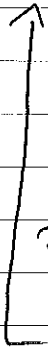


① Continued ↑ Burgeoning
Will they ever be generic

② Aging population world
Most words = how will they
adapt them with HPC care
& no primary coverage

③ Afford - selective coverage
As technology changes price
these members



1 e Hundred e 400
2x100 = 2000
Annual 730K

1. ↑ costs
2. provider engagement
3. infusion vs self-admin - utility

1. Costs
2. Appropriate utilization of drug
- Difficultly in assessing
- Quality in assessing

① Limited ability to determine
side of service for high cost infused
drugs

② Determining medical necessity

③ Variation in practice with our providers

cost preventing patient access to specialty meds

uncertain about resources to assist such patients

as PCP, uncertain if a specialist

recommendation is truly appropriate - patient often asking for opinion as to whether the benefit will outweigh the cost

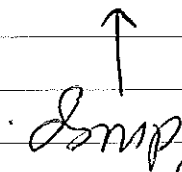
① Fill with the medication
As directed by the
PMT med hx.

Good

Who says for what -

so many plans & theories
then to get it approved
then they might appear to
get put on hold

• Increasing unit cost for specialty drug.



Utilization is not necessarily up.

• Specialists not considering cost when prescribing.

• Outmigration of patients to higher cost sites of care.

• Benefit design may or may not incentivize patients to receive

IV infused meds at home.

① Use of biostimulants

Some plants do not want to use the concept

②

Top challenge with Specialty
meds is that they are written/precisely
by specialists & PCPs feel they
do not have ability/influence
to change them.

Other challenge w/ Specialty
meds is that there are often
none/limited less costly alternative

① prior auth.

② access to med.

③ providers need

education for

correct usage

What can be done @ runway
prices?

High cost area with not a lot
of options for substitution.

How do you manage cost
when interventions are
necessary. (ie. chemo).

- Paverly

- ~~fact~~ * out of pocket cost
(patient)

- High cost

- Do the improved outcomes lower costs in other areas? (eg hospitalizations)

- Do these drugs represent substantial improvements in therapy from "standard of care" treatments?
Enough to outweigh their costs?

- FAILURE TO RECOGNIZE POOR COMPLIANCE AS REASON FOR INITIAL DRUG "FAILURE"

- DIRECT TO CONSUMER ADVERTISING

- INTEREST IN THE "NEWEST" VS THE MOST APPROPRIATE