

Tufts Medicine

Why is Specialty Drug Coverage Becoming More Restrictive?

May 9th, 2023






Panelists

James Chambers PhD, MPharm
CEVR, Tufts Medicine

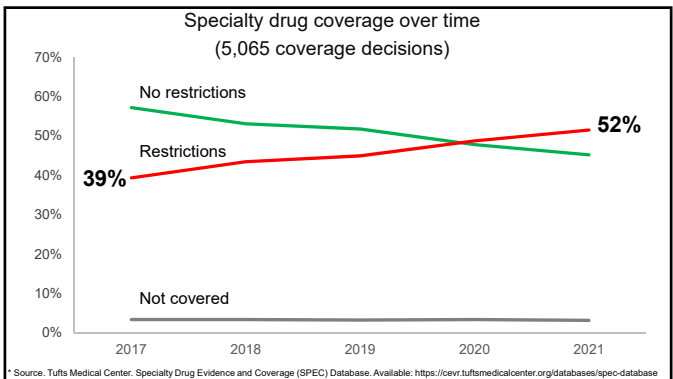
Rochelle Henderson, PhD
National Pharmaceutical Council

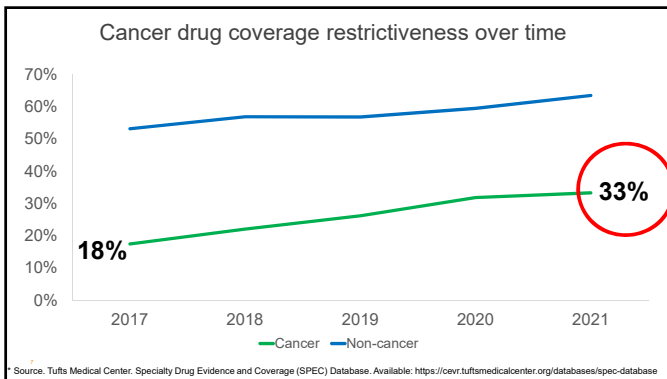
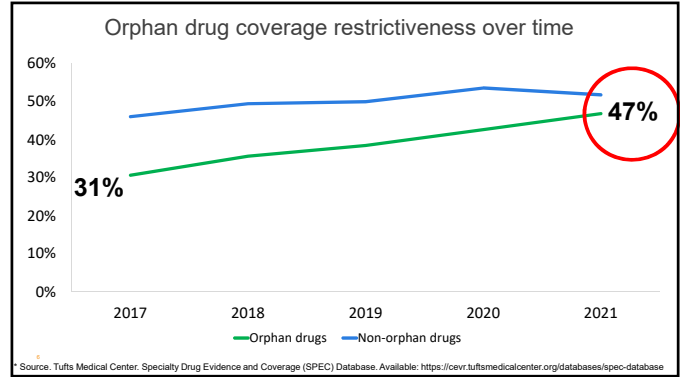
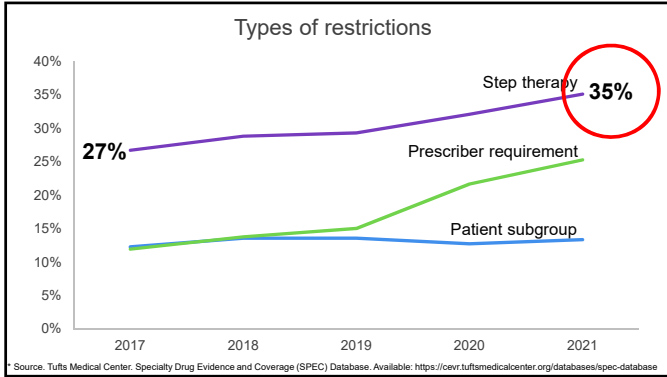
C. Bernie Good, MD, MPH
Professor of Medicine, University of Pittsburgh
Senior Medical Director, UPMC

SPEC DATABASE
Specialty Drug Evidence & Coverage

- ✓ 18 large US commercial health plans
- ✓ 190+ million covered lives
- ✓ 388 specialty drugs
- ✓ 150+ diseases
- ✓ 100+ biopharma companies
- ✓ 75,000+ coverage decisions
- ✓ 60,000+ citations

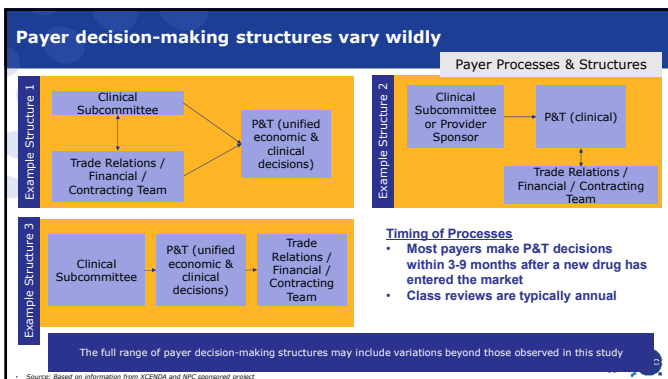
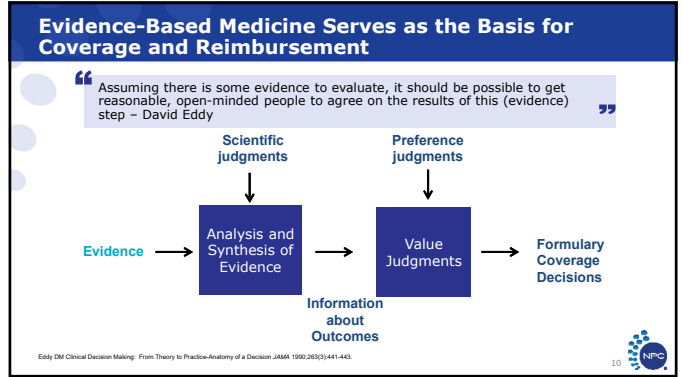
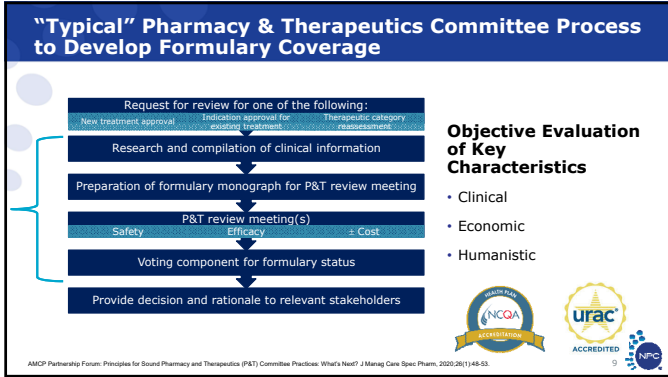





Specialty Medication Coverage: Has the Process Changed Over Time

Rochelle Henderson, PhD





Specialty Medications: More Restrictive over Time?

C. Bernie Good MD, MPH

May, 2023

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Specialty Drugs- Cost Considerations



- Highly promoted and advertised
- Further impact of 340B- perverse prescribing incentives?
- Significant variation in prescribing patterns of physicians

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That Dreaded "Prior Authorization"



- An essential managed care tool
- Ensure that drug is being used c/w FDA label
 - Ex: GLP1 for weight loss rather than FDA label for diabetes
- Encourages formulary compliance
 - PBMs typically have preferred products
 - For RA, certain TNFs are preferred over others

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UPMC Health Plan

That Dreaded "Prior Authorization"



- Step Edits- to make sure standards of care, c/w CPGs, are considered or tried prior to using much more expensive specialty medications
 - Ex: Using methotrexate prior to biologic for Rheumatoid Arthritis
- Collect clinical information not available in administrative data (e.g. EF for heart failure drugs)
- Quantity Management

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