

## BACKGROUND & OBJECTIVE

- Health plan coverage policies influence patient access to specialty drugs. Complex coverage policies may increase administrative burden, delay treatment initiation, and discourage clinicians from prescribing specialty drugs.<sup>1,2</sup>
- Our study evaluates how the complexity of specialty drug coverage policies has evolved over time.

## METHODS

### Data Source

- We used coverage information from the Tufts Medical Center Specialty Drug Evidence and Coverage (SPEC) Database, which tracks specialty drug coverage decisions from the largest US commercial health plans.
- To ensure comparability across years, we restricted the analysis to the same 360 drug–indication pairs and the same 16 health plans included in SPEC each year from 2017–2025.

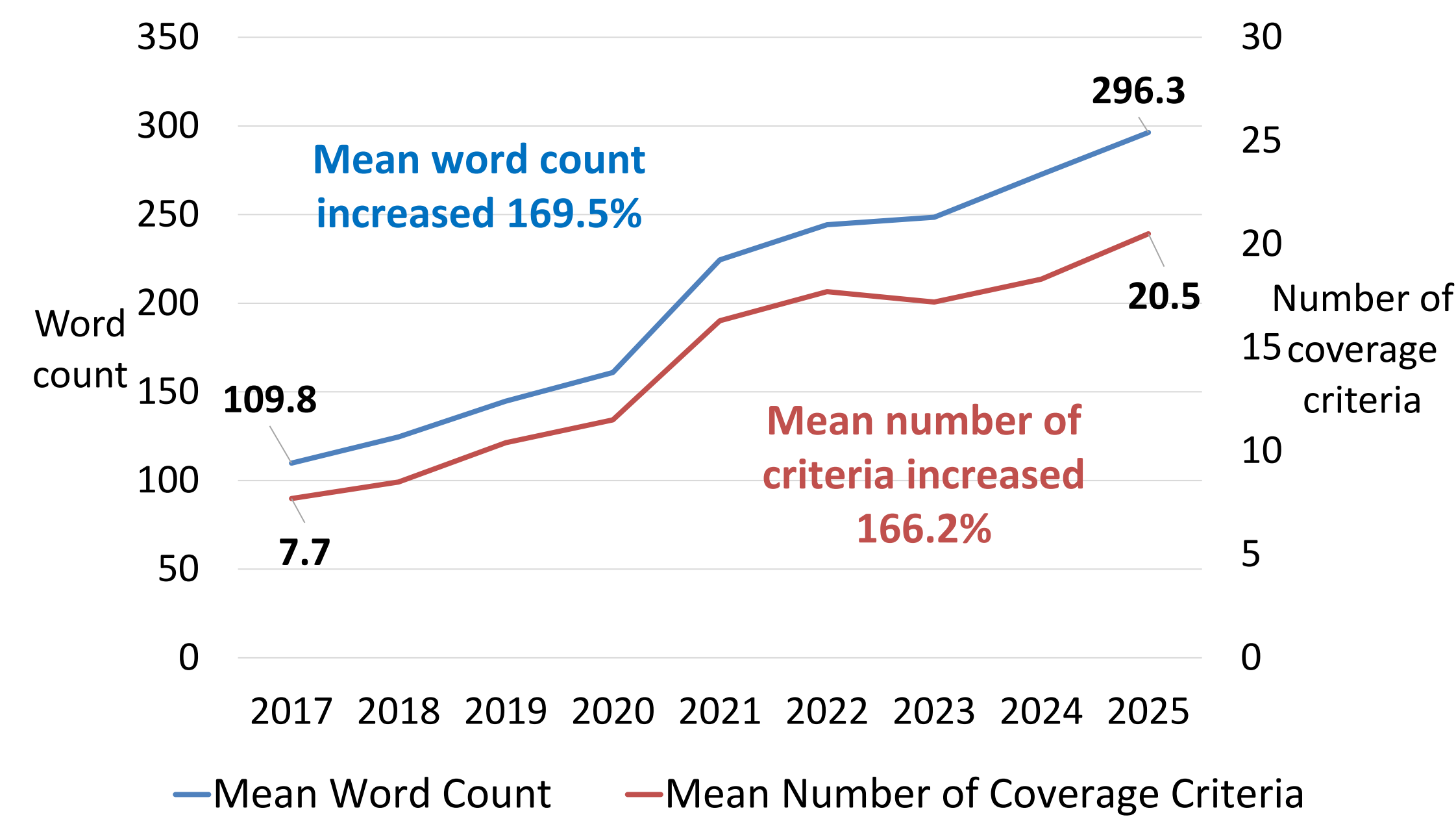
### Analyses

- We assessed health plan coverage complexity overall and at the health plan level using four measures:
  - Policy length:** defined as the word count of text describing the eligible patient population.
  - Number of coverage criteria:** defined as the count of separately listed requirements in the eligibility text (e.g., age limits, diagnostic criteria).
  - Number of documents per coverage policy:** reflecting cases in which health plans issued multiple documents to define access requirements.
  - Pre-authorization documentation requirements:** indicating whether plans required submission of specific documentation prior to treatment approval (e.g., confirmation of impaired physical functioning).
- The analysis included approximately 4,550 specialty drug coverage policies annually, with minor year-to-year variation

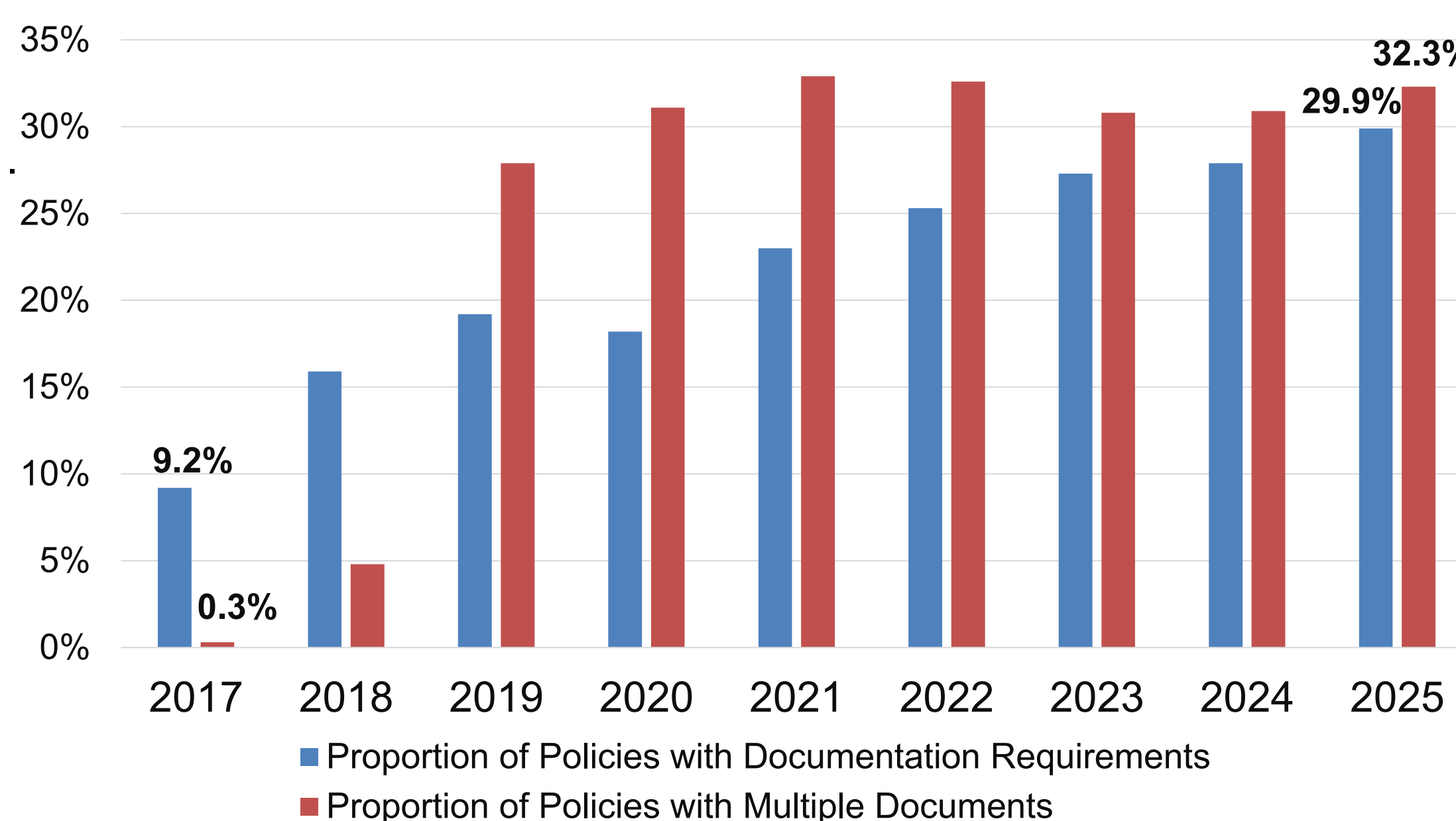
## RESULTS

- Between 2017 and 2025:
  - Mean policy length increased 169.5%
  - Mean number of individual coverage criteria increased 166.2%.
  - The share of coverage policies with multiple documents increased 32%
  - The share of coverage policies with documentation requirements increased 20.7%
- Stratified analysis by ICD-10 diagnostic category, orphan designation, and oncology status showed consistent trends.

**Figure 1. Coverage Policy Mean Word Count & Number of Criteria (2017-2025)**



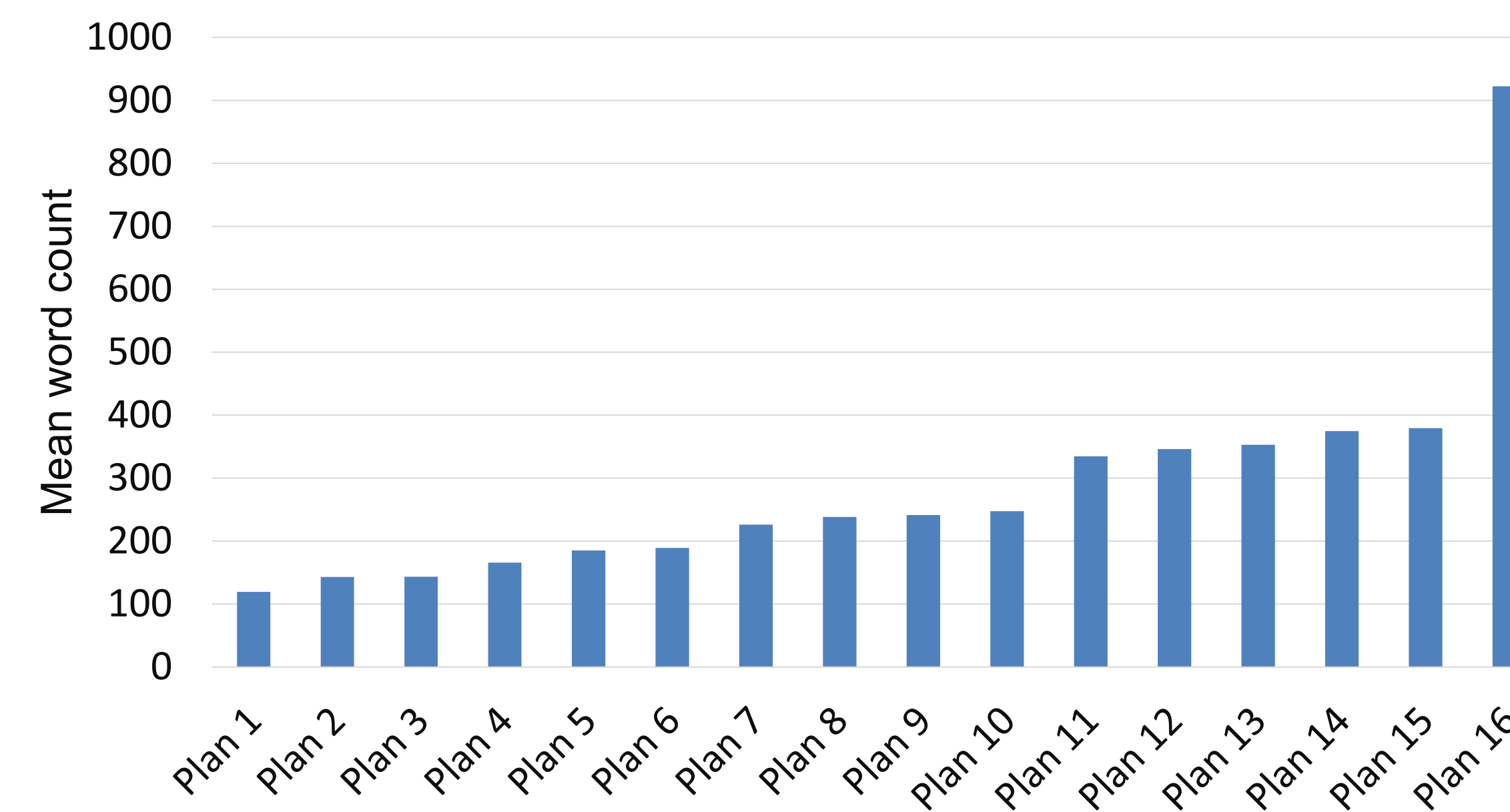
**Figure 2. Proportion of Coverage Policies with Multiple Documents and Documentation Requirements (2017-2025)**



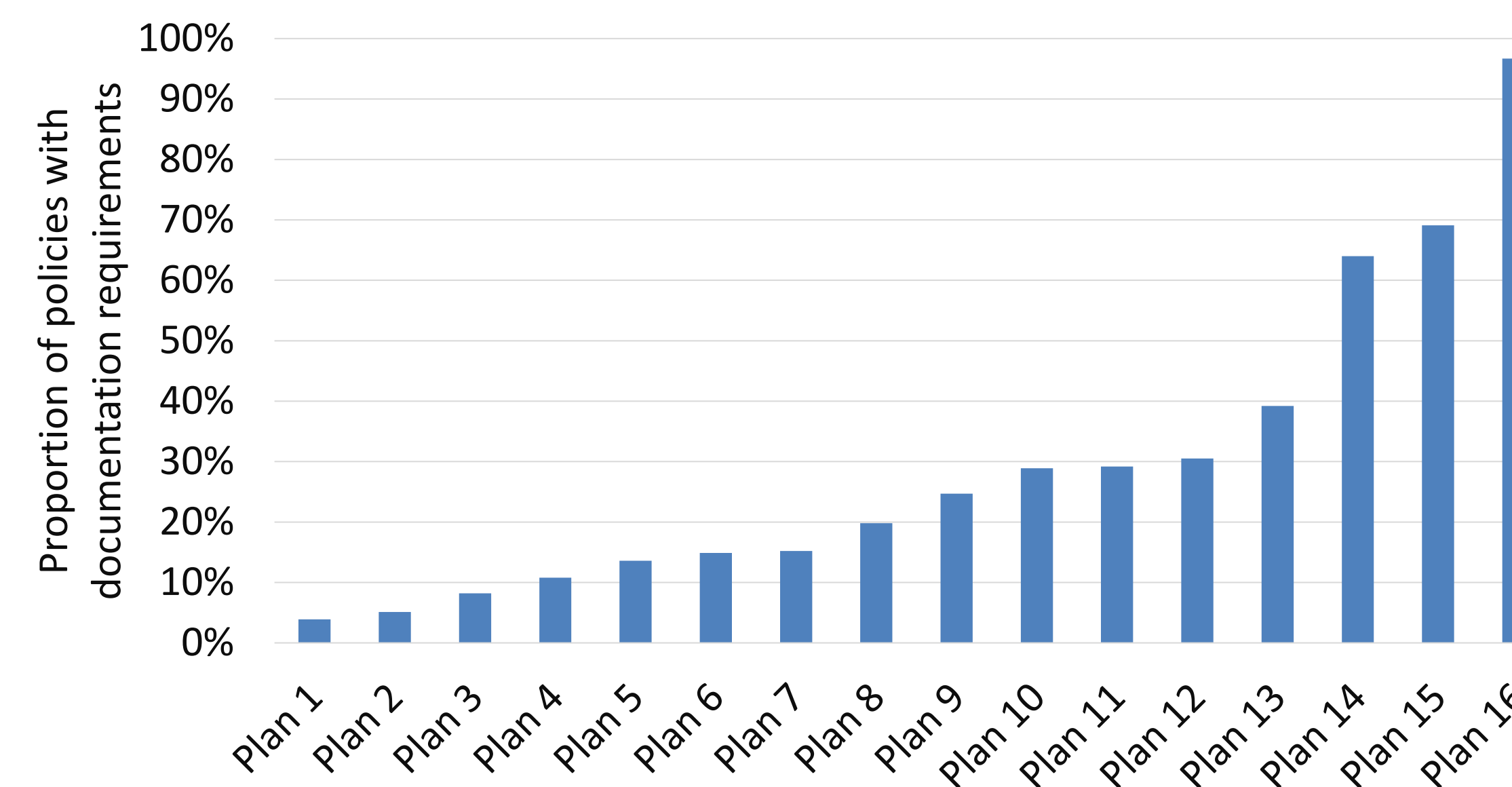
- In 2025, the following measures of coverage policy complexity varied by health plan:

- Mean word count (119.3 – 922.4 words)
- Number of coverage criteria (8.8 – 48.7 criteria)
- Proportion of policies with multiple documents (0% - 93.5%)
- Proportion of policies with pre-authorization documentation requirements (3.9% - 96.7%)

**Figure 3. Variation in Specialty Drug Coverage Policy Length, by Health Plan (2025)**



**Figure 4. Variation in Documentation Requirements, by Health Plan (2025)**



\*Health plans are ordered by magnitude, plan 1 in Figure 3 varies from Figure 4.

## CONCLUSION

- Specialty drug coverage policies have become increasingly complex over time.
- Health plans now issue more documents per policy, use longer coverage language with a greater number of specific criteria, and are more likely to require pre-authorization documentation requirements.
- Greater complexity may delay prescribing processes, increase administrative demands on providers, and delay patient treatment initiation.
- Future research is needed to evaluate how policy complexity affects real-world drug utilization and patient outcomes.

## REFERENCES

- Howell S, et al. Quantifying The Economic Burden Of Drug Utilization Management On Payers, Manufacturers, Physicians, And Patients. *Health Aff (Millwood)*. 2021 Aug;40(8):1206-1214
- Edwards ML, Yin PT, Kuehn M, et al. Physician perceptions of drug utilization management: Results of a national survey. *PLoS One*. 2022;17(9):e0274772.

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## CONTACT

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