

## Specialty Medications Should Be Managed by Medication Specialists



Follow the money. You hear that a lot in politics, business, and everyday life. It's a little bit cynical and a lot true. As health care providers, we pharmacists sometimes wind up shaking our heads when we see economics taking precedent over outcomes. Most of us got into pharmacy to help people get and stay healthy, while making a decent living.

If ever there is an example of following the money driving behavior-change in pharmacy, look no further than so-called specialty drugs (so-called since there is no definition of what constitutes "specialty"). IMS Health released a report recently showing that specialty pharmaceuticals now account for 33 percent of all prescription drug expenditures, or about \$125 billion. Here are the trends that are concentrating the attention of everyone who buys prescription drugs in the specialty marketplace:

- Overall, the cost of prescription drugs jumped 13 percent in 2014—the biggest increase in 13 years. The year before it only increased 3.2 percent.
- Nearly three-fourths of the increase in prescription drug spending came from specialty drugs, going up 26.5 percent from the previous year.
- Of the drugs in the late stage R&D pipeline, 42 percent are "specialty" drugs.

All these stats are signs that specialty pharmaceuticals are going to be where the battle for prescriptions is going. Already, some of the PBMs have signaled that they intend to own this turf and would like for all specialty prescriptions to go mail order.

The IMS Health report signals that trend. Mail order prescription volume declined by 20 percent over the last five years, but its prescription dollar volume increased by 35 percent. In other words, the PBMs are happy to let retail pharmacies fill all the inexpensive generic prescriptions, but they will gladly take the \$84,000 Sovaldi prescriptions and other expensive specialty medications.

Payers of all stripes will be looking for solutions to lower the skyrocketing costs of specialty drugs. Step-therapy and shared risk models in which the payer doesn't pay as much or doesn't pay at all if the drug is not effective will be part of the conversation. Biosimilars will be part of the conversation, too. Restricted networks, rebates, and even drug rationing will also be tried by some.

Because of the importance of specialty pharmaceuticals to community pharmacy, NCPA hosted a Specialty Forum last month to let specialty payers and manufacturers know that community pharmacies want to and

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are capable of handling their business and to let NCPA members know that in order to play in this space, this is what payers and manufacturers need.

Specialty medications by their very name are the perfect match for the medication specialists. Pharmacists are the solution to making sure these medications are used safely, effectively, and yes, that they follow the money. ■

Best,

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