

Testimony Outline – H.611

Good morning for the record I'm Stephanie Ibey, Director of pharmacy here at BCBS of VT. I officially took this position last week so I am new to this role and this is my first time here testifying

What we currently do

- Active cost management through:
 - PBM partnership (Optum)
 - Formulary optimization
 - Lower-cost alternatives

Example:

- In Jan 2025 we switch from Humira → biosimilar (adalimumab)
- ~\$9M savings through Q3 2025
- Partnership with CivicaScript:
 - Advancing lower-cost generics (e.g., Glatopa generics glatiramer) MS drug

Transparency & Reporting (Act 193)

- We work with our PBM twice yearly to report under Act 193
- This includes detailed analysis of:
 - High-cost drugs
 - Pricing trends
 - Market dynamics

Broader Pricing Reality (Act 193 Reporting)

- No reduction in manufacturer pricing, despite scrutiny

Example: Humira

- +60% (2023)
- +57% (2024)

Key Point: Primary cost drivers are upstream, limiting downstream flexibility. With one less entity reporting out on these high cost drugs we wonder if our information will be actionable.

3. Current HIV Coverage Approach

- PrEP
 - No prior authorization or step therapy
- PEP
 - No prior authorization or step therapy
 - Immediate access
- Plans with wellness riders:
 - all HIV medications bypass deductible

4. Core Operational Constraint

- Pharmacy claims do not include diagnosis codes
- Cannot distinguish between:
 - PrEP
 - PEP
 - Treatment

Implication: Cannot apply different cost-sharing rules based on use

5. Concerns with Amendment language

- Eliminates:
 - Cost sharing and restriction of any future utilization management

Result:

- Applies broadly to:
 - High-cost, non-preferred drugs (e.g., Descovy)
 - Both treatment and prevention
- Risk of:
 - Expanded costs without targeting – we would need to open up the entire class to be in compliance
 - We have good coverage in this drug class
 - While this particular class may not have a significant premium impact we are concerned that this sets a precedent and next session we see another disease state being targeting for zero cost share. Over time the addition of more disease states would increase premiums and become impactful for Vermonters.