Background

- Specialty Pharmacy products:  o Treat specific, complex, and chronic diseases  o Are costly, require reimbursement, have handling assistance & training, have unique & limited distribution processes, and frequently have ingredient adherences programs  o Specialty medicine spending increased 21.5% in 2015  o Diagnostic and genetic tests:  - Identify and predict diseases and treatment response  - Offer the potential to focus expenditures on appropriate use  - Based on recent programs with United States payors, Medical Directors, and sponsors (pharmaceutical, medical device, and health care), the authors and their organizations conducted a survey of Medical and Pharmacy Directors involved with P&T Committees on their policies regarding  - Specialty Pharmacy products  - Use of Specialty Pharmacies  - Use of diagnostic and genetic tests

Methods

- An online, interactive survey was developed with 76 questions and included:
  - Yes / No questions
  - Lists for users to select single or multiple answers
  - Open-ended responses (i.e., what disease states most concern you?)
  - Topics included:
  - Diagnosis and genetic testing (per-test costs declining & availability and use increasing)
  - Pharmacy & Therapeutics (P&T) committee process
  - Current and anticipated future policies regarding the use of Specialty Pharmacies
  - Coverage of Specialty Pharmacy products
  - Coverage of diagnostic and genetic testing

Results

- A total of 61 persons completed the survey, some questions were not answered by all respondents
- Many advisors reported multiple degrees (Figure 1), and the most common degree was MD (59.2%)
- A total of 61 persons completed the survey, some questions were not answered by all respondents
- Plan coverage: Geographical coverage and types of lives
- Topics included:
  - Material or financial incentives were not offered for completion of the survey
  - States health plans and insurers from the TPG-NPRT database in December 2015
  - Open-ended responses (i.e., what disease states most concern you?)
  - Lists for users to select single or multiple answers
- An online, interactive survey was developed with 76 questions and included:
  - Yes / No questions
  - Lists for users to select single or multiple answers
  - Open-ended responses (i.e., what disease states most concern you?)
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  - Coverage of Specialty Pharmacy products
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Discussion

- Most (82.5%) of plans do not require AMCP-dossiers for testing
- Plan benefit used for coverage of clinician-administered and oral biologic products are shown in Figure 6
- 70.9% expect no change and 29.1% expect to complete changes before December of 2018
- 78.6% expect no changes for the oral biologic benefit, 71% are currently changing; and expected to change before December 2017 (12.5%) and 2018 (1.8%)
- Specialty Pharmacy and oral biologic copays vary by group/benefit design and are shifting from fixed to % copays with Multiple-Sclerosis agents maintaining more fixed copays
- Most (92.5%) of plans do not require AMCP-dossiers for testing
- 2016 coverage for genetic, disease-marker, and therapy response tests are shown in Figure 7 and have minimal expected changes

Conclusions

- Health plans’ expenditures are expected to grow:
  - Specialty Pharmacy products
  - Diagnostic and genetic testing
- Formulary management today is changing policies on benefit design and coverage for Specialty Pharmacy products
- As testing demonstrates the value in averting future costs, health plans will adapt to provide better coverage

References


Citation: Brook RA, McManama SH, Sax MJ, Smeeding JE. Specialty Pharmacy, Diagnostic and Genetic Testing Coverage in the United States (US). ValHealth 2016 Nov;19(7). Available at www.TPG-NPRT.com

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