Prescription Drug Task Force

PATIENT PROTECTION, RARE DISEASES, AND INNOVATION SUBCOMMITTEE MEETING

List of Shared Documents

Tuesday, December 17, 2024

Please see below for a listing of documents and resources shared by participants in the 12/17/2024 meeting of the Prescription Drug Task Force Subcommittee on Patient Protection, Rare Disease, and Innovation.

Note that inclusion of any item on this list does not reflect the views of the Connecticut General Assembly, the chairs of this task force, or the task force membership. They are made available for the benefit of all members, to facilitate conversation, and for the sake of transparency.

I. At 11:13AM Ayesha Clarke shared the following link, commenting "CA has done some work with innovations for new drugs:" https://calrx.ca.gov/#:~:text=Originally%20announced%20in%20January%202019,develop%2C%20produce%2C%20and%20distribute%20generic

II. At 11:21AM Susan Halpin shared the following link, commenting "See Department of Insurance Report Card below that includes prior authorization data:" https://portal.ct.gov/cid/-/media/cid/reports/consumer-report-card/2024-consumerreportcard.pdf

III. At 11:25AM Amanda Attiya shared the following link in response to ongoing conversation without additional comment: https://www.ama-assn.org/system/files/model-bill-ensuring-transparency-in-prior-authorization.pdf

IV. At 11:26AM Christina Hatfield shared the following link, commenting "Unsupported Price Increase Report (Dec 2024):" https://icer.org/wp-content/uploads/2024/12/UPI_2024_Report_121224.pdf

   a. And later submitted additional resources via email:
      i. "The American Medical Association (AMA) has some example prior auth model legislation. They also have data showing the negative impact that prior others have on patient care. Their ideas on fixes can be found here: https://www.ama-assn.org/practice-management/prior-authorization/fixing-prior-auth-these-critical-changes-must-be-made. They also give some general information

on what other states have down here: https://www.ama-assn.org/practice-management/prior-authorization/10-states-have-tackled-prior-authorization-so-far-2024"

ii. "State Prior Auth Legislation to Consider:
    1. Texas - FAQ on HB 3459 on Prior Authorization Exemptions
    2. Vermont - An act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts
    3. Wyoming - AN ACT relating to the insurance code; requiring health insurers and contracted utilization review entities to follow prior authorization regulations as specified; providing definitions; requiring rulemaking; and providing for effective dates.
    4. Minnesota updated their prior auth legislation - In 2024, the Minnesota Legislature expanded current law that prohibits the use of prior authorization for emergency services to also prohibit prior authorization for non-medication treatment for outpatient mental health, substance use disorder, and cancer care consistent with national cancer-care guidelines. It also prohibits all prior authorization for preventive services recommended by the U.S. Preventive Services Task Force, pediatric hospice services and neonatal abstinence programs."

iii. Unsupported Price Increase Report (attached):
Here are three things to know (summary from Beckers Hospital Review): https://www.beckershospitalreview.com/pharmacy/drug-price-increases-added-815m-to-us-medical-spending-3-things-to-know.html
    1. The analysis, which assessed the top 10 drugs with the largest net price increases, found that five of these drugs raised prices without new clinical evidence to justify the increases.
    2. Among the drugs with unsupported price hikes were Biktarvy, Darzalex, Xelijanz, Entresto and Cabometyx. These drugs saw price hikes ranging from 3.6% to 6.7% without demonstrating substantial improvements, according to the ICER report.
    3. While five drugs were found to have price increases with new clinical evidence — such as cancer treatments Keytruda and Opdivo — the unsupported increases contributed a total $815 million in additional spending for U.S. payers.

V. Dawn Holcombe shared the following resources via email:

a. “A March 2022 letter to the FTC outlining issues with PBMs for patients and providers, with suggestions for reform and oversight:” https://phrma.org/-/media/Project/PhRMA/PhRMA-Org/PhRMA-Org/PDF/P-R/PhRMA-FTC-PBM-RFI-response_FINAL.pdf

b. “A legal review of PBM issues from 2022 – backbone for much of federal legislative review:” https://communityoncology.org/wp-content/uploads/2022/02/COA_FL_PBM_Expose_2-2022.pdf