The United States Specialty Pharmacy Payor Landscape

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Background

The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States and is a subsidiary of The Pharmacy Group. The TPG-NPRT provides market-oriented research and support to the healthcare industry, particularly in the strategy and development of market access programs, Chief Medical Officers, Chief Pharmacy Officers and other key decision makers from their respective payor landscape.

Specialty pharmacy providers are pharmacy organizations that supply specific, complex chronic diseases and have four or more of the following attributes shown in Table 1.

Table 1. Attributes of Specialty Pharmacy Products

- Initiated only by a specialist
- Taking few precautions or careful
- High acquisition
- Requires reimbursement assistance
- Requires processing of an approval essential and comprehensive that
- Requires special training

Objective and Purpose

This study sought to survey medical directors and pharmacy directors of US payors representing: Health plans, Employers, Insurers, Employer groups and Pharmacy Benefit Managers (PBMs). The survey focused on the:

- Management of specialty pharmacovigilance (SPV) and specialty pharmaceuticals.
- Pharmacy & Therapeutic (P&T) committees or pharmacy management.
- Current and anticipated future.
- Policies regarding the use of specialty pharmacies.
- Coverage of specialty pharmaceuticals.
- The disease states most concerning to these plan directors from budgetary point of view.

Methods

A online, interactive survey was developed with 63 questions and included:

- Yes / No questions.
- Lists for users to select single or multiple answers.
- Open-ended responses (e.g., what disease states most concern you?/Most concerning:
- Invitations to participate were sent to 224 medical and pharmacy directors currently employed by US health plans and insurers from the TPG-NPRT database in December 2015.
- Material or financial incentives were not offered for completion of the survey.
- Survey included:

  - Plan coverage.
  - Geographical coverage.

- Types of plans.

- Restrictiveness on specialty pharmacy providers.

- Coverage of specialty pharmacovigilance products.

- Under the Medicare or pharmacy benefit.

- Co-pay rates.

- Types of plans.

- University-based pharmacy.

- Co-pay rates.

- Types of plans.

Results

A total of 54 persons responded to the survey invitation (Figure 2), the "Other" categories included: VP of Pharmacy, Medical, or Managed Care (1), Chief Medical Officer, Senior Medical Director (2), Consultant (1). 36.6% were National, 32% were Regional, 24% were Grassroot pharmacies.

Figure 2. Respondent’s Title within their Organization

- 86% of the pharmacies were involved in formulary decisions.

- The disease states most concerning to specialty pharmacy directors (Figure 3) were as follows:

  - Most concerning:
    - Cardiovascular (6); Diabetes (5); and Hepatitis C (3).
    - Second most concerning:
      - Cardiovascular (5); Diabetes (3); and Hepatitis C (1).
    - Third most concerning:
      - Cardiovascular (3); Diabetes (3); and Hepatitis C (1).
    - Other items mentioned included: Off-label diseases, Rhodanese Artichoke, Arthritis, and HIV.

- In-Eyprin:

  - Most concerning:
    - Cardiovascular (5); Diabetes (4); and Hepatitis C (1).
    - Second most concerning:
      - Cardiovascular (4); Diabetes (3); and Hepatitis C (2).
    - Third most concerning:
      - Cardiovascular (3); Diabetes (3); and Hepatitis C (1).
    - Other items mentioned included: Off-label diseases, Rhodanese Artichoke, Arthritis, and HIV.

- The disease states most concerning to these plans directors from a budgetary point of view:

  - Total:
    - Most concerning:
      - Cardiovascular (4); Diabetes (2); and Hepatitis C (1).
    - Second most concerning:
      - Cardiovascular (3); Diabetes (2); and Hepatitis C (1).
    - Third most concerning:
      - Cardiovascular (2); Diabetes (2); and Hepatitis C (1).
    - Other items mentioned included: Off-label diseases, Rhodanese Artichoke, Arthritis, and HIV.

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    - Cardiovascular (4); Diabetes (3); and Hepatitis C (1).
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Conclusions

- Expenditures for Specialty Pharmacy products and the use of specialty pharmacy will continue to grow.

- The environment of P&T Committee decision making in managed care is undergoing a series of changes.

- Payor medical directors and pharmacy directors, who commonly serve as P&T Committee members, have a distinct understanding and opinions as to how to alter the process to adapt to these influences.

References


To download the PDF version, please visit www.JeSTARx.com / Rich.Brook@TPG-NPRT.com (973) 208-8621

Disclosures: None

Figure 3. Type of Plans Represented by Respondents (Respondents can cover multiple types)

- Figure 4. Restrictions on the use of Specialty Pharmacies

- Overall, there were differences between the benefits used for clinician-administered products and those used for self-administered products. Prescription policies in the use of specialty pharmacovigilance products (SPV) are shown in Table 1.

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- Figure 5. Benefits Used for Clinician Administered Agents and Oral Biologics

- Coverage of specialty pharmaceuticals.

- Figure 6. Co-Pays for Specialty Pharmacy Products, Oral Biologics and Oral Multiple Sclerosis Agents

- Response to open-ended questions placed Specialty Pharmacy products as the top causes for concern currently, and for the coming years.

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  - Total:
    - Most concerning:
      - Cardiovascular (4); Diabetes (2); and Hepatitis C (1).
    - Second most concerning:
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