Consolidated Comments Re Cabinet's Draft Report on Recommendations to Address Pharmaceutical Costs –Including Comments previously provided on specific recommendations

TOPIC	COMMENTER	COMMENT
PRIORITY RECOMMENDATIONS		
1. LEGISLATIVE		
a) DRB – Drug Review Board	Academia – Economics – Yale SOM	Favors and recommends tasking board with calculating Quality Adjusted Life Year (QALY) for each drug. QALY is a commonly used metric outside the United States that gives a measure of the value of the drug. This can then be compared to prices paid in Connecticut
	Association – NASW – CT Chapter	Favors – recommends one-third of the appointees be consumers who significantly utilize prescription drugs, especially high cost prescriptions Recommends that CT institute regulatory process for increases in prescription drug prices. "A threshold can be set as to the percentage of increase allowed and increases above the threshold should go through a public review process where the manufacturer must justify the requested increase, the public may comment and a review board will set the allowable amount of increase"
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	Favors -- "Contains powerful, necessary legislative remedies that can help to achieve the goal of Containing Health Care Costs "
	Linda Bronstein	Favors
	Physician Ross Kristal, MD	Favors
	Advocacy -- Universal Health Care Foundation of CT (UHCF)	Supports 1a and 2a. Recs based on CA, MD, and NY laws– believes states will prevail in litigation in CA and MD, but timing unclear for resolution. Rec is high level and details on board composition, including number of consumers on the board needs to be addressed. Strong consumer representation encouraged, and strong conflict of interest rules must be established. Where DRB fits in admin structure needs to be decided. Office of Health Strategy could be the logical place.

	Industry -- PhRMA & Novartis, BI, Pfizer and Sanofi	All raised concerns. See previous comments – available at PhRMA letter discussed at December 2017 Cabinet meeting. See "General Comments" section for links to letters from Novartis, BI, Pfizer and Sanofi. See also January 15th PhRMA comments consistent with previous comments on this recommendation—concerned with creating a new state entity. Increased admin burden on state and manufacturers with reporting, analyzing, compiling data that doesn't address what is paid at the counter. Instead should look at priority admin rec a) and other legislative rec a) Pfizer January 15th comments, "We oppose mandates that require prescription drug manufacturers – or any other entity – to report proprietary information such as pricing, research and development, manufacturing, and marketing costs over and above the extensive information already disclosed in financial filings and publicly available….We also oppose mandating that manufacturers signal price changes in advance, which can have negative implications on the prescription drug supply chain, which can reduce access for patients and put quality at risk. Stockpiling of prescriptions drugs occurs today when price changes are announced." Missing other drivers of health care costs—PBMs, insurers and healthcare professionals. Burdensome reporting requirements that do not ultimately help consumers or health care providers. Pfizer recommends: Connecticut should ensure that up-to-date and accurate drug formulary information is available to its residents. To choose the plan that best fits their needs, patients need to know which drugs are listed on the plan's formulary; tier placement and associated cost sharing levels; and utilization management (UM) restrictions, such as prior authorization, step therapy, or quantity limits.
	Industry --CTAHP	Increased transparency in drug pricing will raise costs for consumers and plans. Studies show no relation between drug prices and rebates negotiated by PBMs. See previous comments – available at CTAHP letter, discussed at December 2017 Cabinet meeting See January 15th comments. Transparency in drug pricing by manufacturers is a key component.
	Industry - BIO	"Transparency bills do not address the real problem of getting affordable medications to individuals, and they provide information that would be otherwise useless to the patient. They simply place additional burdens on manufacturers, all while increasing the cost of doing business at a time when most people are concerned about the cost of medications." "Information should tell patients such things as what their out-of-pocket (OOP) costs are, whether their drugs are on the plan formulary, or whether they have an opportunity to get the drug for less money than their copayment." Should also apply to insurers and PBMS. CA, NV, VT fail the test because most of the data requested is proprietary. Disclosure of R & D costs or other line items will not benefit the average consumer—complex to understand process. Mid-size firms would be disproportionately affected. This rec can hinder innovation. "The premise of this Board is flawed from the beginning, because it presumes that biopharmaceutical spending is growing at an unsustainable rate. When, in fact, it is growing far less than other national health expenditures". However, the creation of the DRB essentially wants to put in place a cookie-cutter philosophy to pricing of prescription drugs products with arbitrary metrics. ….The suggestion that the DRB would have the expertise to determine if these drugs have a "clinical value that may put patients' health at risk," "implies that the State's DRB would have better resources and expertise than the FDA"
	Advocacy – CAB	Favors**. "It is essential that this Board is comprised of one third patients and families with actual experience obtaining and utilizing medication for serious and complex health conditions.** Decisions by this Board are likely to have significant impact on patients and families. It is important the Board fully consider the risks and impacts that their decisions will have. Significant and meaningful consumer participation in this process is needed to balance the benefits and enormous risks in this process and to enable the Board to achieve its goals.'

	Advocacy – Patients for Affordable Drugs	Favors. We believe the DRB's price reviews should apply to both brand name and generic drugs, and it is important when considering "excessive prices" that the board factor in both the percent increase and the list price of the drug. Also we recommend that companies found charging excessive prices be required to reimburse payors, pharmacies, wholesalers, and patients for some part of the overcharge
	Industry – AAM	Opposes as unconstitutional—claim in MD case. AG interference would interfere with competition in the marketplace which is the thing that keeps generic prices low. Draft doesn't consider unique role of biosimilars and generics. NY DRB focused on highest price brand drugs and exempted generic. If generic is still included in CT's proposal, it will reduce competition and prevent the state from realizing savings. Recommendation vague on what constitutes "unjustified pharmaceutical prices or price increases". Companies would perpetually be at risk. Gives no leeway for reasonable management decisions based on existing markets. Raises Dormant Commerce Clause claim by subjecting national agreements to Connecticut standards. Recommendation: Fully exempt generic manufacturers and biosimilar makers.
	Advocacy – Public Citizen	Favors. "The Commission's recommendation that launch prices be included in the DRB's scope of work is essential to curbing these abusive prices and slowing the growth of health care costs for the state. "Public Citizen also applauds the Commission's inclusion of consumer voices on the Drug Review Board. Consumer voices are pivotal for understanding the real-world consequences of high launch prices and annual price increases. In addition, Public Citizen encourages the inclusion of a conflict-of-interest policy for the DRB to ensure that the board remains free and independent of the massive influence of pharmaceutical industry trade groups and lobbyists who would seek to relax the rules over time "Public Citizen encourages the Commission to work with consumer advocacy organizations in Connecticut as well as other key stakeholders to build out strong legislative authority and pass it promptly to ensure the DRB has the ability to enforce action"
	Advocacy – CT Rare Action Network	Favors. "We support the recommendation to create a Drug Review Board (DRB) to regulate cost increases. However, since decisions made by the DRB could have a marked (possibly harmful) impact on patients and their families, it is imperative that consumers who actually use prescription medications (patients and their caregivers/family members) and the healthcare providers who prescribe these medications (physicians) must be adequately represented in the board. We recommend that the DRB **consist of 1/3 consumers who are patients (and family members) with actual experience managing prescription medication for complex, chronic health conditions"**
	Association - PCMA	Opposes. "Any public disclosure of rebate information would allow manufacturers to learn what type of price concessions other manufacturers are giving and disincentivizes them from offering deeper discounts, which benefit plan sponsors and their beneficiaries. This transparency will not lead to better health care or lower health care costs." Refers to FTC guidance. "Additionally, the Department of Justice and the FTC issued a report noting that "states should consider the potential costs and benefits of regulating pharmacy benefit transparency" while pointing out that "vigorous competition in the marketplace for PBMs is more likely to arrive at an optimal level of transparency than regulation of those terms" (internal references in online comments.)
	Advocacy – Legal Aid Organizations	Favors. "The recommendation should be changed to **require adoption of COI rules at least as stringent as those applied by the FDA**."
b) Disclosure of Relationships	Academia – Economics – Yale SOM	Favors
	Physician - Stephen Smith, MD	Favors

	Physician - Velandy Manohar, MD	Favors -- "Contains powerful, necessary legislative remedies that can help to achieve the goal of Containing Health Care Costs "
	Physician Ross Kristal, MD	Favors
	Industry – CTAHP	Favors as it would allow policy makers and the public to judge particular proposals from a fuller vantage point
	Advocacy - CAB	"It is unclear why patient advocacy organizations appear to be highlighted in the recommendation for transparency legislation when the New England Journal of Medicine study cited is based on financial information that advocacy organizations are already required to publicly disclose. Consumer Advisory Board supports transparency requirements for manufacturers, PBMs, health insurers and other payers. Any individuals and/or organizations participating in policies and decisions relating to pharmaceutical costs should be required to disclose their sources of funding/income. "
	Advocacy – Patients for Affordable Drugs	Favors
	Advocacy – Leslie Bennett	Favors only if broadened. "We oppose the LEGISLATIVE recommendation requiring manufacturer, PBMs, health insurers, and other payers to report payments made ***only to non-profit patient advocacy groups*** to the Office of Ethics. We do not understand why the Cabinet chose to single out patient advocacy groups in this recommendation when there are a number of healthcare, health policy, and health economics non-profit organizations that take also money and gifts from manufacturers, insurers, PBMs, healthcare facilities and even the state—shouldn't these organizations be reported to the Office of Ethics as well? We recommend that this recommendation be changed **to and state that any individual or non-profit (including patient, healthcare, health policy, and health economics organization) participating in discussions about state policies or decisions related to prescription medication costs should be required to disclose all funding sources."**
	Advocacy – Epilepsy Foundation	Opposes. "While this proposed recommendation may have good intentions, it does, however, create additional burdens on non-profit health organizations to raise the necessary funding to operate effectively. This measure will act as a deterrent to outside groups from contributing to non-profit health advocate organizations."
	Advocacy – Legal Aid Organizations	Favors –ensure reporting is done by the companies and not the smaller advocacy groups.
c) Audits of PBMs	Academia – Economics – Yale SOM	Favors, but raises concern about compliance. Should consumers have recourse to arbitration or litigation
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	Favors -- "Contains powerful, necessary legislative remedies that can help to achieve the goal of Containing Health Care Costs "
	Physician Ross Kristal, MD	Favors
	Association - CSMS	Favors in some form. "significant step to ensuring transparency to health care purchasers and consumers comes in some form of the Cabinet's recommendation to require increased audit abilities and cooperation in such be Pharmacy Benefit Managers (PBMs). No longer should PBMs be allowed to hide as intermediaries of insurers."

	Industry – CTAHP	See January 15th comments – this should be determined by contract. Audit may not make sense in cases of adjusted community rating where rates are set by certain criteria and individual company experience is irrelevant.
	Advocacy – Patients for Affordable Drugs	Favors
	Industry - PCMA	Concerns --unspecified
d) Payment at PBM negotiated net price	Academia – Economics – Yale SOM	Favors, but recommends transaction should be at negotiated price or below. Commenter states, "This would permit a PBM to hide a confidential negotiated price by charging the consumer less."
	Association – NASW – CT Chapter	Favors – common practice with the rest of delivery system. No need for exemption for pharmaceuticals
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	Favors -- "Contains powerful, necessary legislative remedies that can help to achieve the goal of Containing Health Care Costs "
	Linda Bronstein	Favors
	Physician Ross Kristal, MD	Favors
	Advocacy - -UHCF	Favors –Insurers currently funnel PBM savings to premiums but consumers pay more at the counter. This rec is the way other parts of healthcare work, but consumers are paying off of list price, not negotiated price and it is difficult for consumer to know what the negotiated price is. Should be paired with 3e as priority
	Industry -- CTAHP	See previous comments – available at CTAHP letter, discussed at December 2017 Cabinet meeting. Cost sharing incentives necessary to steer patients to specific branded drugs to lower costs. PBM plays necessary role. See January 15th comments – New and non-preferred drugs not required to offer rebate. Generics (90% of market) do not have rebates, and only 6% of drugs have a rebate and some of those are not subject to this recommendation because they are associated with a co-pay. May be some savings for those with high deductible plans or co-insurance, but those savings might be offset by higher premiums. Given MLR requirement, carriers need every tool to combat higher drug costs.
	Industry - PhRMA	January 15th comments – "supportive, in concept, of recommendations that help patients share the savings being provided by manufacturers in the form of substantial rebates. In Priority Legislative Recommendation (d), the Cabinet discusses the unique circumstance in the prescription drug space in which a patient may pay significantly more than the PBM or health insurer's negotiated price for the drug when a deductible or coinsurance is part of the plan design. Manufacturers provide over $100 billion in rebates and discounts to payors each year and patients should share in those savings" (internal reference included in online comments)
	Association – CSMS	Favors. Supports increased level of transparency of pharmaceutical industry as paramount. "most attainable and cost effective legislative priority from a budgetary perspective is to require a pass through of all negotiated prices to the consumer at point of sale. This alone would have the greatest financial benefit to consumers and shed greater light in the impact of discounts and rebates provided at multiple levels of the industry"

	Industry - Pfizer	January 15th comments – supports recommendations on adherence including this one. "Pfizer supports Legislative Recommendation (d), which would allow patients to benefit from discounts negotiated by the payer with a manufacturer, as they currently do for all other medical services."
	Advocacy – Patients for Affordable Drugs	Favors "Co-insurance and deductibles are set by list prices which means that often patients are paying more for their copay than the price their insurance plans are paying for those medications. We support legislation that will pass negotiated prices on to consumers."
	Advocacy – Legal Aid Organizations	Favors
	Industry – PCMA	Concerns - unspecified
2. ADMIN RECs		
a) CID to collect additional information from carriers on impact of Rx prices on premiums – similar to collected info in California	Physician - Velandy Manohar, MD	"This provides the crucial data and emphasizes the importance of containing prescription drug costs "See also comments re Choosing Wisely, CLAS and health literacy under "General Comments"
	Physician Ross Kristal, MD	Favors
	Physician Stephen Smith, MD	Favors
	Industry - PhRMA	See January 15th comments -- This rec re premium "more effectively achieve the goals of educating consumers and understanding the real impact of drug costs" (more than legislative rec d)
	Industry - CSMS	Favors. "Requiring greater and more specific information be provided to the Connecticut Insurance department (CID) is good and appropriate. This information provided to CID should ultimately, and timely be provided to purchasers and consumers."
	Advocacy – Public Citizen	Favors. "supports administrative recommendation (a), which would provide greater transparency of prescription drug prices in Connecticut….The required reporting from insurers is also helpful in determining the larger impact on consumer's costs for premiums, co-payments, and co-insurance with high priced medicines. "Public Citizen applauds the detail sought by the recommendation, including the reporting of gross and net spending in order to reflect the impact of rebates on the system."
	Advocacy – Legal Aid Organizations	Favors

b) Addition to SIM Core Quality Measure Set	Government –SIM Quality Council	Welcomes the charge to the Council. "There are currently no NQF endorsed measures that target this issue, with the exception of a single question included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The Council will consider additional options within CAHPS to ask about medication counseling, and specifically the issue of cost as a potential barrier to adherence" Communicating with patients in a clinical practice setting on cost, however, is a challenge given that patient specific cost information is not readily available to either the provider or the patient at the point of service. "strongly recommend that the Cabinet pursue strategies for making this important information available to providers and patients in the practice setting, at the time that options are being considered for pharmacological treatment" Recommends that SIM Practice Transformation Task Force (PTTF) take up formalizing care delivery expectations regarding communication with patients about their ability to afford medications and discussion of alternative options
	Physician - Velandy Manohar, MD	b.i. The Data set is very helpful to develop strategies to improve health outcomes and cost-effectiveness b.ii. Fully endorse this recommendation- Over decades has worked with pharmacists "to help patients to get the most from the medication regimen"
	Physician Ross Kristal, MD	Favors
	Physician Stephen Smith, MD	Favors
	Association - CSMS	Hesitation and caution to the cabinet's recommendation requiring the State Innovation Model (SIM) to "explore what kind of mechanism should be employed" to increase physician conversations with patients about medication costs. Physicians also not aware of ultimate costs of medications because of lack of information on pharmaceutical design or price differential based on specific pharmacy choice, PBM or manufacturer. Some MDs administering in office meds reimbursed less than the cost of the drug. Would need real-time access to accurate and timely info to make this recommendation meaningful.
	Industry - PhRMA	January 15th comments - Encouraged by this recommendation re medication adherence
	Industry – CTAHP	Support proposals that strengthen ability to enter into value based arrangements with caveat that they don't interfere with innovation and competition.
	Industry - Pfizer	January 15th comments – supports recommendations on adherence including this one. "Given the importance of medication adherence to patient care and controlling health care costs, Pfizer supports exploration and possible adoption of quality metrics related to adherence, provided development of such metric(s) is conducted in an open and inclusive manner with active participation by all stakeholders"
	Advocacy – CT Rare Action Network	Opposes. "We do not see the need for an ADMINISTRATIVE recommendation for SIM Quality Council to create CORE measures placing responsibility for medication adherence and communication for drug prices on physicians/medical home. Under the current system physicians deal with numerous PBMs (all having different pricing) and under the current system, physicians are not paid for this service"
c) SIM Practice Transformation grants for decision aides in EHR systems		
	Physician Ross Kristal, MD	Favors

	Physician Stephen Smith, MD	Favors
OTHER RECs		
3. LEGISLATIVE		
a) Price of drugs online for drugs subject to-co-insurance	Physician - Velandy Manohar, MD	"3.a. I and ii are absolutely necessary to achieve the stated goals"
	Physician Ross Kristal, MD	Favors
	Physician Stephen Smith, MD	Favors
	Industry - PhRMA	See January 15th comments -- This rec re premium "more effectively achieve the goals of educating consumers and understanding the real impact of drug costs" (more than legislative rec d)
	Advocacy – Legal Aid Organizations	Favors
b) PBM as fiduciary	Academia – Economics – Yale SOM	Favors - -Misalignment of incentives between PBMS and clients
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	"I am very supportive of clearly defining the Fiduciary Responsibility of PBMs"
	Physician -- Ross Kristal, MD	Favors
	Industry - CTAHP	Opposes – comments that it is preempted by ERISA. See previous comments – available at CTAHP letter, discussed at December 2017 Cabinet meeting. See January 15th comments – same concern
	Industry – PCMA	Concerns, unspecified
c) State administered loan program	Academia – Economics – Yale SOM	Opposes – better way to address through other recommendations re max co-pays and coupon limits. And this recommendation will encourage manufacturers to raise prices since consumers will have the ability to pay.
	Association – NASW – CT Chapter	Worth exploration. Health plan designs with high out of pocket initial costs can create financial hardship and leave patients with difficult choices.
	Physician - Velandy Manohar, MD	Fully endorses
	Physician Ross Kristal, MD	Favors
	Physician Stephen Smith, MD	Favors

	Advocacy – Patients for Affordable Drugs	Opposes. Drug prices are based on how much money a corporation can extract from the market, therefore setting up a system to help patients with high deductibles may have the best of intentions, but it will not lower prices--rather, it will support unjustifiably high prices.
	Advocacy – CT Rare Action Network	Favors
	Advocacy – Legal Aid Organizations	Favors. "*We suggest consideration of a means test so limited funds can go to lower income individuals*"
d) Providers posting info re gifts and compensation	Academia – Economics – Yale SOM	Favors
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	Fully endorses
	Physician --Ross Kristal, MD	Favors
	Association – CSMS	physicians are "required to disclose and post more information and materials that almost any other industry, but the information in question is already readily available to the public and patients" Recommendation: "more effective approach to ensuring that physicians have appropriate access to information regarding pharmaceuticals without fear of inappropriate influence would be the establishment of a robust academic detailing program in Connecticut supported by pharmaceutical manufacturers seeking to get educational materials into the hands of prescribers"
	Advocacy – Legal Aid Organizations	Favors
e) Co-pay and co-insurance limits per month	Academia – Economics – Yale SOM	Favors but only if paired with limitation on all drug coupons. Experts could be involved to help set co-pays to incentivize use of generics or cheaper brand name Rx.
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	Favors – "essential to the achievement of our common goals: Physicians, Prescribers, APRNs, Pas [sic], Consumers, Insurance Companies, PBMs, Pharmacists"
	Linda Bronstein	Favors
	Physician -- Ross Kristal, MD	Favors
	Advocacy -- UHCF	Favors – should be equal priority with 1d. CT should look at CA 2015 law.
	Industry – CTAHP	See January 15th comments -- Similar arguments on pass-through of net-negotiated rebate prices to consumers applies to this recommendation. Capping co-pay campaigns often funded by manufacturers. Also consider the effect on AHCT which has to use AV calculator for plan designs.
	Industry – BIO	Could be good to improve adherence and rein in cost sharing

	Industry - Pfizer	Says good intent but worried that it might conflict with guidance from CID that sets max copayment on brand drugs at $60. Is afraid cost sharing might go up.
	Advocacy – CT Rare Action Network	Favors
	Industry – PCMA	Concerns unspecified
	Advocacy – Legal Aid Organizations	Favors
f) Limit manufacturer coupons	Academia – Economics – Yale SOM	Favors but to be "effective this provision must prohibit ALL manufacturer kickbacks to patients whether in the form of coupons, other payment or forgiveness, and in-kind benefits (e.g. employment, free meals, wrap-around services, etc.)" if paired with maximum co-pay or co-insurance. Says insurers will be better off because manufacturers cannot pay consumer to take a more expensive drug. Insurers can use other tools after the provisions kick in to incentivize patients to use meds that offer better terms. Making rec conditional for when only a cheaper drug is available costly to implement—have to review PBM formularies in real time. And the protections of co-pay/co-insurance limits and prohibition on "kickbacks" make conditional nature of recommendation unnecessary
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	"essential to the achievement of our common goals: Physicians, Prescribers, APRNs, Pas [sic], Consumers, Insurance Companies, PBMs, Pharmacists" "I am in partial dissent because there are times in my practice and for instance in my situation were the lower priced drugs for one of my health issues are intolerable. I recommend the availability of manufacturers coupons for an individual patient be based on medical attestation that personalized therapeutics requires a specific drug that is unaffordable but is expected to yield the best results and is both tolerable and safe based on peer reviewed literature. I used to personally or request the help of staff to guide patients as they fill in the necessary medical information on line to get the coupons for patients who had coverage, but co-payments were high, incomes low and there was high risk of non-compliance and adverse health consequences accruing to the patient and the family. [because of the side effects of the lower tier covered or cheaper drugs and efficacy issues"
	Physician --Ross Kristal, MD	Favors
	Industry -- PhRMA, Novartis, BI, Pfizer, Sanofi	See previous comments – available at PhRMA letter discussed at December 2017 Cabinet meeting. All oppose. See "General Comments" for links to letters. See January 15th PhRMA comments—similar comments, notes that different work groups took different positions— "one workgroup proposing a ban while another recognized their value and encouraged patient education regarding the availability of such programs" …. "the often high cost-sharing that is associated with medicines subjected to utilization management may not reflect the rebates and discounts provided by manufacturers, so copayment assistance is a way that branded manufacturers help patients afford the medicines they need. We urge this balance to be considered in any proposal that would limit patients' access to these important assistance programs"
	Advocacy -- Arthritis Foundation	Opposed. Payment Assistance Programs provide vital assistance for those who need specialty drugs and who cannot afford them or are facing significant OOP costs. Many patients have to try multiple medications that are brand name. See comments –available at Arthritis Foundation letter, discussed at November 2017 Cabinet meeting.

	Industry – BIO	Opposes – plan designs often put these drugs out of reach. Lack of adherence is a risk.
	Advocacy – US Pain Foundation – Wendy Foster	Opposed. Spoke at November 2017 Cabinet meeting about importance of manufacturer coupons for those who need assistance. Statement available here.
	Advocacy – Patients for Affordable Drugs	Favors. Supports lower prices rather than use of coupons.
	Advocacy – Legal Aid Organizations	Favors, but "[e]nsure a robust exception process based on medical necessity in any situation where a ban on manufacturer coupons is imposed because of overall harm to drug price control from the manufacturers' use of such coupons
g) Prohibit retroactive pharmacy fees to ensure transparency in the financial relationship between PBMs and pharmacies	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	"Fully endorse the recommendation to assure Transparency of PBM"
	Physician --Ross Kristal, MD	
h) The contracts that PBMs have with pharmacies in the state of Connecticut shall not reimburse the pharmacy less than the reasonable cost at which the pharmacy purchases the drug	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	"This section has important requirement especially the appeals process" "I question this language in this context. **How do we legislate aspirational goal**? We can all hope that this doesn't occur"
	Physician --Ross Kristal, MD	Favors
	Industry – PCMA	Concerns unspecified
b) Explore the option of expanding access to the state employee pharmacy contract terms, which is now available to non-state public employers, to private sector entities	Physician - Stephen Smith, MD	Favors
The lettering is off here. Left it as "b" as it is in the current draft. It can be fixed for the final report.	Physician - Velandy Manohar, MD	This would be an important cost saving strategy to expand access to the State employee contract to private sector entities. This can greatly increase bargaining power to negotiate costs. Could force state to forego its ERISA exemption. Sends wrong message to industry.

	Physician --Ross Kristal, MD	Favors
	Industry – CTAHP	See January 15th comment Opposes – government should not compete with one its biggest employment sectors.
4. OTHER ADMIN RECS		
i) Create a mechanism to create, promote and monitor consumer education efforts across the health care continuum	Physician - Stephen Smith, MD	Favors
	Physician --Ross Kristal, MD	Favors
j) Promote the availability of existing resources that allow consumers to compare the cash price of prescription across pharmacies	Physician - Velandy Manohar, MD	**This is an absolutely necessary component for a successful cost containment strategy empower consumers to make real time decisions"** "I want to interject -this cannot be freely espoused unless there are well established mechanisms to check these drugs are indeed comparable and verify the source of the Drugs, **the veracity about the labeling, its safety and reliability.".**
	Physician --Ross Kristal, MD	Favors
	Physician – Stephen Smith, MD	Favors
	Industry - Pfizer	January 15th comments – supports recommendations on adherence including this one. "Pfizer agrees that patients who are paying cash or a coinsurance for a drug would benefit from greater understanding of how much different pharmacies charge."
k) **Evaluate the potential benefits of various types of value based contracts for supplemental rebates, including the results in other states pursuing such contracts at this time, and report back findings to the Health Care Cabinet**.	Physician - Velandy Manohar, MD	necessary component "for building an effective and efficient operational system that can add value every day week in and week out which can accrue incremental gains in Cost savings"
	Physician --Ross Kristal, MD	Favors
	Physician – Stephen Smith, MD	Favors

	Industry - BIO	"BIO believes that value-based contracting is an important tool for payers, both public and private, to handle costs in a way that ensures compensation for the value of the manufacturer's product, but demonstrates a certain amount of risk the manufacturer may be willing to bear. These types of arrangements are still new, and there are some legal questions that need to be resolved before they become common place, such as the impact on the Medicaid Best Price Statute and the impact on anti-kickback statute. Despite these challenges, BIO member companies are paving the way in these areas. We hope that these innovative payment arrangements will continue to grow"
l) Create a work group, inclusive of all stakeholders including consumer representation, to evaluate the potential risks and benefits of adding exclusions or more onerous prior authorizations to the Medicaid formulary in order to drive toward value based pricing	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	necessary component "for building an effective and efficient operational system that can add value every day week in and week out which can accrue incremental gains in Cost savings"
	Physician --Ross Kristal, MD	Favors
	Advocate – CLRP/Kathy Flaherty	Opposed to "proposed new restrictions on access to FDA-approved drugs covered for Medicaid enrollees under federal law, especially with regard to prior authorizations. I am not sure that a work group is needed to establish something that is already known - placing additional barriers in the form of prior authorization will mean less access to necessary drugs. It is absolutely imperative, if such a work group is ultimately convened, that independent consumer advocates, including representatives from legal services, are included. "
	Pfizer	Opposes based on current Medicaid law—would fail Medicaid waiver test and thwart rebate statute. Also concerned that some residents could go without needed cutting-edge medications. Recommends CT do more with its existing tools. Rebate law provides some examples of reasons why a particular drug might be excluded from a formulary. Can also use UM restrictions to access supplemental rebates.
	Advocacy – CT Rare Action Network	Including patients in any workgroup or committee to evaluate risk/benefits of adding exclusions or more rigorous prior authorizations to Medicaid formulary

	Advocacy – Legal Aid Organizations	Opposes. "Unlike almost all of the other proposals, this proposal attempts to get at high drug prices through the indirect means of restricting, or possibly outright blocking, access to prescribed drugs….The proposal presumes that it is okay to impose still "more onerous" PA requirements on Medicaid enrollees because the goal is to discourage the use of high cost drugs in favor of lower cost ones. But, apart from the fact that often the higher cost drug is superior to the lower cost one, and that is why it was prescribed, the reality is that the PA requirements DSS **already** imposes routinely result in Medicaid patients at the pharmacy, lacking any alternative resources, going without **any** treatment, even the lower cost drug. "For all of these reasons, imposing still "more onerous" PA requirements on low income Connecticut Medicaid recipients should be rejected, no matter what other states may unwisely plan on doing with their Medicaid populations. And, of course, the even more harsh proposal, to **exclude entirely** FDA approved drugs required to be covered under federal Medicaid law, should be rejected as a dangerous proposal needlessly imposing denials on the most vulnerable group of patients in the state." Would require a waiver under the current federal administration. If Cabinet proceeds, work group should have adequate consumer representation, including legal aid advocates and others.
m) Ensure the state employee plan maximizes the value of its pharmacy expenditures by improving outcomes and reducing overall medical costs	Physician - Velandy Manohar, MD	**"I enthusiastically support the recommendations m 1,2,3"** **"This a MUST happen change in process. <u>The State Plan needs to move from evaluations of PBM vendors based primarily on potentially pharmacy savings</u>- primarily rebate savings and pharmacy network discounts <u>to one that is focused on primarily reducing overall medical costs and improving patient outcomes."</u>**
	Physician --Ross Kristal, MD	Favors
	Physician Stephen Smith, MD	Favors
n) Over the long-term determine if Medicaid's capacity and expertise in formulary development and rebate contracting could be utilized by the state plan	Physician - Velandy Manohar, MD	<u>"important in the future development of effective strategies to contain costs"</u> **<u>"To ensure mechanisms are put in pace and implemented to assure veracity of the labelling, safety and reliability".</u>**
	Physician --Ross Kristal, MD	Favors
	Physician—Stephen Smith, MD	Favors

o) The APCD should be utilized to illustrate trends in out-of-pocket costs, for use by the Office of Health Strategy and other state policy makers to inform future policy	Academia – Economics – Yale SOM	Favors
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	"important in the future development of effective strategies to contain costs"
	Physician --Ross Kristal, MD	Favors
	Industry - Pfizer	January 15th comments – supports recommendations on adherence including this one. "APCDs are powerful tools for understanding market-wide trends, including patient cost-sharing exposure, but given their nascence are often under-utilized. We support efforts to enrich and deepen policymakers' understanding of changes in insurance benefit design, which we believe this proposal could help achieve."
p) The Office of Health Strategy should further research and refine recommendations on plan designs and elimination of cost sharing for mediations for certain conditions	Physician - Velandy Manohar, MD	**"necessary to work on Value Based Insurance Design"**
	Physician – Stephen Smith, MD	Favors
	Physician --Ross Kristal, MD	Favors
	Advocacy – Legal Aid Organizations	Favors, but "*We should go beyond considering this and also require eliminating this for congestive heart failure and COPD, and we should consider the same for psychiatric medications, where adherence is a significant issue*."
q) The SIM VBID consortium should consider promoting formulary designs that focus on value by tying formulary placement to value, not rebate size:		
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	**"necessary to work on Value Based Insurance Design"** "Recommend the public be made aware of the comparability of drugs that is supported by rebate in terms of the country of manufacture and veracity about the labeling, its safety and reliability".

	Physician --Ross Kristal, MD	Favors
r) The Office of Health Strategy should review the potential for wholesale importation from Canada….	Academia – Economics – Yale SOM	Opposes – Will raise prices for Canadians and eventually lead to Canadian government prohibiting exports
	Diane Belford	Favors – insurers should be able to buy drugs from Canada that are manufactured here and shipped to Canada. pays 17x-18x more in U.S. for prescription ointment than cost in Canada. Insurer here pays $1500 more than cost in Canada.
	Association – NASW – CT Chapter	Favors - would lead to savings from importation which should could lead manufacturers to reduce costs in U.S. U.S. pays about 2x as much for same drugs
	Physician - Stephen Smith, MD	Favors
	Physician - Velandy Manohar, MD	**"This is an interesting proposal I have concerns"** **"A word of caution**. The fact we proximate source of the drugs is Canada doesn't mean that these imported drugs presumably cheaper drugs are safe and the labeling is truthful, the product in the package is safe and reliably effective. It is vital no drugs are imported that have not been approved for use in the United States by the FDA or contain additives and vehicles etc. that are determined to be safe and effective by the FDA"
	Physician --Ross Kristal, MD	Favors
	Industry – PhRMA, Novartis	Opposed –specifically. See previous comments – available at PhRMA letter discussed at December 2017 Cabinet meeting. Preemption and safety concerns raised. See "General Comments" section for Novartis comments. See PhRMA January 15th comments – "We continue to have serious concerns about these proposals, but appreciate the Cabinet's interest in further study by the Office of Health Strategy and look forward to further discussions regarding our concerns and potential alternatives that will better achieve the State's goals."
	Industry - BIO	Opposes. Safety risks.
	Advocacy – Legal Aid Organizations	Favors
s) **The Office of Health Strategy should review the potential for a public utility model for drug price oversight….**	Industry - PhRMA	Opposes - See previous comments – available at PhRMA letter discussed at December 2017 Cabinet meeting. Preemption if price controls attempted. Risk in development and generics come on market to reduce costs. See PhRMA January 15th comments – "We continue to have serious concerns about these proposals, but appreciate the Cabinet's interest in further study by the Office of Health Strategy and look forward to further discussions regarding our concerns and potential alternatives that will better achieve the State's goals."
	Physician - Stephen Smith, MD	Favors

	Physician - Velandy Manohar, MD	**"This also an interesting proposal. I have my concerns"** "I am opposed to this because this will make the process of pricing and contracting much more political and problematic and greatly reduce competition between Pharmaceutical Manufacturers, PBMS and Health Care Insurance Companies to promote their products for alleviating the symptoms and disabilities of these major chronic progressive deadly illnesses. Especially since many HC Insurance Companies are buying up PBMs and the pharmacies connected to the PBMs operate Clinics that provide an increasing array of services. As we move forward in this process I behoove us to keep the developments at the federal level with respect to value based purchasing programs."
	Physician --Ross Kristal, MD	Favors
	Industry – BIO	Opposes – there's an existing regulatory scheme.
General Comments	Diane Belford	Pay for alternative practitioners and "the vitamins, treatments, and supplements they prescribe as these items and treatments create a healthier individual who has less need for the highly overpriced medications." Prohibit lobbyists for Rx companies and ban contributions to campaign accounts and funds by Rx companies and subsidiaries.
	Joshua Angelus	Negotiate all drug prices to make them more affordable, cut down on costs to our government state and local. Reduce the abuse of prescriptions.
	Linda Bronstein	People are being forced to choose between buying needed prescriptions, heating a home or putting food on the table….if feds won't take action, CT needs to.. many people will need one or more RX to lead healthy and productive lives
	Advocacy – Planned Parenthood	Connecticut reaping "benefits of the Affordable Care Act's inclusion of contraceptives without copayment as an essential preventive benefit" – needs to be preserved "Reductions in unplanned pregnancies ultimately represent savings to the State on the costs associated with pregnancy, prenatal care, delivery and early childhood." LARCs now within reach without cost sharing. Asking "Connecticut to take action to insure that the escalating costs of prescription drugs be brought under control"
	Association – NASW – CT Chapter	Comment period should be extended to next Cabinet meeting CT should pursue action with other states against opioid manufacturers for misleading public and prescribers about safety of opioids. Penalties should go toward treatment and prevention of opioid addiction. Over prescribing directly led to drug costs.
	Industry – Sanofi	"Adopted a comprehensive pricing policy focused on providing patients with both transparency and value based outcomes. Sanofi's commitment rests on three principles: a holistic assessment of value when setting the price for a new drug, evaluating any price increase against to National Health Expenditure projections with a commitment to not exceed this measure in any given year for any given products, and to disclose more information about aggregate gross and net pricing of our medicine " "Public policies must foster a health care system that provides incentives for innovation and appropriate access to high-quality care....Drug manufacturers are part of the solution but we must study the entire healthcare delivery system to ensure that we adopt an outcome that puts patients first." Agrees with PhRMA that "a final proposal should not dis-incentivize innovation, reduce patient choice, raise costs or increase the State's administrative burden" Says supports some recs, but those specific recs supported are not identified.

	Physician - Stephen Smith, MD	Relates story of patient with diabetes who stopped taking his medications because he couldn't afford to after losing his health insurance and paying for expenses for a relative. Cites Consumer Reports study that 1 in 7 patients do not fill prescriptions because of costs. Endorses all recommendations. Encourages generic substitution and recommends therapeutic substitution – allows pharmacist to substitute lower cost, equally effective medication for a brand name drug for which no generic is available. Cites JAMA article estimating tens of billions of savings in out of pocket costs for consumers Can encourage patients to take meds if they are avoiding them because of higher tier placement of higher cost drug. Occurs via Medicaid changes in coverage and in hospitals with limited formularies. Cites WA state example. There is a process that allows MD to prohibit substitution—e.g., anti-depressants with differing side effects in individuals or drug interactions even when equally effective. Can be done with "good evidence-supported protocols to guide pharmacists and prudent prescribing by physicians"
	Physician - Velandy Manohar, MD	Urges " HCC to consider the adoption of Choosing Wisely recommendations, ensure the Federal Law that are the CLAS Standards are adopted and implemented universally and no effort is spared to augment Health literacy progressively strengthening the role of the consumer as an effective partner in health promotion and in substantially reduce[sic] the prevalence of the top five disorders which accounts of 2/3rds of deaths in the United states of America among Americans under 80 namely Heart Disease, Cancer, Stroke, Chronic Lower Respiratory Diseases like Asthma, Emphysema, and Accidental deaths including Overdose deaths in 2014 per CDC." Recommends that Cabinet consider the "Choosing Wisely Thoughts on Implementation" –document available on Cabinet website with comment. Supports the recommendations that will enhance engagement, educate and empower consumers of care because it can make a big impact on above-names disorders
	Physician - -Susan Israel, MD	Recommends: 1. "It would be great if smaller, cheaper trial packs of a new drug to the patient could be ordered, because often after a few doses, the patient cannot tolerate a drug and a new one needs to be prescribed. The way the system is now, many full month prescriptions are wasted initially, adding to the cost of care." 2. Pharmacists should have access to the patient's Rx plan with patient permission to help patient navigate PA, tier changes and network concerns and to assist patients by providing patients with cost info on options. 3. Same as above for prescribers at time of visit to assist in prescribing and working with patient. Have to recognize prescriber's time in the process. Should not mandate EHRs.
	Patricia Conway	Rising cost of meds. Monthly prescription cost for cancer specialty drug is $11.8K with standard cost sharing instead of yearly deductible. Would like to see Cabinet address this issue.
	Willie McKinney	Pays out of pocket for prescription $435 per month that previously cost $96 per month on insurance policy. Comments on prices of drugs that "we need to make us better and try to enjoy life with our families"
	Ross Kristal, MD	PCP and doc for patients admitted to hospital. Provides story of patient Mr. L. who has been hospitalized multiple times for diabetes complications because his diabetes is poorly controlled because he can't afford his medication. "More than half of the US population routinely use prescription drugs and 15% of the population takes five or more drugs (Kantor et al., 2015). Lowering the cost of prescription drugs is a top health care priority among Americans (KFF, 2017) with one survey ranking it the top domestic issues for politicians to act on (Politico, 2017)." References provided online.

Consolidated Comments Re Cabinet's Draft Report on Recommendations to Address Pharmaceutical Costs –Including Comments previously provided on specific recommendations

	Advocacy -- Universal Health Care Foundation of Connecticut	Comments on context, rising prices as percentage of premium, effect on consumers out of pocket costs, especially people with acute and chronic illnesses. Cites Rx costs of one of major concerns based on polling. Acknowledges state role in process. Individuals have the least bargaining power. UHCF believes Connecticut should focus on three policy areas: • Making information on prescription drug prices and the reasons behind them more transparent. • Establishing a regulatory path for restraining high prices • Providing relief to out-of-pocket cost sharing
	Industry -- PhRMA	See previous comments – available at PhRMA letter discussed at December 2017 Cabinet meeting. Supports in concept recs on increasing medication adherence and protecting access to medications. See January 15th PhRMA comments—comments on specific recs included.
	Industry -- CT Association of Health Plans	See previous comments – available at CTAHP letter, discussed at December 2017 Cabinet meeting. Majority of covered lives not regulated by CT. need to watch for unintended consequences of recs. See January 15th comments – pharmacy trend at 18% necessitates current deliberations. Addressing unit costs is paramount to new initiatives.
	Advocacy – Leslie Bennett	With National Organization for Rare Disorders. Expressed Concern that patients with rare diseases might be discriminated against with recommendations. Expressed concerns about co-insurance based on list price. Often patients have no choice but to take a brand-name specialty drug. Asked the Cabinet to ensure that it considered individuals with disabilities or complex medical conditions who are often underserved and at higher risk in accessing care
	Advocacy – Arlene Murphy	Recommended that at least three to four consumers participate in work groups to ensure adequate participation of consumers.
	Industry - Novartis	See previous comments – available at Novartis letter, discussed at November 2017 Cabinet meeting. Concerns re price controls, limiting coupons, complexities of pricing. Ensure access to needed medications. Biosimilars are important part of conversation. Net pricing has deceased. AWP & WAC are not what purchasers pay. Safety concerns about drug importation. Committed to value-based pricing & strategies of adherence and care coordination monitoring
	Industry - -Pfizer	See previous comments – available at Pfizer letter, discussed at November 2017 Cabinet meeting. Encourages focus on plan designs and increased cost-shift to consumers. Net pricing has decreased. Protections for AHCT customers on max exposure should extend off exchange. Examine role of other players, continue focus on shift to value-based payment arrangements. Support medication adherence programs.
	Industry – Boehringer - Ingelheim	See previous comments – available at BI letter, discussed at November 2017 Cabinet meeting. R &D major part of function. Transparency recs should take into account all stakeholders. Committed to patients, value-based contracts with plans. Other contracts tying net price to clinical performance.
	Association – CSMS	"Paramount that the [pharmaceutical] industry be exposed to the same and a possibly greater level of transparency than currently exists in other sectors of the healthcare industry"

	Industry – Biotechnology Innovation Organization	Welcomes the opportunity to work with the state to develop meaningful policies to ensure patient access to much needed affordable medicines. While we believe there are some positive policy changes considered in the report, we have deep concerns regarding many other policies the Health Cabinet is considering. "The direct and indirect economic impact in the State of Connecticut is approximately $61.4 billion. Currently, fourteen percent (14%) of the Connecticut workforce work in the life-sciences field. The biopharmaceutical industry alone is currently conducting 1,275 clinical trials recruiting or in progress within the State of Connecticut." (Internal references omitted.)
	Advocacy - CAB	**Consumer Advisory Board recommends that additional time be provided for Public Comment until February 13, 2018**
	Industry- AAM	Association for Accessible Medicines (AAM) is the nation's leading trade association for manufacturers and distributors of FDA-approved generic and biosimilar medicines. Draft recs ignore major differences between the brand and generic drug markets. Generic mfrs can run on razor thin margins because of the competition.
	Advocate – CLRP/Kathy Flaherty	"I support the proposals of the Health Care Cabinet to provide additional transparency with regard to pharmaceutical prices, and to engage in strategies to reduce costs to individual consumers and to the State. However, cost containment strategies that impose an additional administrative burden on already-burdened clinicians, and an unaffordable cost burden on those least able to afford it, should not be pursued."
	Advocacy – CT Rare Action Network	Health Care Cabinet looks at reducing drug costs in Connecticut we need keep on the cost of the medication while making decisions that are flexible enough to accommodate the needs of ~15-20% of patients with complex health care needs--these are the patients that are most likely to have reactions to variations in their medications and drive up overall healthcare costs....what good is a cheap pill that a patient cannot (adverse reaction) or will not use (can't split the pill). Medication adherence and WASTE are two issues that the Cabinet also needs to explore. Extend comment period to 2/13 – next Cabinet meeting.
	Association - PCMA	"PCMA is the national association representing America's pharmacy benefit managers (PBMs), which administer prescription drug plans for more than 266 million Americans with health coverage provided through employers, health insurance plans, labor unions, state and federal employee-benefit plans, and Medicare….. Over the next decade, PBM's will save the citizens of Connecticut $7.5 billion, including $4.3 billion for commercial and private insurance and $3.1 billion for Medicare part D….. PBMs are able to provide savings for payers and patients, generating $6 in savings for every dollar spent by patients and payers