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Analysis And Fair-Price Negotiating Strategy

PATH Website

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What's A Fair Price To Pay For A Medicine?

It's an important question if you're an insurer, employer, or system and you're going to buy a lot of it.

A fair price for a medicine depends on two things:

- The medicine's performance for your patients
- The performance and price of every alternative drug

This poster shows you how to figure out a fair price for your patients for any medication, using semaglutide as an example.

Ask What's Important To Your Patients

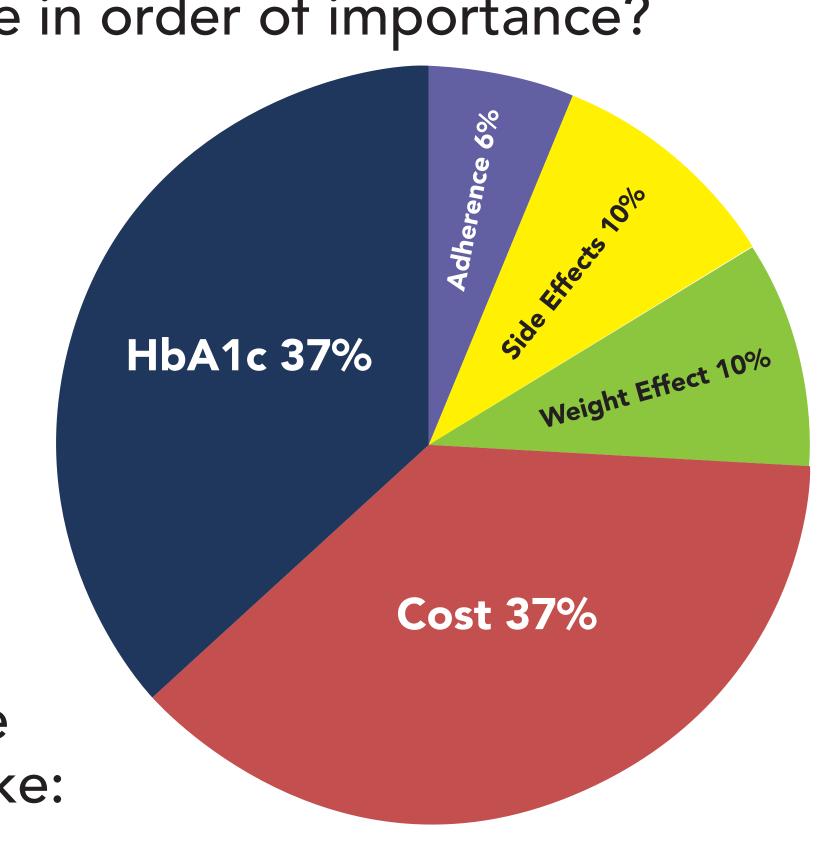
When talking about medicines with patients, a few subjects seem to come up again and again:

Cost - Either patient-out-of-pocket cost, system cost, or both Efficacy - How well this drug controls your patient' HbA1c Weight effects - Whether patients tend to gain or lose body weight Side effects - Both good (CV benefit) and bad (hypoglycemia risk) Adherence - How hard it is to take this medicine on its schedule

How would your patients rank these in order of importance?

It helps to draw a pie chart where the size of each subject's slice represents how important it is for your patients. Here's ours:

The pie chart means you can talk objectively about decisions that involve trade-offs. For example, the pie chart allows you to say things like:



"Cost is almost four times more important to my patients than side effects."

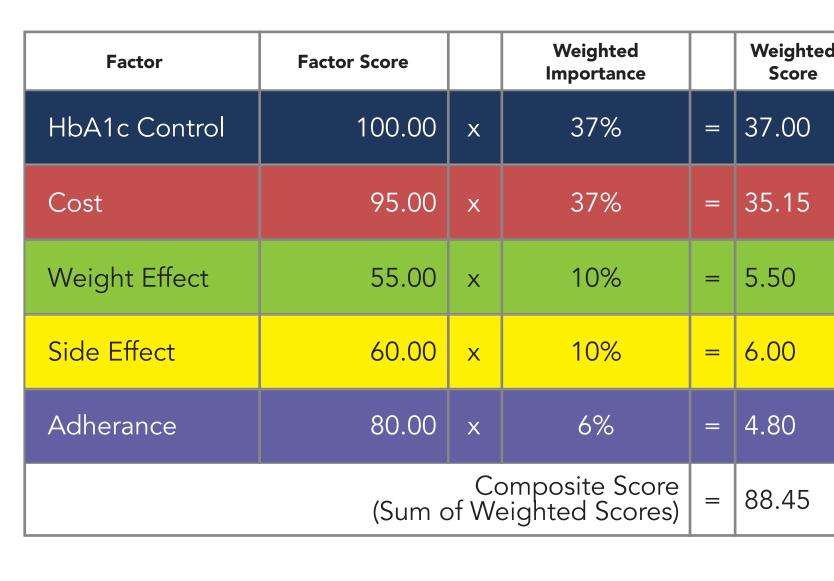
Show Success In Simple Scales



Your high school math, history, and science classes all used the same 0-to-100 scale for tests, even though they were different subjects. It was easy to see where you were doing well and what needed improvement.

Using a simple 0-to-100 scale to rate cost, efficacy, adherence, weight, and side effect outcomes allows you to know which areas are doing well and which are not.

Here's our 0-to-100 scale for HbA1c:



Le Know Your Population Metrics

Use your population's current optimized metrics as a baseline. Here's ours for 191 anonymized patients:



¹ Know Your Semaglutide

Here's the data we used to model semaglutide performance:

HbA1c reduction (monotherapy): 1.9% w/HOMA adjustments Contraindications: Pancreatitis

Side Effect Scoring: +1 beta cell preservation

- +1 if patient comorbidities PAD/CAD/CVD
- -1 if patient history of lower GI issues
- -2 if patient history of upper GI issues
- -3 if patient history upper & lower GI issues

BMI effect: strong loss (-5 on -10 to 10 scale w/0=neutral) Adherence: Once weekly injections

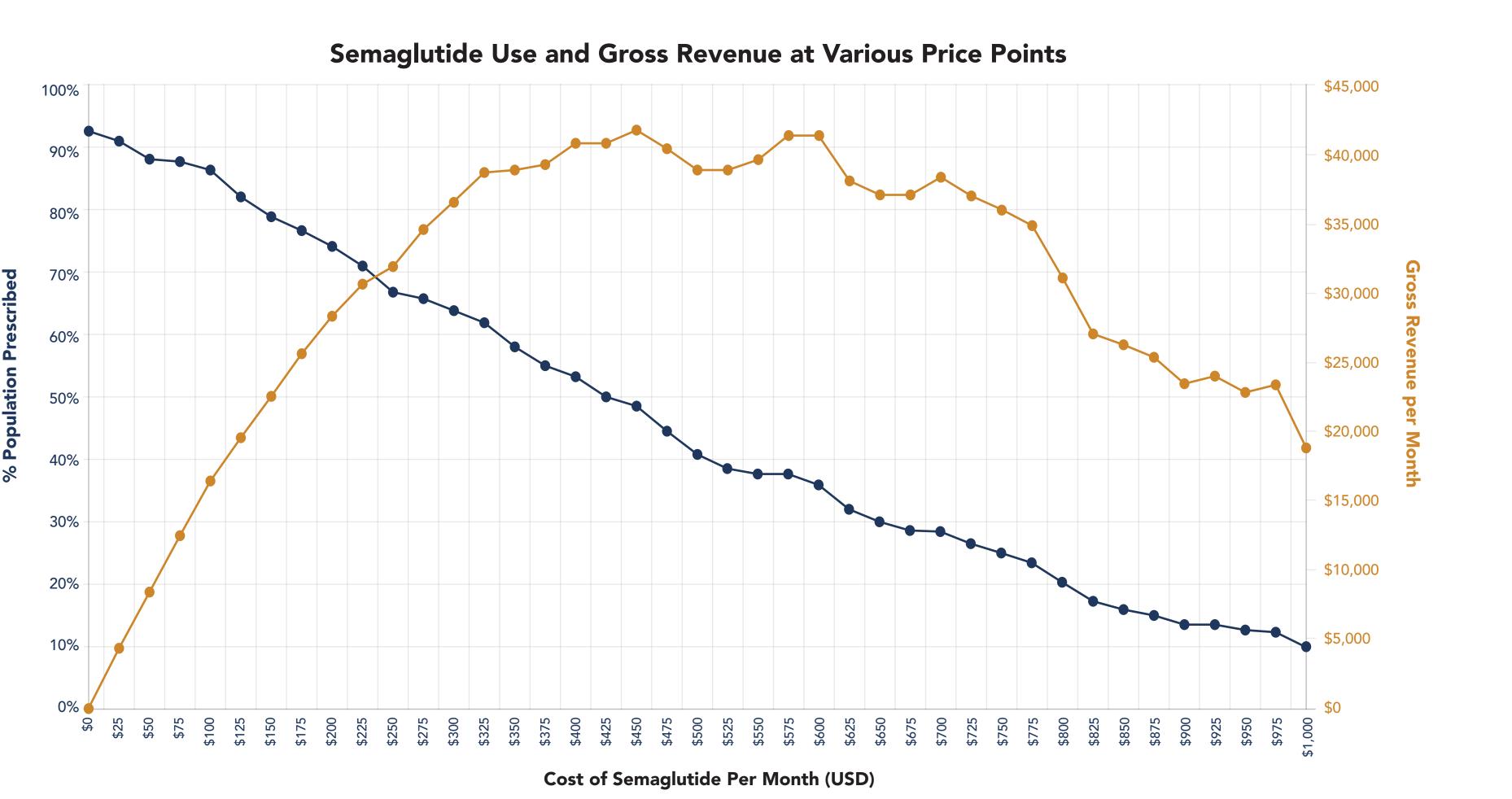
Start At \$0 And Work Up To Retail Cost

Determine how often semaglutide would appear in your patients' regimens if it was *free*. Measure the change to your population's average Hba1c, monthly cost, weight, and side effect profiles.

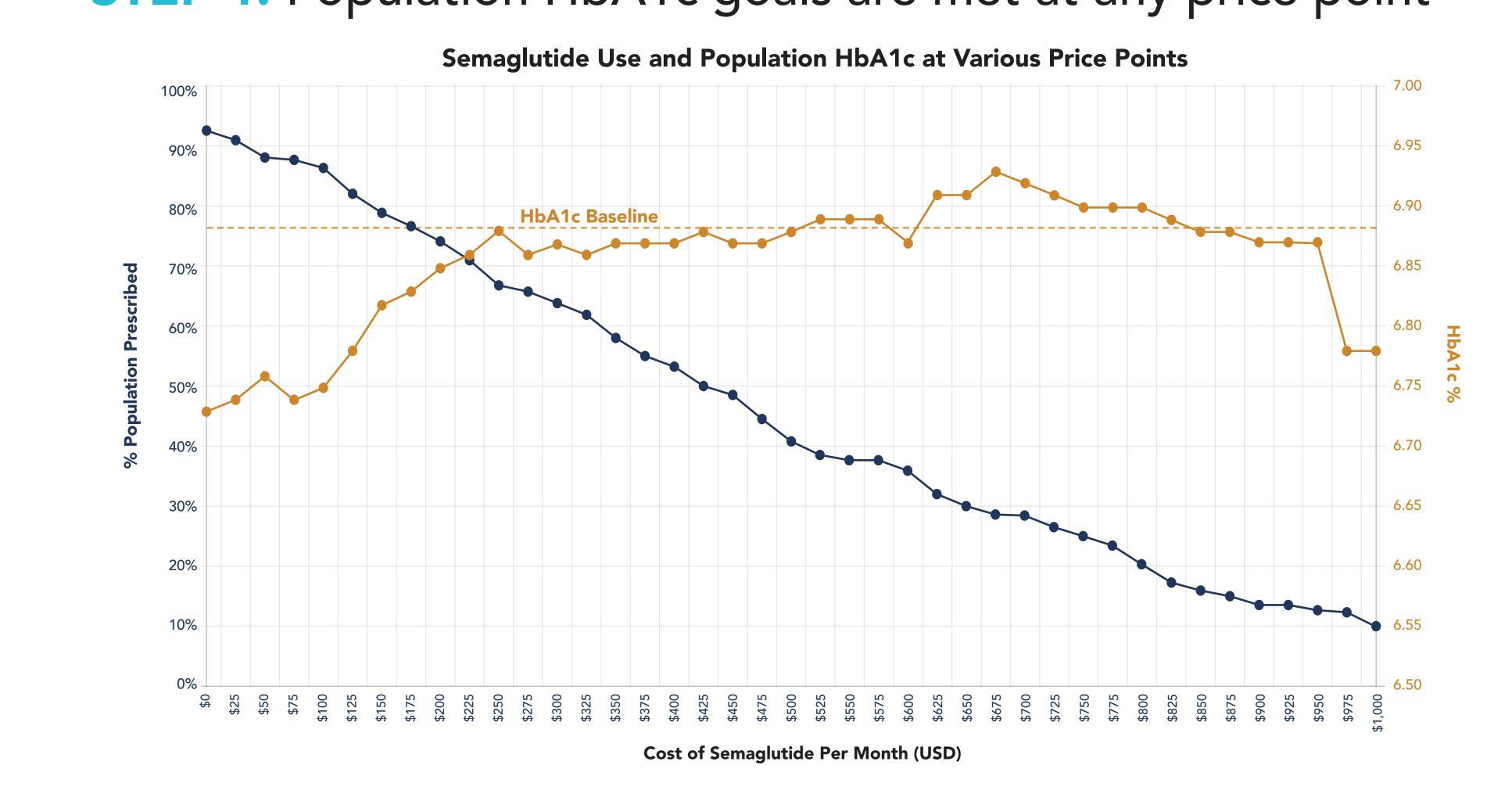
Next, add \$25 to semaglutide's price and repeat those measurements. Keep adding \$25 and measuring your entire population until you reach a price of \$1000. We wrote computer software to do this.

Combine All Those Results

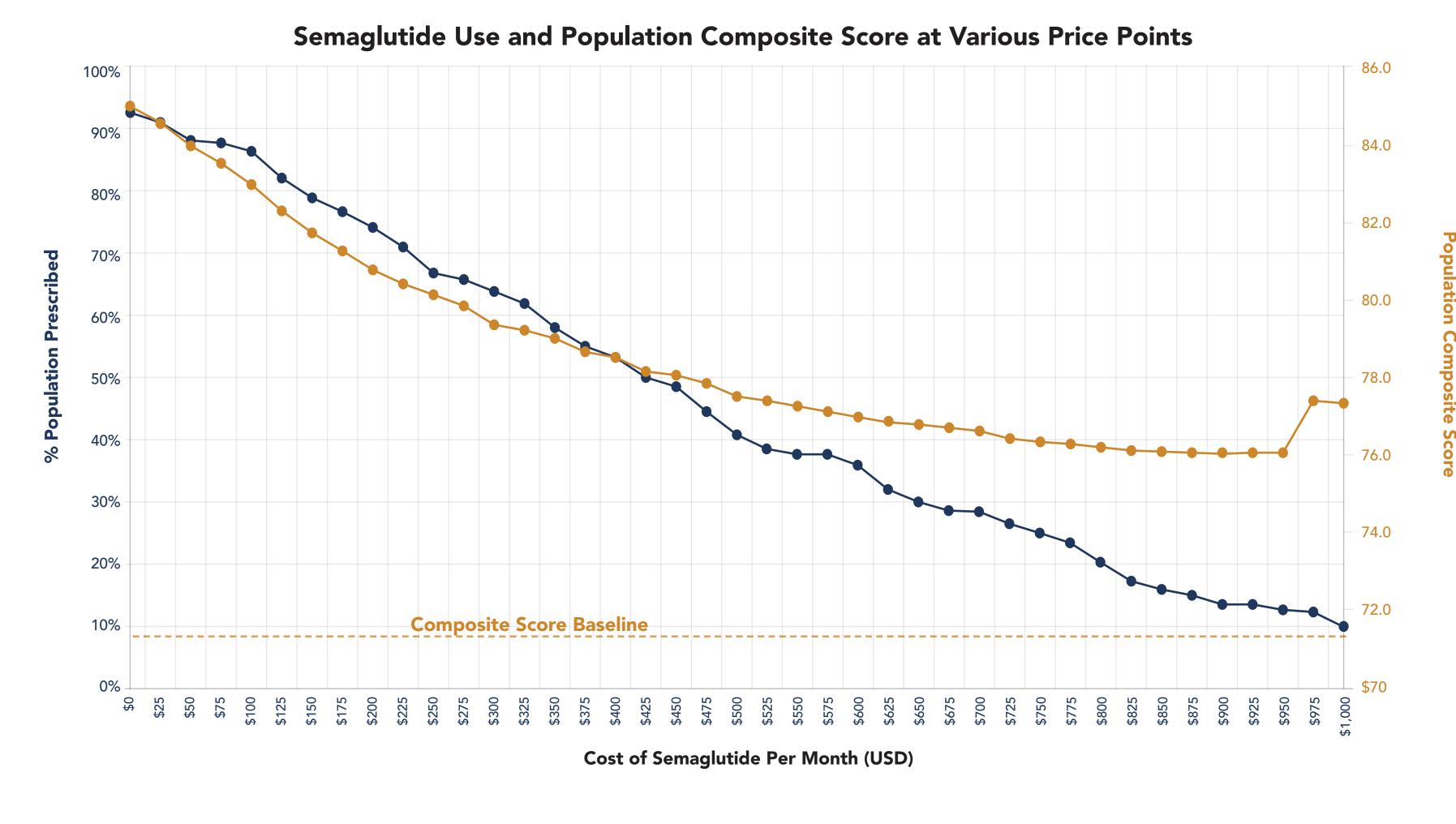
Here's how much semaglutide our population would use at each price point, and the seller's gross revenue:



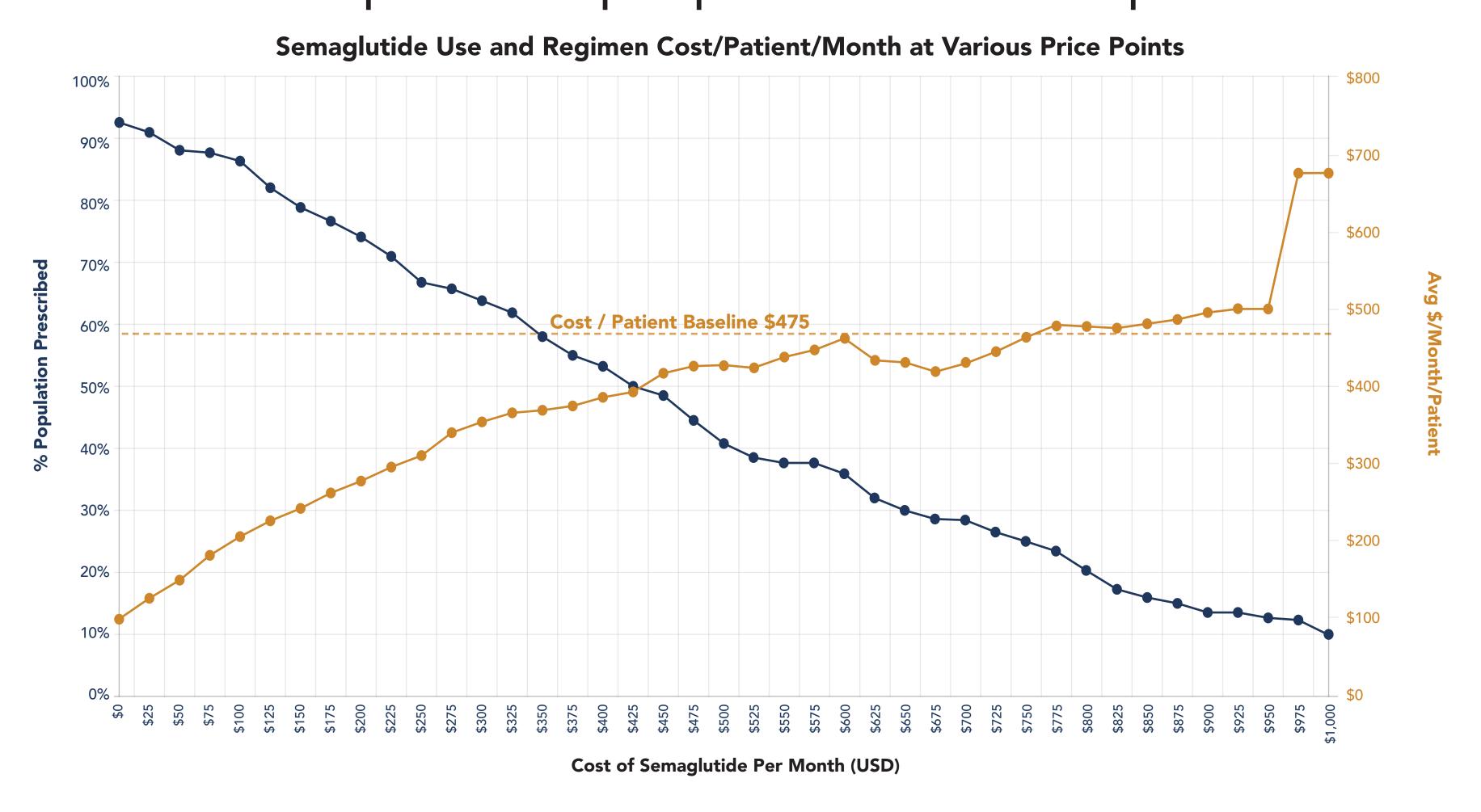
STEP 1: Population HbA1c goals are met at any price point



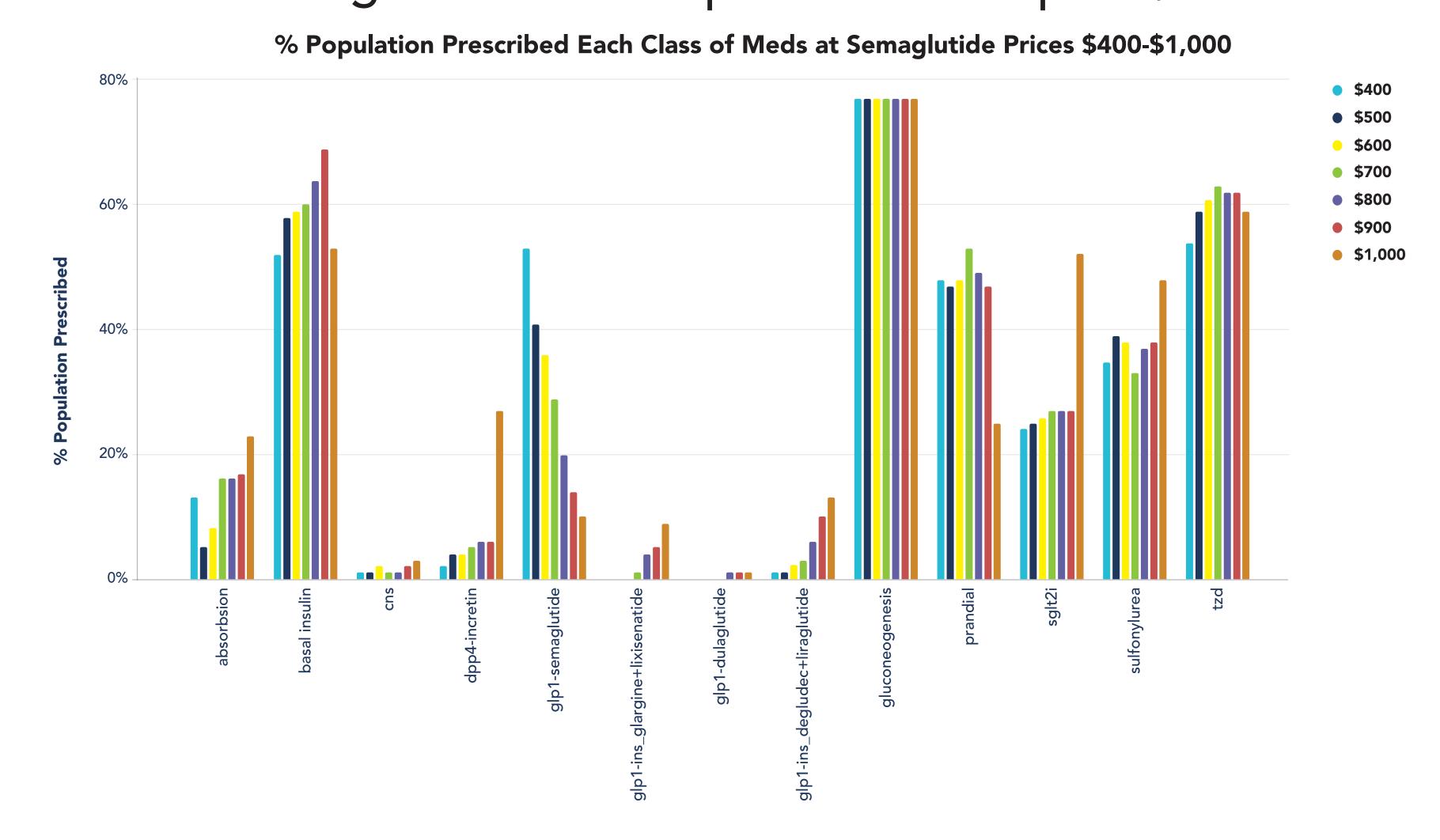
STEP 2: Composite Score improves at any price point



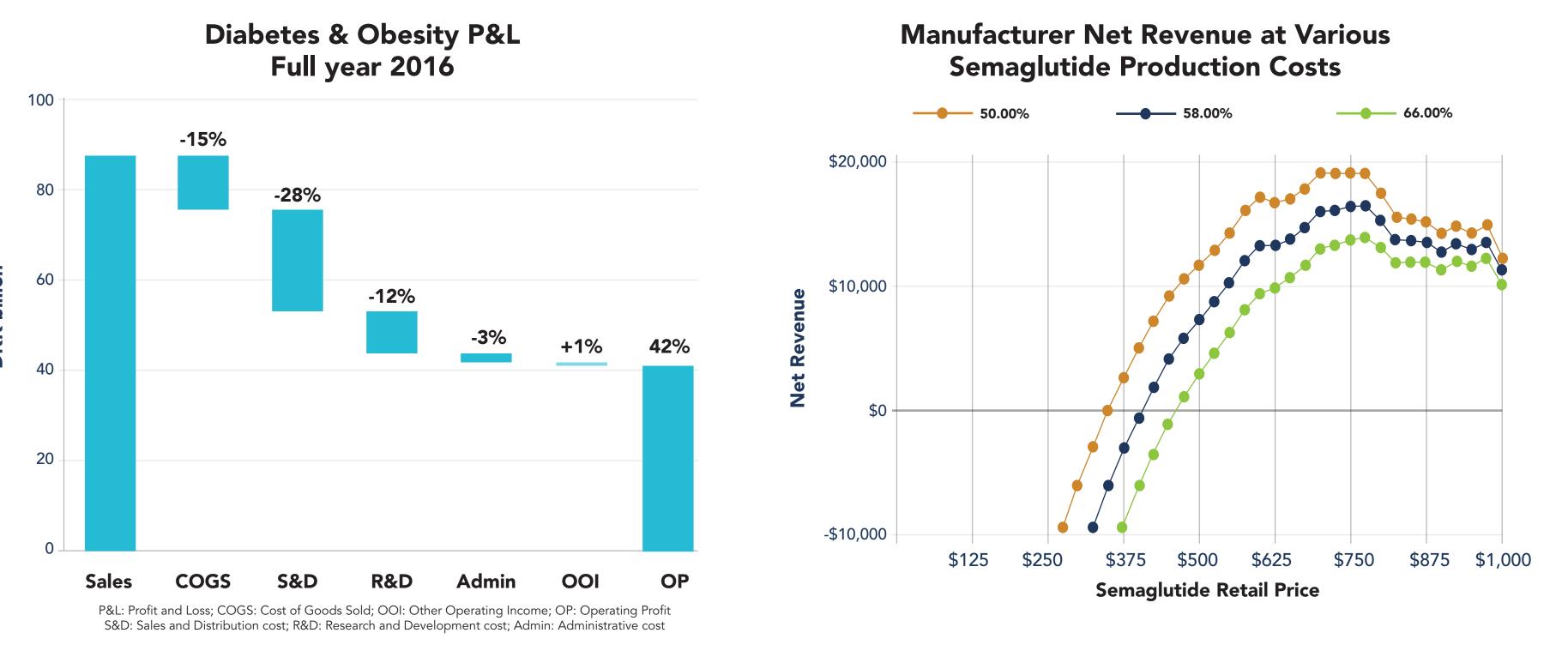
STEP 3: We'd spend less per patient/month for prices to \$825



STEP 4: Semaglutide is most-picked GLP1 up to \$900/month



STEP 5: Remember the seller tries to maximize net revenue



This should happen at prices \$700 - \$775 / month based on semaglutide's production costs

What's a fair price for Semaglutide?

Prices up to \$825/month are cost-effective for this population:

HbA1c better or unchanged

Cost patient/month lower or unchanged

Composite Score increase ~6% (mainly weight loss and CV benefit)

A good negotiation strategy for our system:

Expect to pay \$700 to \$775/patient/month

Pick formulary w/ lowest semaglutide price - other GLP1s don't matter at current prices

If negotiable, ask for semaglutide discount and give up discounts on all other GLP1s