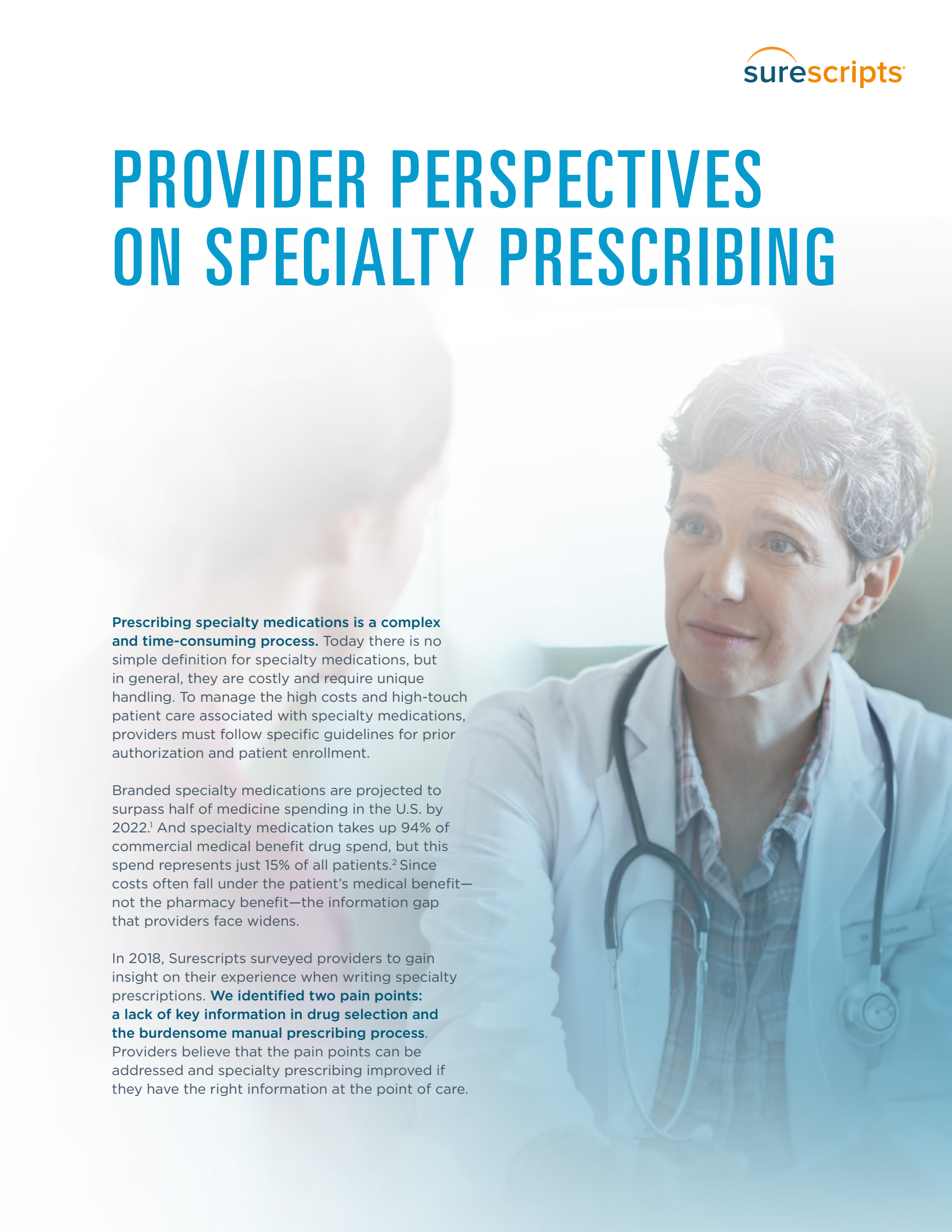


# PROVIDER PERSPECTIVES ON SPECIALTY PRESCRIBING

A photograph of a female doctor with short, curly grey hair, wearing a white lab coat over a plaid shirt. She has a stethoscope around her neck and is looking towards a patient whose back is to the camera. The scene is brightly lit, likely in a clinical setting.

**Prescribing specialty medications is a complex and time-consuming process.** Today there is no simple definition for specialty medications, but in general, they are costly and require unique handling. To manage the high costs and high-touch patient care associated with specialty medications, providers must follow specific guidelines for prior authorization and patient enrollment.

Branded specialty medications are projected to surpass half of medicine spending in the U.S. by 2022.<sup>1</sup> And specialty medication takes up 94% of commercial medical benefit drug spend, but this spend represents just 15% of all patients.<sup>2</sup> Since costs often fall under the patient's medical benefit—not the pharmacy benefit—the information gap that providers face widens.

In 2018, Surescripts surveyed providers to gain insight on their experience when writing specialty prescriptions. **We identified two pain points: a lack of key information in drug selection and the burdensome manual prescribing process.** Providers believe that the pain points can be addressed and specialty prescribing improved if they have the right information at the point of care.

# THE STATE OF SPECIALTY PRESCRIBING TODAY

Specialty drugs are generally classified as high-cost medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis and multiple sclerosis. **As a result, providers face many challenges: Is the medication covered under the patient’s pharmacy benefit plan? Can the patient afford it? When will the medication arrive?**

**LESS THAN ONE-THIRD OF PROVIDERS (29%)** are extremely or very satisfied with their organization’s efficiency when prescribing specialty medication.<sup>3</sup>

**NEARLY 40% OF PROVIDERS** say it can take from one to two weeks to get their patients on a specialty medication.<sup>4</sup>

When physicians encounter barriers to prescribing, roughly **TWO-THIRDS (67%)** change or reroute their orders.<sup>5</sup>

Delayed time to therapy and high drug costs hamper providers’ efforts to deliver effective treatment. On average, providers report it can take **nearly 8 days** to start patients on specialty medication.<sup>6</sup> **More than half of specialty drugs exceed \$100,000<sup>7</sup>** annually and **spending on branded specialty drugs is rising 10%** year over year.<sup>8</sup> This drives provider demand for complete, trustworthy information that includes prescription costs at the point of care.

## REAL-WORLD PATIENT EXPERIENCE:

For example, take a patient who suffers from plaque psoriasis, which covers 20% of her body. She tries a generic oral medication but it is not effective. Her provider suggests that she try a brand name injectable biologic drug instead, but the lack of key prescription information and the manual process causes confusion and delay. First, the provider spends precious non-clinical time coordinating the prior authorization—and misses crucial information as a result of the manual process. This requires callbacks and additional paperwork to resolve. And the question of coverage under the patient’s benefit plan (the medication costs more than \$30,000 per year) requires yet more back-and-forth time and effort with benefit plan administrators. In all, it takes 10 days to get the medication into the patient’s hands.

## PROVIDERS DON’T HAVE DIGITAL ACCESS TO PRESCRIPTION INFORMATION & DON’T TRUST THE INFORMATION<sup>9</sup>

PROVIDERS DON’T HAVE DIGITAL ACCESS TO INFORMATION

PROVIDERS DON’T TRUST INFORMATION OBTAINED MANUALLY

87%	patient out-of-pocket cost	67%
77%	availability of lower cost alternatives	76%
80%	prior authorization requirements	58%
76%	specialty pharmacy locations	57%

# PROVIDERS SPEND VALUABLE TIME\* ON ADMINISTRATIVE & NON-CLINICAL TASKS<sup>10</sup>

\*Average amount of time providers spend per week on various tasks associated with the prescribing process, as represented below.

CONSULTING WITH PATIENTS ON PRESCRIPTION COSTS	2 HOURS
OBTAINING PRIOR AUTHORIZATIONS FOR SPECIALTY MEDICATIONS	1.7 HOURS
OBTAINING DOCUMENTATION NEEDED TO START THERAPY	1.6 HOURS
FILLING OUT DOCUMENTATION FOR SPECIALTY MEDICATIONS	1.4 HOURS
OBTAINING INFORMATION ON LOWER COST ALTERNATIVES	1.1 HOURS
UNDERSTANDING MEDICATION PRICING FOR PATIENTS	1 HOUR
IDENTIFYING OR OBTAINING ENROLLMENT/INTAKE FORM	.8 HOURS
FINDING WHERE TO SEND AUTHORIZATION FOR SPECIALTY MEDICATION	.8 HOURS

Providers often rely on input from support staff to figure out where to send specialty prescriptions and whether more paperwork is required. **On average, providers spend more than three hours each week on paperwork, in addition to time spent on charting, in order to start patients on specialty medication.**

## PROVIDERS BELIEVE THE RIGHT INFORMATION AT THE POINT OF CARE CAN IMPROVE PRESCRIBING

Four in 10 providers believe that prescribing can be improved if they had the right information at their fingertips, particularly when it comes to drug costs.<sup>11</sup>

**78%**

believe patient out-of-pocket cost information is extremely or very important.

**69%**

believe information on the availability of lower cost alternatives is extremely or very important.

**53%**

believe information on prior authorization requirements is extremely or very important.

**27%**

believe information on specialty pharmacy locations is extremely or very important.



To create this report, Surescripts partnered with Engine Insights to administer a 15-minute web-based survey to 502 qualifying healthcare providers (401 physicians and 101 nurses, nurse practitioners and physician assistants) between October 26 and November 5, 2018. To qualify for the survey, the providers had to be based in the U.S., spend at least half of their time providing direct patient care in clinical practice, and either write or be involved in writing prescriptions. More than half are involved in writing at least 16 prescriptions daily. (Results were not statistically weighted.)

1. "2018 and Beyond: Outlook and Turning Points," IQVIA Institute for Human Data Science, March 2018, <https://www.iqvia.com/institute/reports/2018-and-beyond-outlook-and-turning-points>.
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3. Engine Group and Surescripts, survey of 502 U.S. healthcare professionals conducted in October/November 2018.
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11. Engine Group and Surescripts, survey of 502 U.S. healthcare professionals conducted in October/November 2018.x