Reporting is key to managing specialty drug benefit

Greater need for better data

A significant component to managing the specialty drug benefit is timely, accurate and actionable reporting. When done well, reporting can highlight areas of opportunity to improve clinical and financial outcomes. Additionally, as healthcare stakeholders enter into outcomes-based contracting arrangements, the ability to track patient outcomes becomes more critical.

Keys to best-in-class reporting

Best-in-class specialty drug reporting provides comprehensive, user-friendly management reports that clearly show utilization and cost information, pharmacy channel and site-of-care data, all presented against meaningful and appropriate benchmarks. Patients using specialty drugs are likely to see multiple physicians at multiple sites of care, use both specialty and nonspecialty drugs, and fill prescriptions at several pharmacies. Ideally, specialty reporting brings these data streams together, providing a comprehensive view of each patient, prescriber and pharmacy.

However, best-in-class reporting depends on the availability of complete, accurate and timely data. While there are seemingly endless amounts of health data available, access across multiple healthcare stakeholders is lacking in many cases. Thus, the opportunity that data holds to create reports and glean insights leading to improved healthcare delivery quality, clinical outcomes, cost efficiency and member experience may be limited in some cases.

Employers identify areas for improvement

According to research highlighted in the Pharmacy Benefit Management Institute’s (PBMI) 2019 Trends in Specialty Drug Benefits report, 94 percent of respondents say that their PBM or other healthcare vendor tracks specialty and nonspecialty drug spend separately under the pharmacy benefit. However, only 50 percent receive this type of reporting under the medical benefit, leaving a huge gap in the completeness of specialty drug reporting for many.

<table>
<thead>
<tr>
<th>PBM/vendor tracks specialty drug spend—pharmacy vs. medical benefit</th>
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<tbody>
<tr>
<td><img src="chart" alt="Chart showing comparison between pharmacy and medical benefits." /></td>
</tr>
</tbody>
</table>

Beyond cost and utilization reporting, the ability to track outcomes, adherence and persistency are important for clinical reasons as well as for financial reasons, as more plan sponsors consider outcomes-based contracts for specialty drugs. Among those plan sponsors who currently receive detailed specialty reporting, 67 percent reported that they can effectively track total healthcare costs for patients receiving specialty drugs, and 63 percent reported the ability to track adherence and persistency. However, only 27 percent can track clinical efficacy of specialty drugs, and less than 10 percent can track the impact of medication on employee productivity.
Employers identify areas for improvement (cont.)

Ability to track outcomes for specialty patients

Base: Respondents whose PBM/vendor tracks their specialty drug spend under either or both the medical and pharmacy benefit. N size varies by outcome.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Yes</th>
<th>No, but would like this</th>
<th>No, and do not need this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total healthcare costs</td>
<td>67%</td>
<td>30%</td>
<td>3%</td>
</tr>
<tr>
<td>Adherence/persistency</td>
<td>63%</td>
<td>34%</td>
<td>4%</td>
</tr>
<tr>
<td>Clinical efficacy</td>
<td>66%</td>
<td>27%</td>
<td>7%</td>
</tr>
<tr>
<td>Impact of medications on employee productivity</td>
<td>63%</td>
<td>28%</td>
<td>9%</td>
</tr>
</tbody>
</table>

The research further showed several areas where employers would like to see improved insights into patient outcomes:

- Adverse events and side effects
- Clinical alternatives and cost impact
- Comparison of specialty drugs in the same class by cost per patient per year
- Continued expected duration on drug and associated cost per patient
- Dispensing summary and comparison to FDA guidelines
- Duration of treatment of plan members compared to standard of care or clinical practice guidelines
- Hepatitis C cure rates and HIV virus suppression
- Percentage of costs being retained by PBM
- Impact of high-deductible plans and coinsurance on outcomes
- Long-term cost avoidance by drug
- Drug switch rates/change in therapy
- Outcomes related to specific therapies (such as depression and urinary tract infections in patients with multiple sclerosis)

This information is summarized from the PBMI 2019 Trends in Specialty Drug Benefits report proudly sponsored by Walgreens and AllianceRx Walgreens Prime. To access the full report, visit PBMI.com/specialtyreports.