High Cost of Anticoagulants:

And Other Important Factors Beyond Prices

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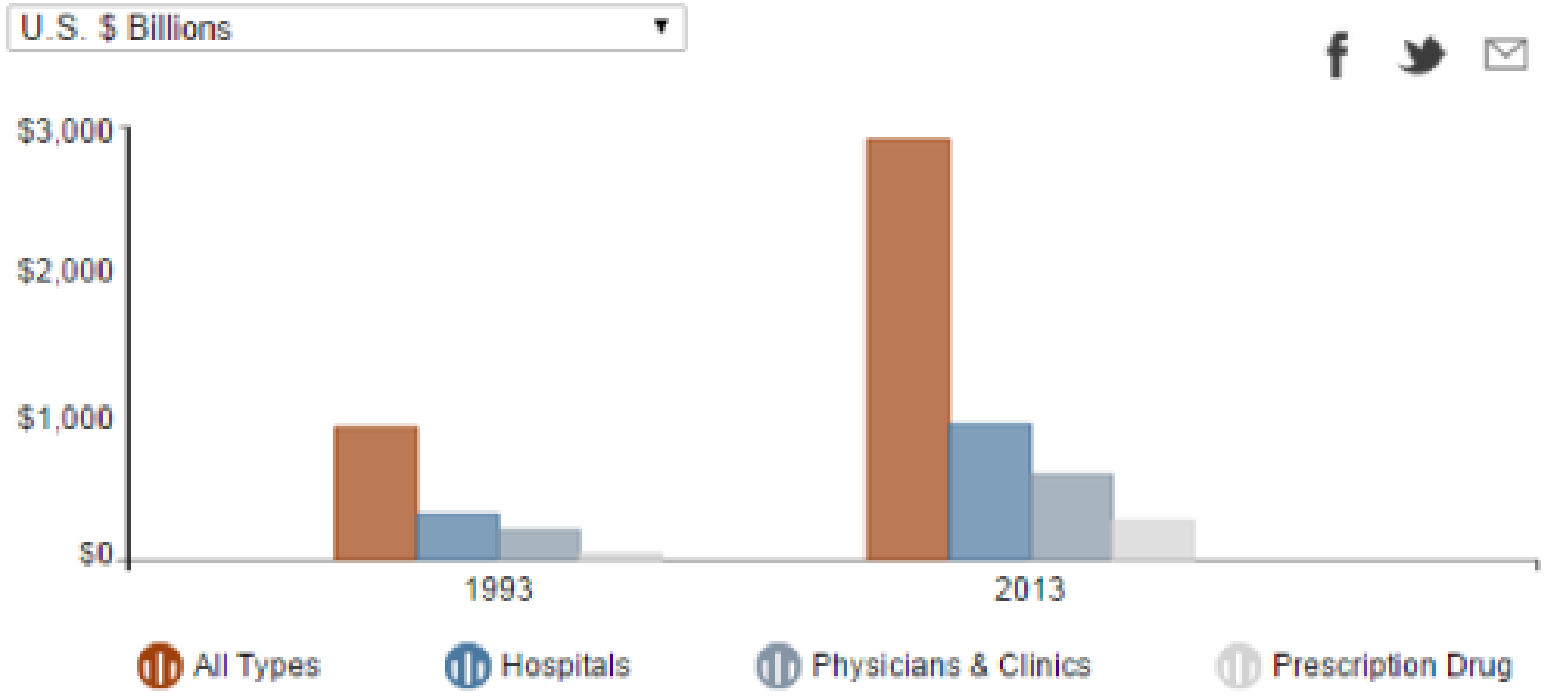
Health Spending Explorer

Trends in U.S. Health Spending

HEALTH EXPENDITURES 1993 COMPARED WITH 2013

On All Types, Hospitals, Physicians & Clinics, Prescription Drug by All Sources



Peterson–Kaiser Health System Tracker

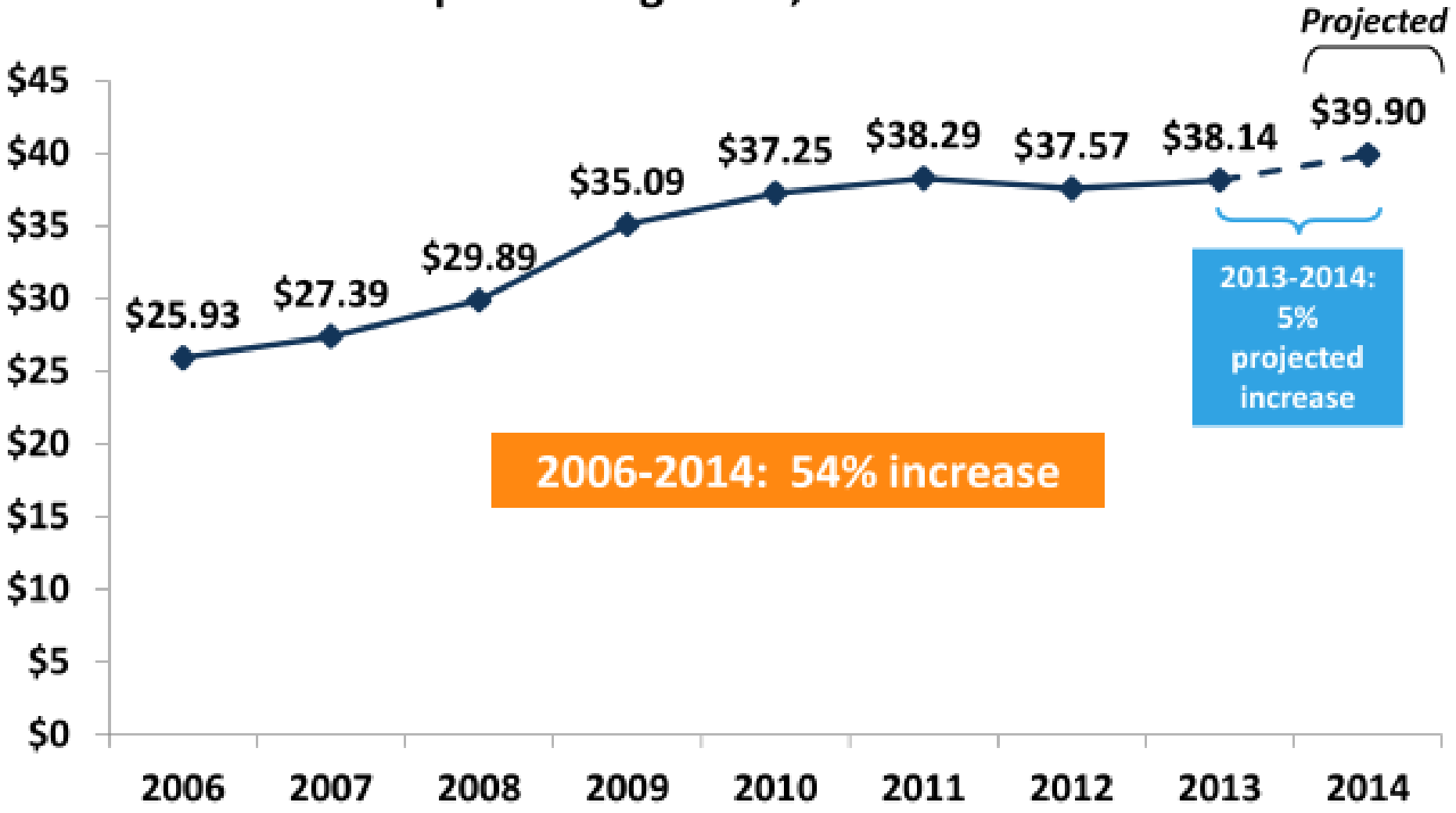
Cancer Drugs Hit Market at Ever-Higher Prices

The median monthly cost for new cancer drugs in the U.S. has soared since the 1970s despite an increasing number of available brands.

Note: Costs are monthly Medicare prices for each drug the year it was introduced, adjusted for inflation; drugs approved through early December 2014 are included.
Source: Peter Bach and Geoffrey Schnorr at Memorial Sloan Kettering Cancer Center

Exhibit 3

Weighted Average Monthly Premiums for Medicare Part D Stand-Alone Prescription Drug Plans, 2006-2014



NOTE: Average premiums are weighted by enrollment in each year. Excludes plans in the territories. Estimate for 2014 includes premiums for 168 plans under CMS sanction and closed to new enrollees as of October 2013.
SOURCE: Georgetown/NORC/Kaiser Family Foundation analysis of CMS PDP enrollment and landscape files, 2006-2014.

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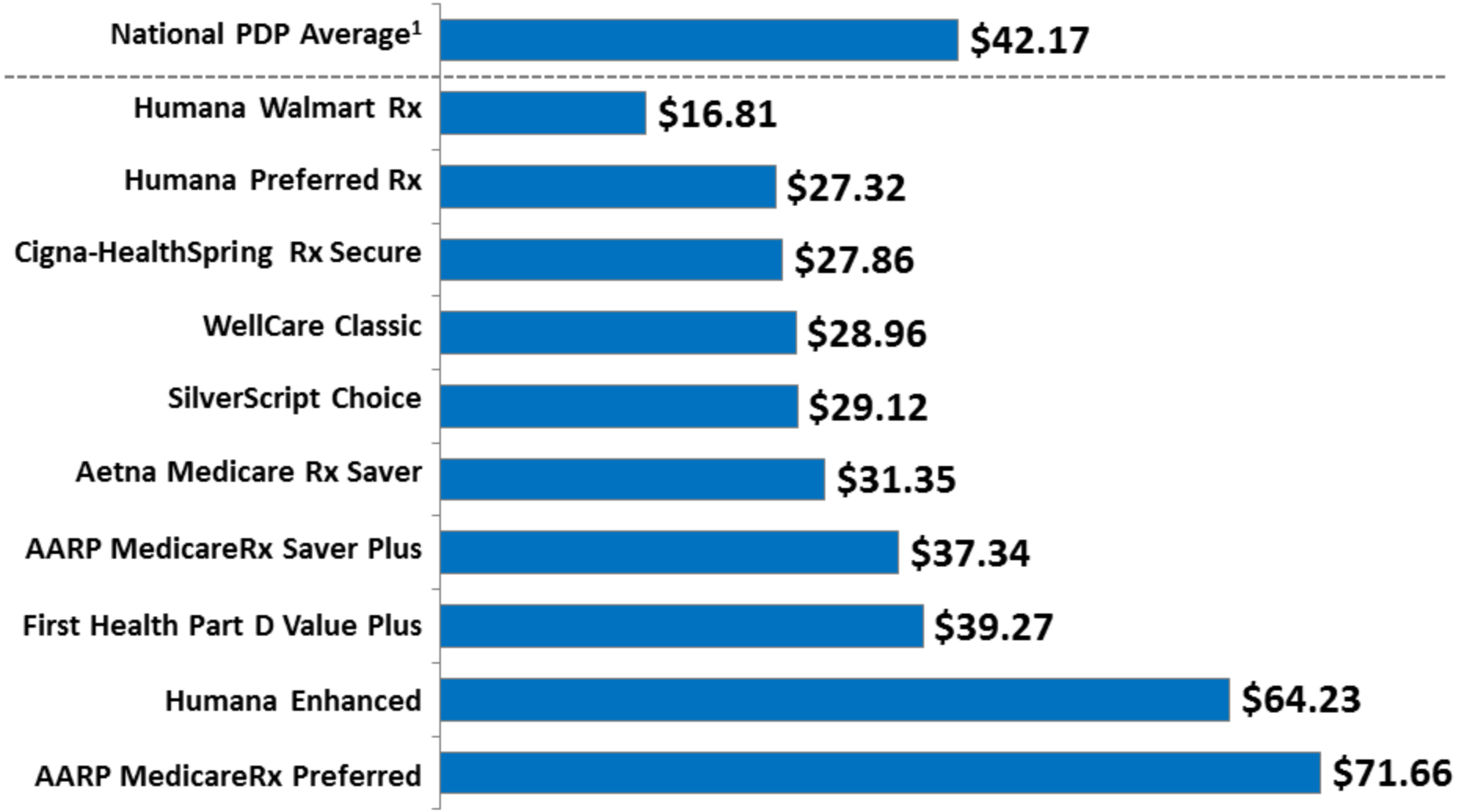
Figure S1

Average Monthly Premiums in 2017 for Ten Medicare Part D Stand-alone PDPs with Highest 2016 Enrollment



NOTE: PDP is prescription drug plan. Estimates weighted by enrollment. [1]Estimate includes premiums for basic and enhanced PDPs; assumes current PDP enrollees remain in their same plan; makes no assumptions about plan choices by new enrollees for 2017.
SOURCE: Georgetown/Kaiser Family Foundation analysis of Centers for Medicare & Medicaid Services 2016-2017 Part D plan files.

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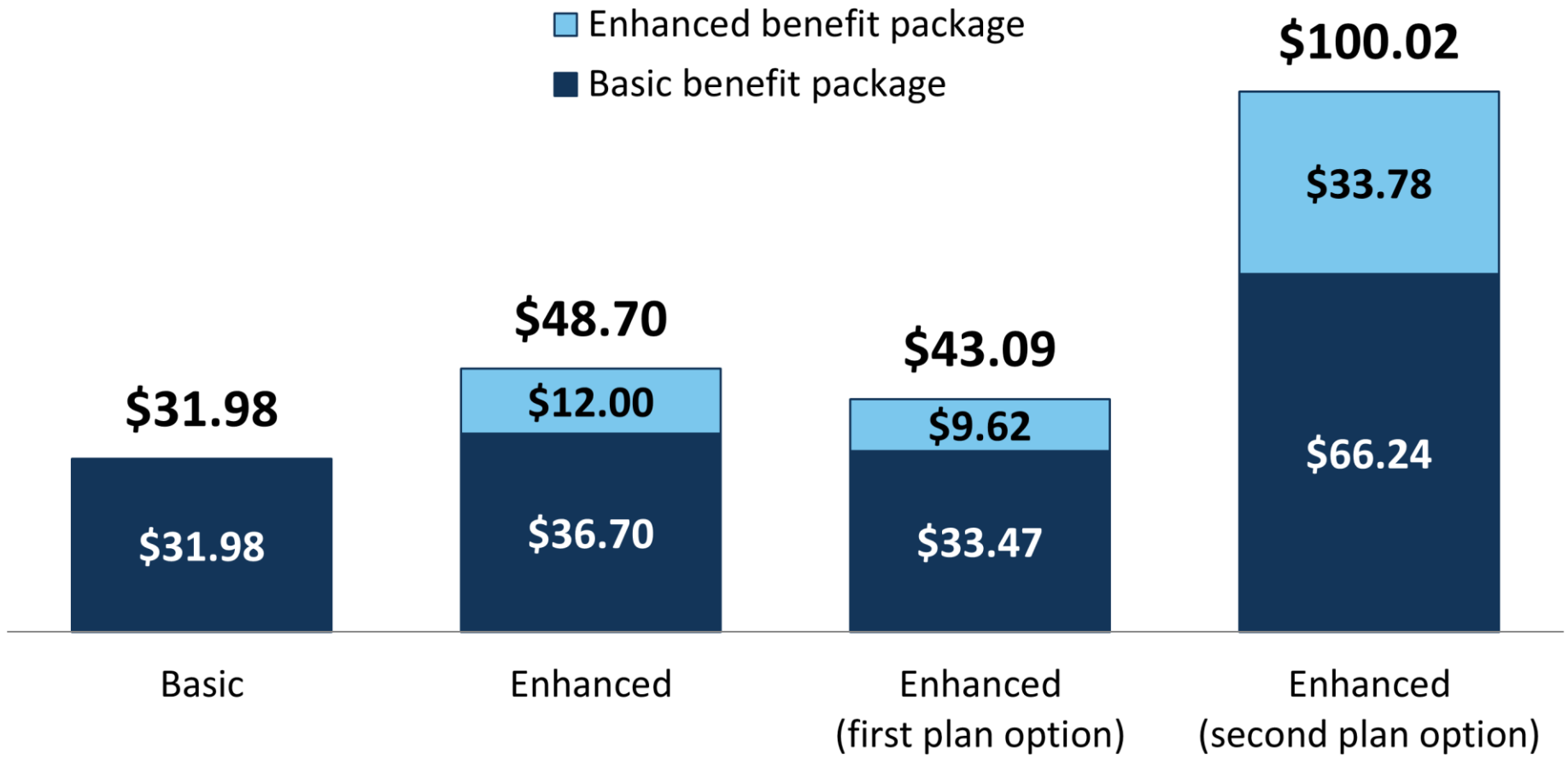
Exhibit 8

Weighted Average Monthly Premiums for Stand-Alone PDPs, by Type of Benefit Package, 2013



NOTE: PDP is stand-alone prescription drug plan.
SOURCE: Georgetown/NORC analysis of data from CMS for the Kaiser Family Foundation.

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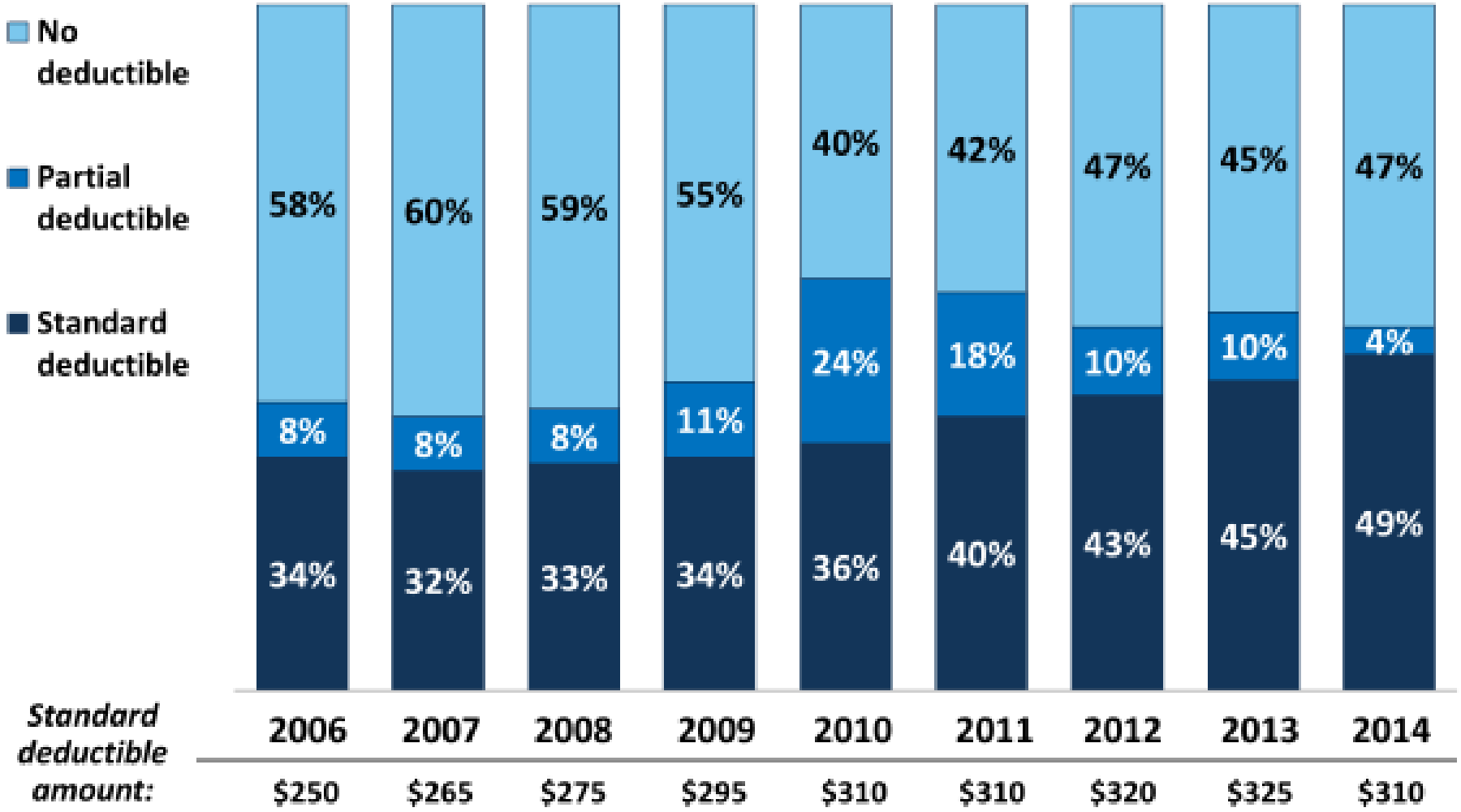
Exhibit 9

Share of Medicare Part D Stand-Alone Prescription Drug Plans, By Deductible Amount, 2006-2014



NOTE: Estimates may not sum to total due to rounding. Analysis for 2014 includes 168 plans under CMS sanction and closed to new enrollees as of October 2013.

SOURCE: Georgetown/NORC/Kaiser Family Foundation analysis of CMS PDP landscape source files, 2006-2014.

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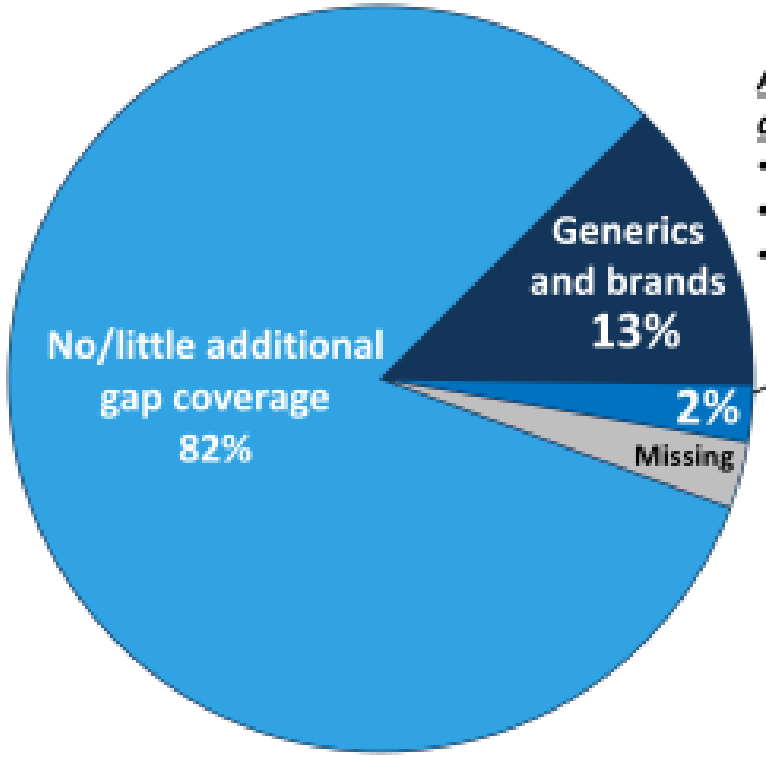
Exhibit 8

Share of Medicare Part D Stand-Alone Prescription Drug Plans, By Type of Gap Coverage,* 2014

In 2014, the coverage gap is partially filled by a 50% price discount and 2.5% plan payment for brand-name drugs and 28% plan payment for generic drugs, as required by the ACA

No/little additional gap coverage includes:
- No gap coverage (76%)
- Few generics (3%)
- Few brands (3%)



Additional gap coverage for generics and brands includes:
- Many generics and some brands (6%)
- Many generics and few brands (<1%)
- Some generics and some brands (7%)

Mostly generics

Additional gap coverage for mostly generics includes:
- Some generics (1%)
- Many generics (1%)

Total Number of PDPs in 2014 = 1,169

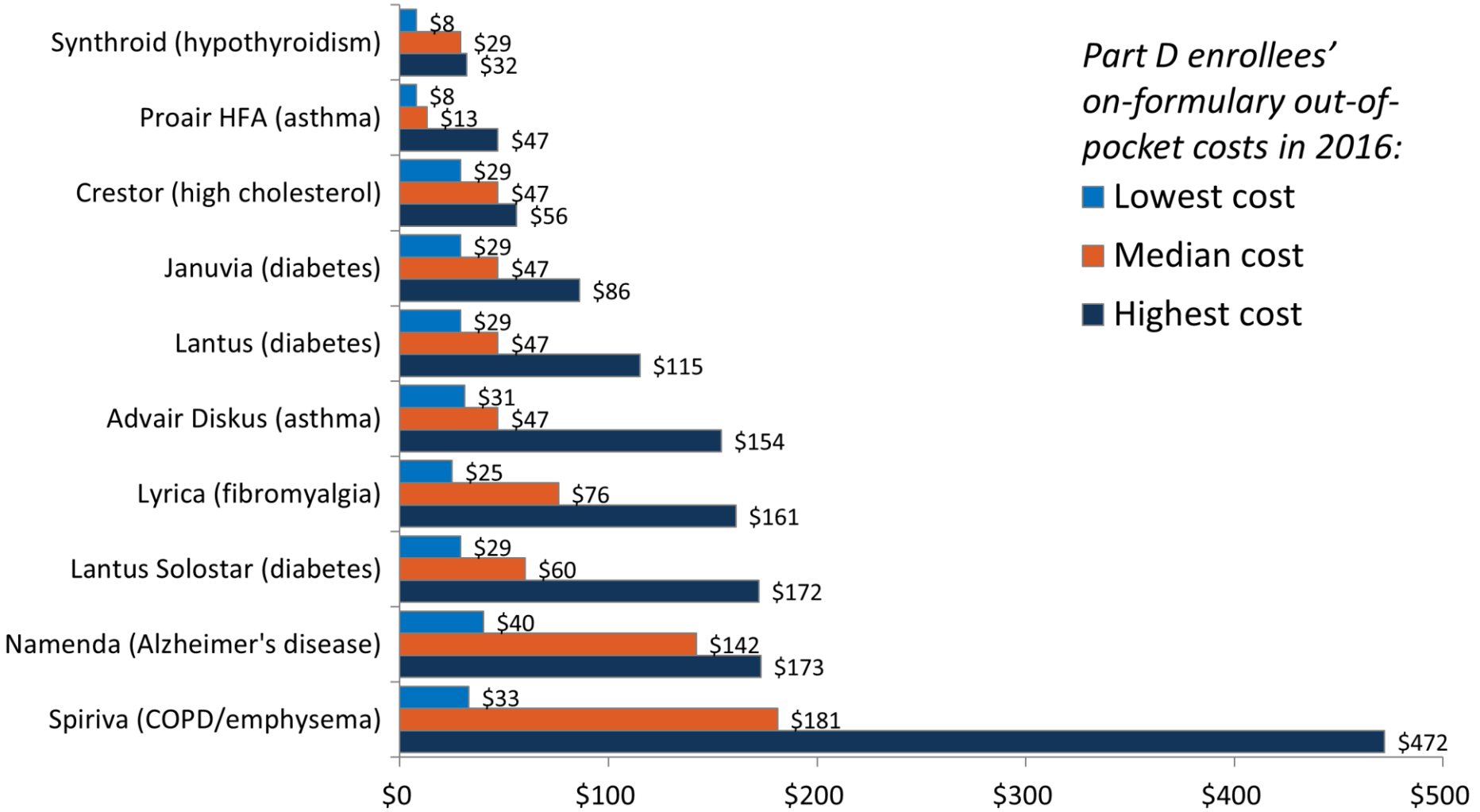
NOTE: ACA is the Patient Protection and Affordable Care Act. PDP is prescription drug plan. Total includes 168 plans under CMS sanction and closed to new enrollees as of October 2013. Missing coverage gap data is for SmartD Rx Plus PDP. *Percent of formulary drugs covered in the gap: "few"=>0%-<10%; "some"=≥10%-<65%; "many"=≥65%-<100%.
SOURCE: Georgetown/NORC/Kaiser Family Foundation analysis of CMS PDP landscape source file, 2014.

Pre Donut Hole per 3 months		Cost in the Donut Hole per 3 months
Asthma steroid MDI	**105**	**363**
Brand name NOAC	**105**	**463**
Warfarin (generic)	**8**	minimal change
Furosemide (generic)	**8**	minimal change

Total COST determined by the month you “enter” the gap: July vs Nov?

Figure 5

For 5 of 10 top brands, the difference between the lowest and highest on-formulary out-of-pocket monthly cost is more than $100



NOTE: Analysis includes 20 national and near-national stand-alone prescription drug plans in Baltimore, MD (zip code 21201) and reflects pricing at a Rite Aid pharmacy in this zip code.
SOURCE: Georgetown/Kaiser Family Foundation analysis of 2016 Medicare Plan Finder data.

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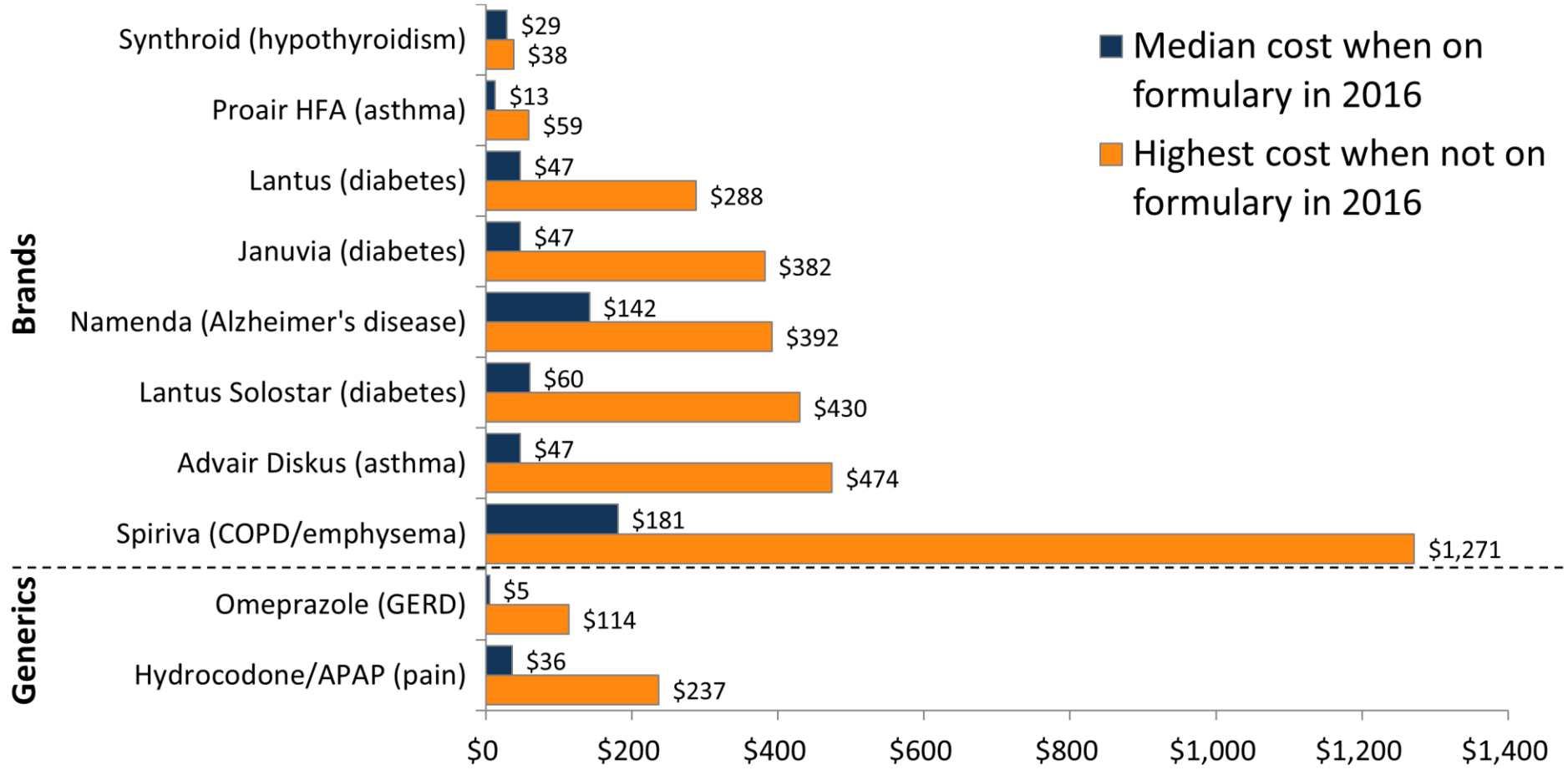
Figure 7

For 6 top brands and 1 top generic, the difference between the median monthly out-of-pocket cost when on formulary and the highest monthly cost when not on formulary is at least $200



NOTE: Analysis includes 20 national and near-national stand-alone prescription drug plans in Baltimore, MD (zip code 21201) and reflects pricing at a Rite Aid pharmacy in this zip code. Two of 10 top brands and 8 of 10 top generics are not shown because they are listed on formulary by all plans (n=20).

SOURCE: Georgetown/Kaiser Family Foundation analysis of 2016 Medicare Plan Finder data.

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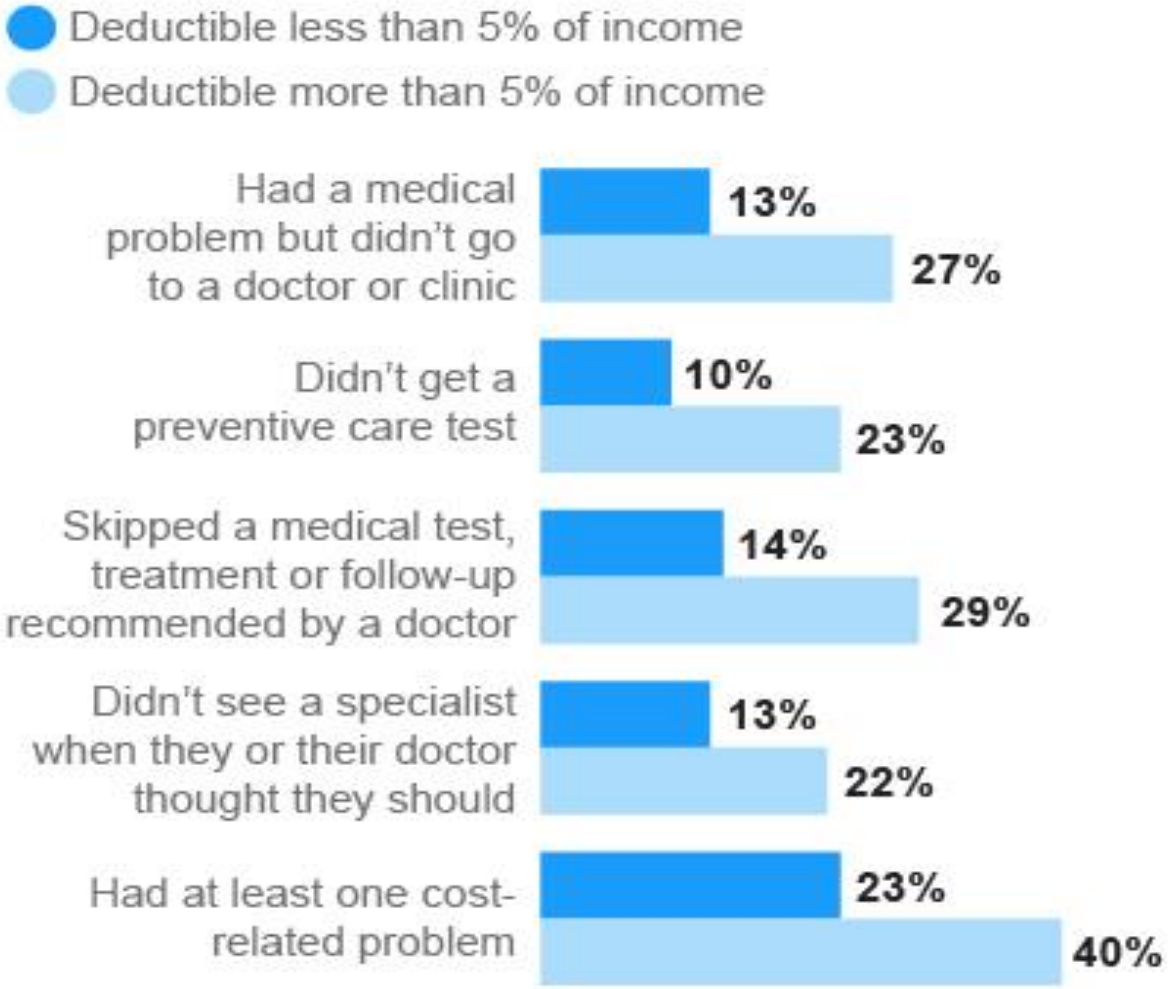
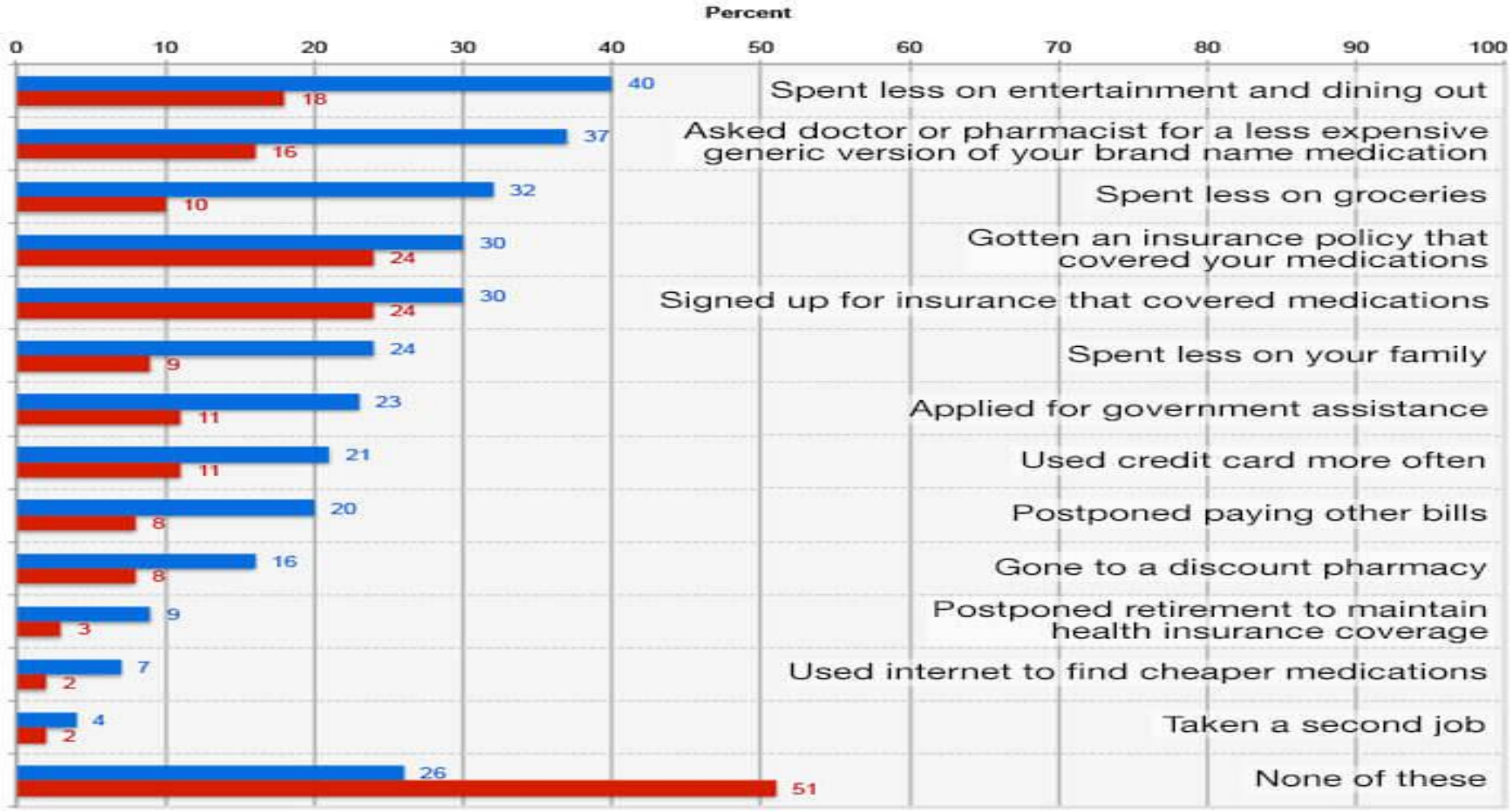
Skipping care

Percent of privately insured people ages 19-64 with a deductible who say they:



Source Commonwealth Fund, November 2014: "Too High a Price: Out of Pocket Health Care Costs in the United States"

IN THE PAST YEAR, HAVE YOU DONE ANY OF THE FOLLOWING IN ORDER TO PAY FOR YOUR PRESCRIPTION MEDICATIONS? *



*Percentages won't add up to 100 percent because people were able to report multiple actions taken

Source: Consumer Reports Best Buy Drugs Tracking Poll 6, conducted April 16-26, 2015

ConsumerReports

Other Important Factors Beyond Price

MIXED MESSAGES

Stop anticoagulation after ablation

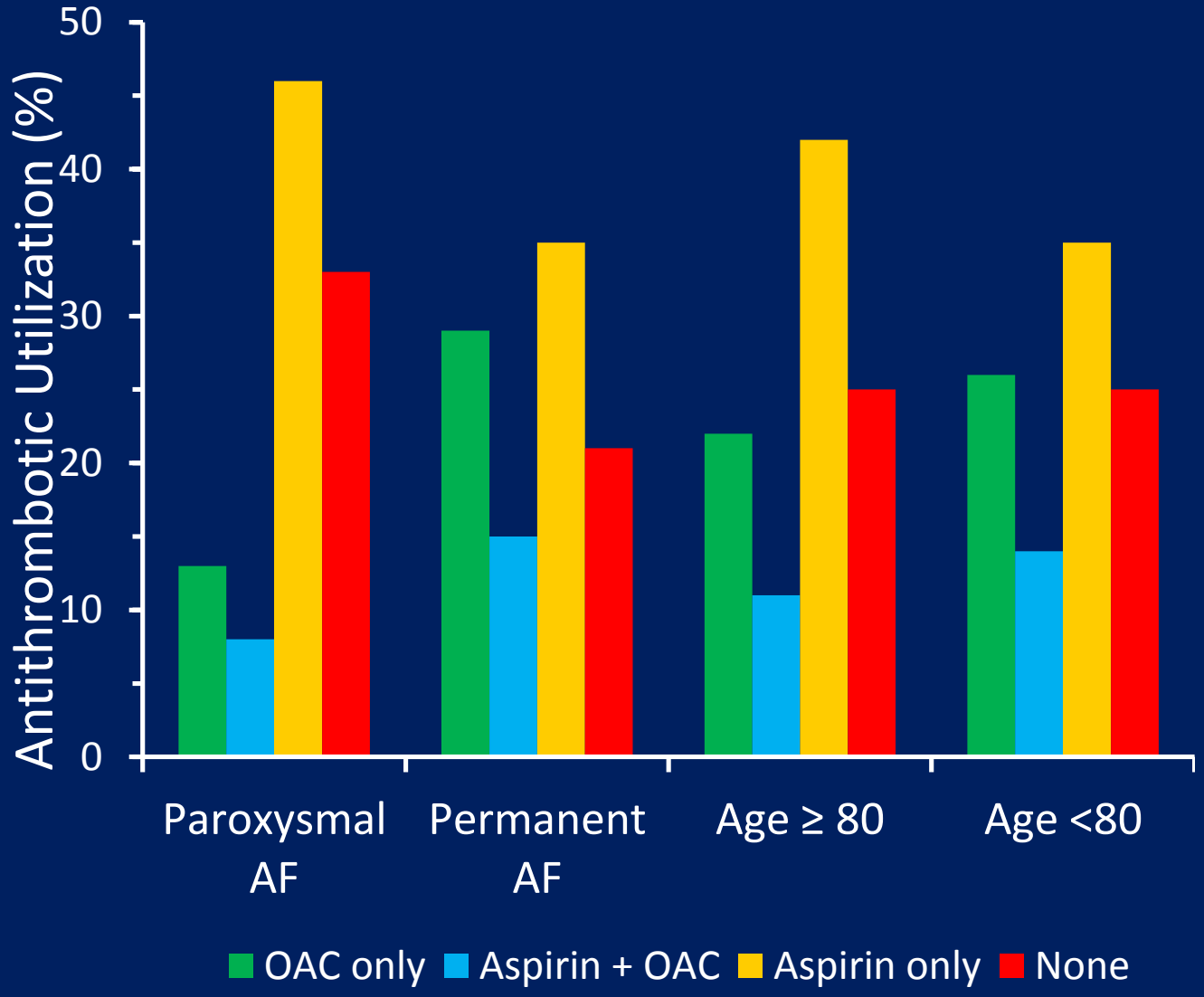
Paroxysmal AF

Overweight of bleeding risk scores

Checking your pulse is enough

Aspirin still does the job

Paroxysmal AF is associated with the highest risk of not receiving anticoagulation



	OR	[95% CI]	p-value
Age (≥80 yo)	0.51	[0.37, 0.72]	<0.01
$CHADS_2$	1.22	[1.09, 1.37]	<0.01
Permanent vs. Paroxysmal AF	**3.25**	**[2.25, 4.69]**	**<0.01**
Sex (Female vs. Male)	1.22	[0.88, 1.68]	0.23

Aronis KN et al. Int J Cardiol. 2016 Jan 1;202:214-20

TABLE 3. Physician-Cited Reason for Not Prescribing Warfarin, Stratified by Patient Age

Reason	All, n=199*	<80 Years, n=76	≥80 Years, n=123
Hemorrhage, n (%)	66 (33)	32 (42)	34 (28)
Recurrent bleeding	31 (16)	17 (22)	14 (11)
Current bleeding	16 (8)	7 (9)	9 (7)
Past intracranial bleeding	9 (4)	3 (4)	6 (5)
Past other bleeding	10 (5)	5 (7)	5 (4)
Falls	64 (32)	14 (18)	50 (41)
Patient refused or history of nonadherence	27 (14)	13 (17)	14 (11)
Cognitive impairment	6 (3)	1 (1)	5 (4)
Active alcohol abuse	4 (2)	4 (5)	0
Advanced illness, comfort care	16 (8)	4 (5)	12 (10)
Other†	16 (8)	8 (11)	8 (7)

Stroke 2006:37; 1075-1080

Have the trials addressed all of the gaps?

1. Active cancer
2. Chronic pain
3. Repetitive falls
4. Recurrent hemorrhage
5. Mod-severe liver disease
6. Severe renal impairment
7. Burden of AF, atrial ectopy that warrants lifelong AC