



**State of Vermont
Green Mountain Care Board**
144 State Street
Montpelier, VT 05620

**Act 193 of 2018
IMPACT OF PRESCRIPTION DRUG COSTS ON HEALTH
INSURANCE PREMIUMS**

In accordance with 18 V.S.A. § 4636

*Prepared by the
Green Mountain Care Board
2023 Report*

Introduction

[Act 193 of 2018](#), an act relating to prescription drug price transparency and cost containment, requires the Green Mountain Care Board (GMCB) to report annually on the overall impact of drug costs on health insurance premiums in Vermont.

The reporting requirement set forth in Act 193 of 2018 applies to major medical health insurers with more than 1,000 covered lives in Vermont. The Green Mountain Care Board reviews rate filings in Vermont's fully-insured major medical market. From this population of regulated health insurers, MVP Health Care (MVP), Blue Cross and Blue Shield of Vermont (BCBSVT), and Cigna Health Insurance (Cigna) were identified as subject to the Act 193 reporting requirement.

MVP, BCBSVT and Cigna were asked to submit information for all premiums reviewed in 2022, and assess the overall impact on premiums for all covered prescription drugs in the following three categories:

- a. 25 most frequently prescribed drugs and the average wholesale price for each drug;
- b. 25 most costly drugs by total plan spending and the average wholesale price for each drug;
- c. 25 drugs with the highest year-over-year price increases and the average wholesale price for each drug; and
- d. A breakdown of the total cost of pharmacy on overall premiums and the overall pharmacy trend for all filings under review.

This report summarizes the results from the collected data and includes additional materials to provide context for the information. The additional materials include:

1. Attachment One: Pharmaceutical Supply Chain Diagram
2. Attachment Two: Components of Commercial Insurance Premiums
3. Attachment Three: Act 193 of 2018 and Copy of the Data Request Form

Summary of Results

Table One summarizes the impact of prescription drugs on premiums by:

- **Member Month:** the per-member per-month (PMPM) amount an individual consumer pays for prescription drugs as part of their monthly premium.
- **% Change:** the change in PMPM compared to the previous year.
- **% of Premium:** the percentage of monthly premium attributable to prescription drugs.

Table One: Prescription Drug Impact on Premium			
Carrier	PMPM	% Change	% of Premium
MVP	\$118.83	34.26%	16.33%
BCBSVT	\$141.72	NA	NA
Cigna	\$135.10	NA	23.17%

The three prescription drugs with the greatest impact on premiums are Humira Pen, Humira (CF) Pen, and Stelara - all specialty drugs.

Table Two: Prescription Drugs with Greatest Impact on Premiums		
Product/NDC #	Therapeutic Class	% of Premium
Humira Pen / 00074055402	Chronic inflammatory disease: used to treat arthritis, plaque psoriasis, ankylosing spondylitis, Crohn's disease, and ulcerative colitis	2.7%
Humira (CF) Pen / 00074055402	Analgesics/anti-inflammatory: used to treat arthritis, plaque psoriasis, ankylosing spondylitis, Crohn's disease, and ulcerative colitis	1.79%
Stelara / 57894006103	Chronic inflammatory disease: used to treat plaque psoriasis, psoriatic arthritis, or Chron's disease	1.2%

As a component of commercial insurance premiums, prescription drugs are generally broken down into three categories:

- **Generic:** drugs that are the same as an existing approved brand name drug in dosage, intended use, safety, strength, route of administration, and quality. Generic drugs generally cost less than their brand-name counterparts because they do not have to repeat studies and testing required of the brand-name drugs to demonstrate their safety and effectiveness. According to the U.S. Food and Drug Administration (FDA), 9 out of 10 prescriptions filled in this country are for generic drugs.
- **Brand:** drugs developed and patented by a drug manufacturer and which, with FDA approval for safety and effectiveness, are sold under a proprietary, trademark-protected name. When the patent expires, the drug may be made available as a generic drug.
- **Specialty:** high-cost complex drugs and biologics typically used to treat chronic, serious, or life-threatening conditions such as cancer, rheumatoid arthritis, growth hormone deficiency, and multiple sclerosis. These drugs may require special handling or require unique storage, be difficult to administrate, and require additional patient education, support, and monitoring.

Tables Three and Four summarize the impact of generic, brand and specialty drugs on premiums. Table Three displays the impact on premium on a PMPM basis, and Table Four displays the impact as a percentage of premium.

Table Three: Drug Category \$ PMPM			
	Generic	Brand	Specialty
BCBSVT	\$9.15	\$47.38	\$85.19
MVP	\$10.44	\$33.15	\$75.24
Cigna	\$53.26	\$23.32	\$58.52

Table Four: Drug Category % of Premium			
	Generic	Brand	Specialty
BCBSVT	NA	NA	NA
MVP	1.43%	4.55%	10.34%
Cigna	9.13%	4.00%	10.04%

Methodology

Analysis Population

Major medical health insurers with more than 1,000 covered lives in Vermont are subject to the reporting requirement set forth in Act 193 of 2018. Under Vermont law, the Green Mountain Care Board reviews rate requests in the State's fully-insured major medical health insurance market per 18 V.S.A. § 9375(b)(6); 8 V.S.A. § 4062(a).

Based on information contained in the rate filings of MVP, BCBSVT and Cigna, the filings below were subject to this reporting requirement in 2022.

- Blue Cross and Blue Shield of Vermont – Large Group: BCVT-133154621
- Blue Cross and Blue Shield of Vermont – Small Group: BCVT-133243509
- Blue Cross and Blue Shield of Vermont – Individual: BCVT-133243519
- MVP Health Plan, Inc. – Individual Filing: MVPH-133238186
- MVP Health Plan, Inc. – Small Group Filing: MVPH-133238198
- MVP Health Plan, Inc. – Large Group HMO: MVPH-133347862
- Cigna Health and Life Insurance Company – Large Group Filing: CCGP-133388045

Price Reporting

18 V.S.A. § 4636 requires carriers to submit the “average wholesale price” (AWP) of the required drug categories. To ensure that carriers submitted data in a standard format, the following price reporting requirements were applied:

Average Wholesale Price

The AWP is the average price of a drug purchased at the wholesale level.¹ The price of a drug may change several times during a year. Carriers subscribe to commercial databases for access to the most current AWP of drugs.² In order to synchronize the timeframe for the insurance rate filings under review with the timeframe for the prescription drugs under review, carriers were instructed to select AWP as of January 1, 2020.

Rebates and Discounts

Rebates are a significant factor in the price consumers pay for prescription drugs. A drug manufacturer will typically pay rebates to a pharmacy benefit manager (PBM), which shares a portion of the rebate with the health insurer. The health insurer can then factor rebate savings into its pharmacy claim experience when establishing future premiums. Manufacturers most often pay rebates on high-cost, brand name prescription drugs in competitive classes where there are interchangeable and competing products, aiming to incentivize the PBM to include the manufacturer's product on its formulary. Rebate contract terms are confidential, making actual price comparisons difficult. AWP does not consider rebates or their impact on actual prices paid by the consumer. Since rebates are not considered the percent of premium will be inflated.

¹ The use of the average wholesale price (AWP) was intended protect confidential, competitive pricing information while allowing third-party payers, including government programs, to obtain access. However, AWP has been criticized as manipulatable and easily inflated relative to actual market prices for prescription drugs.

² BCBSVT, MVP and Cigna use Medi-Span, considered to be the leading provider of drug information for the health care industry, to establish AWP.

National Drug Code

Any individual drug is available in different doses and package options. For example, Lisinopril is a generic drug used to treat high blood pressure and is available as a tablet or oral liquid, in different dosages and by different drug manufacturers. To ensure accurate analysis of equivalent drugs and avoid submissions based on different dose and package options, carriers were required to submit drug information based on the medication’s National Drug Code (NDC). NDCs are universal identifiers composed of a unique ten-digit, three-segment number for drugs in the United States. The three segments of the NDC identify the labeler, the product, and the commercial package size.

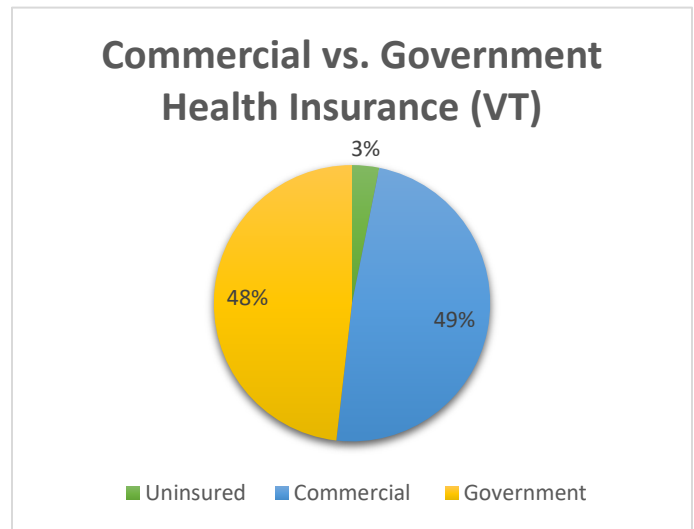
Health Insurance Coverage in Vermont

Vermonters receive health insurance coverage in a variety of ways, for example, through their employer, as an individual, or through the government. This report assesses the commercial, fully-insured population whose rate filings are reviewed by the Green Mountain Care Board, and which constitutes approximately 14% of Vermont’s total population.³

Table Five: Health Insurance Coverage Profile 2020

Category	# of Vermonters	% of Total Vermont Population
Commercial: Individual, Small and Large Group (Report Population)	84,830	13.9%
Commercial: Self-Insured	200,766	32.8%
Commercial: VT residents covered by insurers outside of VT	11,812	1.9%
Government: Medicaid/Medicare	294,642	48.2%
Uninsured	19,400	3.2%
Total Vermont Population	611,450	100.0%

Approximately 49% of Vermonters receive their coverage from commercial health insurance, compared with 48% from public health insurance. The Office of the Vermont Attorney General annually reports drug cost information on the public health insurance population, including a comparison of private and public drug payment methods, in the [Pharmaceutical Cost Transparency Report](#) required under 18 V.S.A. § 4635.



³ [Expenditure Analysis 2020](#), Green Mountain Care Board.

ATTACHMENTS

Attachment 1
Pharmaceutical Supply Chain: Flow of Prescription Drugs and Money

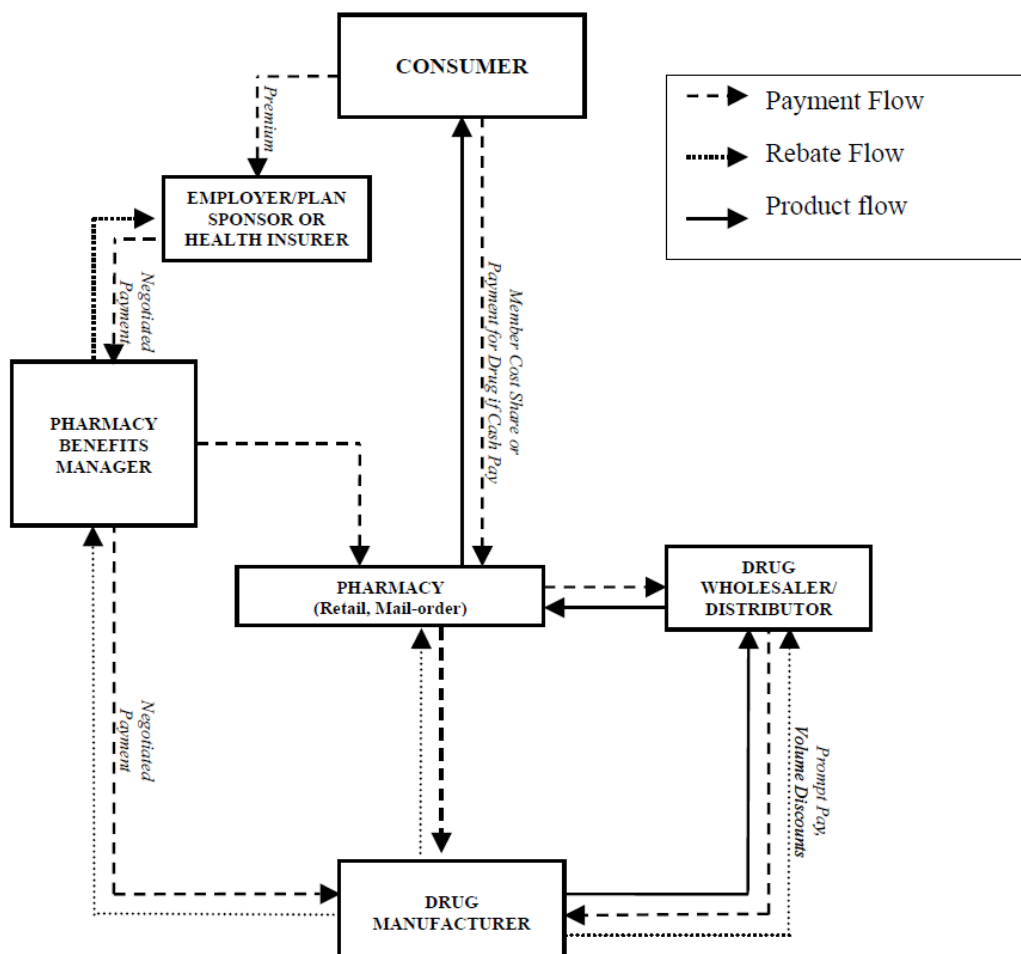
Carriers subject to the reporting requirement were asked to provide a brief description of the following:

Explain the flow of prescription drugs and money from the manufacturer to your company's customers.

In this explanation, please include:

1. *The role of each industry segment involved in the supply chain process (manufacturer, wholesaler distributor, pharmacies, pharmacy benefit managers, etc).*
2. *The flow of funds between each industry segment, including stages at which discounts and rebates are negotiated.*
3. *How does your company determine AWP? For example, does your company subscribe to a commercial drug information price database, and if so, please provide the name of that company.*

Below is diagram of a typical pharmaceutical supply chain⁴ and the answers to these questions from each carrier.



⁴ [The Kaiser Family Foundation: Follow the Pill: Understanding the U.S. Commercial Pharmaceutical Supply Chain](#)

MVP Responses

Question: Explain the flow of prescription drugs and money from the manufacturer to your company's customers. In this explanation, please include:

1. The role of each industry segment involved in the supply chain process (manufacturer, wholesaler distributor, pharmacies, pharmacy benefit managers, etc.).

Answer: CVS Caremark is the PBM for MVP Health Care. CVS Caremark contracts directly with network pharmacies. Twice a month, CVS Caremark bills MVP for claims adjudicated through network pharmacies. Rates between the PBM and the Health Plan are negotiated upon contract renewal.

2. The flow of funds between each industry segment, including stages at which discounts and rebates are negotiated.

Answer: CVS Caremark, when contracting with drug manufacturers, conducts a comprehensive assessment of multiple factors including the pipeline, overall category and price trends, and evolving evidence based care standards in addition to monitoring the competitive landscape when making decisions related to contract negotiations. MVP's independent P&T committee reviews and approves drug coverage, tiering, and clinical utilization management policies associated with the MVP formularies.

CVS Caremark contracts with drug manufacturers for pharmaceutical rebates, which are shared with MVP Health Care. CVS Caremark remits to MVP earned rebates quarterly upon collections. Rates and rebates between the PBM and the Health Plan are negotiated upon contract renewal.

3. How does your company determine AWP? For example, does your company subscribe to a commercial drug information price database, and if so, please provide the name of that company.

Answer: The CVS Caremark source of Average Wholesale Price (AWP) data is Medi-Span. We load AWP updates to the system on a daily basis.

BCBSVT Responses

Question: Explain the flow of prescription drugs and money from the manufacturer to your company's customers. In this explanation, please include:

- 1. The role of each industry segment involved in the supply chain process (manufacturer, wholesaler distributor, pharmacies, pharmacy benefit managers, etc.).**

Answer: Industry Roles

- Manufacturers – They develop, get FDA approval for and manufacture the drugs
- Wholesalers – They distribute the drugs to the pharmacies
- Pharmacies – They dispense the medications to the patients and submit the claim to the PBM for reimbursement
- Pharmacy Benefit Managers (PBM) – They process the claims on behalf of the health plans
- Health Plans – They decide what the pharmacy benefits and utilization management programs will be

- 2. The flow of funds between each industry segment, including stages at which discounts and rebates are negotiated.**

Answer: Please see the attached file titled "Pharmacy Industry Cash Flow Diagram" (page 21 of report).

- 3. How does your company determine AWP? For example, does your company subscribe to a commercial drug information price database, and if so, please provide the name of that company.**

Answer: AWP is published by Medi-Span which is a company owned by Wolters Kluwer.

Cigna Responses

Question: *Explain the flow of prescription drugs and money from the manufacturer to your company's customers. In this explanation, please include:*

- 1. *The role of each industry segment involved in the supply chain process (manufacturer, wholesaler distributor, pharmacies, pharmacy benefit managers, etc.).***

Answer: Please see Rebate Cross Functional Interactions chart and Invoicing Setup - Claim Flow chart.

- 2. *The flow of funds between each industry segment, including stages at which discounts and rebates are negotiated.***

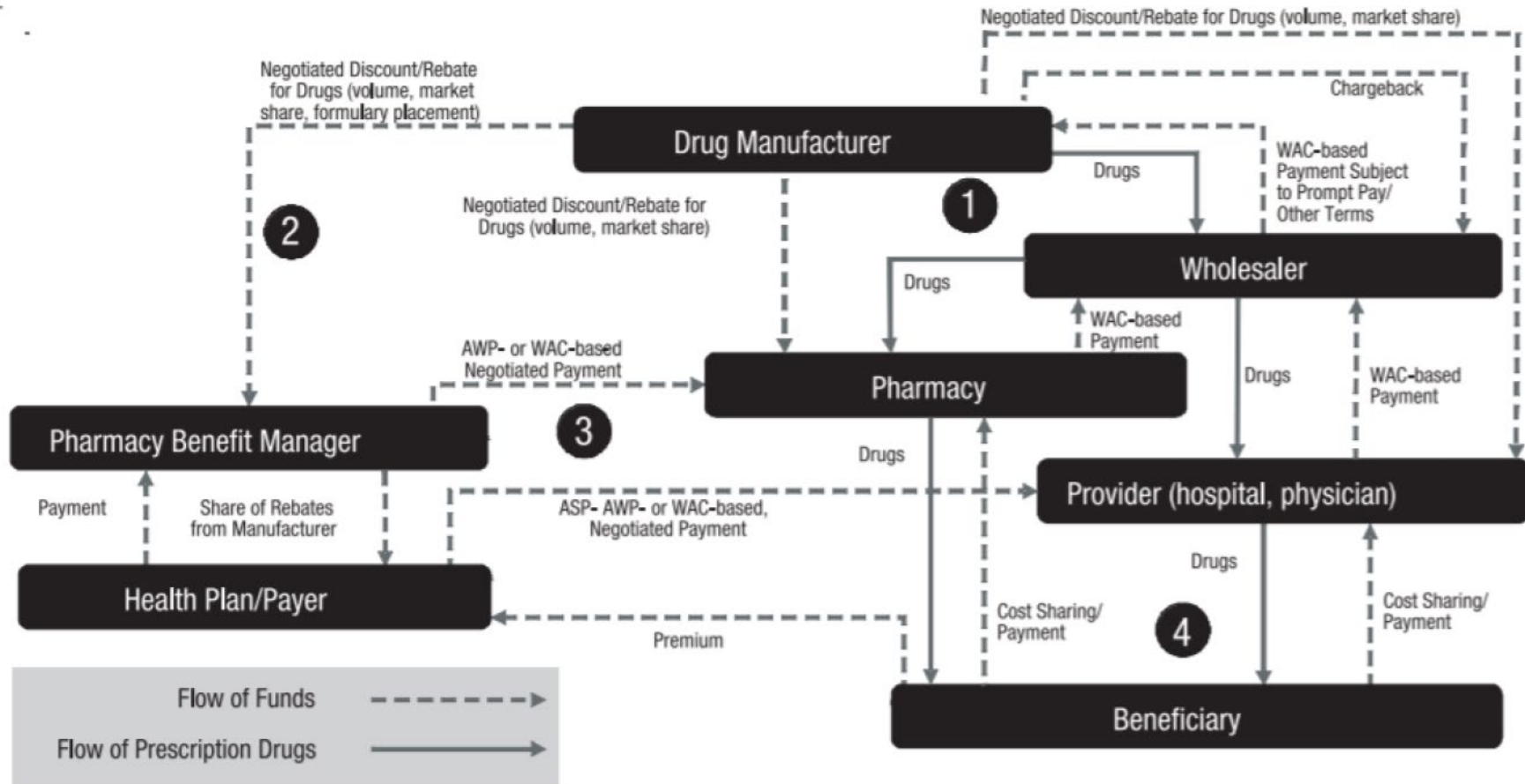
Answer: Please see Rebate Cross Functional Interactions chart and Invoicing Setup - Claim Flow chart.

- 3. *How does your company determine AWP? For example, does your company subscribe to a commercial drug information price database, and if so, please provide the name of that company.***

Answer: CHLIC does not determine AWP. AWP, or average wholesale price, is a benchmark price point that is defined and distributed by a third party, currently Medi-Span (Wolters Kluwer), and that is widely used throughout the healthcare industry.

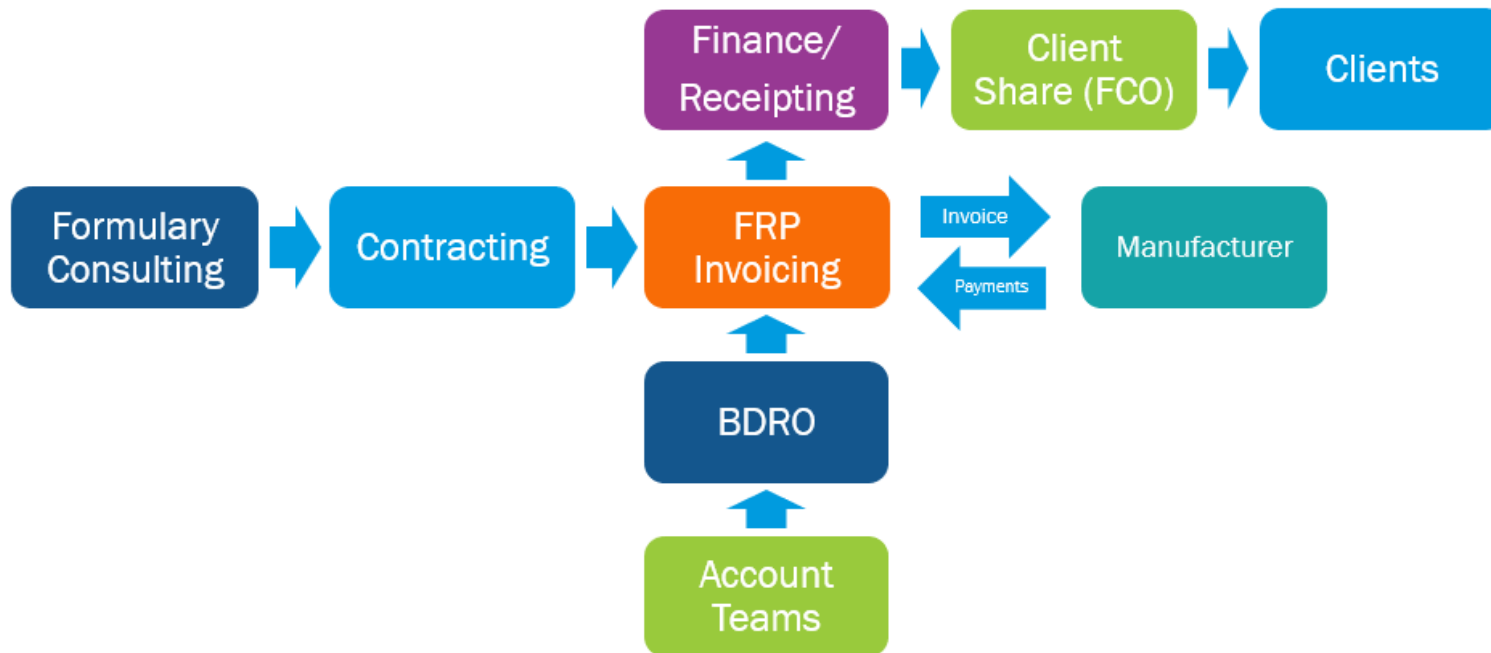
BCBSVT Pharmacy Industry Cash Flow Diagram

Drug Distribution Model



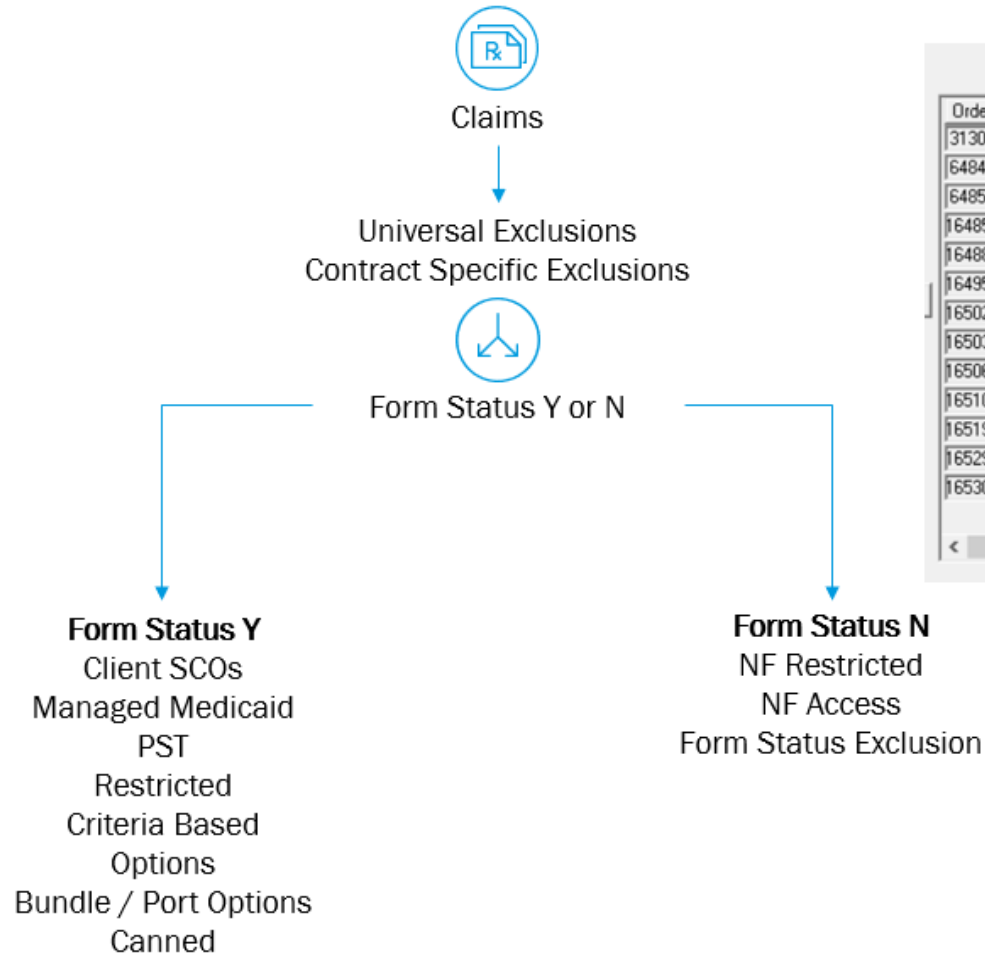


Rebate Cross Functional Interactions





Invoicing Setup – Claim Flow

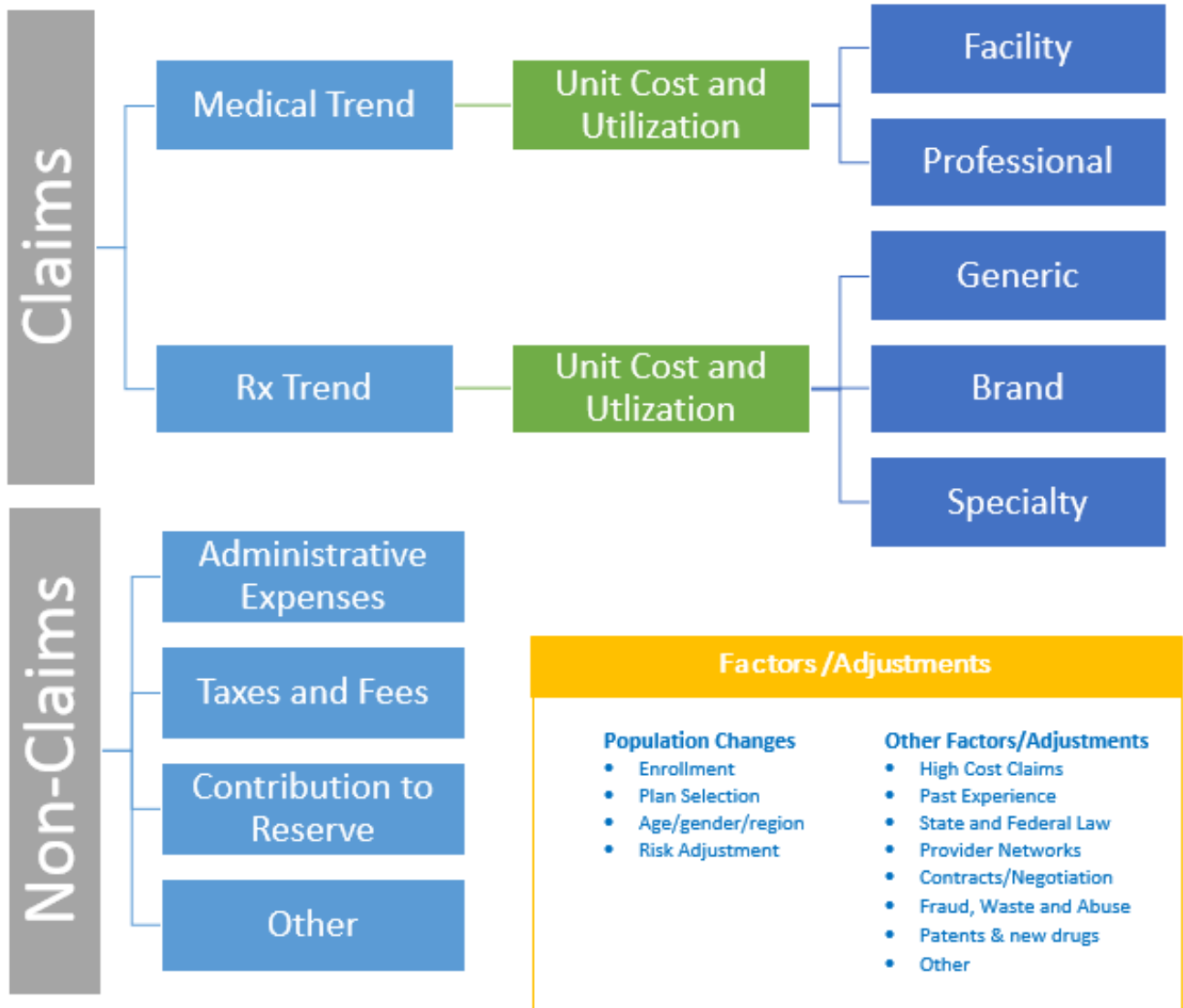


Hide expired Client Classes

Order	Client Class	Code	Start date	End date
31300	HP Cstm Combipatch Clsd Excl	1716E	01/01/2016	12/31/3000
64840	Noven Rstd Clsd	19814	01/01/2018	12/31/3000
64850	Noven Rstd Cntl	19813	01/01/2018	12/31/3000
6485C	Closed Exclusive	2768	01/01/2014	12/31/3000
6488C	Closed 1/2	2769	01/01/2014	12/31/3000
6495C	Closed 1/3 (2018 ESI 1/Many)	2770	01/01/2014	12/31/3000
6502C	Minivelle Closed	20787	01/01/2018	12/31/3000
6503C	Closed	2765	01/01/2014	12/31/3000
6506C	Controlled Exclusive	2772	01/01/2014	12/31/3000
6510C	Controlled 1/2	2773	01/01/2014	12/31/3000
6519C	Controlled 1/3 (2018 ESI 1/Many)	2774	01/01/2014	12/31/3000
6529C	Minivelle Controlled	20788	01/01/2018	12/31/3000
6530C	Controlled	2766	01/01/2014	12/31/3000

Attachment 2
Components of Commercial Insurance Premiums

The following diagram shows the basic components of commercial insurance premiums. Approximately 85-92% of premium costs are a result of claims costs. The remainder is attributable to non-claims costs such as administrative expenses, taxes and fees, and contribution to reserves. Prescription drugs are accounted for in the Rx Trend section of the Claims component.



Attachment 3
Act 193 of 2018

Sec. 8. 18 V.S.A. § 4636 is added to read: § 4636. IMPACT OF PRESCRIPTION DRUG COSTS ON HEALTH INSURANCE PREMIUMS; REPORT

(a)(1) Each health insurer with more than 1,000 covered lives in this State for major medical health insurance shall report to the Green Mountain Care Board, for all covered prescription drugs, including generic drugs, brand-name drugs, and specialty drugs provided in an outpatient setting or sold in a retail setting:

(A) the 25 most frequently prescribed drugs and the average wholesale price for each drug;

(B) the 25 most costly drugs by total plan spending and the average wholesale price for each drug; and

(C) the 25 drugs with the highest year-over-year price increases and the average wholesale price for each drug.

(2) A health insurer shall not be required to provide to the Green Mountain Care Board the actual price paid, net of rebates, for any prescription drug.

(b) The Green Mountain Care Board shall compile the information reported pursuant to subsection (a) of this section into a consumer-friendly report that demonstrates the overall impact of drug costs on health insurance premiums. The data in the report shall be aggregated and shall not reveal information as specific to a particular health benefit plan.

(c) The Board shall publish the report required pursuant to subsection (b) of this section on its website on or before January 1 of each year.

Copy of Request Data Form

Green Mountain Care Board
Impact of Prescription Drug Costs on Health Insurance Premiums
Request for Data

Pursuant to 18 V.S.A. § 4636, please provide the following information and data:

1. Explain the flow of prescription drugs and money from the manufacturer to your company's customers. In this explanation, please include:
 - a. The role of each industry segment involved in the supply chain process (manufacturer, wholesaler distributor, pharmacies, pharmacy benefit managers, etc.).
 - b. The flow of funds between each industry segment, including stages at which discounts and rebates are negotiated.
 - c. How does your company determine AWP? For example, does your company subscribe to a commercial drug information price database, and if so, please provide the name of that company.

2. Using the attached form, demonstrate the overall impact on premiums for all covered prescription drugs in the 4 categories listed below. All covered prescription drugs include generic drugs, brand-name drugs, and specialty drugs provided in an outpatient setting or sold in a retail setting. The requested information is limited to rates reviewed by the Green Mountain Care Board (fully-insured individual, small group and large group):
 - a. 25 most frequently prescribed drugs and the average wholesale price for each drug;
 - b. 25 highest priced drugs by total plan spending and the average wholesale price for each drug;
 - c. 25 drugs with the highest year-over-year price increases and the average wholesale price for each drug; and
 - d. A breakdown of the total cost of pharmacy on overall premiums and the overall pharmacy trend for all filings under review.

Instructions

- a. Review is limited to filings reviewed by the Green Mountain Care Board: fully-insured individual, small group and large group plans. Please calculate requested data based on the sum of subject filings.
- b. The average wholesale price should be reporting according to its cost on January 1, 2022.
- c. Indicate the National Drug Code for each product.
- d. Submit to the Green Mountain Care Board no later than December 2, 2022 to Christina McLaughlin (Christina.McLaughlin@vermont.gov).