



The Specialty Healthcare Benefits Council

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The Specialty Healthcare Benefits Council has an announcement to make. The Pharmacy & Therapeutics Society has become the Specialty Healthcare Benefits Council (SHBC). The board is the same but our focus is more directed toward “Specialty,” as it is commonly used throughout the pharmaceutical milieu. Check out the new logo and mission statement on these pages.

Finally it came time for the Pharmacy & Therapeutics Society to change, and change in a big way. Our focus had been on formularies and figuring out all those details in formulary development. That was all the rage. That was then and this is now. The formulary evaluations or determinations are a science and are no longer the experiment. It has become somewhat standardized and we have found ourselves dealing less and less with formulary issues as an organization.

But alas, along comes something new! Evolving into our lexicon there came something called “specialty.” Those novel and very expensive cool new agents that often really make a difference are now coming on strong. “Specialty”—often great products with a big price tag. This is no discount generic.

Anyone paying attention to pharmacy economics sees that a big piece of the future will include “specialty healthcare products.” Pharmaceutical manufacturers have an escalating interest in these agents. Often they provide a novel approach to treating a disease. But this novelty has a price and often a very big price. “Specialty” pharmaceutical agents often cost thousands of dollars each month for the chronic care of a patient. As the availability and use of these agents increase, we need to figure out a better way to ensure they are delivered in a cost-effective and clinically efficient manner and that the right drug gets to the right patient at the right time.

We can feel those winds of change somewhere out there. We see it coming. The changes to our marketplace may be a carefully planned delivery of outstanding

products to the marketplace and each patient, *or* a firestorm of expense and confusion. We prefer the former, yet we find ourselves no closer to figuring out how we, and that is the big WE (all of us), are going to pay for this stuff, and by default, who really will eventually get it? The products are nothing less than remarkable. The needs are increasing. Yet without a coherent plan on how to finance “specialty” we risk becoming mired in confusion about drug delivery and patient access.


With limited dollars available in all plans, we never want to reach the point of denial of care. But is that not where we are headed? Is everyone really eligible for these new remarkable agents? We seem to be using the mold of our current system for payments around an entirely new set of problems. The old ways do not work all that well. Can we really expect a patient to pay \$1800 per month (30% of a drug that costs \$6000 per month) to satisfy a copay? Or do we just slip these expensive drug costs into the “medical benefit” component of a health plan? For a while, just get it out of the drug benefit program and all will be fine? As the numbers of patients and products available increase, payers will not be able to slip these supposed outliers into the medical benefit. I do not like big surprises, but I think we are setting it up for ourselves. Are we now ready to deal with it? Is anyone?

Our new name is the Specialty Healthcare Benefits Council (SHBC). Our Web site is www.shbc.us. We continue to promote the safe, effective, and appropriate use of pharmaceutical agents in all areas. We are looking for answers to questions around specialty products through collaborations across different fields. Our board is diverse, including physicians, pharmacists, nurses, leaders in academics, drug delivery, and health care management, vendors, payers, pharmaceutical manufacturers, and independent thinkers. By design, a majority of our board is from the clinical sciences, and we hold a clear vision of ethical behavior.

Recent attention to these collaborative efforts is reflected in 2 important Council-sponsored articles. In the September/October 2011 issue of this journal there appeared:

- 1) "Hemophilia and Managed Care: Partnering to Achieve Cost-effective Care," a free Continuing Education (CE) program, offering 2 hours of CE credit for those who review the article and accompanying slides/notes and complete the posttest
- 2) "Implications of STeP for Improved Diabetes Control: A Payer Perspective"

I urge readers to review these 2 valuable resources.

Finally, the last 12 months have been a time for us to rededicate ourselves and more clearly hone in on the future of specialty products as more agents become available. We are grateful to have *The American Journal of Pharmacy Benefits* supporting our efforts, a bright board of directors looking forward at these issues, and an administrative team looking for ways to help manage the ever-changing landscape of healthcare. 

Specialty Healthcare Benefits Council

Mission:

Our purpose is to balance value as we encourage use of specialty health products and services to improve the health of patients.

Vision:

As the development of specialty health products and services increase we see the parallel need for responsible accountability. We seek to ensure utilization is appropriate and clinically sound. By bringing together the community of stakeholders we look to provide pathways to allow sustainable use of these products. With evolution of this process we seek to define future benefit options, distribution systems and management tools to weave together the benefit systems that deliver a product to the right patient at the right time. Effective use of specialty health products and services occur only when value is clear and consistent with scientific evidence. We seek value through the balance of cost, access and quality. As a non-profit organization we provide a forum for collaboration among payers, developers, vendors and supporters in this dynamic marketplace.

