

Addressing High-Cost Drugs and Pipeline Analysis

Medicaid and CHIP Payment and Access Commission

Amy Zettle and Chris Park

October 30, 2020

www.macpac.gov



Overview

- Background
 - Commission's past work on specialty drugs
 - Spending on specialty drugs
- Technical advisory panel
 - Key policy questions
- Pipeline analysis

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Background

- Specialty drug spending is a growing share of Medicaid budgets
 - 12 of the top 20 Medicaid drugs by spending are specialty drugs
 - Specialty drug spending is growing at a faster rate than traditional drugs
- Experts from 2019 roundtable largely agreed that specialty drugs can be harder for states to manage

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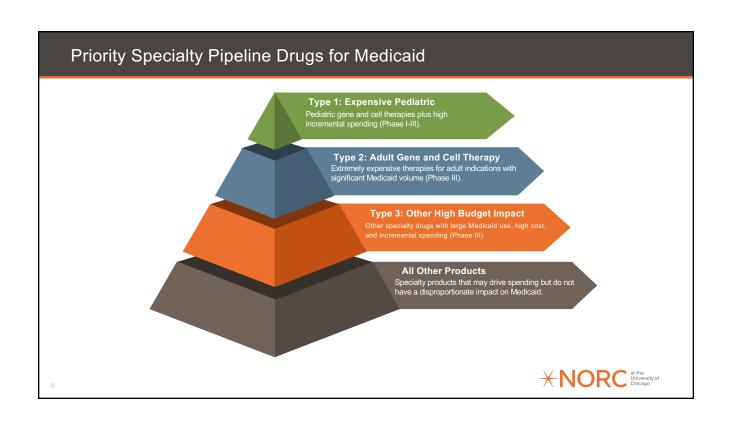
Technical Advisory Panel

- October meeting: specialty drug pipeline
 - To what extent will high-cost specialty drugs in the pipeline have a disproportionate or significant effect on Medicaid?
 - What challenges will these pipeline drugs likely present?
- November meeting: model design
 - What changes to Medicaid payment and coverage policies could help address these challenges?
- December meeting: model effects
 - What are the operational barriers and effects on stakeholders?

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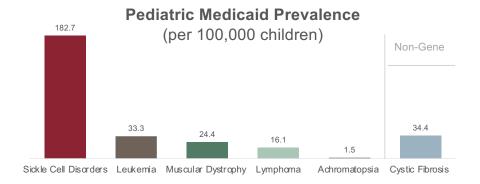


Priority Specialty Pipeline Drugs for Medicaid October 30, 2020 MACPAC 5



The Pediatric Pipeline Includes Gene Therapies for Sickle Cell Disease and Blood Cancers

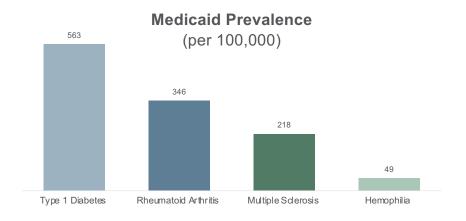
- There are >180 drugs in the pipeline with pediatric indications, across all phases of development
 - 45 are gene or cell therapies—3 in Phase III trials and 4 in Phase II with expedited approval



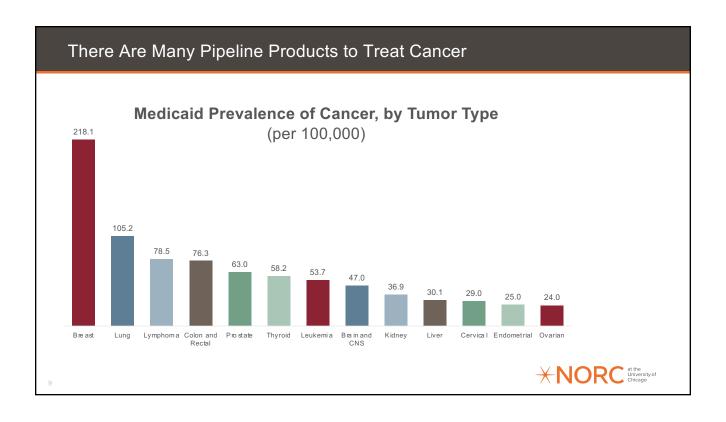
XORC at the University of Chicago

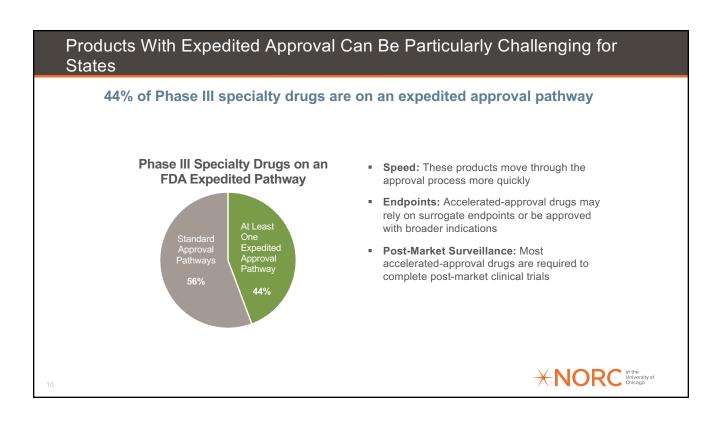
Adult Gene Therapies for Diabetes, Rheumatoid Arthritis, Multiple Sclerosis, and Hemophilia Could Be Top Cost Drivers

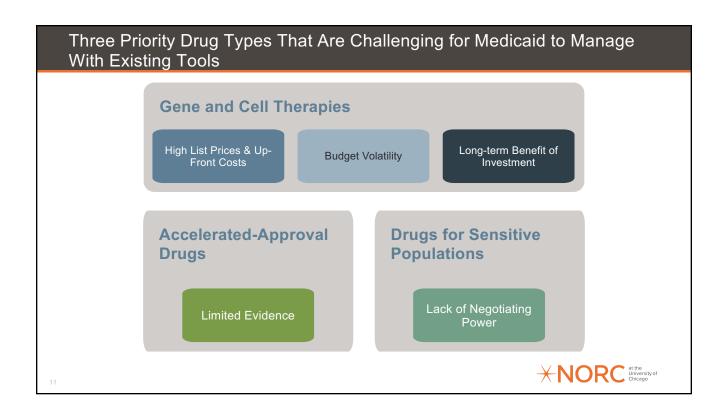
While only a fraction of patients with these diagnoses will be eligible for gene therapies, their high list prices are likely to drive Medicaid spending.

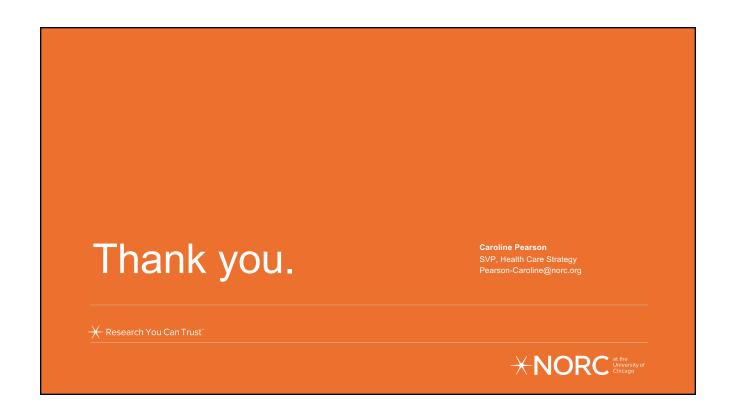


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