Drug Prices are out of Control

Mark Lebwohl, MD Sol and Clara Kest Professor And Chairman Kimberly and Eric J. Waldman Department of Dermatology Icahn School of Medicine at Mount Sinai

Mount Sinai gets dollars from:

- Amgen
- Anacor
- Boehringer Ingleheim
- Celgene
- Lilly
- Janssen Biotech
- Kadmon

- LEO Pharmaceuticals
- Medimmune
- Novartis
- Pfizer
- Sun Pharmaceuticals
- Valeant



GILEAD = GREED \$\$

Public Health, Not Corporate Wealth!

In Container by Housest Historyphoner

Immediate, Free and Effective Instament For All Hep-C Prisoners!

tail Goog Paninsara. Trae Mumie Alas-Jamati

COST OF DRUGS IS KILLING US!



Home

Iran's Closed

ovenants

World U.S.

Politics Economy

EVIEW & OUTLOOK

ObamaCare

Undercover

Business Tech Markets

REVIEW & OUTLOOK



Arts

Opinion

THE WEEKEND INTERVIEW The Demise of the Small ...

Real Estate

Life



Donald \ Hillary

Search Q

Subscribe Now | Sign In

\$12 FOR 12 WEEKS

OPINION | LETTERS

Health-Care System Burdened by Soaring Drug Prices

The vast majority of the 20% decline in cancer mortality Robert Ingram refers to in the U.S. in the past two decades is due more to reduced tobacco use and cancer screening than to the impact of drug treatments.

July 27, 2015 5:48 p.m. ET

As a physician troubled by the cost of new pharmaceutical products, I feel that Robert Ingram's July 20 op-ed "A Not-So-Transparent Attempt to Cap Drug Prices" fails to present a true picture of the issue of pharmaceutical pricing and benefits. The vast majority of the 20% decline in cancer mortality he refers to in the U.S. in the past two decades is due more to reduced tobacco use and cancer screening than to the impact of



The New York Times

SundayReview | EDITORIAL

No Justification for High Drug Prices

By THE EDITORIAL BOARD DEC. 19, 2015





Health | Wed Jul 29, 2015 7:24pm EDT

Related: HEALT

Express Scripts says costly new cholesterol drugs could 'wreak havoc'

BY RANSDELL PIERSON

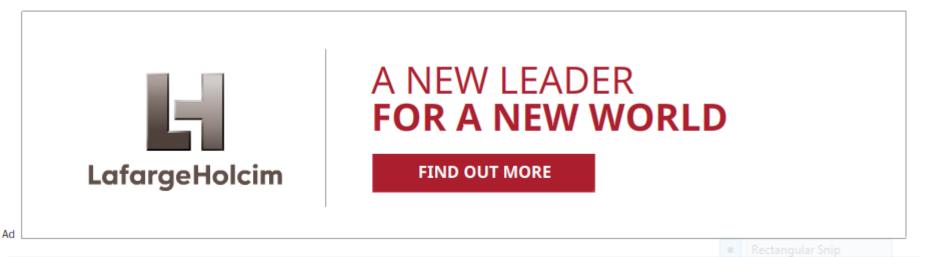












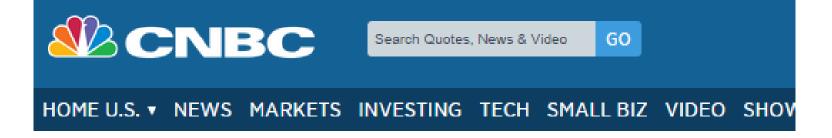
Health & Science

What do you do when your prescription costs \$34,000 a year?



Search

EDGE



BIOTECH AND PHARMACEUTICALS

HEALTH CARE HOSPITALS EBOLA PHARMA EQUIPMENT & SERVICES HI

More than 500,000 Americans spend \$50K on medicine each year

Meg Tirrell | @megtirrell Wednesday, 13 May 2015 | 12:01 AM ET

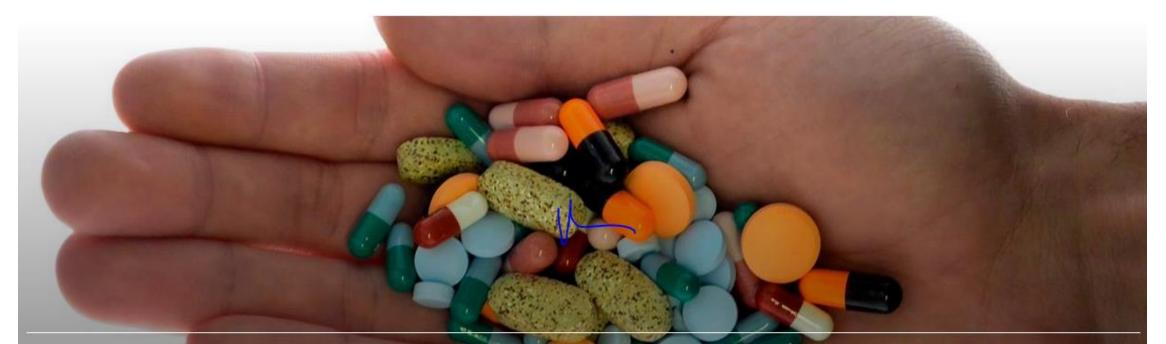






HEALTH > HEALTH NEWS

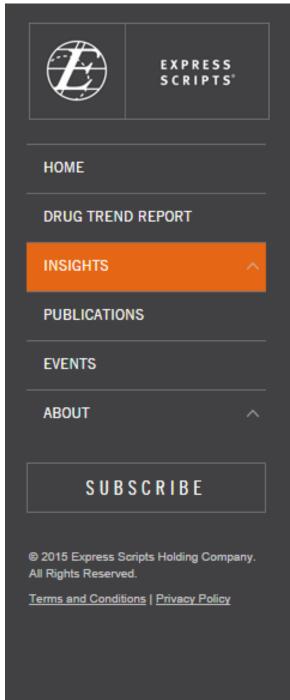
HEALTH CARE DIET & FITNESS MENTAL HEALTH MEN'S HEALTH WOMEN'S HEALTH



HEAUTH MAY 13 2015, 1:20 AM ET

More Americans Taking Home \$100,000-Plus in Prescriptions

by MAGGIE FOX



INSIGHTS

MAY 13, 2015

Super Spending: U.S. Trends in High-Cost Medication Use

A \$52 billion impact to payers as population of patients with high annual Rx costs increases rapidly in 2014.

TAGS					
CANCER	COMPOUND MEDICATIONS				
DEPRESSION	DIABETES				
HEPATITIS C					

Our recent analysis, <u>Super Spending: U.S.</u> <u>Trends in High-Cost Medication Use</u>, examines prescription drug use among patients with exceedingly high annual medication costs under the pharmacy benefit to help clients identify new opportunities to improve care, quality of life and health outcomes for the patients who rely on these costly, complex therapies.

An estimated <u>576,000 Americans spent more</u> than the median household income on prescription medications in 2014. This population of patients grew an astounding 63% from 2013. Further, the population of patients with costs of \$100,000 or more nearly tripled during the same time period, to nearly 140,000 people. The total cost impact to payers from both patient populations is an unsustainable \$52 billion a year.

Profile of a High-Cost Population

The patients in these extremely high-cost patient populations are overwhelmingly taking specialty medications, and have multiple comorbidities, prescriptions and prescribers. In fact, nine out of 10 patients with drug costs of \$50,000 used specialty medications.

Modern Healthcare

The leader in healthcare business news, research & data

Providers Insurance Government Finance Technology Safety & Qu

Home > Technology > Pharmaceuticals

RELATED CONTENT

Senators say market for generic pharmaceuticals has failed

Lawmakers zero in on drug prices

Feds push back against pharma companies, practices that limit drug access

Prices for many generic drugs rising faster than inflation

My account 1

Q

Search Modern Healthcare

By Lisa Schencker | December 17, 2015

Prices rose faster than inflation for 22% of top generic drugs reviewed between 2005 and 2014, according to a report released Thursday by HHS' Office of CBS News / CBS Evening News / CBS This Morning / 48 Hours / 60 Minutes / Sunday Morning /



By JONATHAN LAPOOK / CBS NEWS / November 12, 2014, 7:52 PM

Why some generic drug prices are skyrocketing

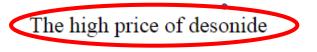


"Last month, Sanders and House Rep. Rep. Elijah Cummings, D-Maryland, sent letters to the makers of 10 generic drugs that have seen price increases of over 300% or more in recent months. The price for one of those, the antibiotic doxycycline hyclate, rose more than 8,280% during a six-month period from an average of \$20 per bottle to \$1,849 per bottle. The increases cited by the Senate subcommittee were calculated by the Healthcare Supply Chain Association using the average prices of the drugs and other price data."





Psoriasis



By: ALAN ROCKOFF, M.D. | FEBRUARY 3, 2015

MD-IQ This week's quiz: Aesthetic dermatology And desonide – generic desonide – would cost \$111.70. For a 15-g tube. \$111.70 for 15 g of a generic cream that's been on the market forever! Does that make any sense?

I've gotten similar calls, by the way, from patients unhappy with the cost of generic





Health

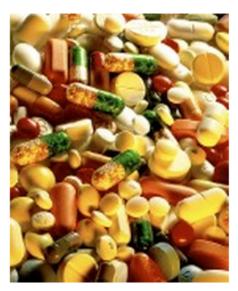
Da ier Living	y search	search				
ıDay Video	Wellness Library	HealthDay en Español	Physician's Briefing			

U.S. Prices Soaring for Some Generic Drugs, Experts Say

Health Conditions

🗠 🕇 🏏 🤿 🕂 (43)

Supply and manufacturing problems, plus fewer companies in the market among causes



By Dennis Thompson

HealthDay Reporter

WEDNESDAY, Nov. 12, 2014 (HealthDay News) -- Market forces are dramatically driving up the cost of some generic drugs, prompting U.S. investigations into the pricing of what should be cheap alternatives to brand-name medications.

Generics that should cost pennies per dose have undergone radical increases in price in recent years, said Dr. Aaron Kesselheim, author of a new commentary in the *New England Journal of Medicine*, and director of the Program on Regulation, Therapeutics and Law at Brigham and Women's Hospital in Boston.

Table. Prices of Surveyed Prescription Drugs

		Price, US \$					
Drug	Туре	2009	2011	2014	2015	Absolute Change, 2009-2015	% Change, 2009-2015
Altabax, 15 g	I	92.50	106.18	168.75	196.86	104.36	112.82
Benzaclin, 50 g	А	166.79	205.80	451.29	503.85	337.06	202.08
Carac cream, 30 g	Ν	159.40	227.16	2939.68	2864.70	2705.30	1697.18
Clobex spray, 4 oz	S	389.57	500.29	827.11	958.01	568.44	145.91
Cloderm cream, 30 g	S	96.47	132.92	220.75	360.02	263.55	273.19
Cutivate lotion 120 mL	S	305.00	493.92	918.63	1067.25	762.25	249.91
Derma-Smoothe FS oil, 4 oz	S	45.70	47.23	247.84	322.67	276.97	606.06
Finacea, 50 g	А	124.42	185.42	288.92	284.30	159.88	128.51
Olux-E foam, 100 g	S	307.58	382.79	750.79	841.76	534.18	173.67
Oracea, 40 mg (30 tablets)	А	439.01	416.09	632.80	702.46	263.45	60.01
Oxistat cream, 30 g	I	76.50	119.25	399.00	544.66	468.16	611.97
Oxsoralen-Ultra, 10 mg (50 capsules)	Р	1227.32	2150.49	4568.54	5204.31	3976.99	324.04
Retin-A Micro, 0.1%, 50 g	А	178.05	335.73	791.47	914.52	736.47	413.64
Solaraze gel, 100 g	Ν	442.89	618.56	1738.91	1883.98	1441.09	325.38
Soriatane, 25 mg (30 capsules)	Р	757.75	958.50	1452.50	1595.27	837.52	110.53
Taclonex, 60 g	Р	465.99	522.58	848.21	962.90	496.91	106 64
Targretin gel, one 60-g tube	Ν	1686.78	1787.97	15 708.40	30 320.12	28 633.34	1697.51
Tazorac cream, 0.1%, 60 g	А	266.18	464.96	656.20	722.27	456.09	171.34
Xolegel, 30 g	I	212.50	278.00	389.25	641.96	429.46	202.10

Abbreviations: A, acne and rosacea; I, antiinfective; N, antineoplastic; P, psoriasis; S, corticosteroid.

Rosenberg M, Rosenberg S; JAMA Dermatol. 2016;152(2):158-163.



JAMA Dermatol. 2016;152(2):158-163. doi:10.1001/jamadermatol.2015.3897

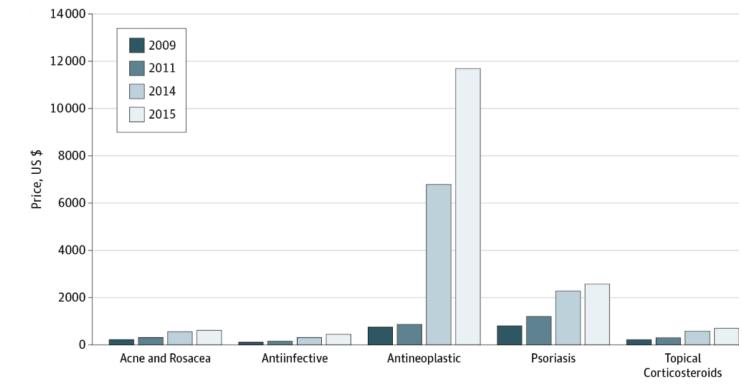


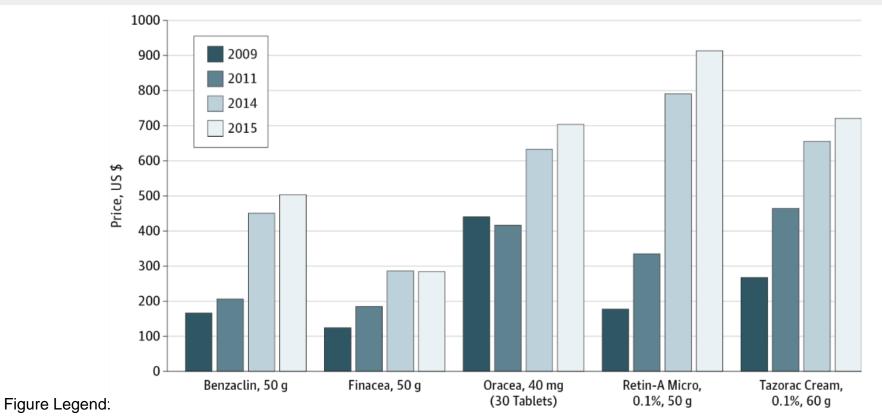
Figure Legend:

Therapeutic Category

Mean Prices of Brand-Name Drugs by Therapeutic CategoryThe mean price across the 4 surveyed national pharmacy chains (Costco, CVS, Sam's Club, and Walgreens) of brand name drugs in each therapeutic category for survey years 2009, 2011, 2014, and 2015. The graph demonstrates the relative magnitude of increase for each therapeutic category.



JAMA Dermatol. 2016;152(2):158-163. doi:10.1001/jamadermatol.2015.3897



Mean Prices of Acne and Rosacea DrugsThe mean price across the 4 surveyed national pharmacy chains (Costco, CVS, Sam's Club, and Walgreens) of Benzaclin, Finacea, Oracea, Retin-A Micro, 0.1%, and Tazorac cream, 0.1%, in 2009, 2011, 2014, and 2015. The prices of these drugs more than doubled; the price of Retin-A Micro more than guadrupled between 2009 and 2015.



JAMA Dermatol. 2016;152(2):158-163. doi:10.1001/jamadermatol.2015.3897

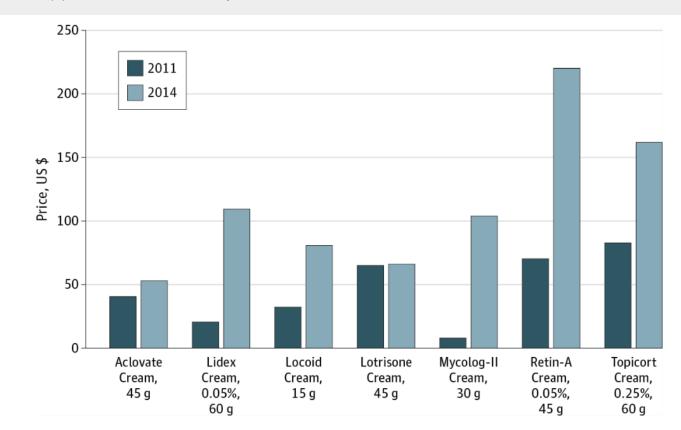


Figure Legend:

Mean Prices of Generic DrugsThe mean prices across the 4 surveyed national pharmacy chains (Costco, CVS, Sam's Club, and Walgreens) of generic drugs in survey years 2011 and 2014. The prices of some of these drugs remained relatively unchanged during this time frame, while the prices of others increased substantially; the price of nystatin-triamcinolone (Mycolog-II cream) increased 10-fold. The nonproprietary names for the remaining generic drugs are as follows: for Aclovate, alclometasone; Lidex cream, fluocinonide; Locoid cream, hydrocortisone butyrate; Lotrisone cream, clotrimazole-betamethasone; Retin-A cream, tretinoin; and Topicort cream, descrimentasone.



JAMA Dermatol. 2016;152(2):158-163. doi:10.1001/jamadermatol.2015.3897

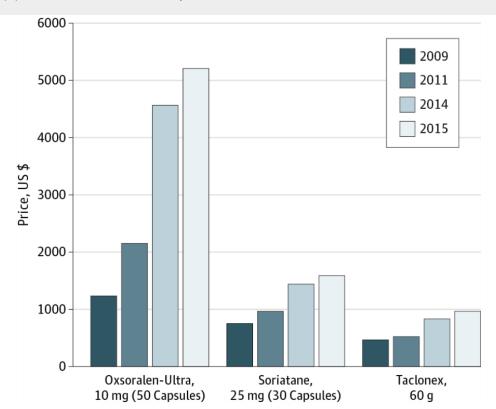


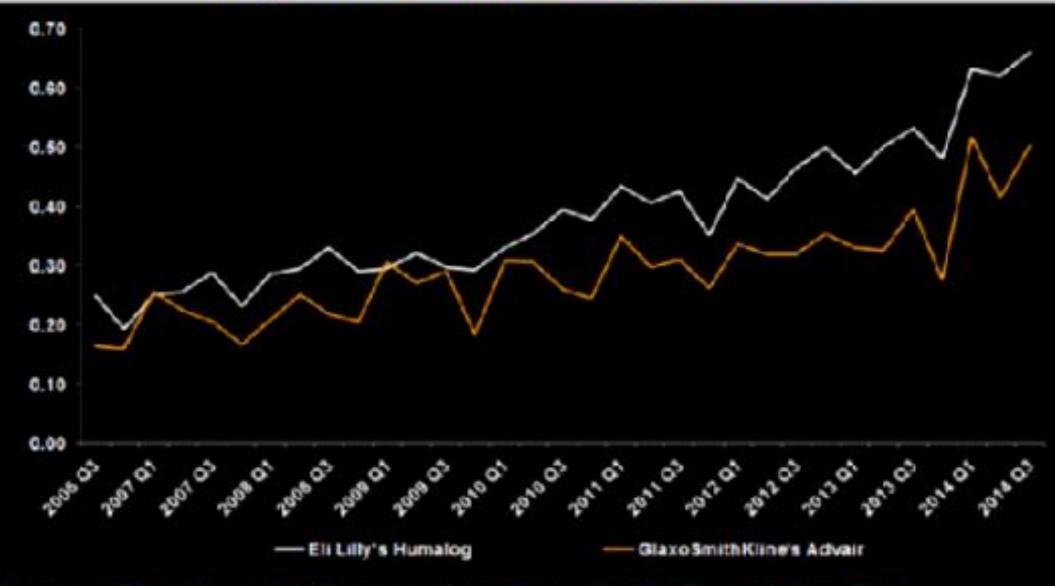
Figure Legend:

Mean Prices of Psoriasis DrugsThe mean price across the 4 surveyed national pharmacy chains (Costco, CVS, Sam's Club, and Walgreens) of Oxsoralen-Ultra, Taclonex, and Soriatane in 2009, 2011, 2014, and 2015. The prices of these drugs increased substantially during this time frame; the price of Oxsoralen-Ultra more than quadrupled between 2009 and 2015.

	2009	2011	2013
AbbVie/Abbott	25.4	29.3	33
Amgen	28.5	29.2	26.8
AstraZeneca	38.7	44.4	54.6
Bristol-Myers Squibb	12.9	16.6	33.7
Biogen Idec	n/a	19.5	23.7
Forest	19.9	22.2	n/a
GlaxoSmithKline	26.3	28.1	28.6
Eli Lilly	15	21.4	28.7
Pfizer	29.1	27.5	27.6
Johnson & Johnson	27	30.5	30.4
Merck & Co.	13.8	24	26.8
Novartis	29.9	28.5	27.6
Novo Nordisk	32.4	39.3	46.3
Sanofi	23.6	31.2	41.5

Source: Credit Suisse

Imputed U.S. Drug Rebates



Sources: Bloomberg Intelligence, Symphony Health Prescription Data

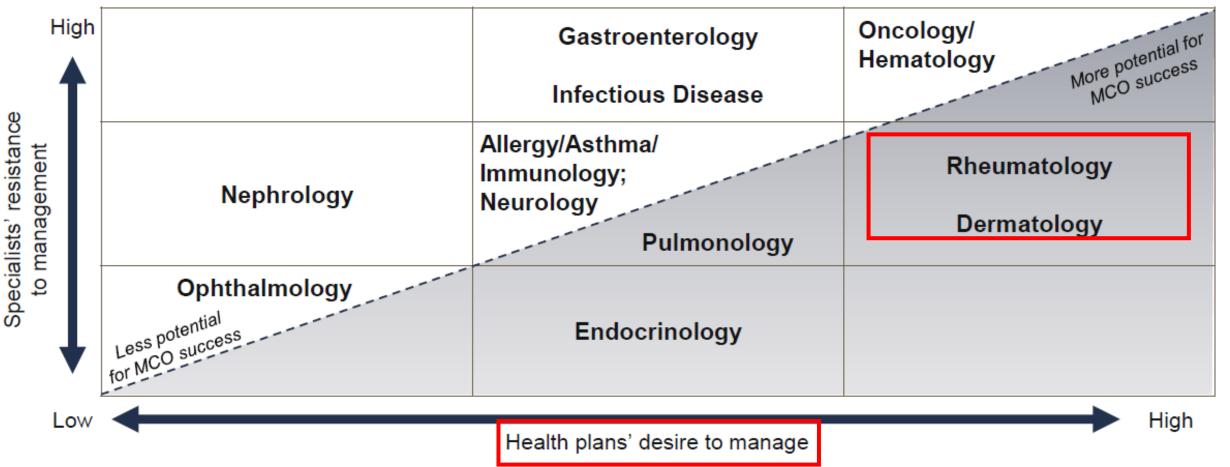
Anthem, Express Scripts Face Legal Challenge Over Prescription Drug Prices

By Julie Appleby | July 1, 2016



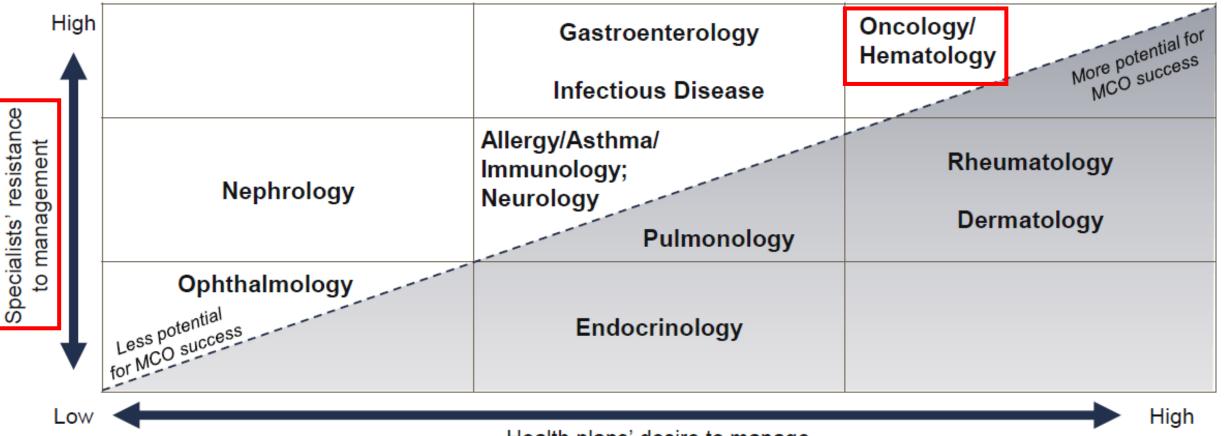
IMPACT OF STEP THERAPY ON DIFFERENT SPECIALTIES

Susceptibility and Resistance to Specialty Pharmacy Management Programs



IMPACT OF STEP THERAPY ON DIFFERENT SPECIALTIES

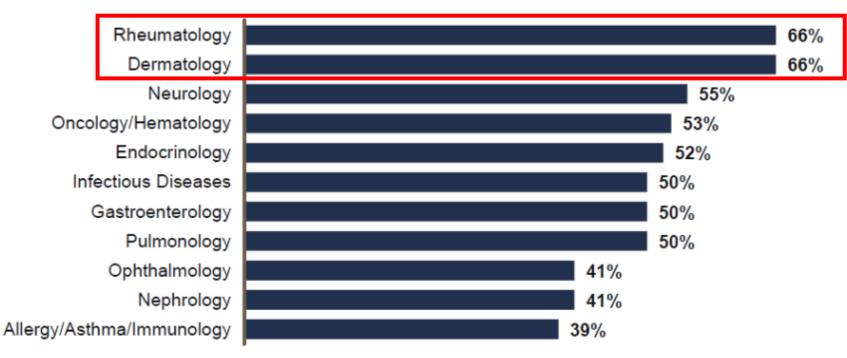
Susceptibility and Resistance to Specialty Pharmacy Management Programs



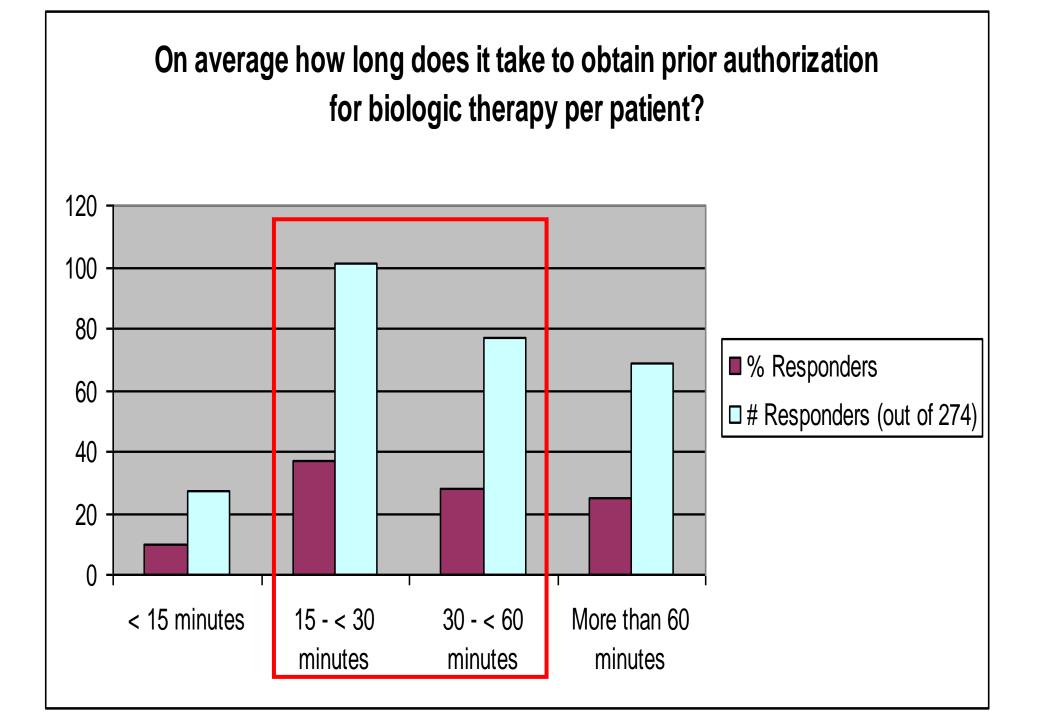
Health plans' desire to manage

PREFERRED DRUG LISTS: WHICH SPECIALISTS ARE MOST AFFECTED?

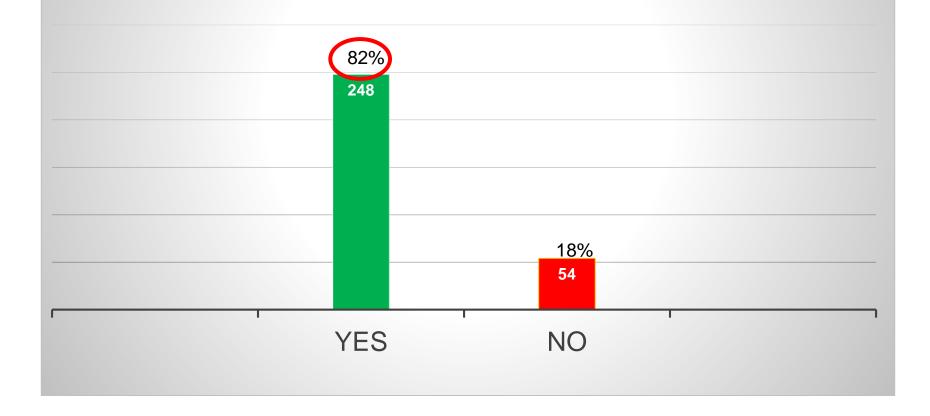
Rheumatologists and Dermatologists Report Encountering PDLs More Than Any Other Specialties



(Percentage specialists reporting encountering PDLs)



Have reimbursement hurdles prevented you from using what you consider to be the ideal therapy for a psoriasis patient?



Bloomberg.com Businessweek.com Company - Products - Bloomberg Anywhere

Bloomberg

More Medicine Goes Off Limits in Drug-Price Showdown



Medscape DERMATOLOGY-





Psoriasis Severity Linked to Uncontrolled Hypertension



Biochemotherapy for High-Risk Melanoma: No Survival Improvement



BRAF/MEK Overall Sur Melanoma

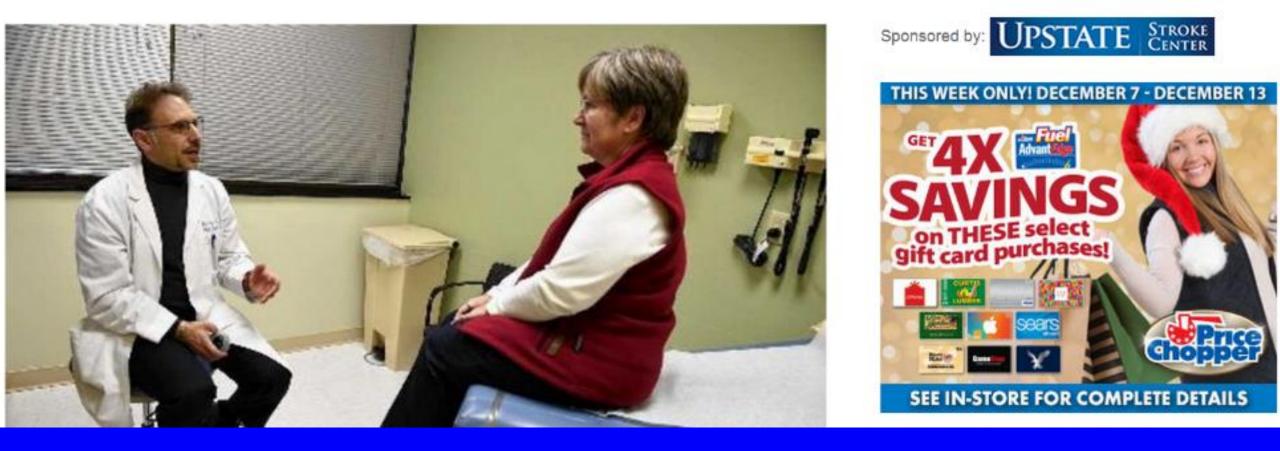
Medscape Medical News

Medicare Advantage Networks Narrower Than Expected

Beth Skwarecki

October 29, 2014

The skin doctor will see you in 146 days in Central New York, study shows



Medicare Advantage Directory Accuracy and Wait Time Study

The Accuracy Of Dermatology Network
Provider Directories Posted By Medicare
Advantage Health Plans In An Era Of
Narrow Networks

Author: Jack S. Resneck, Jr. MD Published: JAMA Derm - October 29, 2014

Original Investigation	
The Accuracy of Dermatology Network Phys	ician Directories
Posted by Medicare Advantage Health Plans	in an Era of
Narrow Networks	
lack S. Resneck Jr. MD; Aaron Quiggle, BA, MS; Michael Liu, BS; David W. Brewster, BA	
IMPORTANCE insures are increasingly depicying "narrow networks" with fewer contracted physicians both in health plans offered in new state exchanges under the Affordable care Ac- and in Nedicare Workmarge (MA) depicts, which are commercial alternatives defined to Medicare beneficiaries. Pratients choosing health plans rely on the accuracy of network directories posted by insures. The MA plans must meet network adequary requirements, and inaccurate directories of participang physician amplity publice these determinations.	E .
OBJECTIVE To determine the accuracy of MA plan directories of participating dermatologists, and the appointment availability of listed physicians.	
DESIGN, SETTING, AND PARTICIPANTS Scripted telephone calls were placed to every demratologist listed a directories for the largest MA plans in TLUS metropolitan areas. The caller sought an appointment to halved for this fottoois daire with but savere that for several months, asked whether the demraciogist accepted the relevant plan, and asked for the reest available appointment dake.	
MAIN OUTCOMES AND MEASURES Appointment availability and wait time.	
ESSILTS Among 4734 total physician listings, 45 59% represented diplicates in the same plan directory. Among the termaining unique listings, 46.9% of hyposcians were exclude, accepted the listed plan, and offered an appointment for our fictitious patient. Many of the demandingsts listed had incorrect contact information, were decased, retired, or had moved, were total cospring new patients, did not accept the hearance plan, or were assessed, retired, and a support the first scale plan, and offered an appointments among the remaining listing sk4.55 (1-14) days. Both the accuracy of network directories and the appointment wat time winds substantially by health plan and theropolitan area. For i plan, our caller was unable to obtain a appointment with any listed demandologist.	n
CONCLUSIONS AND RELEVANCE Medicare Advantage physician directories for dermatology in many areas substantially overestimate the number of in-network physicians available to tree patients with medical skin conditions. There inaccurates coursed in areas with long appointment wait times and where plans are terminating selected physician contracts. This suggests a lack of capacity that would be exacetband by further network narrowing. Accurate physician directories are essential for projer oversight of network adequeues, and for the providence of the second sec	t
patients who rely on these listings to evaluate health plan options during open enrollment.	Dematology Linvestry of California, San Piarcicco, School of Medicine (Resmock)- Hillip R. Lee Institute for Health Proly Studies, University of California. San Piancisco. School of Medicine (Resmod). medical student at University of California. San Pianctoco, School of Medicine (Cagging, Lui). American Academy of Dematology Association, Wahnington, DC (Browstan).
JKMA Dermstol. doi:10.1001/janadermatol.2014.3902 Published online. October 29, 2014.	Corresponding Author: Jack S. Resneck J: MD, University of California San Francisco Dermatology. Box 0316, San Francisco, CA 94143- 0316 (resneck)@derm.ucsf.edu).



American Academy of Dermatology Association

Summary of Findings

Total Physicians Listed	4754	
Duplicates (Same Address)	-294	6%
Duplicates (Different Address)	-1860	39%
Unable to Contact	-464	10%
Died/Retired/Moved	-221	5%
Not Accepting Plan	-157	3%
Not Accepting New Patients	-221	5%
Mohs Surgery Only	-158	3%
Other Subspecialty Only	-103	2%
Accepted Plan and Offered Appointment	1266	27%



American Academy of Dermatology Association

Copyright © 2011 American Academy of Dermatology. All rights reserved.





E Q The New York Times SUBSCRIBE

POLITICS

Half of Doctors Listed as Serving Medicaid Patients Are Unavailable, Investigation Finds

By ROBERT PEAR DEC. 8, 2014



Skyrocketing salaries for health insurance CEOs

Commentary: if they're making millions, should the rest of us have to pay

By Wendell Potter 🈏 🛅

18

6:00 am, June 9, 2014 Updated: 6:00 am, June 9, 2014

618 If health insurance companies announce big premium increases on policies for 2015, I hope regulators, lawmakers and the media 70 y tweets will look closely at whether they are justified, especially in light of in recent disclosures of better-than-expected profits in 2013, rosy S outlooks for the rest of this year and soaring CEO compensation.

comments Almost all of the publicly traded health insurers reported big E-mail increases in revenue and profits last year. The big winners have Print been the top executives of those companies, led by Mark Bertolini, CEO of Aetna, the nation's third largest health insurer. Bertolini's total compensation of \$30.7 million in 2013 was 131

have to pay hig	Company	2012 CEO Compensation	2013 CEO Compensation	
Aetna CEO Mark Be	Aetna	\$13,285,935	\$30,725,409	
	WellPoint*	\$27,064,211	\$16,979,927	
	Centene	\$8,474,744	\$14,512,938	
	Cigna	\$12,881,495	\$13,524,079	
	UnitedHealth	\$13,887,455	\$12,073,284	
	Molina	\$4,951,315	\$11,903,124	
	Health Net	\$10,160,381	\$9,134,538	
	Humana	\$8,433,985	\$8,848,066	
	WellCare*	\$5,505,173	\$7,097,778	
	CMS Admin.	\$179,700	\$165,300	
	Average CEO	\$11,627,188	\$13,866,571	
	Average Worke	er \$34,645	\$35,239	
			* WellPoint 2012 and WellCare 2013 includes compensation for incomingand outgoing CEOs.	

timesunion.com



Focus on patients, not profits

By Gary Goldenberg, Commentary Published 5:33 pm, Tuesday, July 21, 2015

timesunionPLUS

This is a TU+ story. Click here for more information.



Today's Premium Content

Practicing medicine has changed. While I can't speak for all physicians, I know that most of us decided to dedicate our lives and profession to the good health of those we treat. We work closely with our patients to develop trust and understanding of their individual conditions.

Despite that, and despite our years of medical training, the professional diagnoses and recommendations of doctors in New York and across the country are being pushed aside, in favor of insurance companies and their

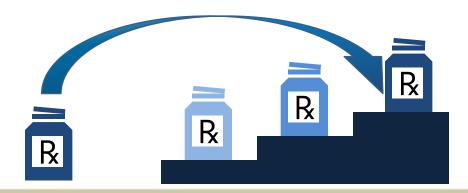
Lawsuit Accuses CVS of Overcharging for Generic

By THE ASSOCIATED PRESS JULY 30, 2015, 8:26 P.M. E.D.T.

🚩 Email	SAN FRANCISCO — CVS Health Corp. deliberately overcharged some pharmacy customers for generic drugs by submitting claims to their				
f Share	insurance companies at inflated prices, according to a lawsuit filed Thursday in federal court in San Francisco.				
🎔 Tweet	The suit says those inflated prices led to higher co-pays for customers that exceeded what they would have paid for the drugs if they had no insurance				
Save	and participated in a CVS discount program.				
More	"We've seen people who pay \$20 for a 30-day supply as their copayments on a drug that was \$11.99 for a 90-day supply had they been in the (discount program)," said Kristen Broz, an attorney with Hausfeld, the firm				
mistress america august 14	that filed the suit.				
	The lawsuit seeks class-action status, a court order prohibiting CVS from				

Access to Prescription Drugs: State Level

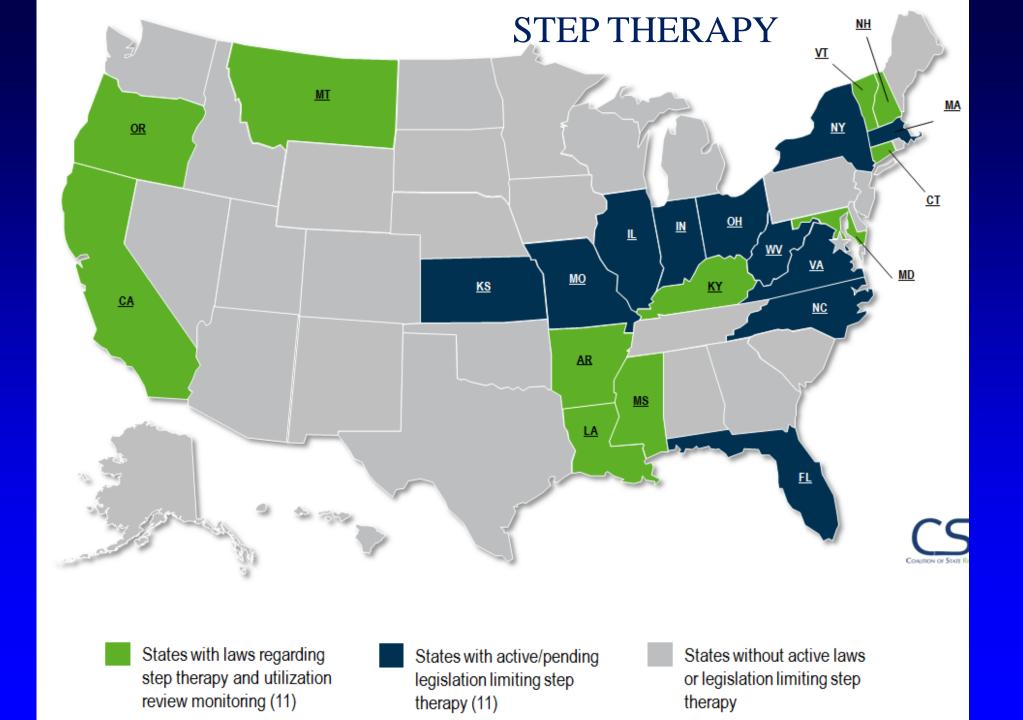
- AADA is an active member of the State Access to Innovative Medicines Coalition (SAIM)
- SAIM Coaltion's purpose:
 - Pursue step-therapy model legislation
 - Pursue legislation that limits prescription drug out-ofpocket costs





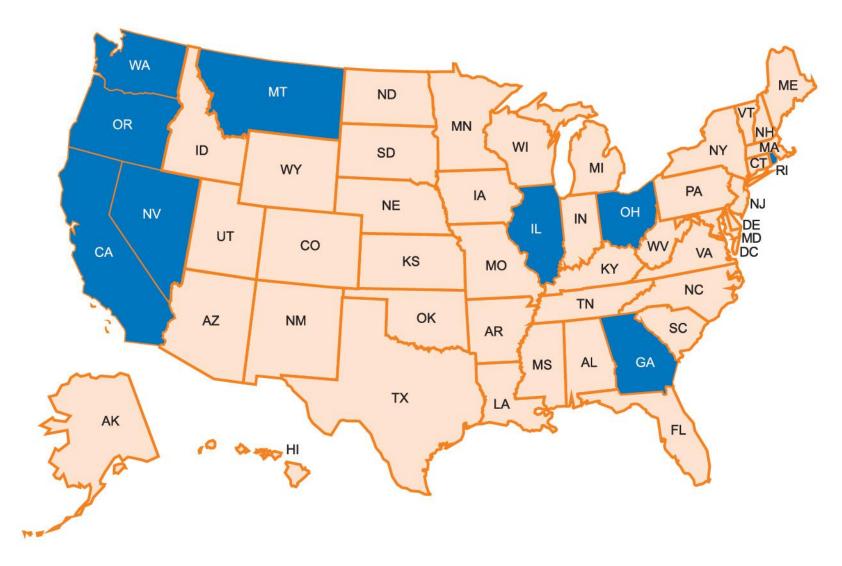
American Academy of Dermatology Association

Copyright ID 2013 American Academy of Dermatology, All rights reserved.



Network Adequacy

March 2015 - March 2016





April 6, 2015

CMS heeds AADA's call for directory accuracy in Medicare Advantage plan

On April 6, 2015, the Centers for Medicare and Medicaid Services (CMS) re final rule for 2016 Medicare Advantage (MA) plans. The American Academ Dermatology Association (AADA) led the way and urged CMS to ensure ne directories are accurate and up-to-date and CMS heeded that call and is m plans maintain accurate directories and identify a process to help patients been denied access to contracted providers.

To enforce this requirement, CMS is utilizing a three-pronged approach, for direct monitoring, development of an updated audit protocol, and complienforcement actions, including civil money penalties or enrollment sanct



Humana.



June 1, 2015

Re: Physician Group with Tax Identification Number (last four digits):

Dear Physician Group or Office Administrator:

The purpose of this letter is to notify you that Humana and ChoiceCare Network are amending your respective provider participation agreement(s) to discontinue your participation in Humana's Medicare Advantage (MA) HMO, PPO and PFFS lines of business. This letter serves as the amendment for all providers practicing under the above tax identification number. Except to the extent modified by this letter, all of the terms and conditions of your current participation agreement(s) with either Humana and/or ChoiceCare Network shall remain in full force and effect.

Humana considers several factors in managing networks, as mentioned in our Rules of Participation ("Rules"). (These Rules can be found on the secure physician area of Humana's website, Humana.com/providers.) As referenced in the Rules, our evaluation included a review of your practice's efficiency, utilizing a claims-based episode-of-care methodology, and adherence to evidence-based guidelines as available. We also take into consideration network access requirements, practice specialty needs and geographic factors. As a result of this review, your participation is being discontinued in the Humana MA HMO. PPO and

DERMATOLOGY ADVOCATE

THIS WEEK'S HEADLINE • JULY 24, 2015

David Brewster

Assistant Dir., Practice Advocacy

Help available for dermatologists terminated by Humana Medicare Advantage Practice Advantage The AADA has heard from members who have received notification from Humana Medicare Advantage plans that they will be terminated, effective Jan. 1, 2016. These terminations follow a similar cycle of terminations by Humana that went into effect Jan. 1, 2015 in 12 states.

If your office has received a notice of termination, the AADA has developed several resources at our <u>Narrow</u> <u>Networks Resource Center</u> to aid you in your appeal.

Access to Prescription Drugs: State Level

Tiered Cost-Sharing

- Mechanism to encourage patients to try lower-cost medications before turning to more expensive ones.
- Can require a patient to pay as much as 50% of a drug's cost, which can amount to significant sum for 30-day supply
- Many higher tiers include a significant number and range of medications



American Academy of Dermatology Association

Access to Prescription Drugs: State Level

The AADA worked with the SAIM Coalition to limit patient co-pays:

- Connecticut: Limits coinsurance, copays, deductibles and other OOP expenses; specifies how such limits apply to high deductible health plans
- California (regulatory): Majority of state exchange's beneficiaries will have monthly payments for specialty drugs capped at \$250 per month, although caps will range from \$150 to \$500.
- □ Colorado (regulatory): Caps 30-day supply at 1/12 of a policy holder's maximum allowable annual out-of-pocket.
- Illinois: \$100 cap per 30-day supply for silver / gold / platinum; \$200 cap per 30-day supply for bronze

- □ Kansas: \$100 cap per 30-day supply; \$200 total monthly cap; Applies pre-deductible.
- Kentucky: Senate bill- \$100 per Rx cap; \$200 total monthly cap; House bill- same cap but it applies only to "drugs on a specialty tier
- □ Michigan: \$100 per Rx cap
- □ Nevada: \$50 cap per 30-day supply
- □ **Oregon**: combined copays and coinsurance for a 30-day supply may not exceed \$100
- □ Virginia: Limit copays / coinsurance to \$100/ month for 30-day supply of any single drug
- □ Washington, DC: \$150 monthly cap for all drugs

AAD American Academy of Dermatology Association

Copyright ID 2013 American Academy of Dermatology, All rights reserved



THIS WEEK'S HEADLINE • APRIL 3, 2015

AADA rallies behind increased affordability in support of new bill

With the growing number of reports about the mounting financial burdens placed on the backs of patients, the AADA is urging Congress to pass the Patients' Access to Treatment Act (PATA), a bipartisan bill that will make treatments more accessible by reducing excessive out-of-pocket expenses for patients.

In a <u>statement of support</u> through the AADA's work with the Coalition for Accessible Treatments, Academy President Mark G. Lebwohl, MD, FAAD said, "As dermatologists we have a responsibility to speak out on behalf of our patients - many of whom suffer from debilitating skin diseases. We can no longer turn a blind eye to the financial barriers that prevent our patients from getting the life-saving, life-improving treatments they need.



Drug Pricing and Transparency Task Force

Update on Task Force Activities

Bruce Brod, MD, Chair Colby Evans, MD, Deputy Chair Maryam Asgari, MD Daniel Bennett, MD Julie Hodge, MD, MPH Shadi Kourosh, MD Mary Maloney, MD Elise Olsen, MD Steven Rosenberg, MD Susan Taylor, MD Lawrence Green, MD Joerg Albrecht, MD Dow Stough, MD

Leah McCormick Howard, JD, CSD Representative

Barbara Greenan, Staff Liaison Leslie Stein Lloyd Amanda Pezalla Lisa Albany Christine O'Connor Nancy Ali Krista Kauper

Drug Pricing & Transparency Task Force



AAD

American Academy of Dermatology Association

Task Force Activities

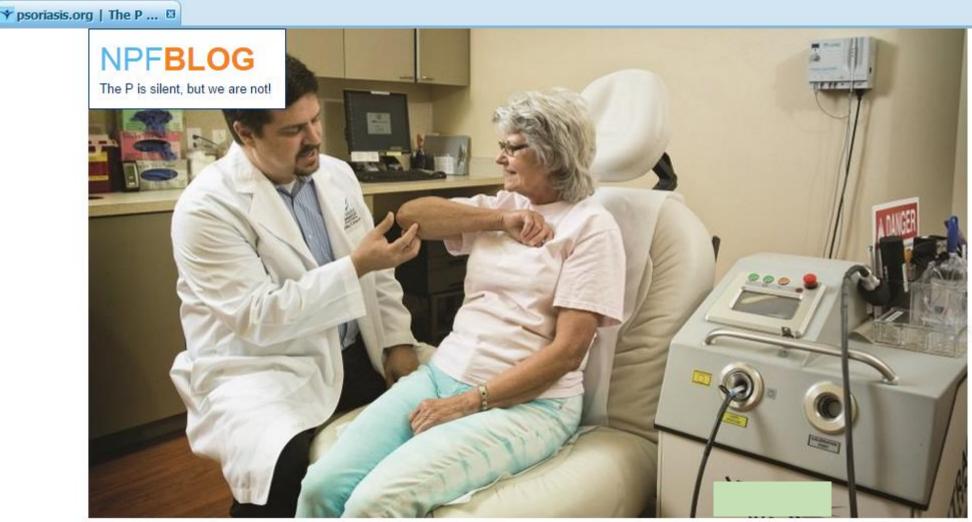
> Launch of online Drug Pricing and Availability Resource

- Member to Member article to announce launch
- Created Internal Task Force Community Website
- Drafted Comprehensive Position Statement- Patient Access to Affordable Treatments. The approved PS will serve as the foundation for a JAAD article.
- Developing drug pricing state toolkit (ex: op-ed & resolution)
- Articles in Derm World on Patient Access to Medications
- Review of Model Step Therapy Legislation in Process (SAIM)
- Congressional Briefing hosted by AARDA: Dr. Brod featured on step therapy panel
- Future of Dermatology Forum March AAD Drug Pricing Lecture
- Drafting comments on restrictive drug formularies in response to OCR's proposed rule, Nondiscrimination in Health Programs &



American Academy of Dermatology Association

Subject:Step therapy: stairway to frustrationDate:7/21/2015 3:31:38 P.M. Eastern Daylight TimeFrom:getinfo@psoriasis.org



Treatment decisions belong between doctor and patient

When an insurer overrides your doctor's decision that's a problem

AAD Practice Management Center Office of Access to Care and Treatment Rachna Chaudhari



American Academy of Dermatology Association

Biosimilars: Overview

Biosimilar	ADP 501	CT-P13	CHS-0214
Originator	Adalimumab	Infliximab	Etanercept
Company	Amgen	CELLTRION	Coherus Biosciences
Trade name	TBD	Europe: Remsima™	TBD
		USA: Inflectra™ Co-marketed with Hospira, now a Pfizer company	

Biosimilar Experience in India: Rituximab

- Branded rituximab introduced
- 2007 Generic rituximab introduced in India
- \rightarrow price:1/3
- \rightarrow number of patients treated \uparrow 6-fold

Data from Dr. Reddy's laboratories