



La Cámara de Comercio de Puerto Rico

Puerto Rico: Alerta de Tendencias de Política Pública de Salud para el Sector Privado

Potenciales Impactos de los Cambios en la Política Pública del Medicaid Drug Rebate Program y Best Price en las Cubiertas de Salud

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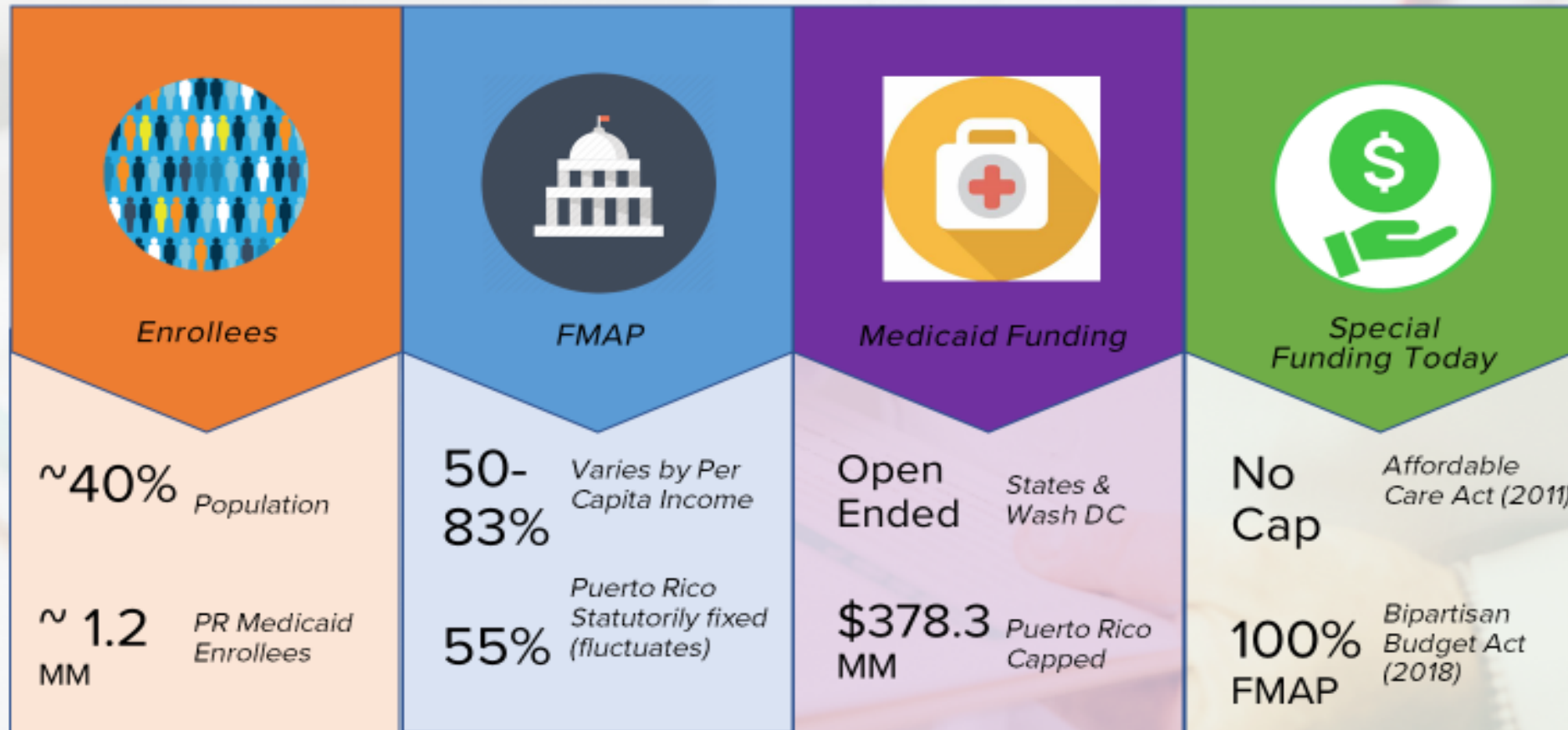
PUERTO RICO:
PUBLIC HEALTH POLICY
TREND ALERT FOR THE
PRIVATE SECTOR

AGENDA

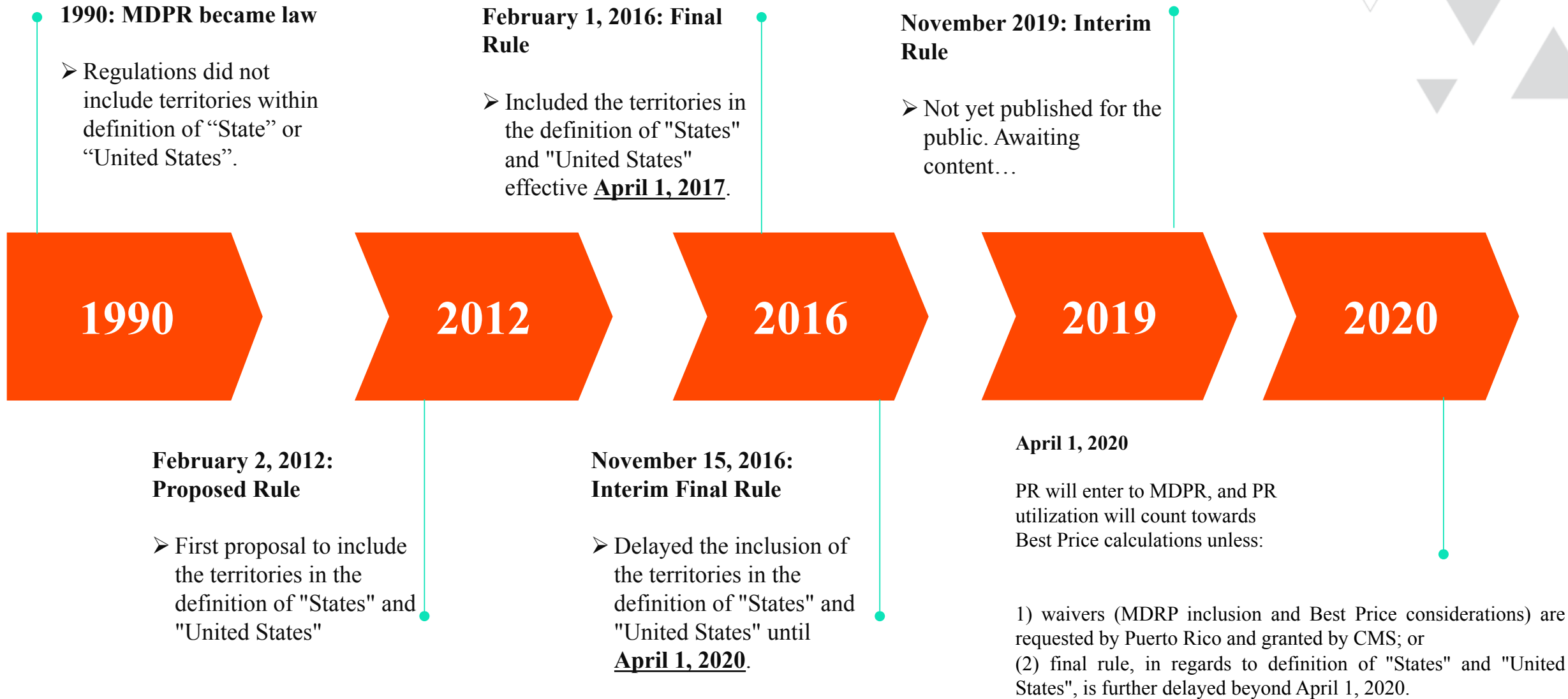
- Current Situation
- Medicaid Drug Rebate Program
- Best Price
- Implications and Open Forum

PUERTO RICO: PUBLIC HEALTH POLICY TREND ALERT FOR THE PRIVATE SECTOR

Current Situation- Medicaid Funding Overview



TIMELINE MDRP & BEST PRICE



IMPACT OF MDRP & BEST PRICE EXAMPLE

In these two scenarios,
net drug cost for ASES
would be 2-3x more
under MDRP

Assumptions

In the MDRP scenario, these would be Supplemental rebates. Our estimate is that supplemental rebates will average out to ~3-5% of drug cost, and will not approach current rebate revenues

The federal rebate percentages shown here are high-level estimates based on conversations with manufacturers, but are not exact (Abarca does not have access to federal rebate data).

We are assuming in this model that the federal match would remain at 55%, meaning the federal government would retain 55% of MDRP rebates

	DRUG X		DRUG Y	
	Current (Q1-Q2, Annualized)	MDRP + Best Price	Current (Q1-Q2, Annualized)	MDRP + Best Price
Total Cost	\$28,116,905	\$28,116,905	\$12,319,025	\$12,319,025
Total WAC	\$27,478,735	\$27,478,735	\$12,455,276	\$12,455,276
ASES Rebate % (contracted directly)	80%	5%	70%	10%
Total ASES Rebates (contracted directly)	\$21,982,988	\$1,373,936.77	\$8,718,693	\$1,245,528
Federal Rebate Pct		85%		60%
Total MDRP Rebates		\$23,356,925		\$7,473,166
Federal Gov't Share of Rebates (55%)		\$12,846,309		\$4,110,241
ASES Share of Rebates Federal Rebates		\$10,510,616		\$3,362,925
Total ASES Rebates (MDRP vs Direct Contracting)	\$21,982,988	\$11,884,553	\$8,718,693	\$4,608,452
Net Drug Cost	\$6,133,917	\$16,232,352	\$3,600,331	\$7,710,573
Difference		\$10,098,435		\$4,110,241

OPEN FORUM



1. Let's chat a bit about BP and how it could affect PR, not only Medicaid?
2. What are the challenges of being part of the MDRP and are there benefits?
3. What are our options? What should the government consider?
4. The PR current model for managing Vital compared to the rest of the States. How are we doing?

Gracias

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