

SPECIALTY DRUG UPDATE

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Specialty drug costs and innovation are garnering considerable attention. Management of these costs ranked second in a Mercer employer survey of health strategy priorities over the next five years.¹



1. High-cost claims management and monitoring



2. Management of specialty pharmacy costs



3. Culture of health



4. Better advocacy, shared decision-making and care navigation for employees



5. Behavioral health strategies



6. More plan and benefit options

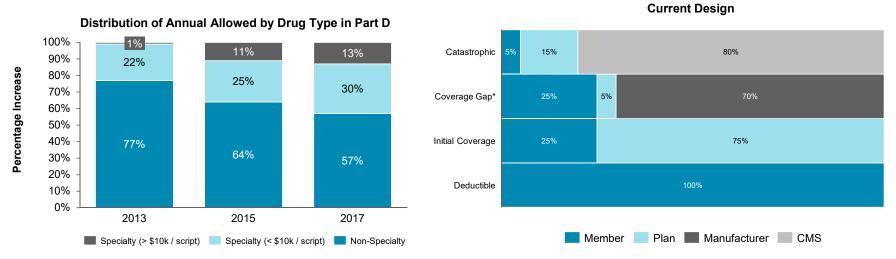


7. Healthcare affordability for low-income employees

¹ Source: Mercer National Survey of Employer-Sponsored Health Plans, 2019.

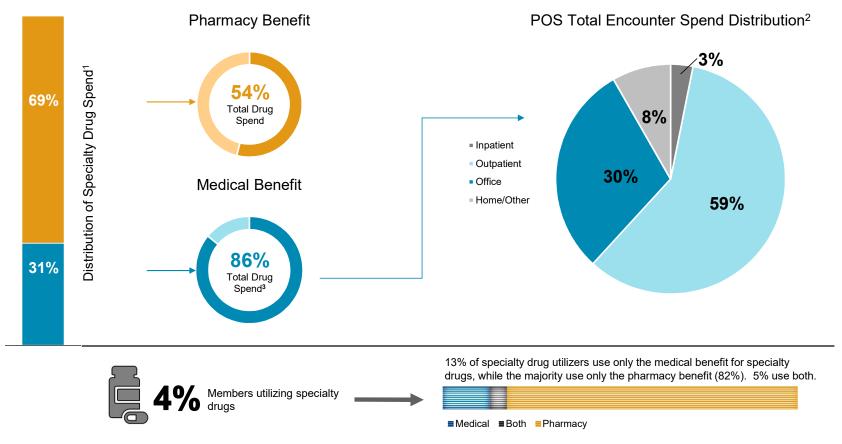
In Part D, specialty drugs have contributed to a shift in CMS funds from subsidies to federal reinsurance.

Part D plans may have increased incentives to manage specialty drugs under proposed design legislation.



https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Ratebooks-and-Supporting-Data.html https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/MedicarePartD.html

Specialty drugs represent a significant portion of healthcare spend. Out of total healthcare spend, approximately 30% is spent on drugs.



¹ Datasource: 2017 MarketScan data

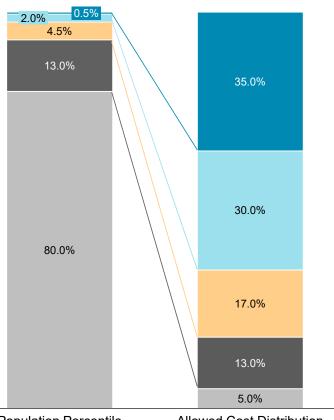
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² Encounter Spend defined by both the cost of the drug and any associated costs with visit

³ Total Drug Spend defined by only the cost of the drug and no additional associated costs with visit

A very small number of members drive pharmacy costs.^{1,2} PMPY drug costs for top 0.5% are 70X greater than average.



Components of Percentiles Under Combined Benefit

Population Percent	Pharmacy PMPY ³	Multiple of Average	Average Age	% Male	% Female
0.5%	\$122,103	70.4	46.6	42.5%	57.5%
0.5% - 2.5%	\$ 25,613	14.8	47.1	49.0%	51.0%
2.5% - 7%	\$ 6,382	3.7	47.0	46.3%	53.7%
7% - 20%	\$1,749	1.0	40.6	38.0%	62.0%
20% - 100%	\$122	0.1	32.2	50.0%	50.0%
Total	\$1,735	1.0	34.2	48.0%	52.0%

Allowed Cost Distribution

Population Percentile

¹Datasource: 2017 MarketScan

²Includes pharmacy costs in both the medical and pharmacy benefit; for specialty drugs in the medical benefit, includes associated encounter costs.

³ Cost per member per year

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Ten drugs are responsible for more than 25% of specialty spend.¹ Costs vary between the medical and pharmacy benefit administrations.

Drug Name	Distribution of Benefit Spend ² medical/pharmacy	Proposed Indications	% of Total Specialty Drug Spend	Average Cost Under Medical Benefit³ (K)	Average Cost Under Pharmacy Benefit ⁴ (K)
Humira		Immunosuppressants, NEC	9%	N/A	\$5.4
Remicade		Immunosuppressants, NEC	4%	\$7.6	\$4.8
Enbrel		Immunosuppressants, NEC	3%	N/A	\$4.7
Neulasta		Hematopoietic Agents, NEC	2%	\$9.8	\$10.4
Stelara		Immunosuppressants, NEC	2%	\$14.8	\$7.4
Herceptin		Molecular Targeted Therapy	2%	\$9.6	N/A
Rituxan		Molecular Targeted Therapy	2%	\$13.5	\$9.2
Tecfidera		Biological Response Modifiers	2%	N/A	\$6.7
Copaxone		Biological Response Modifiers	2%	N/A	\$5.9
Avastin		Molecular Targeted Therapy	2%	\$5.5	N/A
Other Drugs			71%	\$6.1	\$2.3
Total			100%	\$6.7	\$2.7

¹ Datasource: 2017 MarketScan data

²Distribution of Benefit Spend considers only the cost of the drug for both the medical and pharmacy benefit

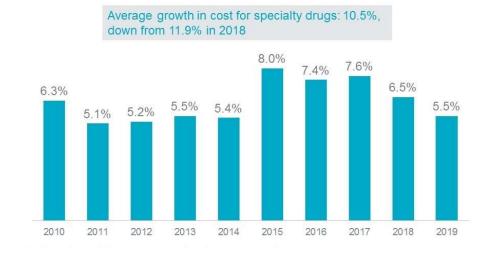
³Average Cost Under Medical Benefit is the average cost of one encounter

⁴Average Cost Under Pharmacy Benefit is the average cost per 30-day prescription equivalent

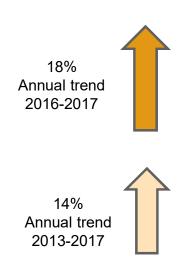
Specialty drug trends outpace non-specialty drugs on the pharmacy benefit.¹ Pharmacy cost trends on the medical benefit were higher than those seen on the pharmacy benefit.

PRESCRIPTION DRUG COST GROWTH SLOWS, BUT STILL OUTPACES OTHER MEDICAL SERVICES

Average annual change in prescription drug benefit cost per employee, among employers with 500 or more employees



Medical pharmacy benefit cost trends 2013-2017²



¹ Source: ¹Mercer National Survey of Employer-Sponsored Health Plans, 2019.

² Magellan Rx Management Medical Pharmacy Trend Report, 2018 Ninth Edition.

Specialty drugs costs generate a number of actuarial issues. There are opportunities to understand and manage these costs.



Understanding your plan's current specialty drug spend



Projecting population exposure to specialty drug therapies



Quantifying and reporting on the value of specialty drug management programs



Considering alternative contracting strategies for specialty drugs

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