IL MALEATE 10 MG TA		NOPRIL TAB		394	1,586			\$34,790.27	\$14,541.33	(\$20,248.94	•	
LOVASTATIN		29	114	\$162.68		IL MALEATE 2.5 MG T IL MALEATE 20 MG T		NOPRIL TAB		114	394		•	\$5,746.85	\$2,606.74	(\$3,140.11)		
© ZOCOR		1	114	\$245.41		IL MALEATE 5 MG TA		NOPRIL TAB		418 267	1,862 1,102		. ,		\$25,766.81 \$9,744.94	(\$31,769.29) (\$17,068.28)		
Grand Total		10,814	51,398	\$257,179.23	□ CAPTOPRIL			1011112 1712	20	119	617				\$11,333.53	(\$28,379.72		
Granu Total		10,614	31,330	\$257,175.25	☐ CAPTOPR	IL TAB 100M	LISI	NOPRIL TAB	20M	2	8	100.00%	\$31.69	\$0.25	\$0.25	\$0.00	\$0.05	5 \$0.115
					□ CAPTOPR	IL TAB12.	LISI	NOPRIL TAB	2.5	15	80			\$650.20	\$215.54	(\$434.66)		
						IL TAB 25M		NOPRIL TAB		27	126			\$889.23	\$334.61	(\$554.62)		
						IL TAB 50M		NOPRIL TAB		15	78 82			\$3,591.43 \$13,050.77	\$741.10	(\$2,850.33)		
						IL 100 MG TABLET IL 12.5 MG TABLET		NOPRIL TAB		14	82 15		•	\$13,050.77	\$3,849.04 \$227.13	(\$9,201.73) (\$548.82)		
						IL 25 MG TABLET		NOPRIL TAB		16	86		•	\$5,151.97	\$1,743.23	(\$3,408.74		
						IL 50 MG TABLET		NOPRIL TAB		34	142			\$15,603.45	\$4,222.63	(\$11,380.82)		
					RAMIPRIL					1,169	6,276	24.45%	\$32,956.97	\$38,548.09	\$15,548.17	(\$22,999.92	\$0.23	3 \$0.133





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POTENTIAL SAVINGS*

											Avg REF
										Avg INGREDIENT	INGREDIENT
Drug	RefDrug	Patients	Claims	Sum of Claim	ns Pati	tient Paid	Plan Paid	New Plan Paid	Diff Plan Paid	COST PER UNIT	COST PER UNIT
• ACE inhibitors		5,148	25,666	49.	.94% \$1	128,541.83	\$340,514.66	\$127,401.23	(\$213,113.43)	\$0.34	\$0.128
■ Statins	4.4	6,537	25,732	50.	.06% \$1	128,637.40	\$528,622.31	\$243,745.54	(\$284,876.77)	\$0.62	\$0.248

ADDITIONAL NOTES

- No formulary or benefit design changes are needed initially to do a reference pricing pilot
- All generic claims consider existing MAC pricing
- Patient will always have at least 1 reference product alternative to choose within each therapeutic class
- Important to leverage e-Rx and EHR to ensure timely pricing information ("pricing transparency") and exception documentation for prescribing physician
- Reference pricing needs to be embedded within a larger reimbursement framework— focus on lowering total cost of care (E.g., Shared Saving models)
- Reference pricing can be used with Specialty medications only if comparative effectiveness models are considered





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Gracias

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