By now, you must have heard of Sovaldi. It is the hepatitis C treatment that costs $1,000/tablet. The typical three-month treatment regimen costs $84,000.

Sovaldi is considered a "specialty drug." I put that in quotations because there is no standard definition of a specialty drug. Most of the definitions are created by health plans and PBMs that often steer business into their own mail order specialty pharmacy operations.

While there may be some drugs that truly are specialty, the reality is that many specialty drugs are evolving into what we have traditionally called branded drugs. And, as the amount of revenue from traditional branded drugs has declined because of the numerous patent expirations, the number of so-called specialty drugs has exploded.

Take a look at the direct-to-consumer advertisements in magazines and television; most are advertising so-called "specialty" drugs: Enbrel, Remicade, and Humira, just to name a few.

Specialty drugs are one of community pharmacy’s biggest opportunities. Simultaneously, they are also one of community pharmacy’s biggest threats.

Perhaps one of the most ironic aspects about specialty drugs is that many of the patients for which these medications are literally a matter of life or death are forced to get their medication out of a mailbox. Patients should never be forced to rely on the FedEx driver as their pharmacist, but if ever there was an obvious case for the patient to work with their local pharmacist, it is with medications currently called specialty.

So what’s the upshot?
• The industry needs an accurate definition for specialty pharmaceuticals and specialty pharmacies, something that NCPA is working with others to create.
• Pharmacists need to stay fresh on the latest treatments for some of the most common conditions treated with specialty medications such as hepatitis C, HIV, and rheumatoid arthritis. NCPA has continuing education available through an agreement with the National Association of Specialty Pharmacy.
• Community pharmacists have to be able to document the services they provide patients taking specialty medications via platforms such as Mirixa or others.
• At every available opportunity, community pharmacy needs to help employers and the government understand that community pharmacies are part of the solution in helping their highest risk, highest cost beneficiaries get and stay healthy.

I spoke with the leader of a patient advocacy group recently who was in disbelief when I told her that most patients were forced to get their specialty medications from their mailbox. She had no idea.

Solvadi’s success is rocking the world of payers. There are other highly effective, highly expensive drugs that will continue to cause payer angst, too. Community pharmacists are part of the solution to make sure that these drugs have value.

Best,
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NCPA Chief Executive Officer