# Diabetes and Prescription Drug Affordability

Presentation for the Interim Joint Committee on Health, Welfare, and Family Services

June 2, 2022

DIABETES PATIENT ADVOCACY COALITION

## **Diabetes in Kentucky**

#### 464,000 or 13.3% of Kentuckians had diabetes in 2019

- The rate is double that of Kentucky adults in 2000
- 18% of adults on Medicaid have diagnosed diabetes
- 9% of patients covered by the Kentucky Employee Health Plan have diagnosed diabetes

## Another 11% of Kentuckians have <u>pre-diabetes</u> and are at risk for developing diabetes

#### Approximately 1/3 of people with diabetes are <u>insulin-</u> <u>dependent</u>

• Although typically associated with Type I Diabetes, insulin is necessary for some people managing Type II Diabetes or gestational diabetes

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## Kentucky is a leader in addressing diabetes

#### First state to:

- Recognize and certify diabetes educators
- Require a Diabetes Action Plan

#### Legislation has been passed to:

- Cap maximum out-of-pocket cost for insulin at \$30/monthly supply
- Cover CGMs through KY Connect
- Establish the KY Prescription Assistance Program a national model
- Allow pharmacists to dispense a 30-day supply of insulin in emergency situations (Kevin's Law)
- Ban CAAPs so that manufacturer assistance counts toward patient OOP max



### KEHP lauded as model in how to structure benefits to improve outcomes for people with diabetes

## Why are medications still out of reach for some?

First, state legislation has its limitations. Take copay caps, for instance:

#### Who is covered?

- State regulated health insurance plans (state employees, state exchange Kynect)
- ~10% of the state

#### Who is not covered?

 Uninsured Kentuckians, ERISA, Medicare, Medicaid, military & veterans

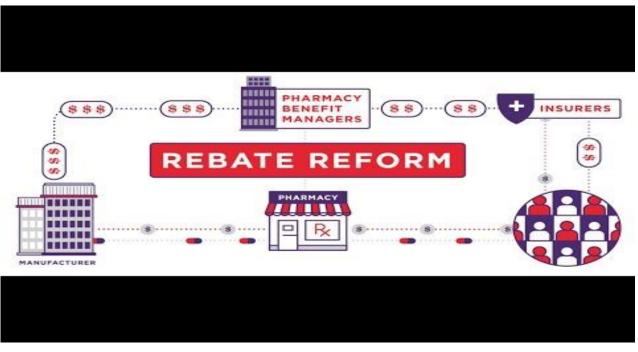


#### State-level legislation like the copay caps doesn't apply to 90% of Kentuckians



### Why are medications still out of reach for some?

Second, our broken system offers a perverse incentive called a rebate.



Link: <a href="https://www.youtube.com/watch?v=WEM6s1mm6n4">https://www.youtube.com/watch?v=WEM6s1mm6n4</a>

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## SB 134 - Example at the Pharmacy Counter

Here's how SB 134 would save money for a Kentuckian on a state-based health plan

### **Current State**

Retail List Price: \$150

Rebate:\$72

Insurance Pays: \$78

Patient Pays: \$150

### With Reform

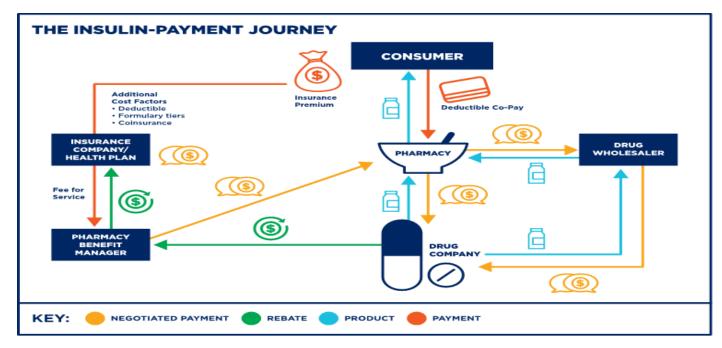
<b>Retail List Price:</b>	\$150
Rebate:	\$72
Insurance Pays:	\$78

Patient Pays:

578

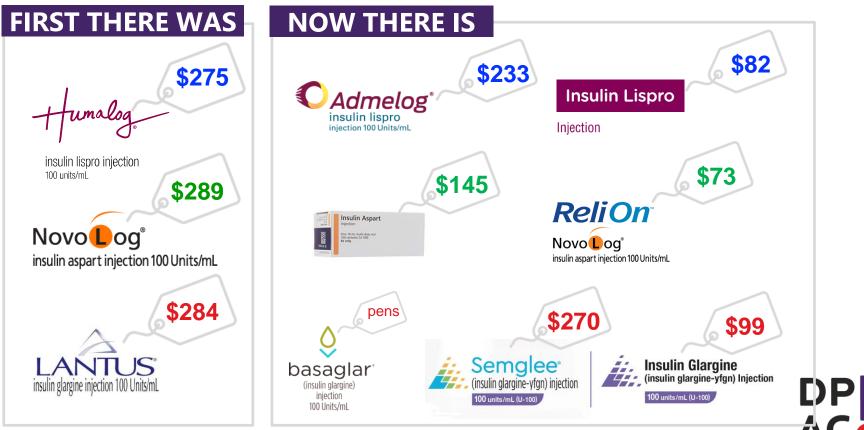
For illustrative purposes, model does not depict pharmacy fees

## Blame for drug pricing goes all around the system; Players consolidate power, put profit over patients



As states rush to fix, often redundant, unhelpful, and/or difficult to enact legislation arises

## The cost of insulin



# Biosimilars and generics are new tools in the fight to reduce insulin costs

## We're working with Congress to improve insulin coverage nationwide

- Copay cap
- Waive deductibles
- Biosimilar and generic tiering

## And raising awareness of new sources for free or lower cost insulin



**Good**Rx

Kentucky Prescription Assistance Program

DISPENSARY OF



\* Coming soon



# How can you help? Continue to make Ky a leader

## Pass through rebates to patients at the point of sale

- SB134 proposed 80% pass through to patients
- West Virginia was the first to do so

### **Embrace models with proven effectiveness**

- KPAP: small budget, big impact
- DAP: data, prevention, education

#### Spread the word about affordable options

- Biosimilars and generics, Walmart & Amazon Marketplace
- Build awareness of KPAP
- NEVER ration help is available

# **Questions?**

