BACKGROUND

- Specialty Pharmacy (SP) products:
  - Treat specific, complex, and chronic diseases
  - Are costly, require reimbursement, have handling assistance & training, have unique and limited distribution processes, and face specialized supply chain challenges.

- Based on the 12 months ending June 2018, Specialty Pharmaceutical:
  - Expenditures continue to grow and reached 44.5% of the non-discounted spending during this period (up from 31.5% in 2015) in the United States.
  - 29.3% of plans were national, 24.7% were regional and 23.1% were local.

- Currently, in the US Market: 16 biosimilars have been approved since 2015, only 7 products are marketed, representing biosimilars of:
  - Neupogen® (Filgrastim): marketed as Zarzio® by Sandoz and as Nivestym™ by Pfizer
  - Remicade® (Infliximab): marketed as Inflectra® by Celltrion/Pfizer
  - Epogen® (Epoetin): marketed as Retacrit® by Pfizer
  - Neulasta® (Pegfilgrastim): marketed as Fulphila® by Biocen/Mylan and as Undyca® by Coherus

- Based on recent programs with US payors, Medical Directors and Pharmacy Benefit Managers are considering recent biosimilar programs with US payors, and insurers

OBJECTIVES

- To gain a better understanding of health plan management of SPs, SP products, and biosimilars today and compare with prior surveys

- The survey focused on:
  - Top SP products and co-pays
  - Biosimilar coverage, co-pays and expected savings over time
  - Expectations for prescriber and member biosimilar education

METHODS

- An online, interactive survey was developed with 73 questions
- Invitations to participate were sent to Medical and Pharmacy Directors working with US health plans, Pharmacy Benefit Managers (PBMs), and insurers from the TPG-NPRT database in November 2018
- Survey responses were compared with prior surveys and changes are reported

RESULTS

- A total of 85 respondents (12.8% response rate) completed the survey, some questions were not answered by all respondents.

- 56.3% worked for health plans, 13.3% PBMs, 9.5% Integrated Delivery Networks (IDNs), 2.4% for Preferred Provider Organizations (PPOs) frequently have patient-adherence provider Associations (SPAs), 1.2% for the Government and the remainder consultants.

- 29.3% of plans were national, 24.7% were regional and 23.1% were local.

- The most commonly reported respondent titles were:
  - Chief / Senior Officer (42.3%), Regional (13.1%), Payor specific (8.3%), or therapeutic area specific (1.2%).

- Plans cover multiple types of members: Employer/Self-funded=79%, Medicaid (Traditional=27.8%, HMO/PPO=72.3%), Medicare (71%, PDP-only=51%), IDN (43.6%, 340B Qualified=43.6%).

- The use of Specialty Pharmaceuticals is restricted by 58% of plans (81% last year currently, advisors report:
  - Specialty Pharmacy use is restricted by:
    - 58% Remicade® to pay for contract, 11.8% for products available through multiple SPs, by 10.1% to any SP handling the product, and 4.4% carve out their SP products.
    - Specialty Pharmacy Ownership: 45.6% of SPs are PBM-owned, 38.2% are health plan-owned, 23.2% are independent, and 16.3% are hospital/DHMO-owned.
    - The top diseases treated by Specialty Pharmaceuticals are shown in Figure 1

- Biosimilar use expected for all reference product indications: 58.8% (2.7%), while 31.4% will restrict to approved indications (13.5%) and 38.8% will be based on pay for care.

- 10% (16%) of plans expect the biosimilar to be the only product available, co-pays are expected to be discounted off the innovator 58% (10.1%), and 32% (4.9%) to vary based on approval timing.

- Expectations for member and prescriber education about biosimilars are shown in Figure 2

- Predicted savings from biosimilars are shown in Figure 4

- Challenges to the use of biosimilars are shown in Figure 5

REFERENCES


Citation: Brook RA, Smeeding JE, Carlisle JA, Sax MJ. Management of Specialty Drugs, Specialty Pharmacies, and Biosimilars in the United States. J Drug Assessment. 2019. Available at www.TPG-NPRT.com