Prescription Drug
Costs in Maine

Promoting Transparency





INTRODUCTIONS





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OVERVIEW OF LEGISLATION PROMOTING PRESCRIPTION DRUG TRANSPARENCY



Pharmacy Paid Amount as a % of Medical Paid, 2009-2018

(as reported in APCD)

Commercial Insurance

2009: 23%

2010: 23%

2011: 24%

2012: 24%

2013: 27%

2014: 28%

2015: 29%

2016: 39%

2017: 36%

2018: 36%

Select a date range to see what data are available.

January 2009

What volume of claims are available?

Type of Insurance	Dental	Medical	Pharmacy
Commercial Insurance	8,162,847	67,294,571	68,175,846
MaineCare (Medicaid)	1,835,109	109,529,805	54,375,156
Medicare		70,644,341	
Medicare Advantage*		20,205,400	85,518,060

Please note that claims that were incurred in more than one month may be counted more than once. This table is meant to provide an estimate of the volume of claims for the selected period.

*Medicare Advantage category includes a large proportion of Medicare Part D in the pharmacy category. All of these Part D claims are paid through a commercial plan and may not necessarily be part of a Medicare Advantage plan

How much was paid?

Type of Insurance	Dental	Medical	Pharmacy
Commercial Insurance	\$2,263,093,864	\$24,574,076,104	\$7,060,798,183
MaineCare (Medicaid)	\$310,752,478	\$20,018,139,855	\$2,463,758,046
Medicare		\$20,757,481,360	
Medicare Advantage*		\$4,843,362,159	\$5,990,728,542

Please note that the paid amount includes the total cost for the insurer and any out-of-pocket expenses (e.g., prepaid for medical and copay, coinsurance, and deductible amounts for dental, medical and pharmacy)

*Medicare Advantage category includes a large proportion of Medicare Part D in the pharmacy category. All of these Part D claims are paid through a commercial plan and may not necessarily be part of a Medicare Advantage plan.

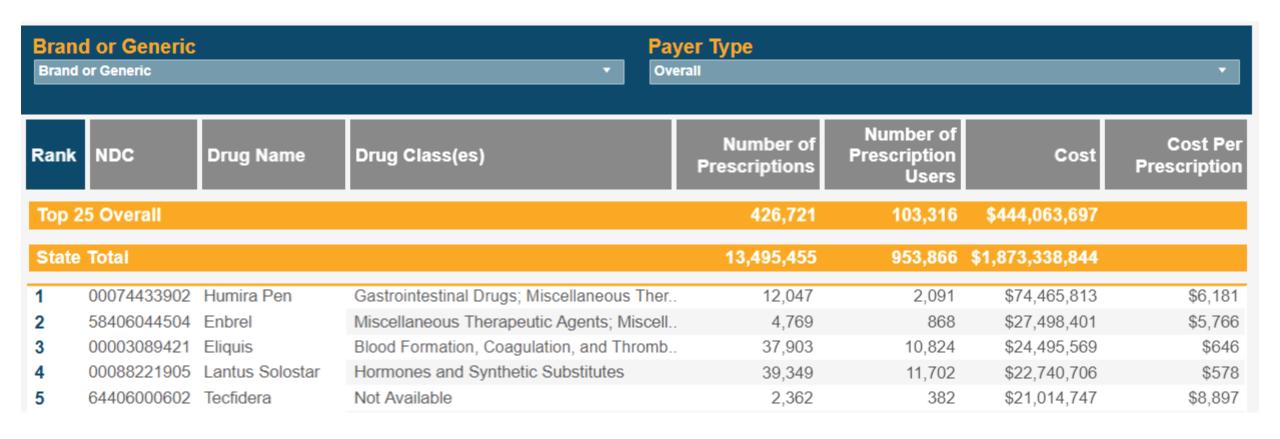
)March 2019

Public Law Chapter 406

An Act to Promote Prescription Drug Price Transparency

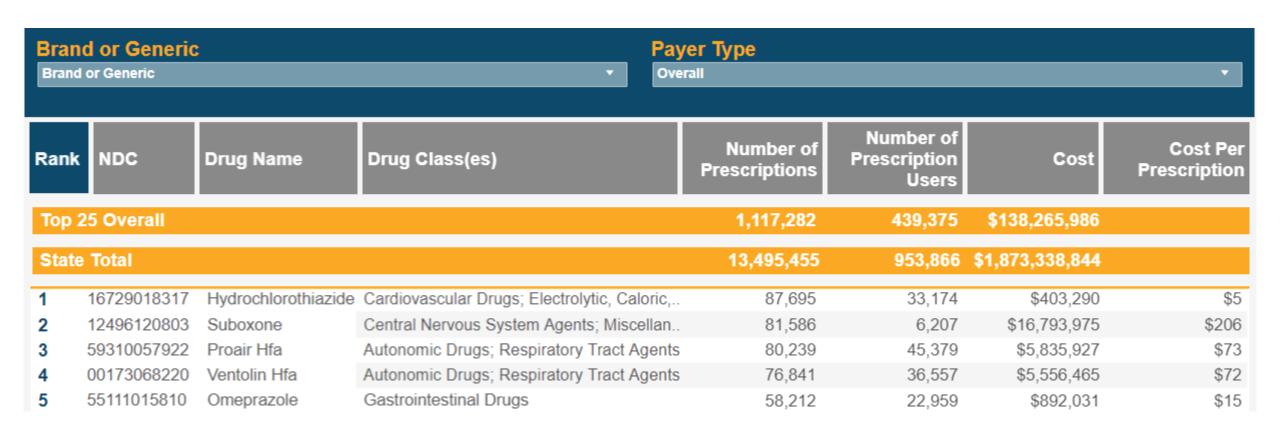
- By December 1, 2018 and annually thereafter, the MHDO must provide a report containing the following information about prescription drugs, both brand name and generic:
 - The 25 most frequently prescribed drugs in the State
 - The 25 costliest drugs as determined by the total amount spent on those drugs in the State
 - The 25 drugs with the highest year-over-year cost increases as determined by the total amount spent
- Data Source: All Payer Claims Data
- Use Report Findings and New Information from Manufacturers to Identify the Data that Pharmacy Benefit Managers (PBMs) and/or Wholesale Distributors Must Report to the MHDO

Top 25 Costliest Drugs in the State of Maine July 2017 - June 2018



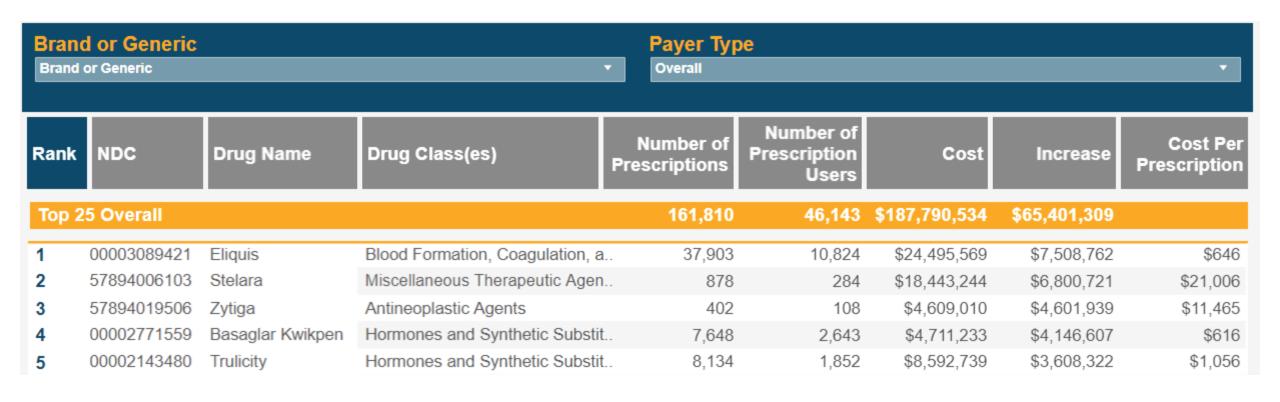
Top 25 Most Frequently Prescribed Drugs in the State of Maine

July 2017 - June 2018



Top 25 Drugs with Highest Year-Over-Year Increases in the State of Maine

July 2017 - June 2018



Public Law Chapter 470

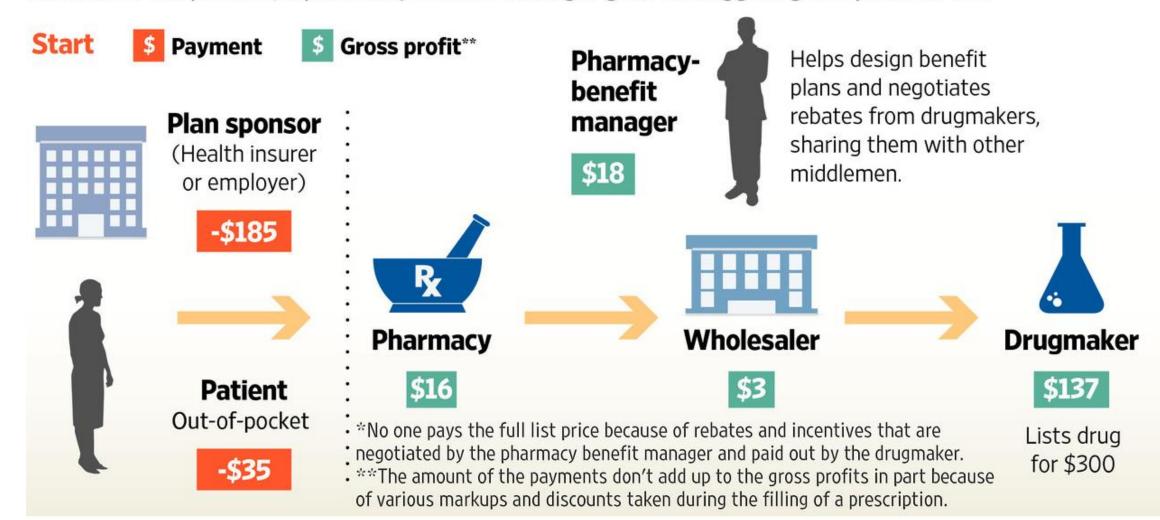
An Act to Further Expand Drug Price Transparency

New Law in 2019 with Requirements for MHDO to:

- Develop a Data Submission Rule Prior to April 1, 2020 to Collect Pricing Information From:
 - Manufacturers
 - Pharmacy Benefit Managers
 - Wholesale Distributors
- Produce Annual Report Beginning November 1, 2020 and to Submit to Legislature and Post on MHDO Website:
 - Information on Trends in the Cost of Prescription Drugs
 - Analysis of Manufacturer Prices and Price Increases
 - Major Components of Prescription Drug Pricing Along the Supply Chain
 - Impacts on Insurance Premiums, Cost Sharing, Any Other Information the MHDO Determines is Relevant to Providing Greater Consumer Awareness of the Factors Contributing to the Cost of Prescription Drugs in the State of Maine

Sharing the Wealth

Here is how profits are shared from a brand-name drug with a list price of \$300*. Of the middlemen involved in the process, a pharmacy benefit manager gets the biggest gross profit of \$18.

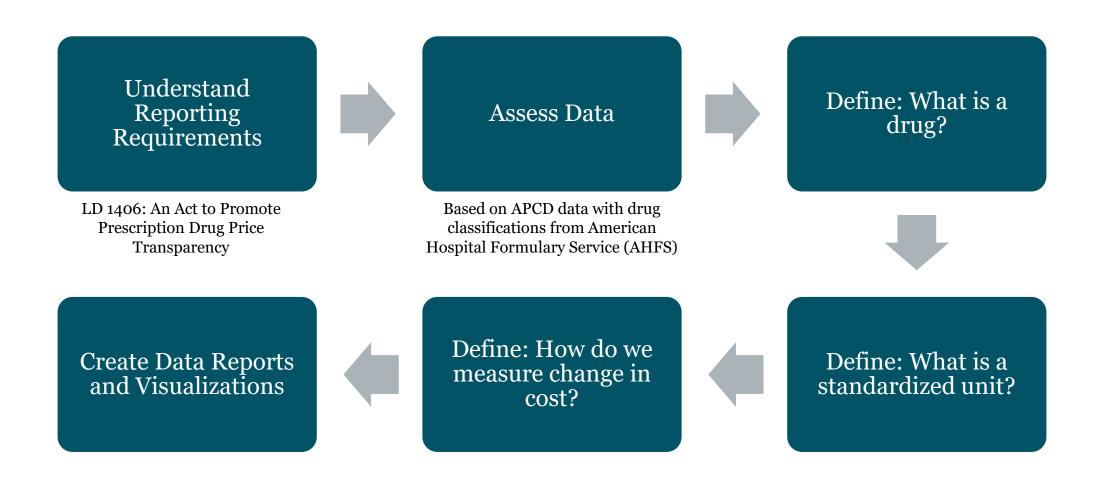


Sources: Pembroke Consulting: WSJ staff reports

FRAMEWORK FOR DISPLAYING PRESCRIPTION DRUG COSTS



Defining a Methodology for Presenting Prescription Drug Costs



What is a Drug? Considerations





Identifies drug formulation, labeler, and packaging



Drug Name

Not regulated or standardized and may include drug formulation, labeler, and packaging



Clinical Equivalents

Indicates the basis of a drug, such as all drugs containing only the active ingredient

Methodology Decision in Maine

National Drug Code (NDC)

- Most Standardized Option
 - XXXX [labeler]-XXXX [product code]-XXX [package code]



• Most Granular Option – compare like to like



What is a standardized unit? Considerations



Number of Drug Unit

Identifies how dosage is measured (mL, g, each)



Number of Days

Recommended usage days for treatment



Per Prescription

Total spent on prescriptions of the specified drug in the state / number of unique prescriptions



Per Prescribed Individual

Total spent on prescriptions of the specified drug in the state / number of unique individuals receiving prescriptions

Methodology Decision in Maine Two Methods

- Two methods are used to allow users to view data in a familiar, user-friendly format:
 - Per Prescription (for single-use drugs)
 - Per Prescribed Individual (for maintenance drugs)
- Other options were in plain text and had insufficient data quality in the Maine APCD
 - Number of Drug Units Commercial drug databases may have standardized units, but a given clinical formulation may have different units across package types (e.g., liquid vs tablet acetaminophen)
 - Number of Days Not a required field



How do we measure change in costs?

Goal: Identify Drugs with High Utilization and High Increase in Unit Cost

Consider Absolute Cost vs. Percentage in Each Option



State Total

Change in total spent on prescriptions of the specified drug in the state



Per Prescription

Change in total spent on prescriptions of the specified drug in the state / number of unique prescriptions



Per Prescribed Individual

Change in total spent on prescriptions of the specified drug in the state / number of unique individuals receiving prescriptions

Thank You.



