

Optimize Patient Access to Specialty Pharmacy Tools

Lower drug prices and improve affordability

The cost of health care in the United States continues to rise, with health care spending now expected to exceed \$3.8 trillion in 2019. Importantly, per capita spending is at its highest level in history, exceeding an average of \$11,000. A major cause of rising spending is the cost of prescription drugs, which account for nearly 17 percent of health care spending. Advancements in specialty drugs are on the rise with new drugs to treat cancer and immune-based diseases based on biomarkers, engineered cell, or gene therapies. Specialty drugs cost approximately 50 times more than traditional drugs, with an average cost of \$43,000 per drug per year. Some drugs cost more than \$100,000 per year and gene-based treatments can cost up to \$1 million.

Make High-Cost Specialty Drugs Affordable

As technology advances and more specialty drugs are created, patients and payers will have a more difficult time affording these drugs. The challenge becomes one of balancing the need to control overall health care spending with patient access to necessary medications. Solutions to lower high-cost specialty medicines and ensure access to necessary medications include:

Reimburse Home Infusion

- Allow Medicare Part B reimbursement for the full range of professional pharmacy-related services provided in conjunction with home infusion. These services would include initial and ongoing assessments, clinical care planning, drug preparation and delivery, care coordination, nursing, and other professional services typically offered by a pharmacist.
- Require home infusion services be reimbursed on the day a patient receives an infusion of Part B drugs, irrespective of whether a professional is present in the home.
- Allow Medicare Part D to pay for services, equipment, and supplies necessary to safely provide home infusion.
- Enable home infusion dispensing over State lines by clarifying the current Memorandum of Understanding (MOU) between the U.S Food and Drug Administration (FDA) and States.

Optimize Specialty Pharmacy

- Enable specialty pharmacies to access and dispense Medicare Part B drugs.
- Prohibit drug company copay cards and coupons in commercial health insurance, similar to current prohibitions in Federal Government programs.
- Streamline pharmacy licensing requirements over State lines to enable interstate dispensing of specialty pharmacy drugs.
- Reduce redundant network requirements that increase costs.

Transform Reimbursement Models

- Establish new patient and payer financing models for high-cost specialty medicines, including carve outs, annuity-based payment models, and new coverage models.
- Eliminate the variation in local coverage decisions to enable efficient use of clinical guidelines in prior authorization programs.
- Continue to use national coverage decisions for CAR-T and gene therapies in Medicare to ensure consistent reimbursement across the U.S.



98% of patients
taking specialty medicines
have multiple health conditions



**Less than 2% of the
population take
specialty drugs**
but specialty drug spend will be
50% of total drug spend by 2022



**Up to \$25 in
medical cost savings**
when plans adopt synchronized
prescription programs