METHODS

To gain a better understanding of health plan management of SPs, SP Committees on their policies regarding:

- Companies), the authors and their organizations decided to conduct

Based on recent programs with US payors, Medical Directors and

TOPICS INCLUDED

- Plan coverage and benefit design:
  - Geographic coverage
  - Types of lives with multiple member type information
  - Clinically have patient-adoherence products
  - Restrictions on Specialty pharmacy providers
  - Coverage for Specialty Pharmaceutical products:
    - Under the Medical or Pharmacy benefit
  - Current co-pays and expected co-pay changes
  - Expectations for biosimilar agent formulary reviews, coverage of multi-indication agents and potential savings
  - Educating prescribers and members about biosimilars
  - Survey responses were compared with prior surveys
  - Survey invitations were received and reviewed by 247 managed care decision makers

RESULTS

• A total of 77 respondents (31.2% response rate) completed the survey, some questions were unanswered by all respondents
• Many respondents reported multiple degrees, and the most common degree was MD (57%)
• A total of 40.5% worked for health plans, 8.3% Integrated Delivery Networks (IDNs), 3.8% for Preferred Prescription Organizations (PPOs) / Independent Provider Associations (IPAs), 1.3% for the Government, the remainder consultants
• The top diseases treated by Specialty Pharmaceuticals are:
  - Malignancy & Hematology (43.1%) 76.4% from traditional products ($511 in 2016, 0.8% lower than 2015's $872) with
  - 44% of the remainder consultants
• The top diseases treated by Specialty Pharmaceuticals are:
  - Malignancy & Hematology (43.1%)
• Biosimilar coverage is restricted by 81% of plans (51% last year) current:
  - Specialty Pharmacy ownership shifted about 6% from independents to internally-processed SPs and 48.4% reported the plan's PBM as their SP provider
  - Plans covered clinician-administered products under the medical benefit (44.1% from 15.2%), 1.4% under the pharmacy benefit the
  - The top diseases treated by Specialty Pharmacists are shown in Figure 2
  - 87.3% to vary based on approval timing
  - Biosimilar use is expected for all reference product indications 53.1%
• Biosimilar use is expected for all reference product indications 53.1%

RESULTS CONTINUED

• Specialty Pharmacy ownership shifted about 6% from independents to
  - 27.1% to vary based on approval timing
  - 53.1% for the Government, the remainder consultants
  - Formulary management today is changing policies on benefit
  - 80% in 2015, 1 product: Zarxio (biosimilar of Enbrel, Amjevita (infliximab-dyyb) Pfizer/Celltrion's

Figure 1A: Specialty Pharmacy Restrictions

Figure 1B: Specialty Pharmacy Ownership

Figure 2: Diseases Treated by Specialty Pharmaceuticals

Figure 3: Expected Co-Pay Types For Specialty Pharmacy Products

Figure 4: Biosimilar Education

Figure 5: Predicted Savings From Biosimilars

CONCLUSION

- Medical and Pharmacy Directors, who commonly serve as P&T Committee members, have distinct opinions as to how to alter the process to adapt to evolving policies
- Health plans continue to grow:
  - Specialty Pharmacy products
  - Biosimilar products
- Formulary management today is changing policies on benefit
discounts, Specialty Pharmacy products and biosimilars to achieve
  - optimal patient care at a minimum cost

REFERENCES

Citation: Brook RA, Carlisle JA, Smeeding JE. Management of Specialty Drugs, Specialty Pharmacies and Biosimilars in the United States. J Manag Care Spec Pharm. 2018;24(4-a):s101 Available at www.TPG-HQ.com

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