BACKGROUND

• Specialty medicines: do
  - T o treat specific, complex, and chronic diseases
  - Require costly, required reimbursement, handling assistance & training, have unique & limited distribution processes, and require strict patient management
  - Varieties based on group and benefit design

• Specialty pharmacy restrictions are shown in Figure 1A

METHODS

- An online, interactive survey was developed with 63 questions and included:
  - Yes / No questions
  - Lists for users to select single or multiple answers
  - Invitation to participate was sent to Medical and Pharmacy Directors working with US health plans, PBMs, and insurers from the TPG-NPRF database in November 2017
  - Material or financial incentives were not offered for completion of the survey

- Topics included:
  - Plan coverage and benefit design:
    - Geographical coverage
    - Types of lives with multiple member type information
  - Clinical- and administrative-pharmacy products administered products
  - Restrictions on Specialty Pharmacy providers
  - Coverage of Specialty Pharmacy-administered products:
    - Under the Medical or Pharmacy benefit
  - Current copays and expected copay change
  - Expectations for biosimilar formulary review, 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

- A total of 77 respondents (31.2% response rate) completed the survey, some questions were not answered by respondents

- Many respondents reported multiple degrees, and the most common degree was MD (57%)
  - 4.5% worked for health plans, 11.4% PBMs, 8.9% Integrated Delivery Networks (IDNs), 3.8% for Preferred Prescriber Organizations (PPOs)/Independent Provider Associations (IPAs), 1.3% for the Government, the remainder consultants
  - 20% of plans were national, 27.3% were regional and 33.3% were local
  - The most commonly reported respondent titles were: Chief / Senior Officer (43%), Payor specific (19%), Regional (8.9%) or Other (18.9%)

- Plans cover multiple types of members:
  - Commercial (68.5%), PFS (76.5%), EUM/HMO/PPO (56.4%), Medicaid (71.2%) (PDP only)
  - Employer Self-funded (77.1%) and IO (47.7%, 340B Qualified (43.5%)

- The use of Specialty Pharmacys is restricted by 81% of plans (53% last year)
  - Specialty Pharmacy restrictions are shown in Figure 1A

- Specialty Pharmacy ownership is shown in Figure 1B

RESULTS

- Specialty Pharmacy ownership shifted about 6% from independents to internally-owned SPs and 48.4% reported the plan’s BPM as their SP provider
- Plans covered clinician-administered products under the medical benefit (44.4% ↑ from 10.2%), 1.4% under the pharmacy benefit

CONCLUSIONS

• Specialty Pharmacy ownership, copay continuity, and formulary management are expected to vary from plan to plan
- Expectations for biosimilar formulary reviews, coverage of multi-indication agents and potential savings
  - Educating prescribers and members about biosimilars
- Survey responses were compared with prior surveys

REFERENCES


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