Patient cost sharing for costly specialty medications can impact product access and compliance. HIRC’s report, Specialty Benefits and Patient Cost Sharing, reviews how patient cost sharing is evolving as health plans work to improve their ability to manage the high costs of specialty pharmaceuticals. The report addresses the following questions:

- How have plans’ capabilities with managing specialty pharmaceuticals across benefits evolved?
- What are the trends in patients’ financial responsibility for specialty pharmaceuticals?
- Which types of copays (fixed dollar or coinsurance) are most common and how do plans expect to cover these medications in the future?
- How have out-of-pocket (OOP) limits evolved in recent years?
- What are the trends in deductible amounts?

Key Finding:
Health plans continue to share specialty medication costs with commercial members in both the pharmacy and medical benefits through evolving benefit designs and higher out-of-pocket limits.

Plans Continue to Evolve Pharmacy Benefit Cost Sharing Away from Fixed Copays
While fixed copays remain predominant in the pharmacy benefit, health plans are slowly shifting away from fixed copay benefit designs as they incorporate coinsurance and high-deductible health plans (HDHPs). Within the pharmacy benefit, the prevalence of coinsurance and HDHPs has increased to 38%, compared to 32% in 2013 and 29% in 2012.

While pharmacy and medical directors predict that the usage of coinsurance will grow in 2015, coinsurance amounts have remained flat in recent years. Plans tend to raise out-of-pocket limits rather than increase coinsurance amounts.
The Prevalence of Commercial Members with No Copay in the Medical Benefit Continues to Decline

In the medical benefit, cost sharing for specialty medications is growing as the percentage of commercial members with no copay has declined from 42% in 2012 to 21% in 2014. Plans are incorporating a combination of coinsurance, high-deductible health plans, and fixed copays as cost share methods in the medical benefit. Detailed analyses of trends in coinsurance and fixed copays under the medical benefit are available in the full report.

In addition to a review of cost sharing trends across the pharmacy and medical benefits, the full report provides the benefit location for the following specialty products:

- Rheumatoid Arthritis/Psoriasis/Crohn’s Disease: ACTEMRA, CIMZIA, ENBREL, HUMIRA, ORENCIA, REMICADE, STELARA, XELJANZ
- Multiple Sclerosis: AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
- Hepatitis C: INCIVEK, PEGASYS, PEGINTRON, SOVALDI, OLYSIO, VICTRELIS
- Pulmonary Arterial Hypertension: LETAIRIS, OPSUMIT, ORENITRAM, TRACLEER
- Cystic Fibrosis: CAYSTON, KALYDECO, PULMOZYME
- Erythropoiesis-Stimulating Agents [ESAs]: ARANESP, EPOGEN, PROCRIT
- White Blood Cell Stimulants: NEULASTA, NEUPOGEN, LEUKINE

Research Methodology and Report Availability

In January - February 2014, HIRC surveyed 54 pharmacy and medical directors from leading commercial health plans representing over 84 million lives. A combination of online surveys and follow-up telephone interviews were used to gather in-depth information regarding health plans’ management of specialty pharmaceuticals.

The Specialty Benefits and Patient Cost Sharing report is part of the Specialty Pharmaceuticals Service, and is now available to subscribers at www.hirc.com.