The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States. Specialty Pharmacy providers were restricted by 53.7% of the plans. Common restrictions of providers are

1. Requires processing of pre-approval essential
2. Current co-pays and expected co-pay changes
3. Open-ended responses (i.e., what disease states most concern you?)

In 2014 Specialty Pharmaceuticals accounted for one-third of spending, up from 23% in 2009.

Policies regarding the use of Specialty Pharmacies

1. Diagnostic and genetic tests
2. In 2013, genetic tests were covered in 79.5% of all cases (Figure 7) and with coverage expected to increase to 90.2% in 2015 (Figure 8).
3. Types of lives
   a. Many advisors reported multiple degrees (Figure 1), and the most common degree was MD (55.6%).

Restrictions on Specialty Pharmacy providers

1. Plan coverage:
   a. Geographical coverage
   b. Requires special patient training to administer
   c. Having few prescribers or centers
   d. Lists for users to select single or multiple answers
   e. Needs patient’s support to achieve adherence
2. Under the Medical or Pharmacy benefit
3. High expense
4. Material or financial incentives were not offered for completion of the survey.

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

1. Coverage of diagnostic and genetic tests
2. The use of Specialty Pharmacies
3. A total of 91% respondents were familiar with SPs and Specialty Pharmacies.
4. Most plans are not expected to change by 71.1% of the plans, 11.1% were currently making
   changes to their disease state policies.
5. Specialties, products, and Consultant [3].
6. The environment for P&T Committee decision making in managed care is undergoing a
   series of changes.
7. By the Medical or Pharmacy benefit
8. A threshold price
9. Expenditures for Specialty Pharmaceuticals products and the use of Specialty Pharmacies
10. 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
   committee process.
11. The survey focused on the:
   a. Management of Specialty Pharmaceuticals (SPs) and Specialty Pharmacies.
   b. Health plans need to determine how to provide coverage for and evaluate:
      - Specialty Pharmacy products and
      - Current and anticipated future:
        - Yes, no questions
        - Needs for special patient training to administer
        - Needs for special patient training to administer
        - Needs for special patient training to administer

Methods

1. The online survey was developed with 63 questions and included:
   a. Yes, no questions
   b. Needs for special patient training to administer
   c. Needs for special patient training to administer
   d. Needs for special patient training to administer
   e. Yes
   f. Yes
   g. Yes
   h. Yes
   i. Yes
   j. Yes

Results

1. A total of 91 respondents were involved in the survey (64.4% response rate).
2. Many advisors reported multiple degrees (Figure 1) and the most common degree was MD (55.6%).

Figure 1. Survey Respondent Degrees (multiple answers allowed)

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 2. Respondent’s Title within their Organization

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

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

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Table 1. Attributes of Specialty Pharmacy products

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 4. Restrictions on the use of Specialty Pharmacies

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 5. Benefits Used for Clinician

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 6. Co-Pays for Specialty Pharmacy

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 7. Genetic Test Coverage in 2013

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 8. Genetic Test Coverage in 2015

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 9. Disease Marker Test Coverage

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Figure 10. Therapy Response Test Coverage

- Most respondents worked for a health plan; 55.6% and 26.5% were local, 36.6% were regional, and 26.5% were national.

Conclusions

Expenditures for Specialty Pharmaceuticals products and the use of Specialty Pharmaceuticals will continue to grow.

Health plans need to determine how to provide coverage for and evaluate:

- Specialty Pharmacy products
- Specialty Pharmacies
- Diagnostic and genetic tests
- The environment for 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.

Claro, Brook RA, Brodkey JT, Brook RA, Smeeding JE, Carlisle JA, Sax MJ. Specialty Pharmacy, Diagnostic and Genetic Testing Coverage in US Health Plans: Results From A Survey Of Medical & Pharmacy Directors. ISPOR 21st Annual International Meeting, May 21-25, 2016, Washington, DC, USA. For additional information, please contact Richard Brook Rich.Brook@TPG-NPRT.com / RBrook@JeSTARx.com (973) 208-8621