

# 2021 Medication Access Report

Complex Care &  
Specialty Edition

covermymeds<sup>®</sup>



# Complex Care and Specialty Edition

Healthcare technology developers and care teams have proven, in the past year more than ever, they can persevere in finding paths to patient medication access. Perseverance is a virtue known and exercised frequently in healthcare, especially when it comes to specialty medicine.

**In this report, we'll explore how complex and specialty medications are defined and developed, prescribing and pharmacy challenges and the impact innovative solutions can have on access, affordability and adherence.**

Patients may travel unique journeys to specialty medications when diagnosed with a rare, life-threatening or complex condition. Because the medical side of managing these conditions can be so complex, patients and providers benefit from every system and solution that can relieve stress throughout their journey.

Technology that supports patients and their broader care team should automate as many processes as possible, while connecting patients with experts in condition management and support for long-term adherence to impact positive outcomes.

Within the last year, patients missed nearly 1 billion diagnostic visits due to the COVID-19 pandemic, with 300 million more forecasted this year.<sup>1</sup> Because of this, many conditions, including rare diseases which can take months or years to diagnose, are being caught in more progressed, harder-to-treat states.<sup>2</sup>

One in 5 patients, the majority of whom have chronic conditions, experienced delays in receiving their medication due to COVID-19 restrictions or shortages.<sup>3</sup> These delays can lead to worsening conditions and possibly more healthcare costs down the road such as hospital admissions or more expensive procedures that could have been avoided.

To this end, nearly half of providers surveyed indicated they changed how they approach specialty patient appointments due to COVID-19, and nearly 1 in 5 providers said they saw a decrease in patient therapy compliance.<sup>4</sup>

Specialty therapies are often complex in their makeup and their access paths, administration and coverage. For those needing specialty drugs, the patient journey is non-linear and requires more expert care coordination throughout.



In this edition of the 2021 Medication Access Report, we define and explore the complexities of specialty medications and how technology can help care teams and patients find the best paths forward to treatment.

**Meet patients impacted by the issues explored in this report and learn more at [go.covermymeds.com/medicationaccessreport](https://go.covermymeds.com/medicationaccessreport)**

RESEARCH METHODOLOGY

CoverMyMeds conducted surveys of patients, providers and pharmacists over a two-month period during September and October 2020. We surveyed 1,000 patients, 400 providers and 328 pharmacists to achieve a 95 percent confidence interval and achieved a ±5 percent margin of error.

Patient Survey

The patient survey leveraged the network of patientworthy.com to reach patients with diseases who are more likely to take specialty medications. Patients represented the general population, including age, race, insurance type and area of living demographics.

Provider Survey

The provider survey leveraged a portion of the 750,000 CoverMyMeds provider users.

Pharmacist Survey

The pharmacist survey leveraged a panel of pharmacy professionals as well as CoverMyMeds pharmacy users.

Market Research

CoverMyMeds conducted market research and literature review of reputable sources as well as focus group discussions with patients and industry stakeholders.

ADVISORY BOARD

The Medication Access Report is developed in consultation with an advisory board of healthcare experts representing major organizations across the industry — each with unique perspectives, interests and opinions.

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# Defining and Developing

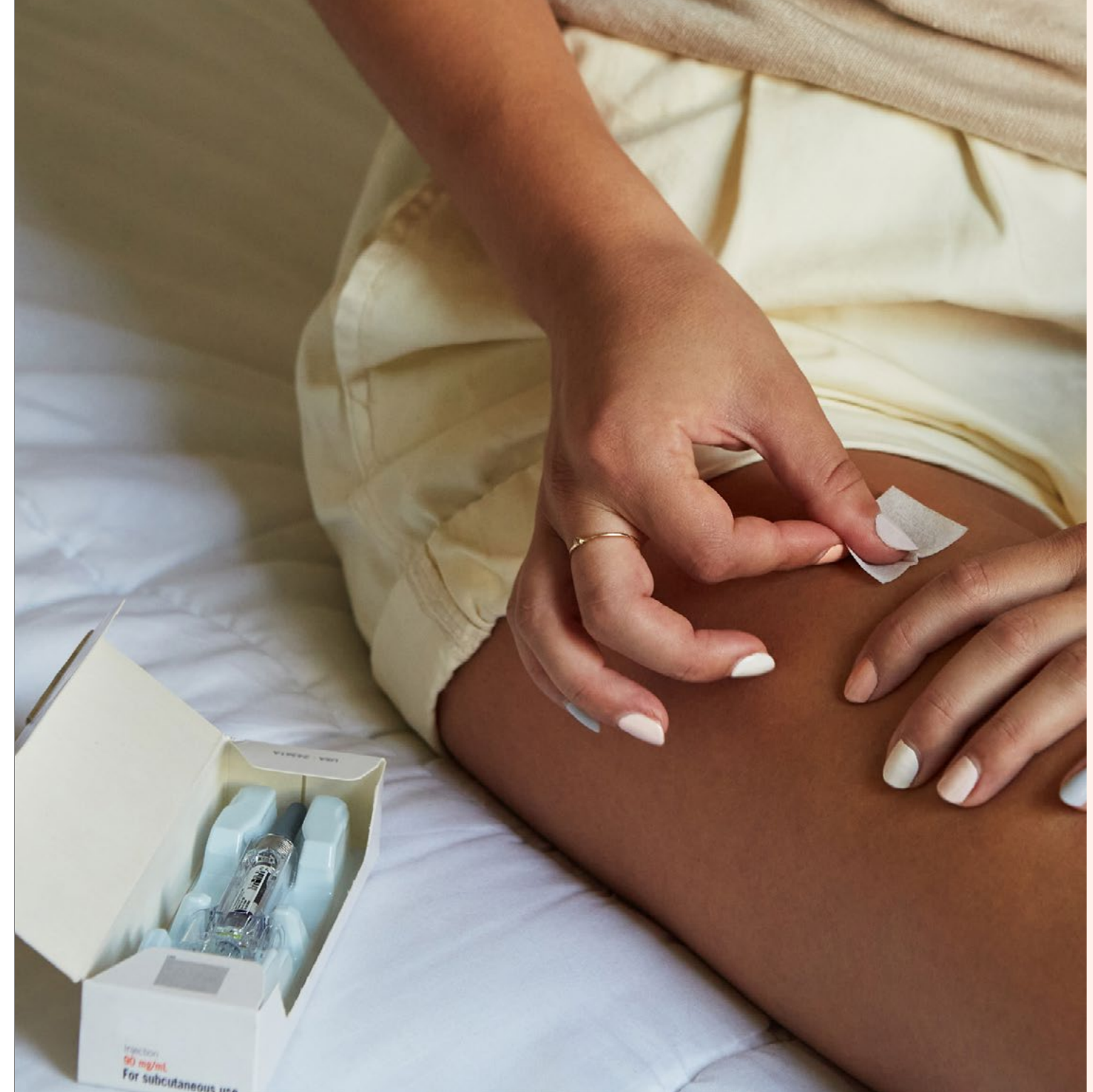
## Composition

## Administration and Distribution

## High costs and unclear coverage

## Bureaucratic and process uncertainties

Specialty medications are loosely defined by a few characteristics that set them apart from other drugs: their unique compositions, complex administration challenges, high wholesale acquisition costs and complicated coverage. Specialty medications are often costly, sometimes complicated drugs used in the treatment of serious, rare or chronic conditions requiring extensive support in dispensing, administration and education. On the following pages are a breakdown of their characteristics.



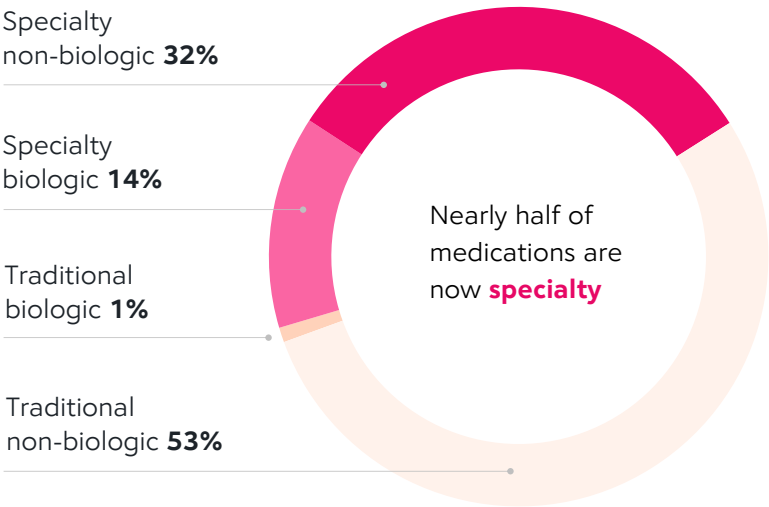
“It...gets confusing with all the different medications I’m on and trying to refill them because they go through different pharmacies.”

■ Read more about Sophia’s story of learning to manage her medications for Crohn’s disease at [go.covermymeds.com/medicationaccessreport](https://go.covermymeds.com/medicationaccessreport)

# Composition

Because specialty drugs are used to target very specific functions within the body, they’re often comprised of larger organic molecules compared to the synthetic chemicals that make up many non-specialty, small-molecule drugs.<sup>5</sup> Biologics, specialty therapies sourced from living materials, have seen a 14.6 percent compound annual growth rate over the past five years, more than double the growth rate for the total drug market.<sup>5</sup> Because of their unique makeup that can behave in a way the body already understands, biologics can be extremely targeted and effective — as well as expensive.

## Medications on the U.S. market in 2021 by classification and composition



Source: Representing marketed drugs with 2021 sales, Evaluate Pharma standard

Biosimilars are drugs that perform the same function and are close copies of reference biologic drugs. Unlike generic drugs, which are identical copies of retail brand medications, biosimilars cannot be identical copies because no two living cells are exactly alike. Launched and approved biosimilars represent over a third of current biologic spending, with predictions that the biosimilars market will only increase.<sup>6</sup> The rise of more affordable biosimilars could help more patients access biologic therapies, saving them roughly 30 percent off the cost of medications, with higher discounts possible.<sup>4</sup>

Future success and access for biosimilars hinges on negotiations with payers and pharmacy benefit managers (PBMs) who have shown inconsistent favorability of biosimilars over reference biologics.<sup>5</sup> Biosimilar competition could broaden access and improve adherence for an estimated 1.2 million patients by 2025.<sup>6</sup>

A rise in precision medicine, treatments tailored to individual patient genetics, environment and/or lifestyle, has created demand for “designer” therapies unique to each patient’s genetic makeup. These specialty therapies correlate to a rise in cell and gene therapy and are also opening doors to health and healing for indications and disease states once thought hopeless.

Some estimates predict by 2030, there could be 60 marketed cell and gene therapies, treating 50,000 patients per year.<sup>7</sup> Because these are the most specialized of specialty medicines, they are also the most expensive drugs on the market. With indications for completely altering the body’s genetics and mechanisms, such as with CRISPR, a gene-editing technology, gene and immunotherapies can also be one-and-done therapies. Biopharma innovation continues to develop hope for diseases that at one time had few or no other therapy options.

Average compound annual growth rate (CAGR) 2015-2019:

Biologic (large molecule):

↑ **14.6%**

Non-biologic (small molecule):

↑ **1.6%**

Total Market:

↑ **6.1%**

Source: Biosimilars in the United States 2020-2024, IQVIA, 2020

Projected U.S. patient reach of biologics and gene therapies:

Biosimilar:

**1.2M by 2025<sup>8</sup>**

Gene Therapies:

**350K by 2030<sup>9</sup>**

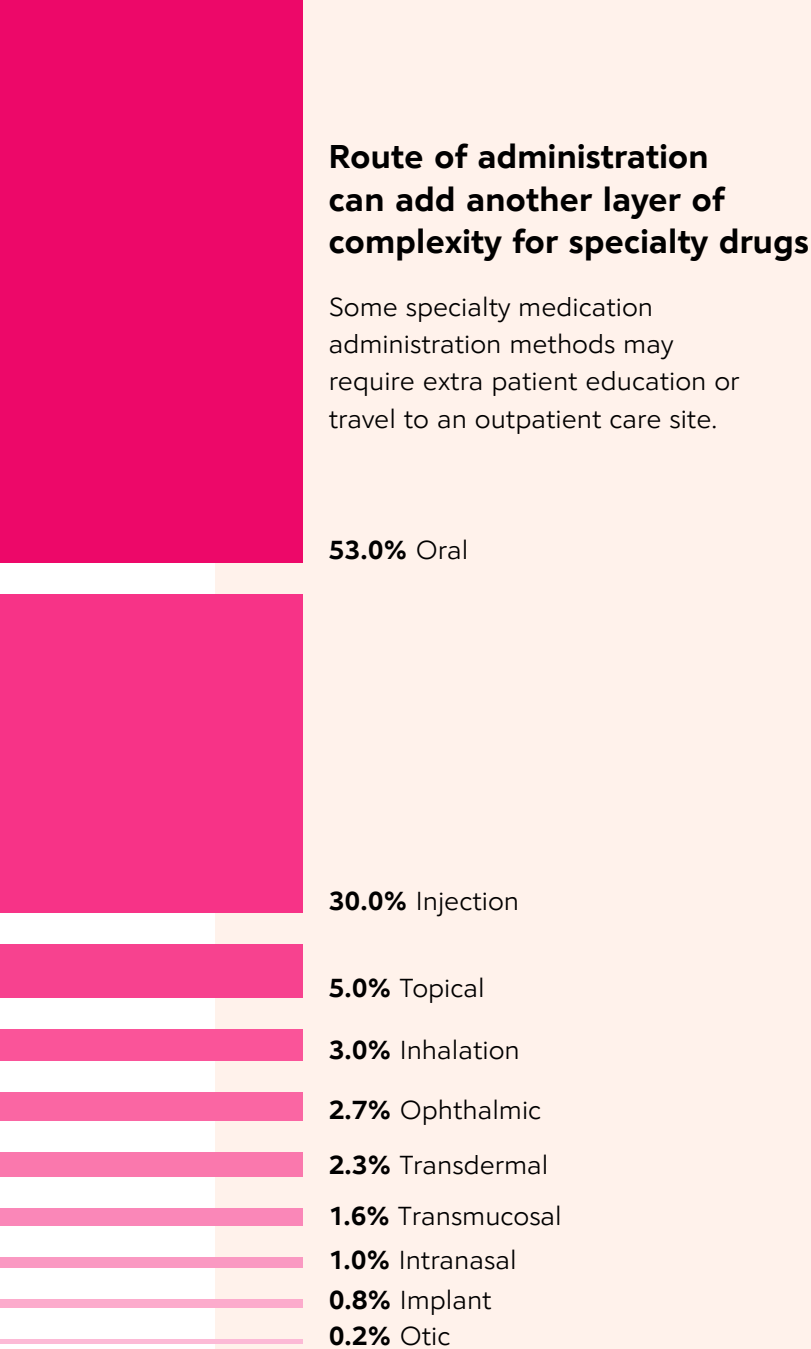
All Biologics:

**3.7M by 2025<sup>8</sup>**

Source: Based on the general population growth rate estimates and applying assumptions based on IMS Institute for Healthcare Informatics

# Administration and Distribution

Due to the complex nature of specialty drugs, their distribution and administration methods are also specialized, some requiring patients or providers to inject, infuse or inhale drugs.



Note: Percents may not total to 100 due to a portion of drugs in review  
Source: Primary routes of administration, drugs currently on market with 2021 sales, Evaluate Pharma standard

## 2020 trends

- ↑ Home infusion
- ↑ Cold chain distribution
- ↑ Limited distribution networks

This became particularly difficult for some in the last year due to the COVID-19 pandemic. Data shows that many patients who receive provider-administered drugs in hospitals or facilities shifted to self-administered oral, patient-injectable or home infusion drugs. Many payers relaxed restrictions on home infusions to allow specialty patients improved access to their medications.

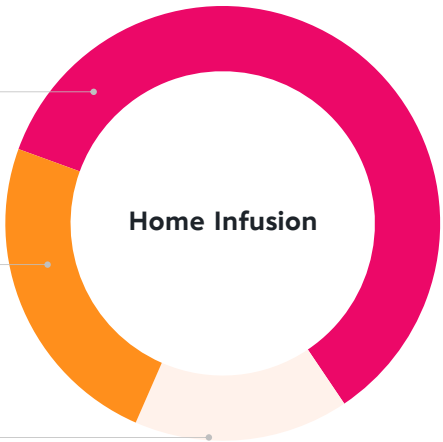
The home infusion market is only expected to grow, as these treatments can cut costs dramatically for patients, sometimes by 50 percent.<sup>8</sup> This growth can be supported by more healthcare companies creating infrastructure and support for patient education and self-administration.

## Health system specialty pharmacies are expanding home infusion services

Own or partner to offer  
**60%**

Planning expansion to offer  
**24%**

Unlikely or have no plans to add  
**16%**



Source: State of the Specialty Pharmacy Report, CSI Specialty Group, 2019

Specialty medication complications continue when it comes to distribution. Many of these drugs also require cold chain distribution, a method the country became more widely familiar with during the distribution of the mRNA COVID-19 vaccines, which required temperatures as low as -70 degrees Celsius.

These complex shipping and storage requirements result in the need for precise coordination – from therapy manufacturing to shipment and storage to ensuring providers understand how to maintain the product and administer it to patients.

Distribution of specialty drugs can also often be limited to a small network of pharmacies. In fact, nearly 85 percent of biopharma companies manage some or all products through a limited distribution network.<sup>9</sup>

By distributing through an exclusive number of pharmacies, biopharma companies can help track and control the patient's experience with the drug through specific safety and adherence procedures the selected specialty pharmacies help carry out. Pharmacy staff can also help efficiently manage drug-specific prior authorizations (PA) that many specialty medications require, helped by their familiarity with the drug and provider indications and prescribing tendencies.

# High costs and unclear coverage

Specialized distribution, more complicated administration and extensive research and development for targeted therapies can add up to higher cost drugs, creating affordability barriers for patients.

Not only are these drugs harder for many patients to afford — with average annual costs of \$78,000 for one drug, by some estimates — but they're also difficult for providers and patients to know how they'll be covered.<sup>10</sup>

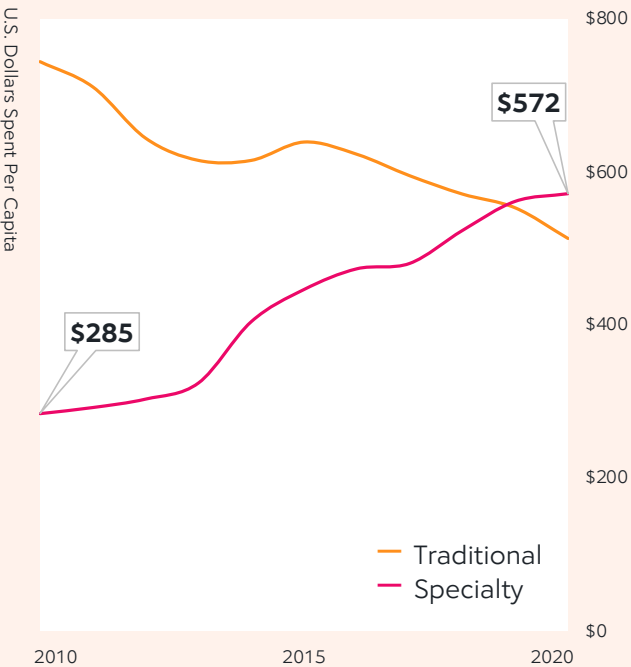
Specialty medications can be covered under a patient's medical benefit, pharmacy benefit or both, in some cases, such as fertility drugs, chemotherapy and those for blood disorders. Over half the drugs approved by the FDA in 2020 were specialty drugs.<sup>11</sup> Many of these new drugs may not yet have formulary coding and may be different from payer to payer — making it challenging for providers to understand cost and coverage.

An additional layer of financial complexity for providers comes with office-administered specialty medications, known as “buy and bill” therapies. In this case, provider offices purchase stock of medications from pharmaceutical wholesalers or distributors, store them until they're administered to patients and then seek reimbursement.

These medications are usually billed under a patient's medical benefit, with commercial payers reimbursing a negotiated amount and Medicare patients covered under Part B. Through the 340B program, providers serving patients of lower income or without insurance can source drugs at discounted prices, meaning lower costs for these patients.

## U.S. Specialty Spending Doubled in a Decade

U.S. per capita medication spending has doubled for specialty drugs, while retail drug spending has dropped by nearly a third in the last decade. This is in part due to an increase in specialty drugs and more available generics for retail medications.



Source: The Use of Medicines in the U.S., IQVIA Institute, 2021

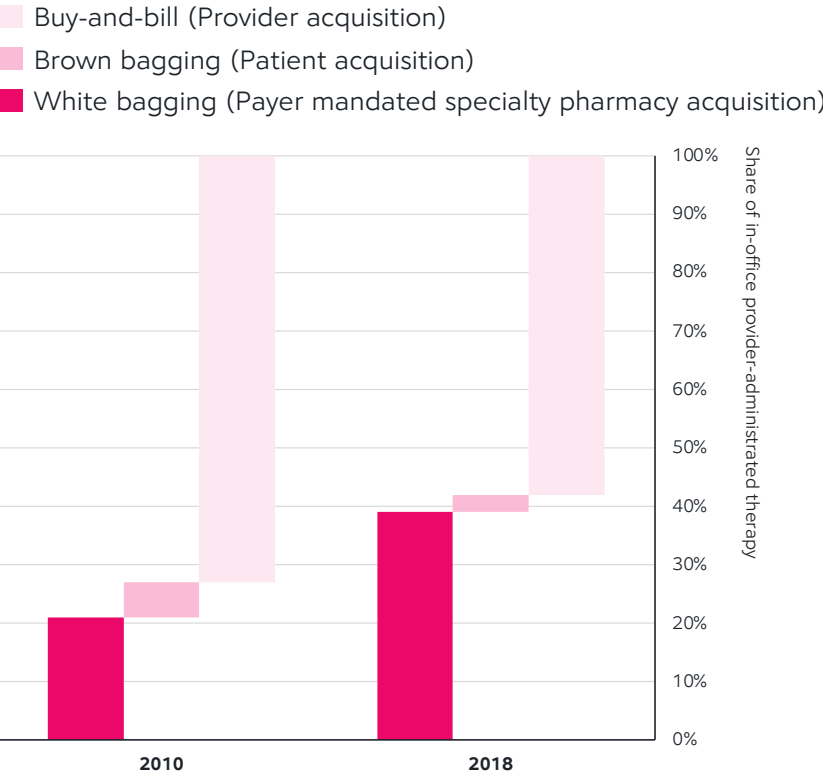
With more specialty therapies going through the pharmacy channel, many providers have opened their own pharmacies within their offices, providing accessible continuity of care for patients prescribed specialty therapies. For providers, in-office dispensing offers a revenue stream as well as a safeguard against adherence barriers such as medication errors and traveling logistics. Automated medication dispensing tools within provider practices can help simplify processes such as billing and prior authorizations to coordinate patient care and medication access in one place.

Provider offices may also provide “white bagging,” in which they receive patient-designated specialty medications from a pharmacy for short-term storage and on-demand patient administration. Alternatively, patients can directly receive specialty therapies and then bring them to a site of care for administration in a process called “brown bagging.”<sup>12</sup>

Consequences and benefits from each method vary by stakeholder. Payers may prefer white- and brown-bagging methods, as they can reduce medication prices through negotiations with the biopharma company and guide patients to more affordable administration sites and process more claims through the pharmacy benefit. In the last year, some major commercial payers have imposed policies requiring health systems and offices to go through narrow specialty pharmacy networks rather than health system pharmacies.<sup>13</sup>

## As payer-connected systems grow, distribution method trends are shifting

From 2010 to 2018, use of the buy-and-bill model decreased 15 percentage points for in-practice administration while white bagging increased 18 percentage points.<sup>12</sup> In some cases, because they are ordered for a specific patient, white bagging can result in up to 20 percent of drugs wasted by the time drugs arrive due to variables such as a change in therapy or shifts to palliative care.<sup>14</sup>

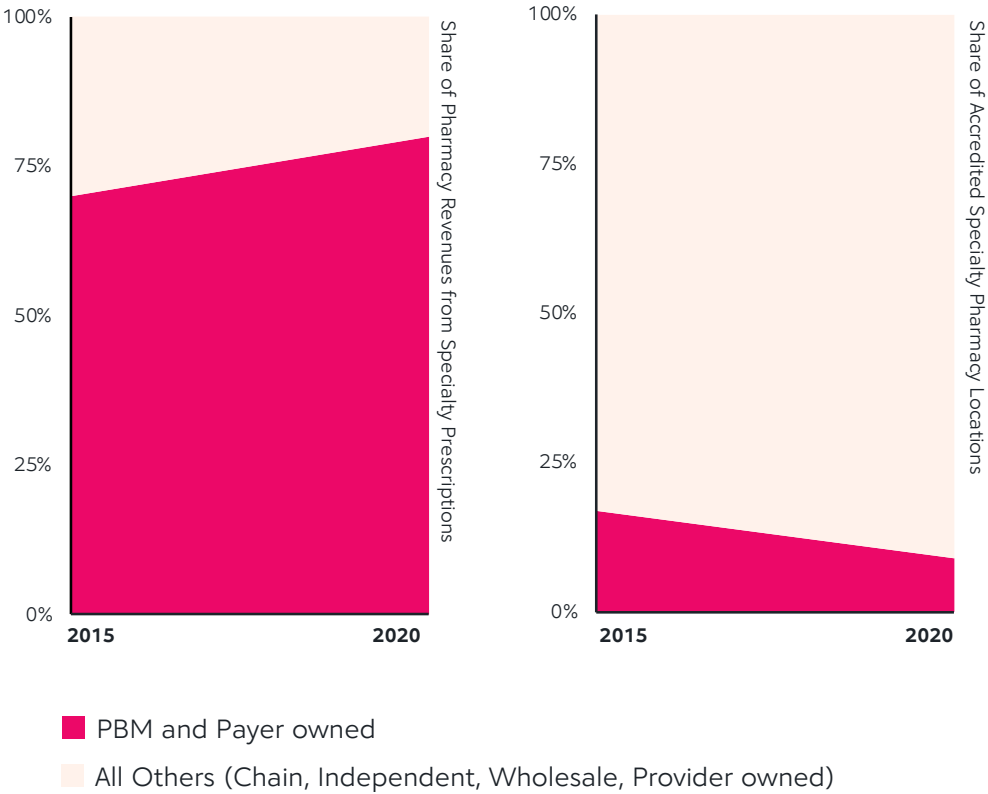


Source: The 2020 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Drug Channels Institute, 2020



# Bureaucratic and process uncertainties

Vertical consolidation of pharmacy benefit managers (PBMs) and specialty pharmacies has created another layer of complexity in the specialty medication realm. By integrating through larger conglomerates, these organizations have more control over pricing, site location and patient access. While patients under these payers may have little choice in their pharmacy or site of care, they are offered discounts on medications and treatments.



## PBM ownership has shifted trends in specialty pharmacy

The vertical consolidation trend has strengthened the PBM share of the specialty prescription market, even as PBM-owned pharmacies represent a smaller percent of total accredited specialty pharmacy locations.

Source: The 2020 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Drug Channels Institute, 2020   
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Hospitals and health systems have also started their own integrations, with 51 percent of all physicians and 72 percent of hospitals affiliated with a health system.<sup>12</sup> Providers in these systems may be encouraged or incentivized to use in-house specialty pharmacies.

## Nearly one-third of hospitals with an in-house pharmacy require employees to send prescriptions to that pharmacy.<sup>12</sup>

Health system benefit plans often offer lower copays and co-insurance for prescriptions filled at an in-house pharmacy, with median out-of-pocket savings of \$60 per 30-day prescription for specialty drugs.<sup>12</sup>

The advent of more novel therapies, including high-priced specialty drugs, could put the industry on its heels, especially as these drugs aim to provide respite for longstanding, devastating diagnoses such as ALS and Alzheimer’s disease.

New therapies combined with a high demand could reinvent drug pricing and coverage, especially for government plans. For therapies without an established average sales price, Medicare pays providers 103 percent of the wholesale acquisition cost, a list price, until more information is available from a wider sample of coverage. While Medicare doesn’t currently negotiate prices, it’s a possibility Congress is considering.<sup>15</sup>



# Opportunities for Innovation in Prescribing

**Burden-lightening support for care teams**

**Digital connections with biopharma**

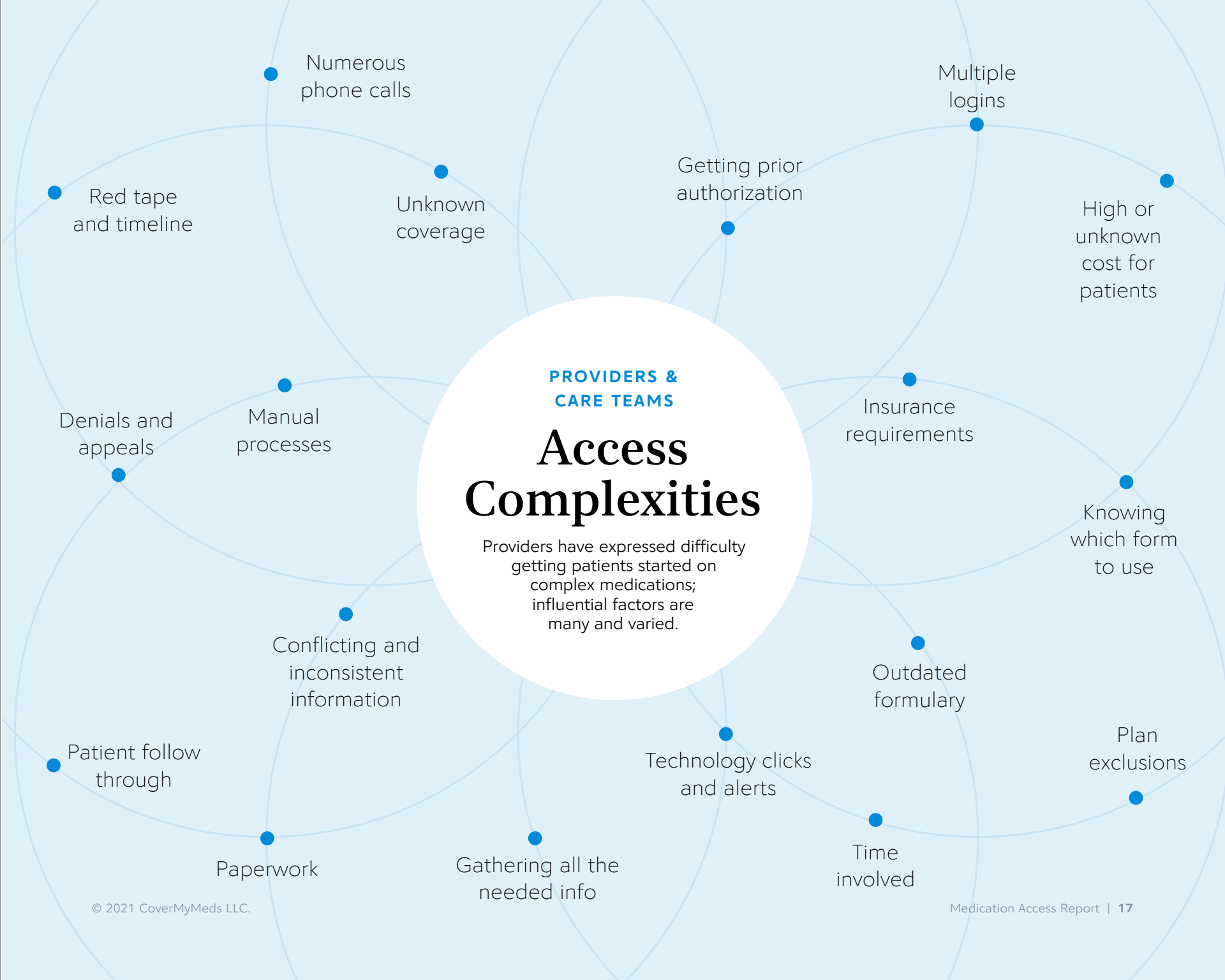
Diagnosing a patient with a condition that requires specialty therapy can be quite a feat on its own; prescribing presents another lane of hurdles for providers and care teams. Providers must consider not only a patient’s current drugs but also their medical history and side effects related to drug combinations and co-morbidities. Furthermore, many oncology patients go through multiple lines of treatment, further complicating the experience.

When starting patients on the most clinically appropriate therapy, providers submit the drug order and initiate patient support programs, inclusive of hub services, for complete patient care. At this point, they can also initiate affordability programs such as patient assistance programs to help cover financial gaps for qualified patients.

This is a nonlinear process, with many back-and-forth communications among providers, hub services, patients, payers and specialty

pharmacies. Due to the multitude and variance of requirements from different stakeholders, providers often default to manual processes — sometimes just for status updates. In a recent survey, over half of providers used manual methods to enroll patients in patient support services.<sup>16</sup>

While 81 percent of providers felt they had the necessary clinical information to start patients on complex therapies, only 43 percent felt they had the necessary benefits information.<sup>16</sup>



# Improved support for care teams

Care for people receiving specialty medications is truly a team effort, and while every medication access journey takes different turns, electronic support services can help navigate them all, no matter the therapeutic class or complexity.

By meeting providers where they are in their preferred workflow, specialty tools can allow them to start manual processes automatically at the point of prescribing. And with 40 percent of providers saying they don't have the time they need to discuss medications with patients, automated processes can help make space for productive patient conversations.<sup>17</sup>

Specialty dashboards and tech-enabled hub services can electronically enroll patients during an appointment to begin therapy sooner while also improving administrative efficiencies for provider offices. Patients can then electronically navigate affordability, benefit verification, pharmacy access and medication mode of delivery. In some cases, such inclusive patient support services have contributed to a 34 percent reduction in time to therapy.<sup>18</sup>

Specialty-focused solutions can also allow providers real-time visibility into the patient journey to keep stakeholder communication timely and consistent and reduce redundancies as they have a clear view of their patient's access status.

## Lack of clarity on billing and costs are why some health systems employ entire teams dedicated to benefits verification, and even then, some patients can wait up to eight weeks to start therapy.<sup>19</sup>

Care teams and patients can spend more than two weeks trying to resolve prior authorizations alone.<sup>20</sup> Because most specialty medications require PA, technology that can reduce manual processes and cut down turnaround time for PAs can help improve access and adherence for millions of patients.<sup>21</sup>

By using electronic PA (ePA) tools, providers can help patients get approval for their specialty medications in less than two days.<sup>22</sup>

The most helpful ePA solutions for providers helping patients on complex therapies are integrated within an EHR or specialty tool, and recruit expert human intervention when needed. When asked about features that would exist in their ideal tool to help manage patients on complex therapies, providers most often listed ePA.<sup>17</sup>

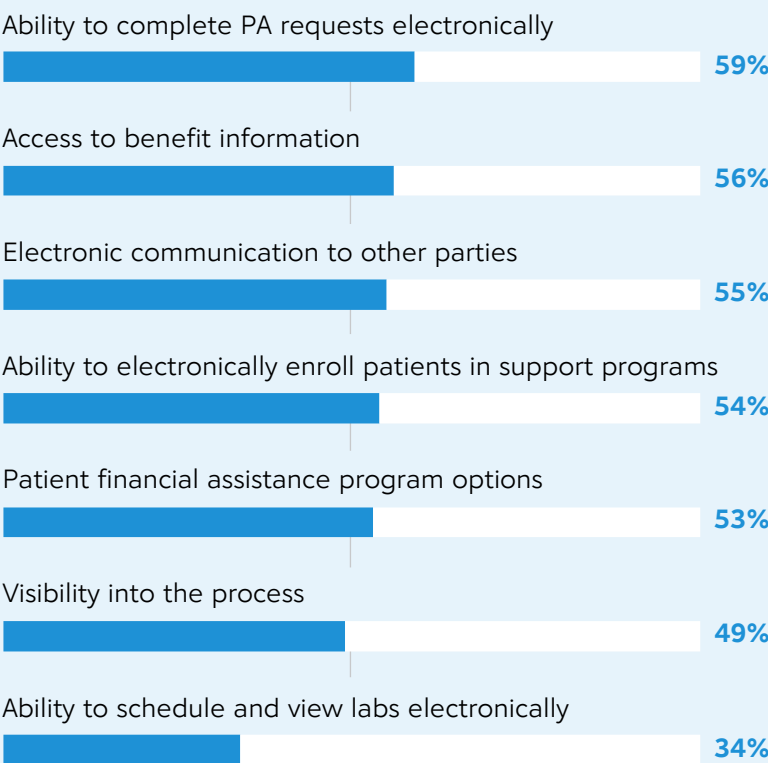
By combining technology solutions with expert human intervention, healthcare stakeholders can best anticipate and address patients challenges—from reimbursement issues to adherence barriers.

Care team experts such as nurses can serve both patients and their providers as partners along their treatment journey, providing education and empowerment on the nuances of administration, treatment, side effects monitoring and additional program support for each unique patient and medication.

In one study, patients receiving behavioral coaching for their medications experienced 25 percent increase in therapy adherence and 31 more days on therapy.<sup>23</sup> Ideal specialty solutions offer flexible options to reach patients where they are in their journey and through their preferred channels, allowing care teams to serve the right patient at the right time.

## Providers want robust, automated solutions for prescribing patients specialty medications

Providers were asked what resources and information within a patient support solution would be helpful to get patients started on complex therapies. Half felt most features listed would be helpful in an ideal tool..



Source: CoverMyMeds Provider Survey, 2019

# Digital connections with biopharma

Relationships between providers and biopharma companies can be critical for patients receiving new options for their condition, understanding affordability opportunities and staying informed with updates on particular drugs and indications.

Many biopharma companies are increasingly using digital methods of delivering providers drug information, and half of providers in one survey indicated they preferred this digital communication.<sup>4</sup>

Hub-connected clinical services for patients and prescribers can deliver training and education customizable to a therapy's needs. From field-based product training and side effect management to treatment planning, these services can fill educational and practical gaps to further improve adherence.

Integrated solutions within a provider's EHR can surface biopharma-specific details to help inform prescribing decisions. With specialty drugs predicted to represent two-thirds of drug launches from 2019 to 2023, providers could have an estimated 36 new drugs to help treat patients with complex or life-threatening conditions.<sup>24</sup>

Digital biopharma connections could help connect providers with new drugs, patient affordability options, biopharmaceutical company-provided education materials and even clinical trials, for eligible patients.

Providers often don't have the information they need to refer patients to clinical trials — nor the time to discuss options.<sup>25</sup> However, their recommendation can be essential to participation: 84 percent of patients would consider participating in clinical trials if their provider recommended they do so.<sup>26</sup>

Through integrated solutions that recruit machine learning and biopharmaceutical connections, providers can receive alerts about clinical trials in their geographic area for their patient's specific condition and disease state. These solutions help patients find more treatment options and biopharmaceutical companies save time finding qualified trial candidates.

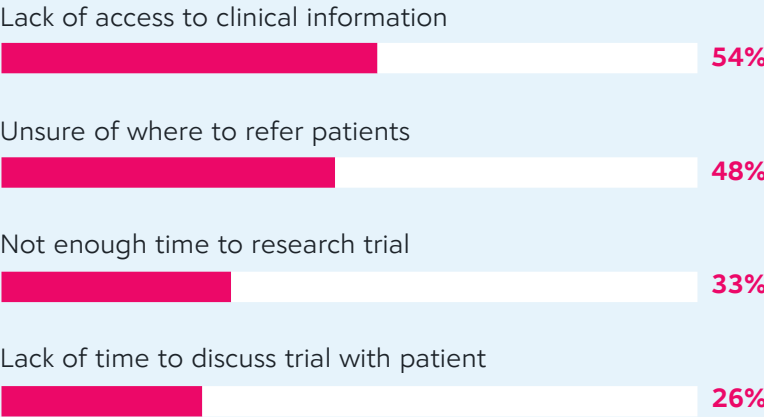
## More patients may access clinical trials if their providers had in-workflow information



83% of patients would likely participate in clinical trials if provider recommended they do

Source: Report on the Decision to Participate, Perceptions & Insights Study, CISCRP, 2015

Providers were asked what reasons kept them from referring a patient for clinical trial



Source: Examining and Enabling the Role of Health Care Providers as Patient Engagement Facilitators in Clinical Trials, Clinical Therapeutics/Volume 39, Number 11, 2017



# Paths Forward for Specialty Pharmacies

Specialty pharmacies work closely with patients to manage chronic diseases and as such can play an important role in patient education on administration and condition-specific questions from patients.



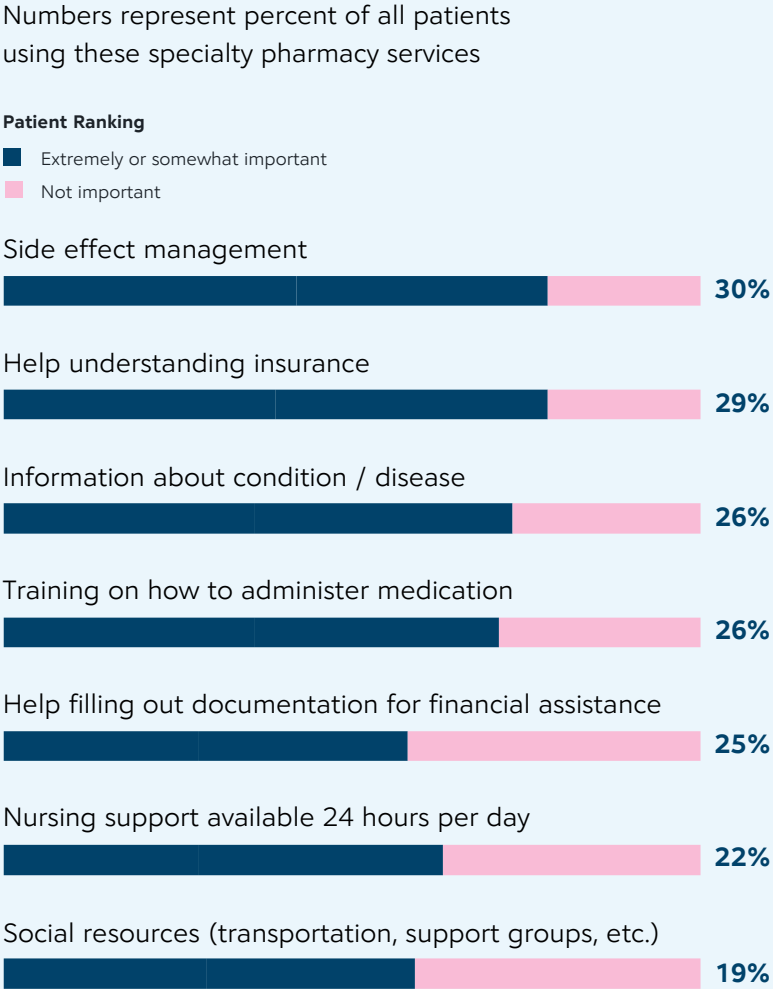
“I’m definitely nervous for all these changes in my life, but I don’t think Crohn’s is ... holding me back from any of it.”

■ Like many patients, Sophia is learning to manage her chronic condition along with life’s changes.

**Read more at**  
[go.covermymeds.com/  
medicationaccessreport](https://go.covermymeds.com/medicationaccessreport)

Patients using specialty pharmacies find significant value beyond dispensing

In one study, from 2018 to 2020, a greater share of patients reported using specialty pharmacy services other than dispensing, such as information about their condition, side effect management and training on medication administration.<sup>12</sup>



Source: The 2020 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Drug Channels Institute, 2020

As part of their services, most specialty pharmacies conduct hub services and adherence programs and have been shown in many studies to play a role in improving patient medication adherence.<sup>12</sup> Not only can specialty pharmacies conduct hub services, but with integrated technology at the right time, they are able to connect to additional patient support services to maintain a direct line between the program and the patient.

Specialty pharmacies have become more prominent with the expansion of specialty drugs, with the number of accredited pharmacies more than tripling from 2015 to 2020.<sup>12</sup>

Manual processes can contribute to workflow inefficiencies at these pharmacies, as they do with provider care teams. More than 40 percent of faxed specialty prescriptions require call back to the provider.<sup>27</sup> More than 85 percent of surveyed providers reported a lack of digital access to specialty pharmacy information within their EHR systems for where to send prescriptions.<sup>28</sup>

There are currently few and inconsistent standardizations across many resources that provide information on which benefit (medical or pharmacy or both) a drug may be covered under. Many times, this is left for specialty pharmacists to decipher.

The National Council for Prescription Drug Programs (NCPDP), through its specialty work group, is working with standards development organizations HL7 and X12 to develop a benefit identification system and standard to help providers, pharmacists, hubs and patients identify which benefit a drug will be covered under to help expedite this part of the medication access process for specialty drugs.

By supporting specialty pharmacies with patient support services dashboards, healthcare technology can help centralize and standardize specialty medication orders and enrollments, so the dispensing pharmacy has all information necessary to complete their tasks.

In the same way real-time prescription benefit technology can give providers more time with patients, these technologies can allow specialty pharmacists more time for value-added services and serve care roles for patients beyond dispensing.



# *Patient Adherence and Empowerment*

## Access

## Affordability

## Adherence

Even when patients successfully navigate through initial access challenges, patients are more likely to abandon specialty medications than any other drugs during their deductible period.<sup>32</sup> Overall abandonment rates increase steadily when out-of-pocket costs exceed \$50, where 31.2 percent of commercially insured and 27.6 percent of Medicare Part D patients abandon new prescriptions.<sup>29</sup> With many specialty medications easily exceeding this cost, and patients facing potentially dire consequences without therapy, access, affordability and adherence strategies are crucial.



“I need to build my team so that I can be ready for anything that comes next”

■ When Brandi was diagnosed with advanced-stage non-small-cell lung cancer at 38 years old, she didn't wait for the fallout. She handpicked her support team.

Read more at  
[go.covermymeds.com/  
medicationaccessreport](https://go.covermymeds.com/medicationaccessreport)

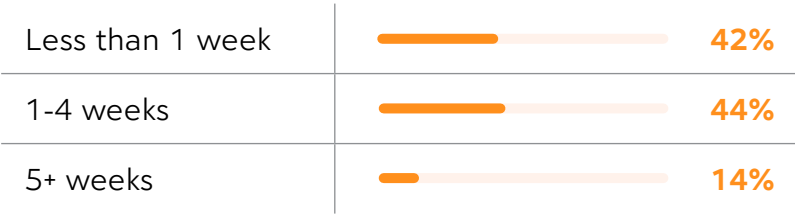


# Access

Patients are often under-informed when it comes to understanding benefit processes and why medications may be delayed. This can be particularly distressing when the medication they need is for a more serious diagnosis. Eighty-two percent of patients reported spending at least an hour on the phone coordinating care for specialty therapies, while over a third spent at least three hours.<sup>30</sup>

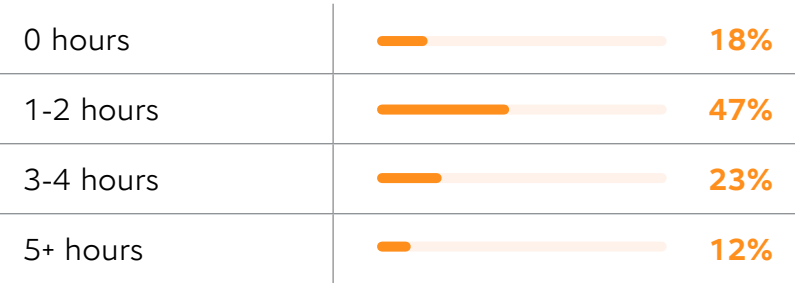
Specialty hub programs with dedicated support staff can help patients more effectively overcome steps to benefit coverage such as prior authorization, benefits investigation, benefits verification, bridge therapy, regulatory compliance and reporting outcomes data. Solutions that take health literacy into consideration can further improve the process for patients, breaking jargon down into understandable language.

## Over Half of Specialty Patients Wait Over a Week Between Initial Prescribing and Their First Dose



CoverMyMeds Patient Survey, 2019

## Majority of Patients Spend Multiple Hours Trying to Start a Specialty Medication



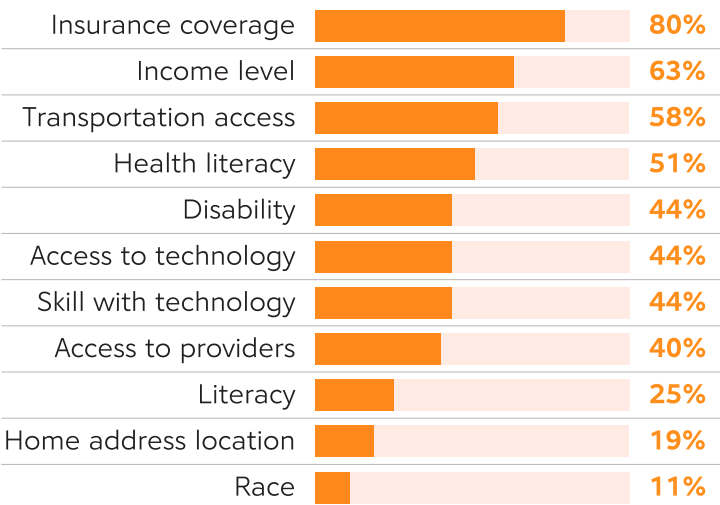
CoverMyMeds Patient Survey, 2019

Artificial intelligence is making strides in healthcare technology, and for specialty patients, it can be used to predict clinical, behavioral and socioeconomic challenges. These social determinants of health can affect patient adherence and predict population cohorts most affected by diseases and co-morbidities so healthcare stakeholders can allocate support effectively.

These programs could help health systems, payers and the broader healthcare network concentrate support programs and understand where more disparate communities are that may need transportation to and from appointments, greater financial support or a safe living environment. Access to these services not only improves a patient’s ability to get to and from appointments and medication pickups, but also gives them better opportunities to live extended, healthier lives overall.

## Social Determinants of Health Affect Healthcare Access Almost as Much as Insurance

Providers cited a mix of affordability factors and social determinants of health that affect their patients' healthcare access.

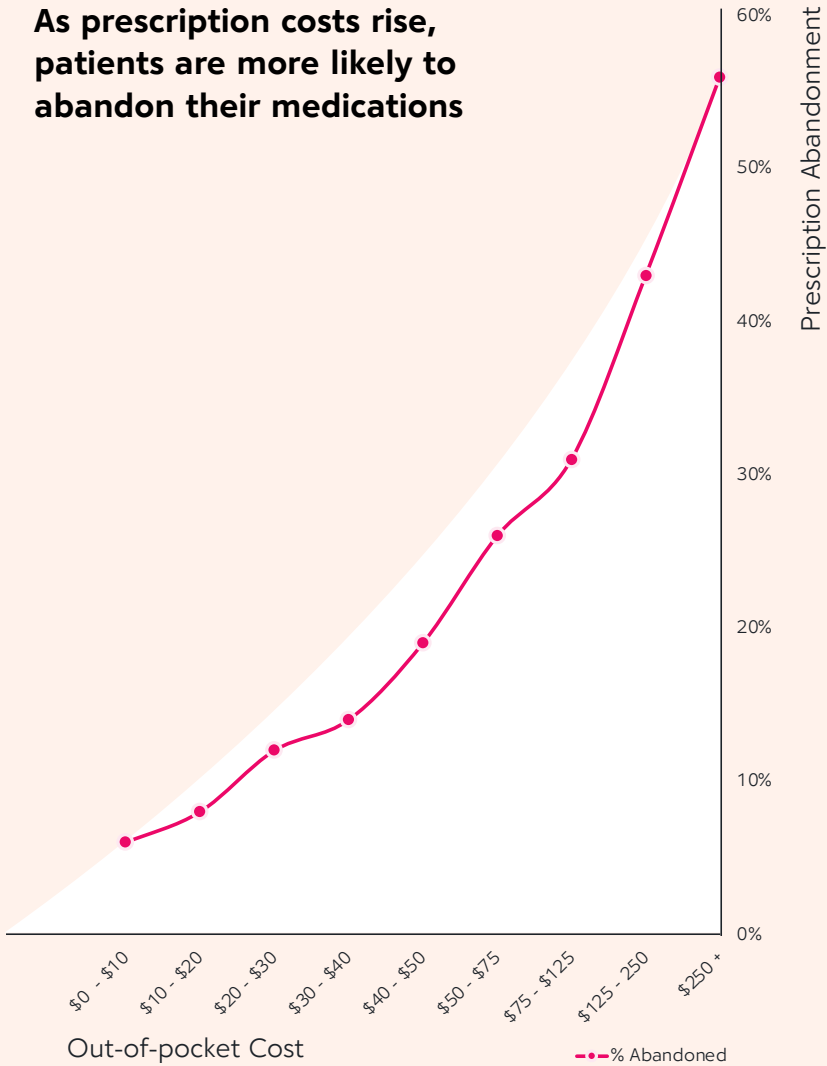


CoverMyMeds Provider Survey, 2020

# Affordability

Affordability solutions such as copay coupons available at the point of dispense can help patients avoid prescription abandonment by lowering out-of-pocket cost. Twenty-six percent of patients abandon prescriptions at the pharmacy when out-of-pocket costs are at least are \$50 to \$75, and 56 percent when costs are \$250 or greater.<sup>29</sup>

As prescription costs rise, patients are more likely to abandon their medications



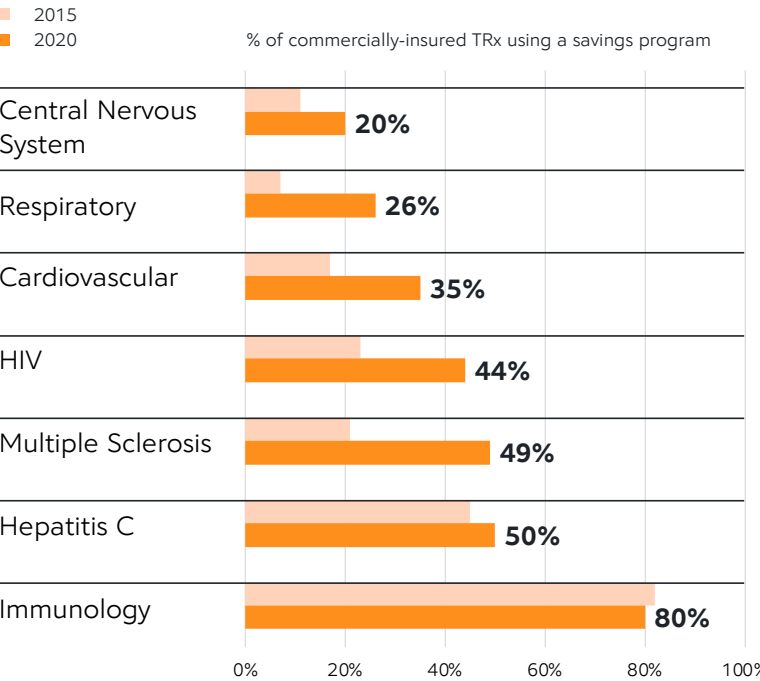
Source: The Use Of Medicines in the U.S., Spending and Usage Trends and Outlook to 2025, IQVIA , 2021

Solutions that can digitally surface affordability options through connected programs can help patients and care teams hold elevated conversations about the best, most sustainable path to treatment, especially when they may be unaware of options.

One such avenue for affordability is discount programs offered through biopharma companies, which can be surfaced through direct connections with EHRs and pharmacy systems. While 37 percent of patients surveyed are unaware of biopharma discount programs, awareness is on the rise.<sup>3</sup>

Use of biopharma-provided discount services has increased overall from 8 percent of commercially insured specialty prescriptions in 2015 to 14 percent in 2020.<sup>29</sup> Use in some therapy areas increased dramatically, with multiple sclerosis prescriptions paid for through biopharma savings programs jumping from around 20 percent in 2015 to 49 percent in 2020.<sup>29</sup> In one study, biopharma coupons reduced out-of-pocket costs by an average of \$261 for specialty medications and reduced total cost exposure by 40 percent for oncology drugs specifically.<sup>31</sup>

Patients using biopharma-provided discount services to offset prescription costs has steadily increased over the last 5 years



Source: The Use of Medicines in the U.S., Spending and Usage Trends and Outlook to 2025, IQVIA, 2021

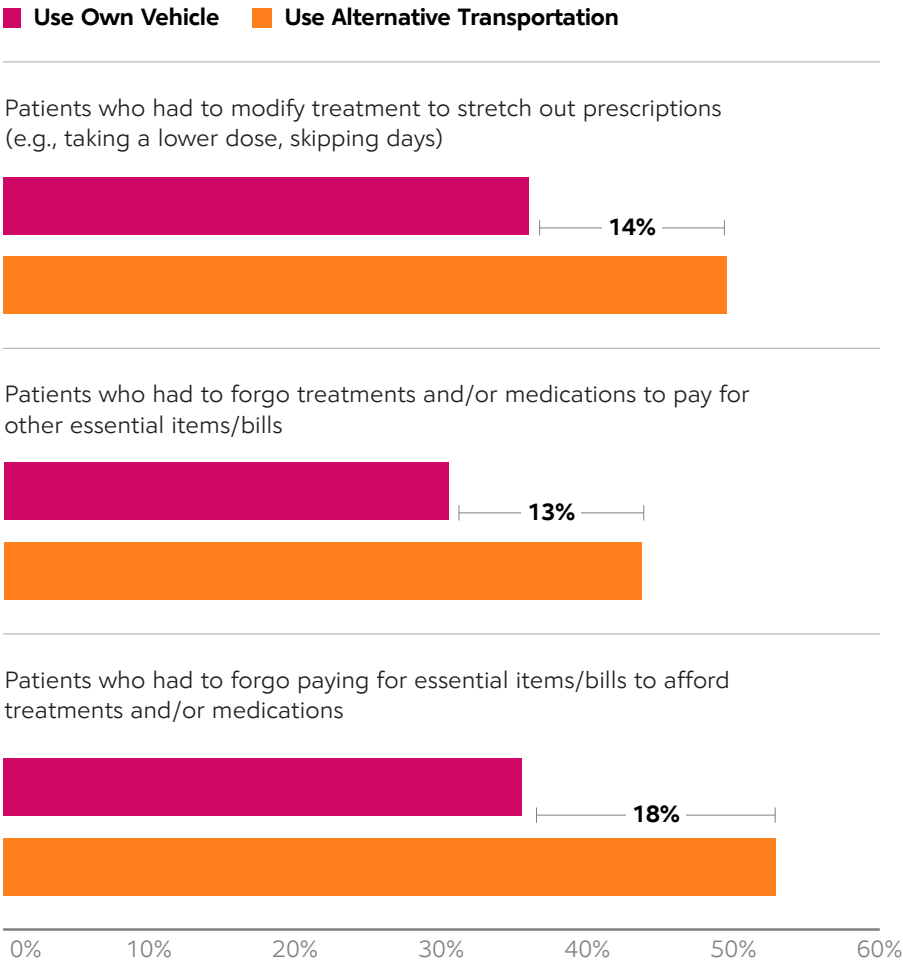
# Adherence

While electronic solutions for specialty medications can help reduce manual processes for prescription order support, they can also serve to enroll patients in adherence support services. These services provide wrap-around care for patients during and after prescription pick-up to help improve long-term health outcomes.

Behavioral coaching, facilitated by trained clinicians, can help provide education, symptom monitoring and administration instruction, and has been shown to increase therapy adherence by 25 percent and keep patients on therapy 31 days longer.<sup>23</sup>

Services inclusive of social determinants of health can further improve patient outcomes. By collecting data such as access to transportation, housing, and family living situations, providers can help electronically connect patients to services such as transportation to/from appointments and the pharmacy. Fifty-eight percent of providers surveyed said access to transportation impacted their patients’ ability to access healthcare.<sup>17</sup> And patients without their own mode of transportation were more likely to forego medications to pay for bills, forego bills to pay for medications or try to stretch out prescriptions.<sup>3</sup>

## Patients without easy access transportation are more likely to make medication-related sacrifices



CoverMyMeds Patient Survey 2020. Patients were asked about actions they took from March to September 2020

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These wraparound services and connections to patient advocacy foundations can help further bridge gaps in care and improve patient outcomes.

Patient portals and mobile access to health records can arm patients with data and improved health literacy during what can be a stressful or uncertain time managing an illness or chronic condition. Interoperable solutions that allow sharing between and among patients and even other providers can alleviate the burden on some patients of ferrying test results, medication history and diagnoses from one place to another.

In a recent study, 81 percent of patients said they support increased access to health information for themselves and their providers.<sup>32</sup> While recent regulations from the Office of the National Coordinator and the Centers for Medicare and Medicaid Services will continue to open pathways for data exchange, more than two-thirds of adults support the exchange of additional health information beyond what current federal polices require, such as end-of-life preferences, medical imaging and family medical history.<sup>32</sup>

## Patients Want Data Access and Sharing Capabilities

With the rise in mobile health management apps, most patients surveyed\* want access to their various health data. They also indicated a desire for providers to share data with other providers and health systems.

% of Patients Who Want Access	% of Patients Who Want Providers to Share Data	
89%	74%	Laboratory test results
88%	71%	Condition and diagnosis history
87%	78%	Immunizations
87%	78%	Medications and prescription medicines
87%	76%	Vital signs, such as blood pressure
87%	70%	Treatment plans
84%	48%	Insurance billing and claims information
84%	67%	Physician and clinical notes on medical care
74%	52%	Behavioral or mental health history
61%	51%	Substance use history

\*PEW HIT National Survey, The Pew Charitable Trusts, 2020



# Conclusion

The specialty patient journey is complex and often difficult to navigate, especially when patients carry heavy emotions associated with an unfamiliar, sometimes scary, diagnosis. Stakeholder consideration of broader patient needs is critical in the specialty realm as they work to create more integrated, robust solutions that not only speed time to therapy, but offer support for patients' mental, physical and social well-being. With the skillful blend of electronic solutions and human support and expertise, patients prescribed specialty therapies can find paths to both afford and adhere to their medications — and access these therapies faster when care is critical.

Simply understanding available options can help patients access their needed medications: In one study, fewer than one in five patients were aware of specialty patient support programs.<sup>33</sup> Patients were most aware of informational services such as condition-specific information and least aware of financial support, such as better ways to pay for medications and help with benefit management.<sup>33</sup>

This further supports the need for transparent costs and coverage information at the point of prescribing — which can help improve adherence rates by 19 percent in some cases.<sup>20</sup> Stakeholders leaning in to benefit transparency and automation can help create efficiencies in specialty provider and pharmacists workflow for the greater good of improved patient outcomes. By bringing more capabilities in workflow for

care teams, technology can automate processing and manual efforts so they can remain present with patients in shared decision making.

Furthermore, integrating all capabilities into one dashboard or solution can further improve provider workflows by pulling patient-specific information under one program and login.

By considering the whole patient from diagnosis to outcomes, the healthcare industry can help improve value-based, holistic care for patients prescribed specialty medications. Technology-driven solutions, informed through clear messaging from biopharma companies, payer transparency and pharmacy integrations can help care teams surround patients with trust, empowerment and stability as they navigate their way to healthier lives.



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