The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States and is a subsidiary of the TPG-National Payor Roundtable (TPG-NPRT). The TPG-NPRT is a collaborative network of biotechnology companies, medical device, and health technology companies. The TPG-NPRT is a collaborative network of biotechnology companies, medical device, and health technology companies.

Clinician Administered products (injections/infusions) mostly under the Medical benefit (67.3%); the type of plans represented are shown in Figure 3.

Many advisors reported multiple degrees (Figure 1), and the most common degree was MD (55.6%). Most plans are not expected to change by 71.1% of the plans, 11.1% were currently making changes; 13.3% expect changes. Most concerning: Hepatitis C (16); Cancer/oncology (12); and Diabetes (7); Third most growth: Cardiovascular/heart disease (6); Cancer/oncology (4); and Diabetes (3); Second most concerning: Cancer/oncology (9); Diabetes (5); and Hepatitis C (4)

Most respondents worked for a health plan (83.6%) and 39.6% were local, 35.4% were national, and 25.0% were regional. Yes / No questions

86% of the advisors were involved in formulary decisions. Second most concerning: Diabetes (9); Cancer/oncology (5); and Hepatitis C (3); Restrictions on specialty pharmacy providers

The disease states most concerning to these plan directors from budgetary point of view:

- Most concerning: Cancer/oncology (18); Hepatitis C (9); and Diabetes (4); The environment for P&T Committee decision making in managed care is undergoing a series of changes.
- High expense
- Requires special handling
- Requires special pharmacy

Other items mentioned included: Orphan diseases; Rheumatoid Arthritis; Biologics; and HIV.

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

In 5-years: The JeSTARx Group provides evidence-based research and support to the Healthcare Industry.

Results:

- 90% of the advisors were included in formulary decisions.
- The respondents were mostly chief medical directors and chief pharmacy directors (Figure 2), the "Other" category included: VP (of Pharmacy, Finance), Chief Operating Officers, Vice President Medical Affairs, Chief Medical Officer, Senior Medical Director (2), and Consultant(73).
- 80% of the advisors were included in formulary decisions.
- The respondents were mostly chief medical directors and chief pharmacy director (Figure 2), the "Other" category included: VP of Pharmacy, Medical Affairs, Chief Medical Affairs, Chief Medical Officer, Senior Medical Director (2), and Consultant(73).
- Most respondents worked for a health plan (20.1%) and 36.1% were local, 30.6% were national, and 23.3% were regional.
- The type of plans represented are shown in Figure 4.

Figure 4. Restrictions on the use of SpecialtyPharmacies

Detailed: There were differences between the benefit used for clinician-administered products (intrathecal/intravenous injections) and biologics (Figure 3).

Cost thresholds were used to determine benefit type for both types of products. Plans covered:

- Clinical-essential products (intrathecal/intravenous injections) mostly under the Medical benefit (67.3%);
- Most plans (39%) did not change before 12-2016; and 4.4% before 12-2018.
- Most plans (60%) are expected to change by 12-2016; and 11.1% were currently making changes, 13.3% expect changes before 12-2016, and 5.5% before 12-2018.
- The most concerning: Hepatitis C (16); Cancer/oncology (12); and Diabetes (7);
- Third most growth: Cardiovascular/heart disease (6); Cancer/oncology (4); and Diabetes (3);
- Second most concerning: Cancer/oncology (9); Diabetes (5); and Hepatitis C (4);
- Top causes of concern today, and in the future.

Conclusions:

- Expenditures for Specialty Pharmacy products and the use of specialty pharmacy will continue to grow.
- Health plans need to determine how to evaluate specialists pharmacists and provide appropriate coverage.
- The environment for P&T Committee decision making in managed care is undergoing a series of changes.
- Paper 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:
1. Long DR. HP. Health: presentation at the National Association of Specialty Pharmacy (NASP) Annual Meeting and Expo. Orlando, Florida; October 2014.
3. County.

Figure 3. Top causes of concern today, and in the future.