

Opportunities for Vermont Pharmaceutical Distribution

VT House Health Committee Testimony

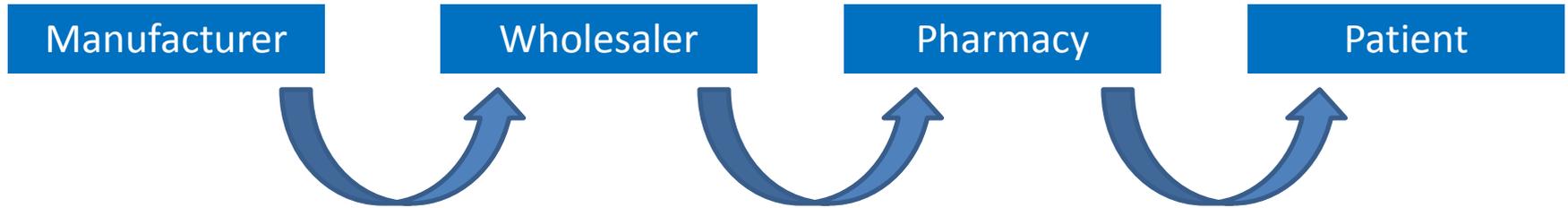
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Drug Supply Chain



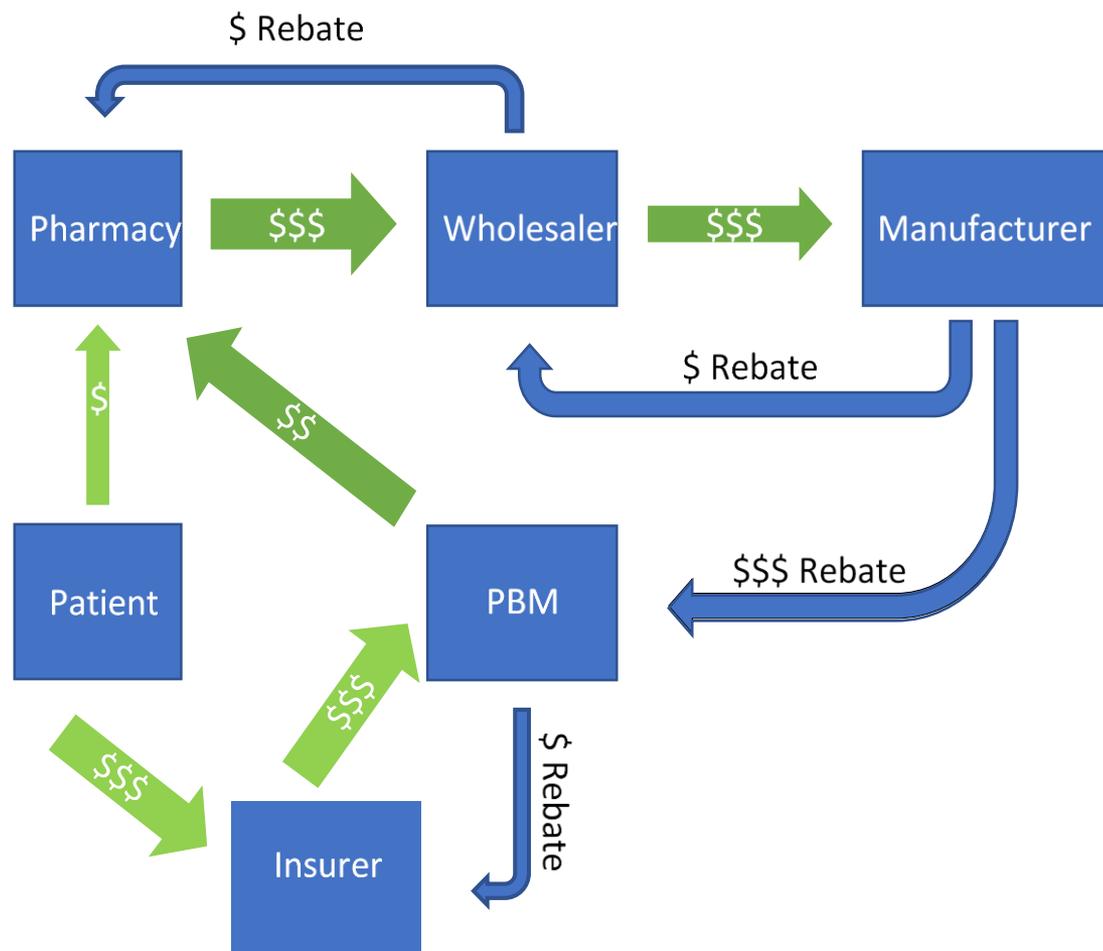
Over the last 40 years little has changed to the Drug Supply Chain. It follows the typical pathway of nearly all commercial products. Each entities role can be easily understood and thus can be held accountable to consumer protection regulations. But if this is so straightforward... why does pharmacy cost continue to elude oversight?

Current Pharmacy Revenue Path

- Overly complicated
- Lacking any sense of Transparency
- At least 6 “proprietary” inflation steps:

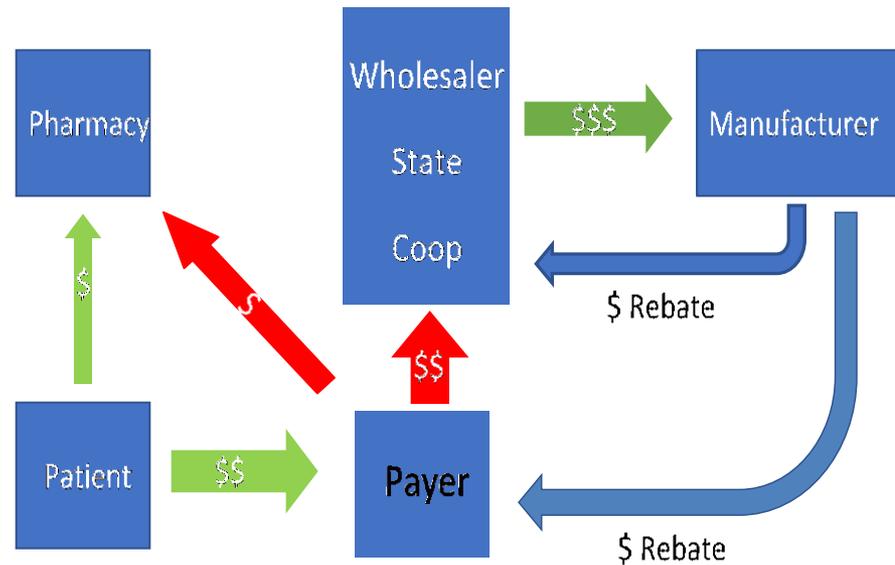
1. Manufacturer sells product to Wholesaler (WAC – Wholesale acquisition price or list price);
2. Wholesaler sells to Pharmacies (Invoice price);
3. Pharmacy sells to Patients via PBM (Retail Price);
4. PBM charges Insurer (Payer Drug Spend);
5. Insurer charges Patient (Premium);
6. Insurer reports to regulatory body (Price Per Member).

- Complete disassociation from true costs



Streamlined Approach

- Eliminates nearly all inflationary steps for the State Payer effectively equating “Payer Drug Spend” (#4) to “Wholesaler Acquisition Cost” (#1)
- Positions State to best adapt to industry disruptions and opportunities
- Reduces cash flow liability of State Payer
- Increases negotiating power of partnered Wholesaler with addition of “government authority”
- Enhances pharmacy’s ability to contribute toward “Triple Aim”
- Encourages Local Economic Growth and Stability
- Lowers overall pharmacy cost of constituents
- TRANSPARENCY



- * Pharmacy payment is reduced and limited to dispensing fee
- ** Payment for product is made directly to State-Wholesaler Cooperative at reduced price

Immediate Savings

An estimation of savings by equating “Payer Drug Spend” to “Wholesaler Acquisition Cost”

Generic/Brand = 80/20 volume and 15/85 of spend \$\$\$

Generic spend = 15% of \$188M = \$28.2M in generic drug spend

35% savings on (\$28.2M) = **\$9.9M savings on Generics**

(*still eligible for manufacturer rebate)

Brand spend = 85% of \$188M = \$159.8M in brand drug spend

1% savings on \$159.8M = **\$1.6M savings on traditional brand spend**

(*still eligible for manufacturer rebate)

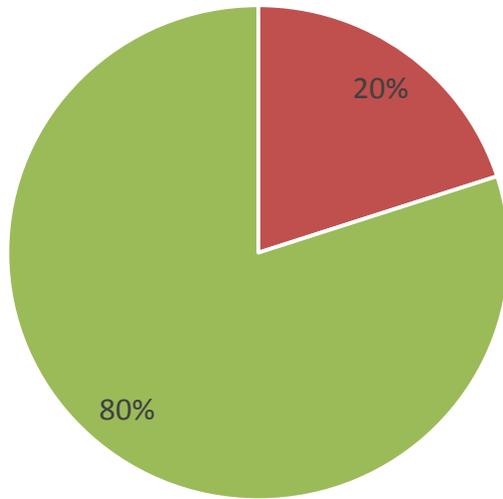
Total estimated savings = \$9.9M + \$1.6M = \$11.5M in drug spend savings

Integration with other opportunities

- ✓ Importation
- ✓ 340B
- ✓ Medicaid Supplemental Rebates and participation in GPO
- ✓ ***Traditional Payment Structures with Pharmacies would be UNINTERRUPTED***
 - BCBCSVT and Express
 - MVP and CVS/Caremark
 - Medicare D Populations

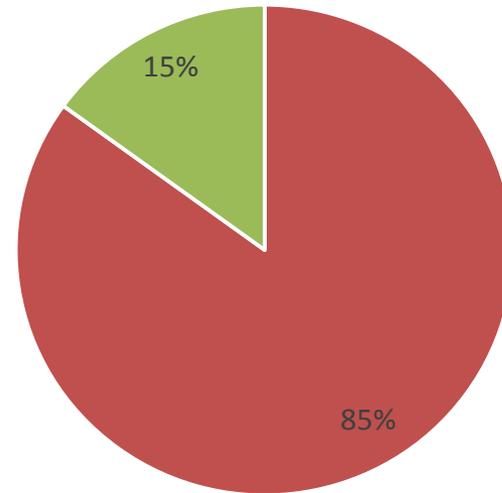
Brands vs Generics

% of Rx Volume



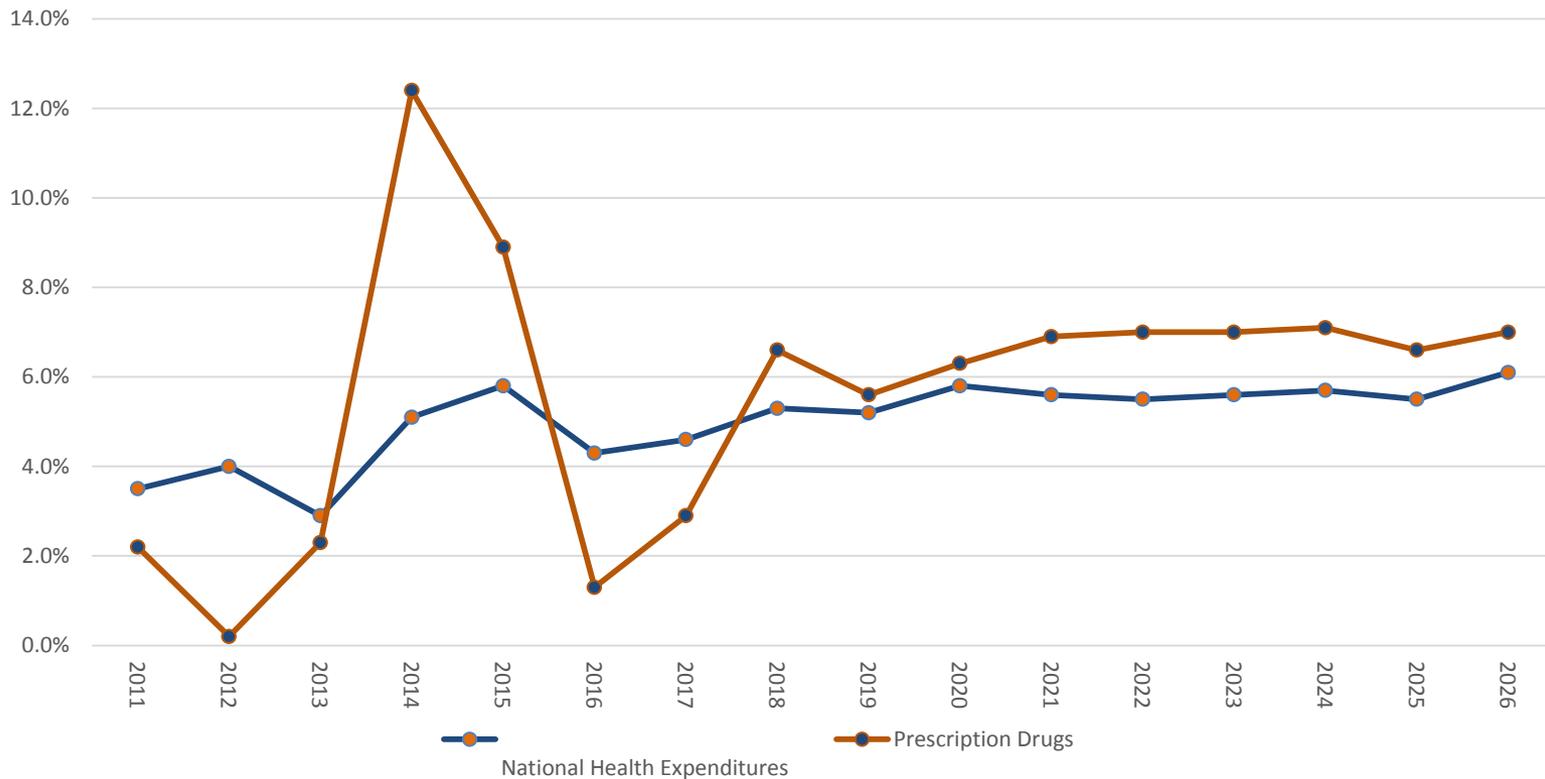
■ Brand ■ Generic

% of Drug Spend \$



■ Brand \$ ■ Generic \$

CMS Projected Annual % Change

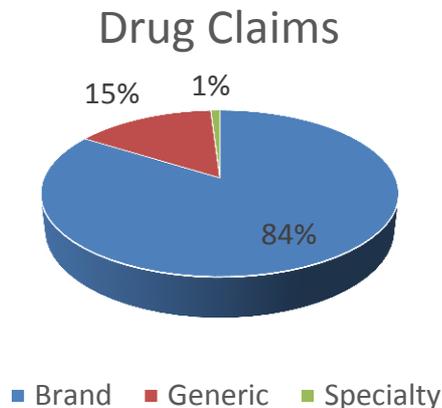


*SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary
National Health Expenditure Projections 2017-2026

DHVA Top Drugs by Spend

Rank	Drug Name	Claim Count 2017
1	Suboxone	98,021
2	Harvoni	310
3	Vyvanse	23,612
4	Humira	1,105
5	Methylphenidate HCL ER	21,930

Source DVHA Pharmacy Best Practices and Cost Control Report SFY 17, 10/30/17



Although “Specialty” Drugs represent a large portion of the drug cost, they represent a small portion of the actual claims.

Data and its Power

Manufacturers want two things:

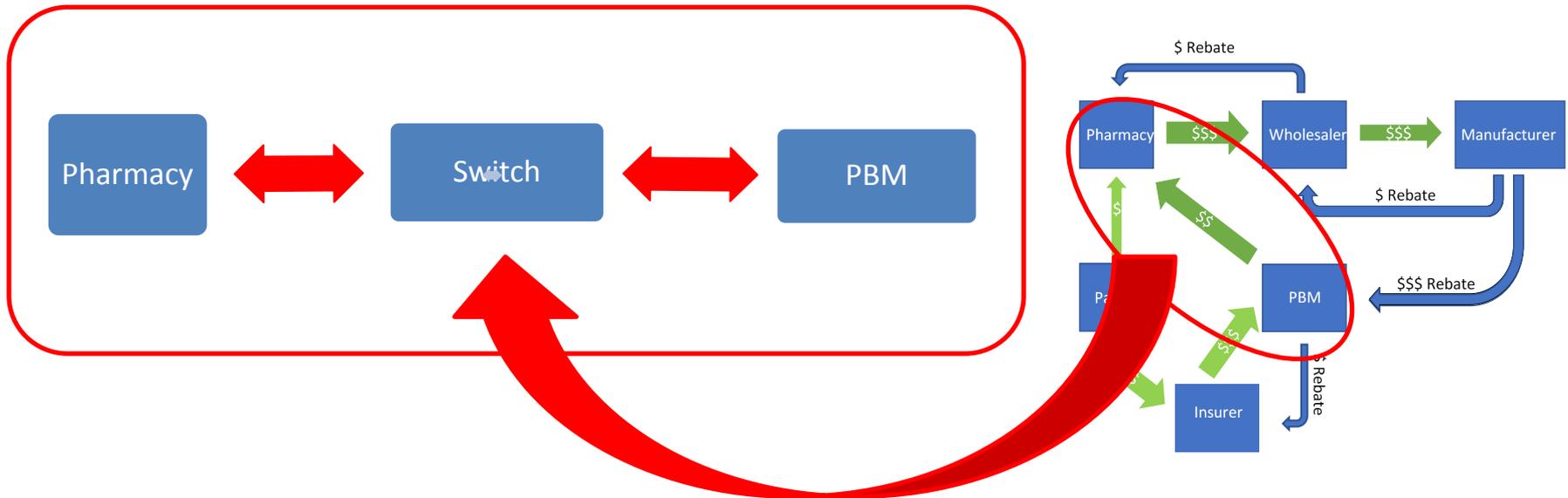
1. Market presence – “Formulary Status”;
2. Utilization data – NCPDP data.

For nearly 40 years NCPDP has set the standard to which all pharmacy electronic claims and claim vendors adhere to and is inclusive of all data points from patient demographics to drug product information.

<http://www.ncpdp.org>



Switch Companies and Data Miners



The Switch facilitates the claim adjudication process between the Pharmacy and the PBM. Each transaction carries a cost ranging from \$0.03 to \$0.15 per transmission. *For a similar price this data can be purchased by Data Miners (*with contractual consent).

IMS – now IQVIA

- Largest data miner in the country
- Extracts pharmacy claims data from Switches and other Vendors; and markets analytics back to Manufacturers for efficacy and utilization reporting
- IQVIA Holdings has a reported revenue earnings of nearly \$8 Billion
- PBMs also use the data they possess in their databanks for similar purposes
- Most pharmacies relinquish their control of this data when signing contracts with software vendors, switch companies, and PBMs

Opportunity

- Partner with a Switch company much in the same manner as Drug Wholesaler
- Expand the functionality of VPMS and remove dependence from Pharmacy “uploads”
- Use VITL to incorporate prescribing information into the EMR
- Use data to enhance negotiations with Drug Manufacturers
- Data can be analyzed to provide “missing” information from Insurer and PBM reports
- Data will also serve to evaluate the efficiency of the proposed Wholesaler Cooperative

We can help the FDA

- FDA is looking to find ways to gather and utilize Real World Data for pharmaceutical drugs
 - “Under the 21st Century Cures Act (Cures Act), FDA is directed to develop a regulatory framework to evaluate how RWE can potentially be used to support approval of new indications for approved drugs or to support or satisfy post-approval study requirements.”
 - “Real-World Data and Evidence in Drug Development” FDA CDER SMIA newsletter – August 24, 2017
<http://www.fda.gov/cdersbiachronicles>

The Headlines

THE WALL STREET JOURNAL.

Walgreens Has Made Takeover Approach to AmerisourceBergen

Drugstore giant in early-stage talks to buy portion of Amerisource it doesn't already own

*By Michael Siconolfi,
Dana Mattioli and
Joseph Walker*

Updated Feb. 12, 2018 7:50 p.m. ET



CVS is buying Aetna in massive deal that could transform health care

by Julia Horowitz and Danielle Wiener-Bronner

[@CNNAgencyInvest](#)

December 3, 2017: 6:36 PM ET

FINANCE

Cigna to acquire Express Scripts for \$67 billion

The deal is the latest proposed consolidation to help control cost and stay competitive against Amazon, other players.



Burlington Drug Company to Join J M Smith Corporation

DECEMBER 06, 2016

PRESS RELEASE