

Bottom Line

VT DFR and OPR agree that the current Sec. 4 language in H.353 should not be altered to allow for the continued use of restricted specialty networks

Restricted specialty networks

- Reduce Vermonter access to needed medications
- Increase costs for Vermonters

H.353

- Does not raise costs
- Does expand patient access

Additional information

What is a specialty medication?

There is no universally accepted definition of a specialty medication, but often factors such as cost and complexity of therapy are cited. It is difficult to define what characterizes a specialty medication because there is no definition that can explain why Veltassa is a specialty medication and insulin is not. Veltassa treats high potassium, does not require any special handling (stored at room temp), no special administration (powder mixed in water just like Miralax), and only requires routine lab monitoring (like most blood pressure medications). Conversely, insulin is an expensive, biologic agent, requires special storage (refrigeration), administered by injection often multiple times a day, with a narrow safety profile, highly individualized dosing, requiring multiple times a day monitoring by the patient, routine laboratory monitoring, and large amounts of patient support and counseling.

There is nothing special about most “specialty drugs”

It is furthermore worth noting that many medications now deemed specialty medications were once routinely and safely dispensed by community pharmacies. Things like antiretrovirals for HIV, common medications for rheumatoid arthritis, Crohn’s Disease or hepatitis B were all dispensed alongside cholesterol and high blood pressure medications.

What about medications that really do have special requirements for use?

The use of these medications is then restricted by either the Food and Drug Administration who approves how a medication is used and marketed or by the Office of Professional Regulation (OPR) whose duty it is to govern practice and protect the public. We heard this very clearly from OPR who will monitor this and who will act if necessary.

So what is a specialty medication, again?

It is whatever the PBM says it is, and not surprisingly, PBMs use this definition to pad profits. Unfortunately, specialty networks restrict access and have yet to be proven to save consumers money. In fact, many times over now, they have been shown to INCREASE patient costs. In Vermont, the Department of Financial Regulation (DFR) made it clear that they do not desire specialty networks to exist at this time.

What does H. 353 do?

H 353 expands access across the entire State of Vermont and creates transparency to regulatory bodies so that more informed decisions on policy can be made in years to come. H 353 does NOT and will NOT raise the price of a prescription drug. There is no mechanism that would require higher payments for medications for either insurers or patients.