



PHARMACY IN FOCUS

2024 AND BEYOND: THE FUTURE TAKING SHAPE
AND STRATEGIES FOR ACTION

Contents

- The Pharmacy (R)evolution..... 3**

- Challenges and opportunities unlike anything in history..... 5**
 - Biosimilars increase choice and competition..... 5
 - Gene therapies deliver promise, and the need for protection..... 9
 - GLP-1 drugs are in short supply due to high consumer demand..... 10

- Affordability and accessibility are creating a challenging pharmacy landscape..... 13**
 - High drug prices lead customers to find their own ways to save.....13
 - The expanding scope, classification and cost of specialty drugs..... 16
 - The critical role of employers in easing worries.....17
 - It’s not just affordability, it’s accessibility.....18

- Pharmacists face bigger roles and smaller numbers.....23**
 - As physician numbers decline, the role of pharmacists expands..... 23
 - Pharmacists and preventive care.....24
 - Pharmacists and primary care.....26
 - Facing a pharmacist shortage..... 27

- The big takeaway.....28**

- Methodology.....29**

- Key terminology.....30**

- References..... 31**



INTRODUCTION

The Pharmacy (R)evolution

Pharmacy innovation is at an all-time high. With countless clinical trials, improved diagnostic capabilities, and groundbreaking approaches to chronic and complex conditions, people with previously dire outlooks are living longer with fewer side effects. It is a remarkable time for the health care industry, and pharmacy is at the center of it all. Despite its boundless upside, this evolution, or more accurately, revolution, is adding complexity and cost to an already challenging landscape. More options bring more questions and a greater need for data-fueled insights.

As the pharmacy benefit manager within EVERNORTHSM Health Services, Express Scripts[®] by Evernorth continues to drive care and value. A relentless innovator in health care, Evernorth remains focused on providing best-in-class pharmacy, care and benefit solutions through bold and disruptive thinking that continues to ask, “What if?”

Evernorth recently partnered with [Ipsos](#), a third-party research data supplier, to conduct a nationwide survey of more than 3,000 consumers with employer-sponsored health insurance, 575 employers who select and manage employee benefits for their organizations, and 75 health plan leaders who determine the benefits partners and suppliers they supply for groups and clients. You can view the full study and health services results in our [2023 Health Care in Focus Report](#).

We analyzed the data and results from this survey and compared it to the extensive research published by the [Evernorth Research Institute](#), along with external trends from across the pharmaceutical industry. From the findings, we identified three key areas shaping pharmacy and health care for the years ahead.

By layering these various sources, we developed this report as a summary of key pharmacy trends to guide our partners in developing comprehensive benefit design strategies.



A nationwide survey of:

3,000+
consumers with
employer-sponsored
health insurance

575
employers who select
and manage employee
benefits for their
organizations

75
health plan leaders



Key Areas

01

Challenges and opportunities unlike anything in history.

With extensive new pharmaceutical innovations come risk, opportunity and increased competition. Are plans and payers ready to maximize the benefit for themselves and members in an ever-changing landscape?

02

Affordability and accessibility aren't created equal.

As consumers look for ways to afford their medication and access their treatments, how can new solutions help payers, patients and pharmacies make it happen?

03

Pharmacists face bigger roles with smaller numbers.

Due to physician shortages, access limitations and other factors, pharmacists are stepping in to fill the gaps. How is this impacting the pharmaceutical landscape?



The data reflects a landscape where pharmacy will be a powerful and driving force in the next decade, due to five critical factors:

- + **Million-dollar gene therapies.** Driven by gene and cellular therapies, these episodic or one-time treatments are becoming more frequent, but no more predictable.
- + **Biologic treatments:** Used for complex and chronic diseases, biosimilars bring competition and savings to the market, as well as confusion for members.
- + **Specialty scope expansion:** As the pharmaceutical landscape evolves, specialty treatments are increasingly being used for mild to moderate chronic disease.
- + **Push for the specialty designation:** As new treatments enter the market, there are efforts to push drugs into specialty categories—even if they cover common, preventable diseases.
- + **Consumer demand:** Patients are requesting drugs that address cosmetic or lifestyle issues but may not change health outcomes.

How can plans, employers and members best prepare for this future? Within this report, we explore these challenges and provide solutions and strategies to understand and proactively address them.



Challenges and opportunities unlike anything in history.

Pharmaceutical innovation is rapidly reshaping the health care space. It isn't just new drugs altering the landscape but entirely new classes of therapy that are changing the way providers, plans and patients look at treatment. Biosimilars offer a new alternative for patients managing a chronic illness. Gene therapies provide hope for patients facing deeply challenging and complex conditions. GLP-1 agonists are producing weight-loss results that could forever alter the way we treat diabetes, obesity and other weight-related complications. While all these innovations hold exciting opportunities, they also come with their own set of complexities and challenges.

Biosimilars increase choice and competition

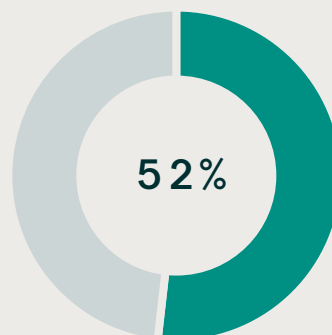
Although many biologic therapies remain expensive, biosimilars are rapidly changing the landscape around affordability. These safe, clinically equivalent drugs are lowering costs dramatically by introducing competition into the market—either offering a lower price themselves or forcing novel, brand drugs to meet or even beat the price of their clinically equivalent biosimilar counterparts. Over the past six years, [more than 40](#) of these products have entered the market. But that's just the beginning. More than 90 new biosimilars are currently in development and set to be approved in the next three to five years.

Now the challenge centers around [access and adoption](#).



Percent of U.S. population with a chronic condition

Chronic illness can make it challenging for patients to afford their medication. That's a big obstacle, because more than half (52%) of the U.S. population lives with a chronic condition. Biosimilars offer a significant opportunity for savings, because each one that enters the market promises increased competition around affordability. This competition will mean either new drugs are forced to enter the market at a lower cost or increased competition will pressure other manufacturers to compete on price.





TAKING ACTION

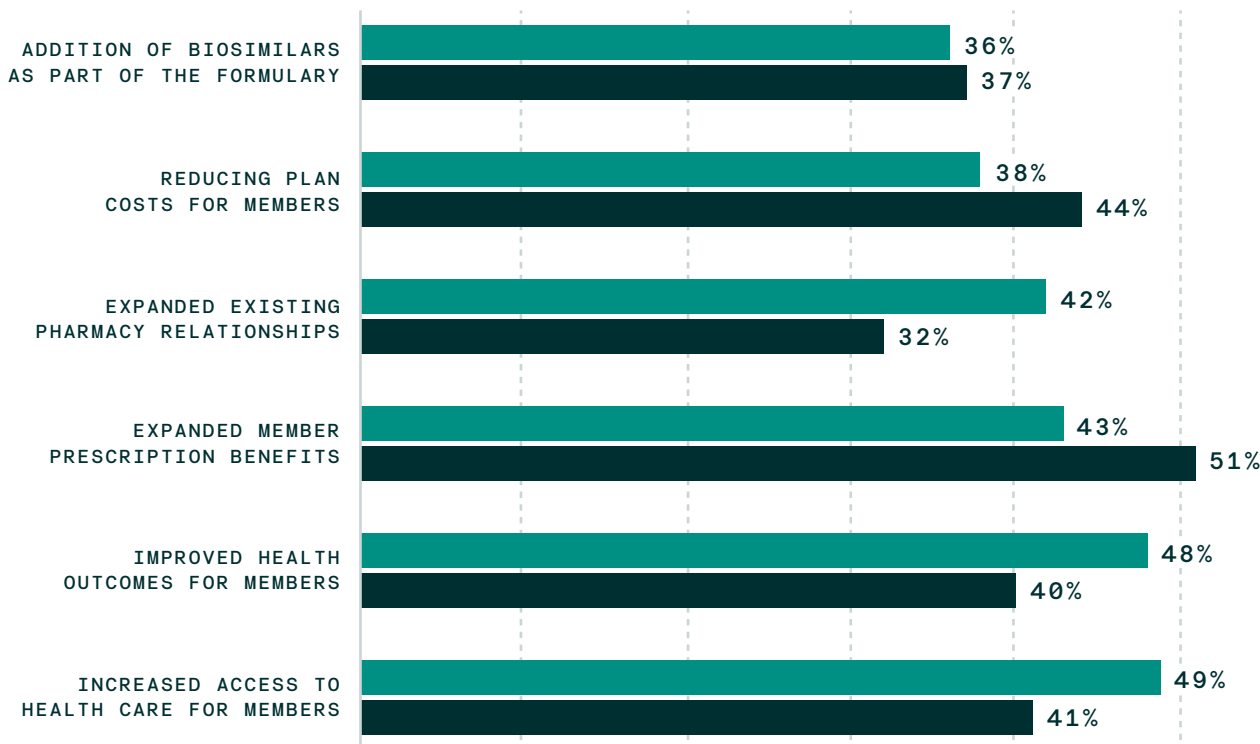
Through research, lobbying and education, we're accelerating the market transition to biosimilars while preserving choice and flexibility for patients.

By adding multiple clinically equivalent, cost-effective biosimilars to our formulary, we're helping clients, plans and members benefit from the competition and savings that biosimilars can deliver.

Health plans see biosimilars as one of the top five ways to impact and lower costs for their customers. Plans that don't currently list biosimilars on their formulary are prepared to add them, and a large portion of those plans will use the savings from biosimilars to reduce costs for their members.

What changes will your organization make because of the wave of biosimilar drugs entering the market?

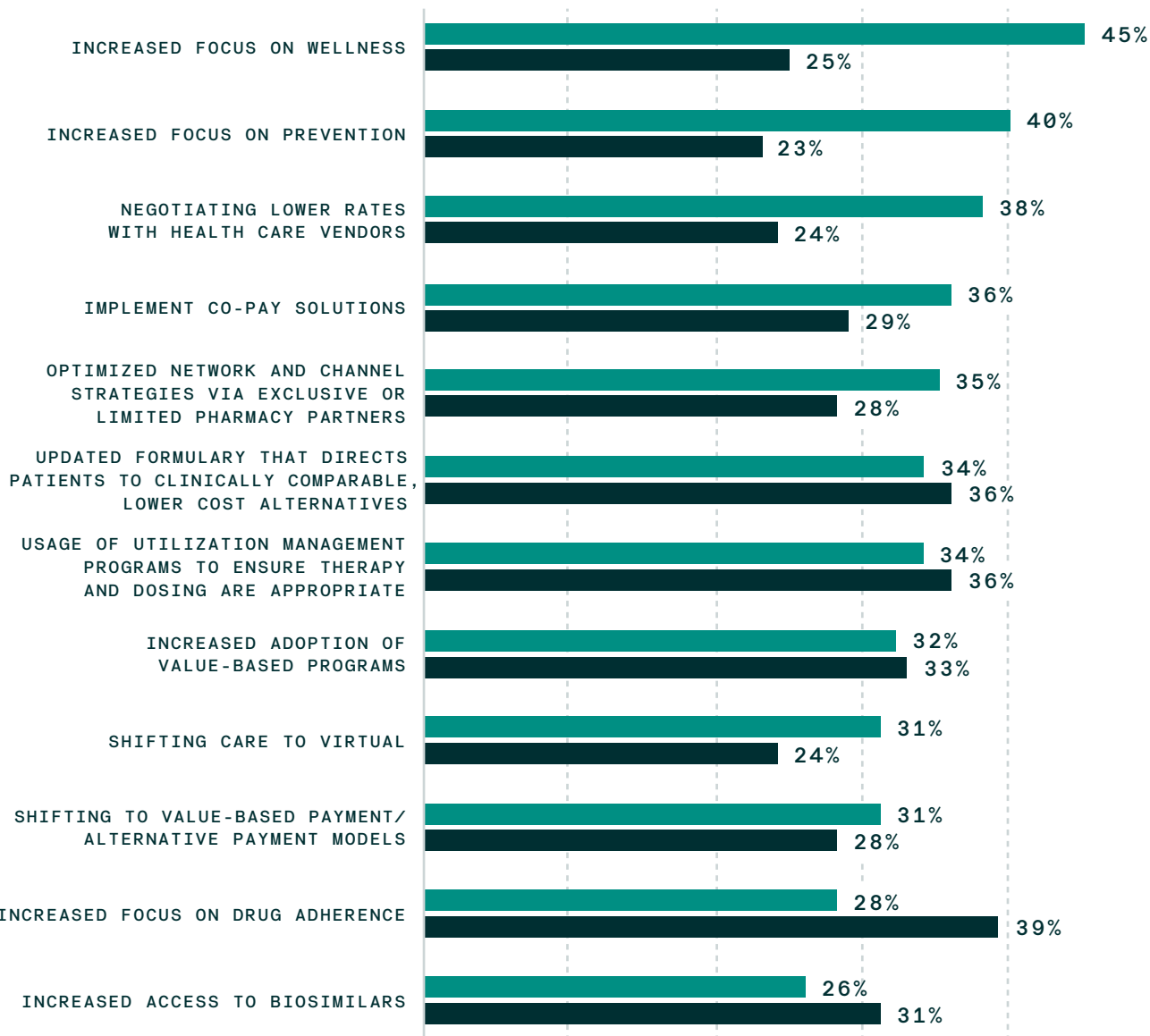
- EMPLOYER
- HEALTH PLAN



Employers are less convinced that biosimilars will impact and lower costs. Instead, they're focused on individual strategies such as wellness, prevention and copay solutions. That increases the risk that they won't capitalize on the competition introduced by biosimilars.

As you look to manage the cost of care for employees, which of the following will have the biggest impact on your ability to control and potentially lower costs?

● EMPLOYER
● HEALTH PLAN



While the savings and treatment opportunities with biosimilars are immense, plan sponsors and patients still face significant obstacles.

Pharmaceutical manufacturers are fiercely fighting to keep their formulas from being replicated by a biosimilar. To do this they're extending their original patent protection for as long as possible. This leads to long legal battles and negotiations before the biosimilar can come to market. There are also the legal and regulatory barriers that biosimilars must overcome before they can be deemed as interchangeable alternatives to their counterparts.

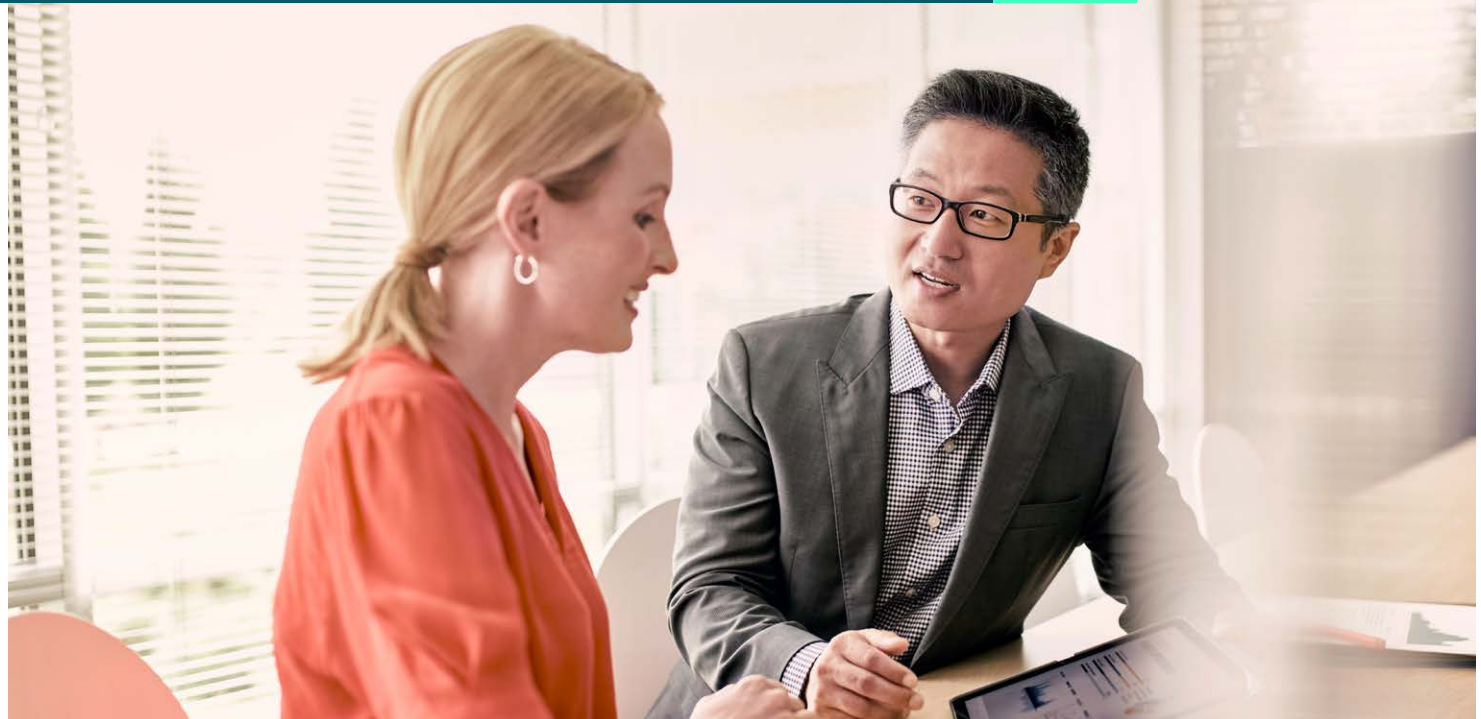
TAKING ACTION

Solutions are available today to help plans prepare for the biosimilar pipeline.

With so many biosimilars slated for release in the coming years, adoption and availability will largely depend on plan sponsors remaining educated on therapy options and preparing for their launch. We're here to help you stay informed about the latest developments in biosimilars.

How can plans and employers prepare for the major impact of biosimilars?

- + Optimize plan design and formulary management
- + Integrate a full range of specialty cost-control solutions
- + Provide educational resources to members and providers



Gene therapies deliver promise, and the need for protection

Gene and cell therapies offer new potential for patients living with some of the most complex conditions. These therapies modify genetic material to provide long-term benefits. That means that in a patient’s lifetime, it may only take a few treatments, or even a single treatment, to be effective long term.

The challenge for payers is that those therapies can be prohibitively expensive (up to \$3.5M). Because of the high cost, it can be frightening and frustrating for patients and their families to find a way to access gene therapies. Without coverage, access can be impossible. For payers, one claim for these therapies can bankrupt their benefit. So how can employers balance their ability to offer life-changing health care while maintaining the health of a plan?

TAKING ACTION

With new gene and cell therapies in the pipeline for more-common conditions, it will soon not be a matter of *if* a claim will hit a benefit but *when*.

Given the exorbitant cost, plan sponsors should ensure their specialty partner has the right tools to ensure access and cost control. Visit our [gene therapy hub](#) to learn about the suite of solutions we’ve developed to help our clients navigate this complex environment, including our Embarc Benefit Protection® program, educational resources, forecasting tools and more.

The decision needs to be made quickly. Many new gene therapies (900+) are in the pipeline, with 12–20 more slated for approval in the next few years.¹ While current therapies are used to treat rare conditions, new treatments will address more-mainstream disorders, including muscular dystrophy, sickle cell disease, hemophilia and more in 2023 and beyond.² The market for these drugs is already robust (\$5.2B) and expected to grow rapidly (to over \$15B) in the U.S. by 2026.³



TAKING ACTION

Embrace the arrival of gene therapies by partnering with a specialty pharmacy with the right cost and coverage tools, including:

- + Cost-protection strategies that provide insurance for payers if a claim hits their population
- + An automated payer reporting dashboard that details patient-specific utilization and spend history
- + A gene and cell therapy forecasting model that anticipates potential future expenditures
- + The ability to project potential utilization and spend along with the need for quality reporting to help inform policy and coverage decisions



GLP-1 drugs are in short supply due to high consumer demand

While awareness and access can be a struggle with biosimilars and gene and cell therapies, heavy demand and usage is one of the biggest challenges facing glucagon-like peptide-1 (GLP-1) receptor agonists. Initially developed as an alternative to insulin for people living with diabetes, these drugs are attractive to a large number of consumers, many of whom are now requesting them due to their ability to produce superior weight-loss results.

The popularity of GLP-1s for weight loss is largely built by billion-dollar direct-to-consumer advertising and an extensive, celebrity-driven social media campaign. Sponsored influencers show how GLP-1s help them lose more weight faster than traditional weight-loss medications. The marketing is working: An increase in consumer demand is causing a significant uptick in patients without a diabetes diagnosis seeking GLP-1s and drove shortages in 2023.

These shortages make it challenging for patients who desperately need these treatments to manage their diabetes to obtain them. Recently, more manufacturers have been releasing GLP-1s into the market, and even more are in the pipeline. But the increased supply won't change the fact that these drugs are disrupting forecasts and complicating budgets because they are in such high demand.

Even as some GLP-1s received FDA approval for weight loss, other GLP-1s were gaining prominence as go-to treatments for diabetes, as shown in the graph below. This was due to a number of factors, primarily the American Diabetes Association's decision in Q4 2022 to include GLP-1s as first-line medication therapy for people diagnosed with *both* diabetes and cardiovascular disease.

Traditional weight-loss therapies

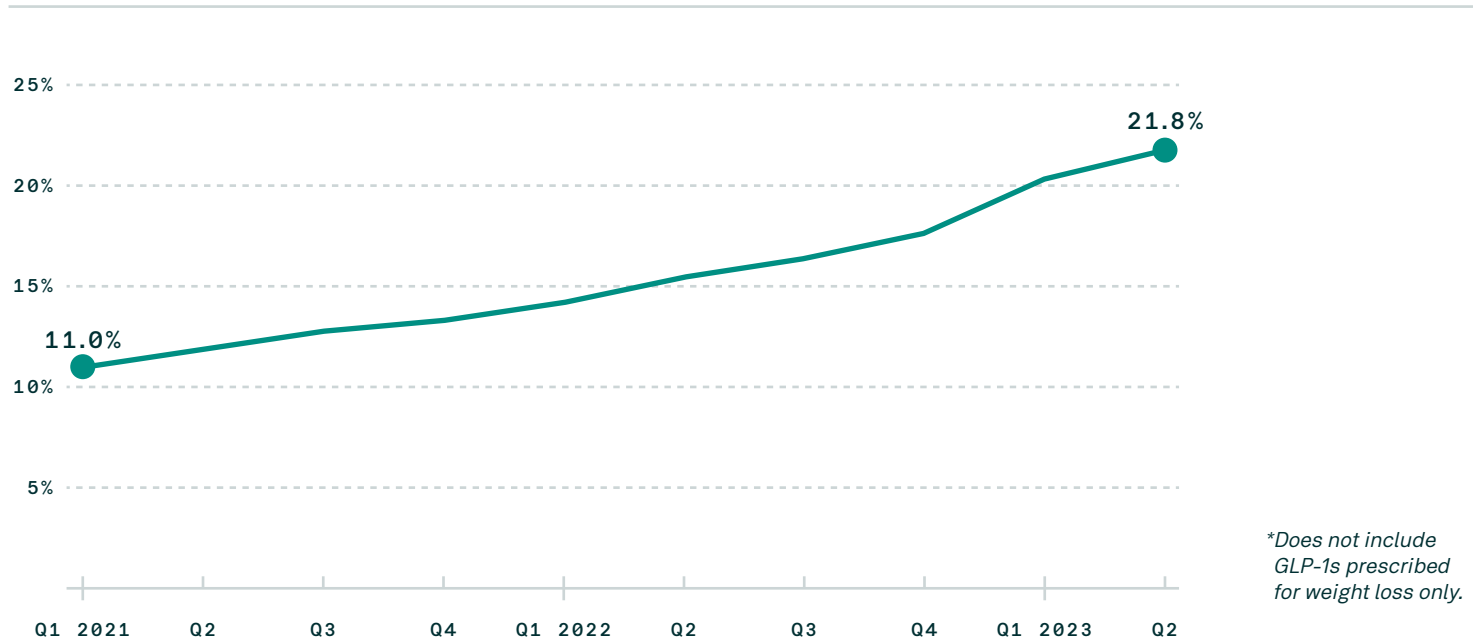
Rely on stimulants to suppress appetite, sometimes in combination with medications that affect serotonin

VS

GLP-1s

Mimic the hormones produced while eating, resulting in more-significant weight loss

GLP-1s as a percentage of all medications prescribed for diabetes*



TAKING ACTION

As manufacturers catch up to demand, plan sponsors must consider how these drugs could impact both the health and productivity of their members and employees. Evernorth delivers several successful strategies to help manage the appropriate utilization of these emerging weight loss medications.



Consumers are aware of the benefits of GLP-1s, but that has spurred a larger conversation around coverage and the return on investment for payers. On one hand, these treatments can be prohibitively expensive, with each dose carrying a significant price tag of at least \$1,200 per month. When patients don't carry a diabetes diagnosis, it can be hard for payers to justify covering the costs. But some customers are comfortable paying the high price out of pocket because of the social media marketing push and impressive results.

Historically, many plan sponsors have chosen to limit or refuse coverage of weight loss drugs due to their lack of proven results. But with obesity rates rising significantly from 1999 (30.5%) to 2020 (41.9%)⁴ and expected to continue to climb (50%) by 2030, it may be time to further invest in helping members who are trying to lose weight. Also, rates of obesity climbed during the COVID-19 pandemic and, not surprisingly, prediabetes and diabetes diagnoses increased as the pandemic eased and more people returned for their check-ups.



Obesity rates among U.S. adults



Covering these upfront costs could result in serious savings for plans and patients long term, because GLP-1s can be an effective treatment for weight loss. Obese adults in the U.S. experience 100% higher annual medical costs (\$2,505) compared to patients of a healthy weight. Obesity (\$173B annually) and diabetes (\$327B annually) are driving exorbitant costs for our health care system.

An increasing number of patients struggling with obesity are also living with prediabetes (96M), diabetes (37.3M) or cardiovascular disease (82.6M). Some are facing all three, a condition known as [cardiodiabetes](#). This trifecta of conditions is on track to become an epidemic of historic proportions. To address this challenge, payers will require a methodical approach. GLP-1s may prove to be a significant part of that strategy.

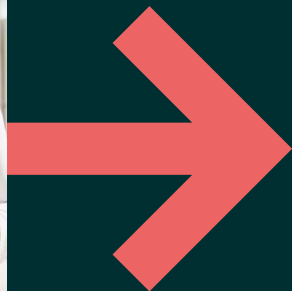
TAKING ACTION

Payers need to decide the value of weight loss for their members—both in terms of cost and overall health.

We can help optimize your options to decrease spend while increasing patient outcomes. Our experts are here to clarify the information around these emerging therapies, break them down and clearly explain utilization decision options that are right for plans and patients.



Learn how we're combating the growing challenge of [cardiodiabetes](#) and how we can help [personalize a GLP-1 strategy](#) for your patients.



FORWARD FOCUS

Preparation is key for preparing your plan or benefit for gene and cell therapies, biologic treatments, and the consumer demand that comes with GLP-1s. Having the right pharmacy partner can mean the difference between taking advantage of opportunities that accompany these emerging drugs or having an unexpected new therapy be unobtainable for your members and unmanageable for your benefit.

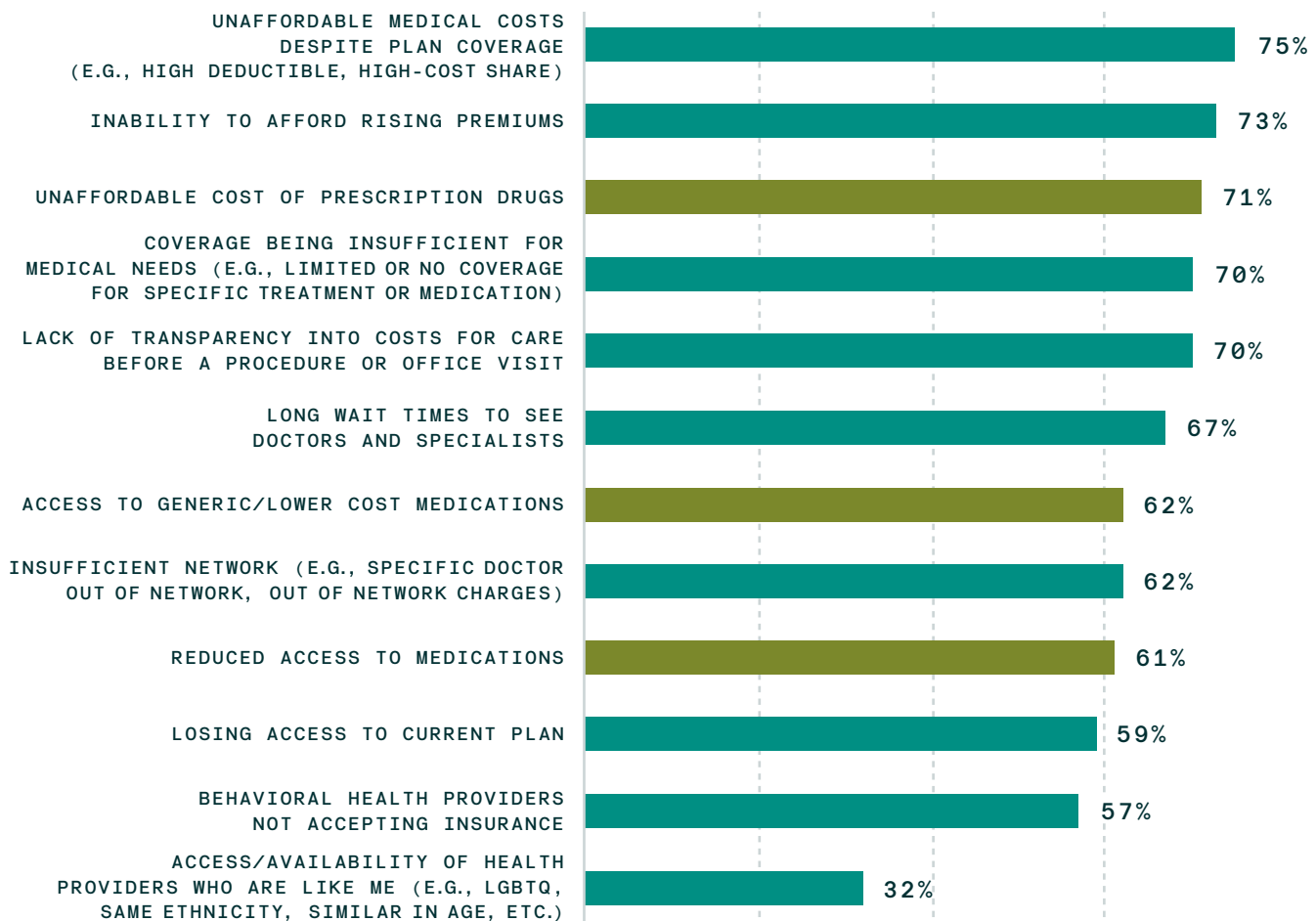
Affordability and accessibility are creating a challenging pharmacy landscape.

Prescription medication is a hot-button topic. It's discussed around dinner tables, in boardrooms and at sites of care everywhere. As access and affordability become more challenging and complex, decisions around prescription benefits are not only impacting health, but equity. Our recent consumer survey named access to low-cost medications as one of the top five considerations affecting a person's ability to stay healthy.

High drug prices lead customers to find their own ways to save

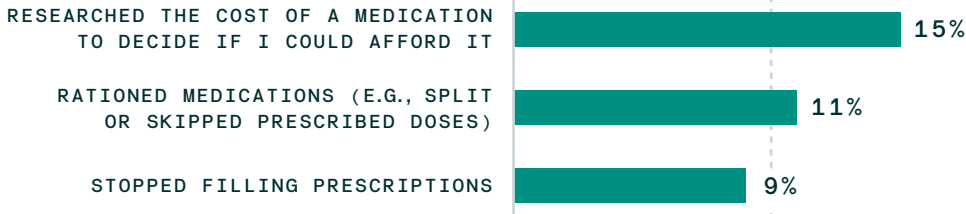
It's not just people without insurance who are worried about how they'll pay for prescriptions. Our results show those enrolled in a health insurance plan are also concerned about the affordability of prescription drugs (71%), access to generic and other low-cost medications (62%), and reduced access to medications in general (61%).

How concerned, if at all, are you about each of the following as they relate to your current health insurance plan?



Cost concerns are impacting health. In the past 12 months alone, customers report researching the cost of a medication to decide if they could afford it (15%), rationing medications by splitting or skipping doses (11%), and even stopping prescription fills altogether (9%).

Which of the following, if any, have you done in the past 12 months to manage, such as reduce or be able to afford, health care costs?



These decisions can lead to lower quality of life and more emergency room visits for consumers and higher downstream medical costs for themselves and their plans.



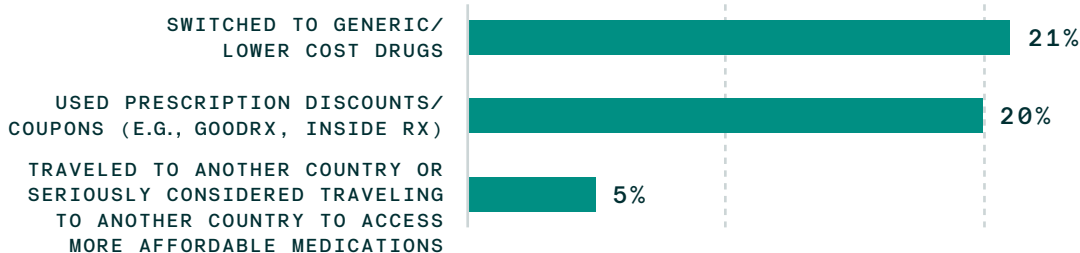
TAKING ACTION

Cost is a personal and complex issue for members.

But there are currently solutions in the market that can be customized for each payer and plan, including:

- + Guided and connected care from diagnosis to treatment for patients who may not know where to go and what their options are
- + High-touch, premier employee assistance programs (EAPs)
- + Coordinated copay assistance programs for specialty medications
- + Personalized population management tools
- + Affordable out-of-pocket pricing that removes cost as a barrier to care
- + Strategies designed to keep the cost of maintenance medications down for patients, employers and plans

As members try to stay adherent despite rising prices, many are finding new ways to save money, both within and outside their benefits. This includes switching to generic or lower-cost medications (21%), using prescription discounts or coupons (20%), or even considering travel to another country for more-affordable medications (5%).



Coupons

Coupon cards are growing in prominence in the U.S. as a way for consumers to save on their prescriptions. From 2017 to 2021, coupon card use grew from 3.3 to 5.4%.⁵ While costs are lower at the pharmacy counter, research shows these cards can pass higher prices on to payers and carriers. When the discounts expire, these cards lead to higher abandonment rates as consumers return to paying full price.

Generics

Generic drugs can save consumers anywhere from 30 to 80% off their medication costs.⁶ These safe, medically equivalent drugs offer significant savings over their brand-name counterparts for consumers, prescription plans and the entire health care system. Adoption of these drugs is on the rise, with generics accounting for 97% of all dispensed drugs today, up from 78% in 2010.⁷

Larger supplies

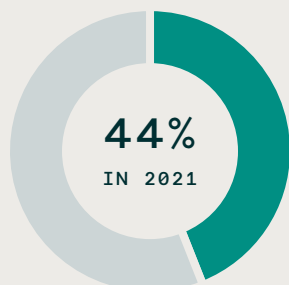
Switching to a larger days' supply, such as a 90-day supply, can provide savings compared with filling long-term medications each month. Evidence from nine studies also suggests that larger supplies are associated with increased medication adherence.⁸ One study focused on Medicaid saw a 20% increase in adherence when consumers switched from a 30-day supply to a 90-day supply of medication.⁹

Cash pharmacies

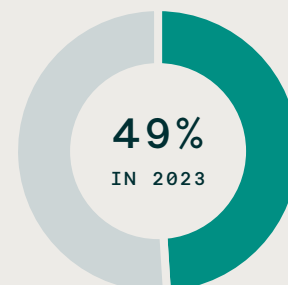
Cash pharmacies have entered the market with the perception of offering lower prices than typical benefit plans. This option can lead to gaps in care since the prescription benefit doesn't have knowledge of the patient's adherence or current prescriptions. Further, cash pharmacies typically have a limited list of medications and do not accept insurance. Currently, only certain generic drugs are available from cash pharmacies.¹⁰



Percent of consumers likely to use direct-to-consumer solutions



This movement to direct-to-consumer solutions isn't likely to slow down anytime soon. Consumers' likelihood to turn to these solutions to lower their costs has risen over 5% in the last two years alone.



The expanding scope, classification and cost of specialty drugs

While people taking traditional medications are concerned about the cost of their prescriptions, the challenge is much more pronounced in the specialty space. Affordability isn't just a struggle for patients either. Payers face a high price tag (\$38,000 PMPY) for specialty drugs, much higher (75x) than for non-specialty prescriptions.¹¹

Average annual medication costs per patient



Skyrocketing innovation is a driving force in this market. In 1990, there were only 10 specialty drugs.¹² Now, there are more than 500, with 40+ new therapies being approved each year.¹³ In the past 20 years alone, we've seen a huge increase (280%) in specialty drugs on the market. Prices are increasing along with prevalence. Costs have risen \$255 per person for specialty drugs since 2009, even as spending on traditional medications has decreased by more than \$210 per person.¹²

Part of the explosion of specialty drugs is the expansion of their scope. Once only used to treat the most rare and complex conditions, specialty drugs now target much more common conditions, including eczema and certain kinds of asthma.¹²

New medications entering the market are increasingly being classified as specialty drugs. Manufacturers are pushing for this classification due to the higher price they can command. This year, nearly 80% of the drugs that the FDA is expected to approve are specialty drugs.¹⁴



TAKING ACTION

With so many factors influencing the rise in specialty costs, there's no one solution.

Express Scripts and Accredo[®], Evernorth's specialty pharmacy, offer a complete suite of solutions to manage costs while delivering exceptional care. Our Therapeutic Resource Center[®] (TRC) model ensures that the right therapies are prescribed for the right conditions and that members get the care they need. Our TRCs, combined with our full suite of specialty capabilities, help drive savings (up to \$6.23 PMPM) while ensuring patient satisfaction (98%).

The critical role of employers in easing worries

Employers see the cost of care and medication as their primary focus in terms of both benefit strategy and investment. But the role of employers goes beyond building the right benefit behind the scenes. They must also communicate to their employees how they're actively addressing affordability. A clear and consistent communication plan is vital because over half of consumers (55%) are at least somewhat concerned that their employer will reduce pharmacy or prescription drug benefits in the future. Employers need to let members know the challenges the benefit is facing while reassuring them that costs are being closely monitored and managed.

How concerned, if at all, are you that your employer will reduce their offerings related to the following benefits in the future?



TAKING ACTION

In addition to easing concerns, employers also need to supply tools to help members navigate their benefits.

Express Scripts by Evernorth offers a variety of educational tools and navigational guidance to help employers and health plans communicate what's available to their members. This knowledge, understanding and access helps members know what's available and feel empowered to use their benefits to improve their health.

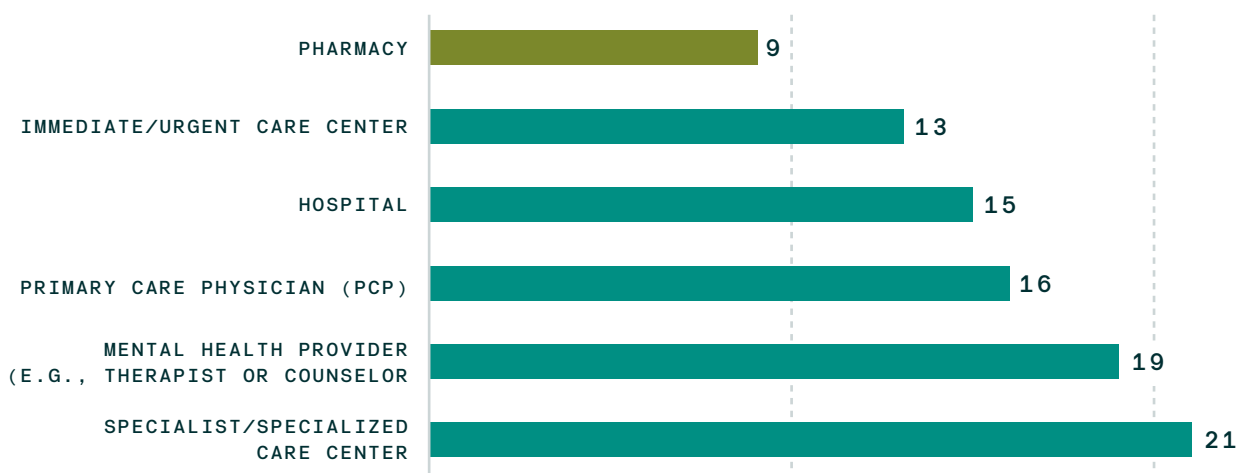


It's not just affordability, it's accessibility

When members can't conveniently access the pharmacy care they need, their health suffers. It's a problem that's consistent across generation, race, ethnicity and region.

[Programs are currently being offered](#) to help pharmacies in rural areas stay open and profitable to ensure access. These include increased reimbursements to pharmacies that are independently owned, are close to rural members, drive better outcomes and are unaffiliated with a drug wholesaler in areas where few pharmacies are available. But even though most patients may have a pharmacy nearby (within a nine-minute drive), they may still struggle to find a pharmacist to help them with their health care needs. As shortages loom, members will struggle finding pharmacists who understand their condition, match their demographics and understand their lifestyle.

From your home, how far away is the nearest...? (minutes)



TAKING ACTION

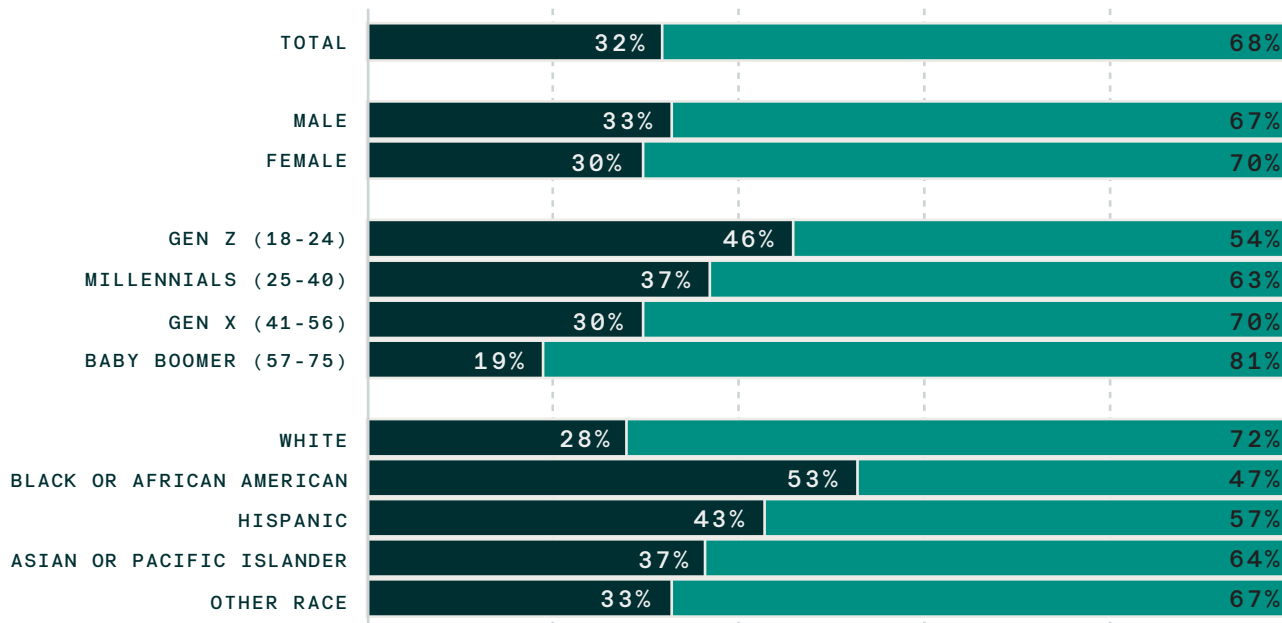
Transportation and geographic location must be considered so these factors don't impede a person's health and well-being.

Express Scripts by Evernorth connects patients to solutions such as medication delivery and high-quality virtual, telephonic care so they can access high-quality care anywhere.

An increasing number of patients (32%) are voicing concerns about being able to access health providers who look like them in terms of gender, race, ethnicity or sexual orientation. This is especially true for Black or African American customers (53%) and members of Gen Z (46%), which could point to this concern growing as the population ages. This challenge will only increase with the shortage of pharmacists and physicians. More on that in the next section.

How concerned are you about access/availability of health providers who are like you (e.g., LGBTQ, same ethnicity, similar in age, etc.)?

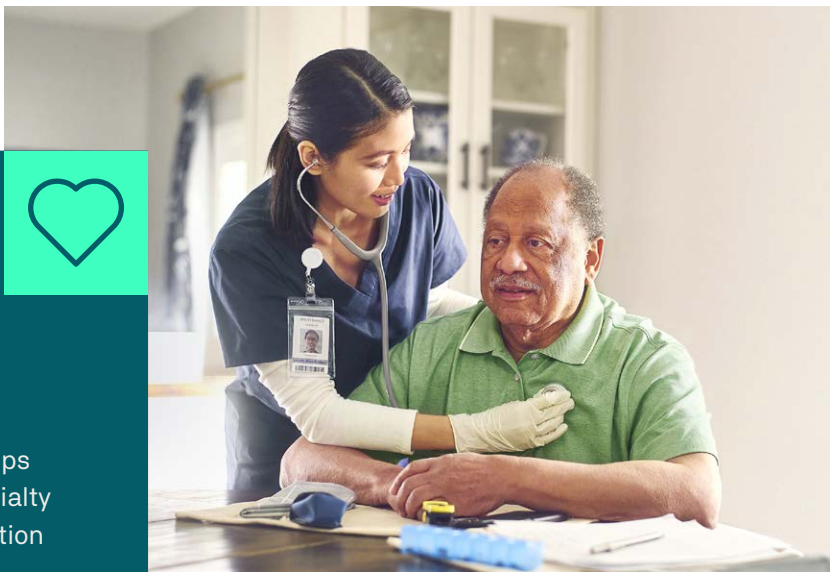
- VERY/SOMEWHAT
- NOT VERY/NOT AT ALL



TAKING ACTION

Patients need dedicated support for complicated or complex situations that transcend traditional care.

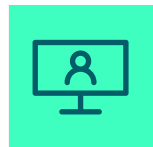
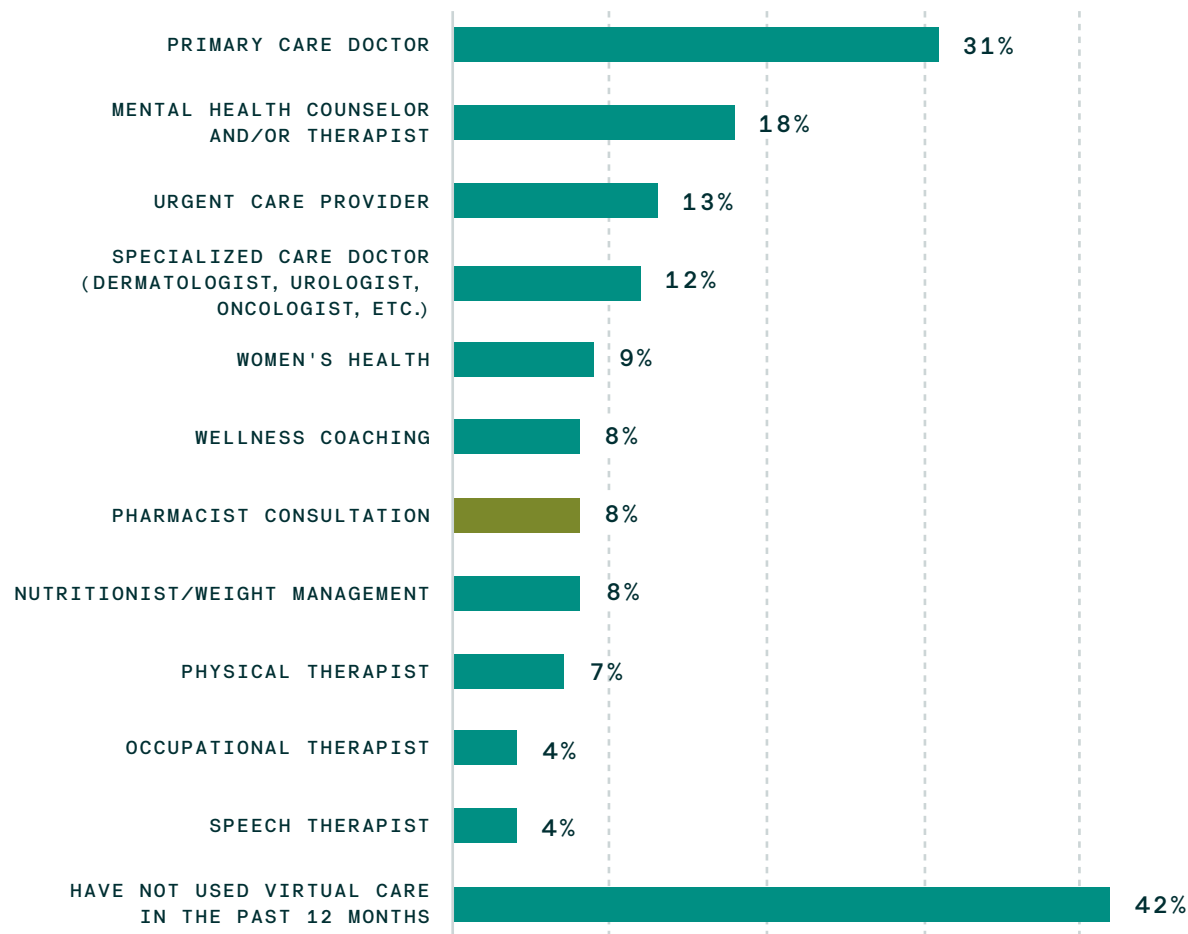
Express Scripts by Evernorth leverages telehealth partnerships to connect people with specialized resources, including specialty support, fertility and family expansion options, chronic condition care, support for patients at risk of hospital readmission and more. By utilizing telehealth services, we connect people to the support they need, no matter where they are.



The pandemic accelerated the use of virtual consultations with pharmacists among consumers, indicating an opportunity to improve access. In fact, telehealth utilization is at 38x the level it was pre-pandemic.

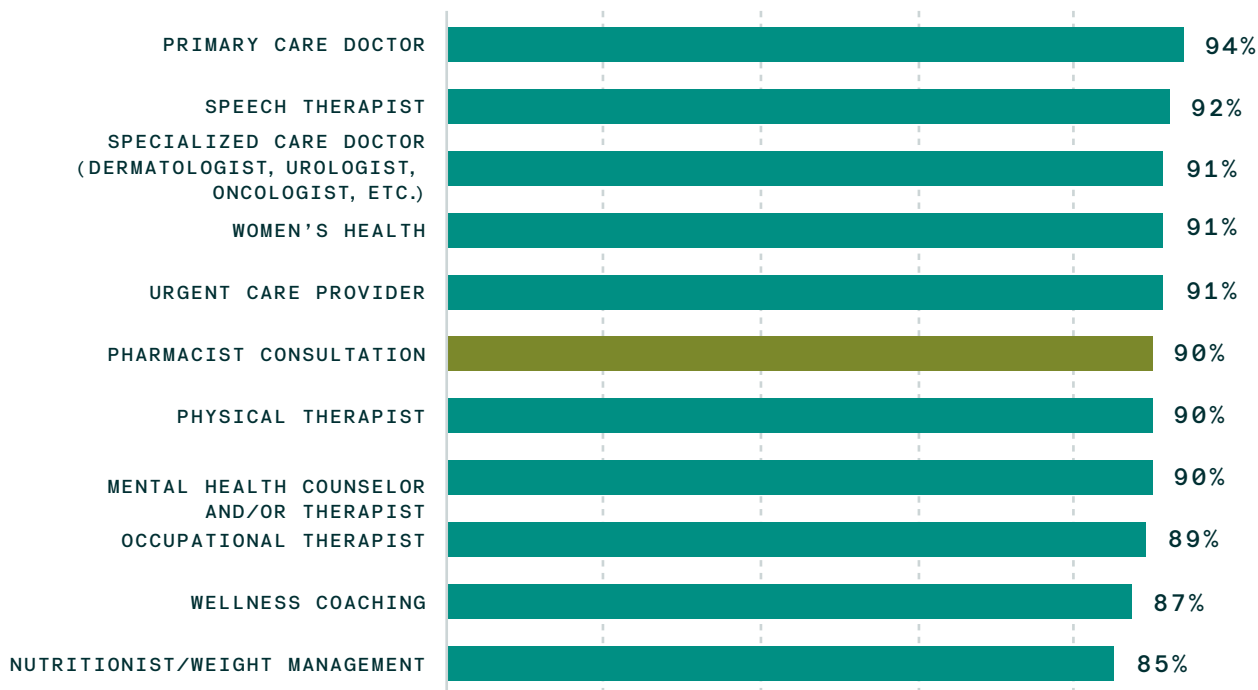
Even though telehealth utilization is up, it may not stay that way. A growing number of people are shifting back to in-person visits. Only a small percentage of the population (8%) reported a virtual visit with a pharmacist in the past 12 months. A much larger portion of respondents (71%) did not engage with a pharmacist virtually in the past year. Pharmacists are seeing the shift back to in-person care too, citing that they engage with fewer patients (16%) via telehealth all or most of the time.

Which of the following, if any, have you consulted via virtual care in the past 12 months?



Today, telehealth utilization is at **38x** the levels it was pre-pandemic in February 2020. The good news is that the vast majority (**90%**) of customers are satisfied with virtual visits when they have them.

Thinking across all your virtual consultation experiences in the past 12 months, how satisfied, if at all, are you with each of the following?



Likelihood to engage with patients via telehealth



Home delivery pharmacists are more likely to engage with patients via telehealth (56%) compared to retail pharmacists (15%). Many pharmacy benefit plan providers (90%) want to continue expanding virtual pharmacy consults to bridge equity gaps.

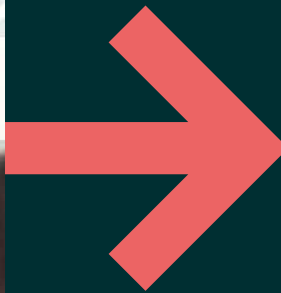




TAKING ACTION

As plan sponsors look to expand virtual care, Express Scripts by Evernorth sees pharmacy consultations, both in person and through telehealth, as a potential solution to improving pharmacy-related education and access.

The more people know about these opportunities, the more they will continue to use them in the future. This also creates a way for patients to find pharmacists who share their demographics or understand their conditions or lifestyle.



FORWARD FOCUS

With affordability and accessibility at the forefront, how will plans and employers navigate the scope expansion of specialty medications? These treatments can cause affordability concerns for both plans and their members, but the expanded utilization of certain specialty medications can also help patients access treatments that were not previously available to them.

As the FDA continues to evolve their approval process, it can be hard for payers to feel confident that the drugs they're covering are safe and effective. Having a pharmacy partner that's familiar with both traditional and specialty pharmacy will help employers and plans make the best decisions for their organizations' stability and their members' health.

Pharmacists face bigger roles and smaller numbers.

As the pharmacy landscape continues to change, so does the role of pharmacists. Our research shows that most patients (77%) agree or strongly agree that the pharmacist is an integral member of the care team. Today, pharmacists are critically important during the care journey, and additional factors will further expand their role in the future.

As physician numbers decline, the role of pharmacists expands

Providers see pharmacists taking a larger role in the care journey, both from a coverage and collaboration standpoint.



Why the growing prominence of pharmacists? There's a growing need for clinical expertise. A recent study by the American Medical Association estimates that the U.S. could see a shortage of 124,000 physicians by 2034.¹⁵

Physicians face both a shortage of time and clinical staff. And with so much new medical information, including literature and clinical studies being published, the volume is too much to digest. It's estimated that it would take reading an impossible 29 hours per day to stay up to date on new medical research.¹⁶



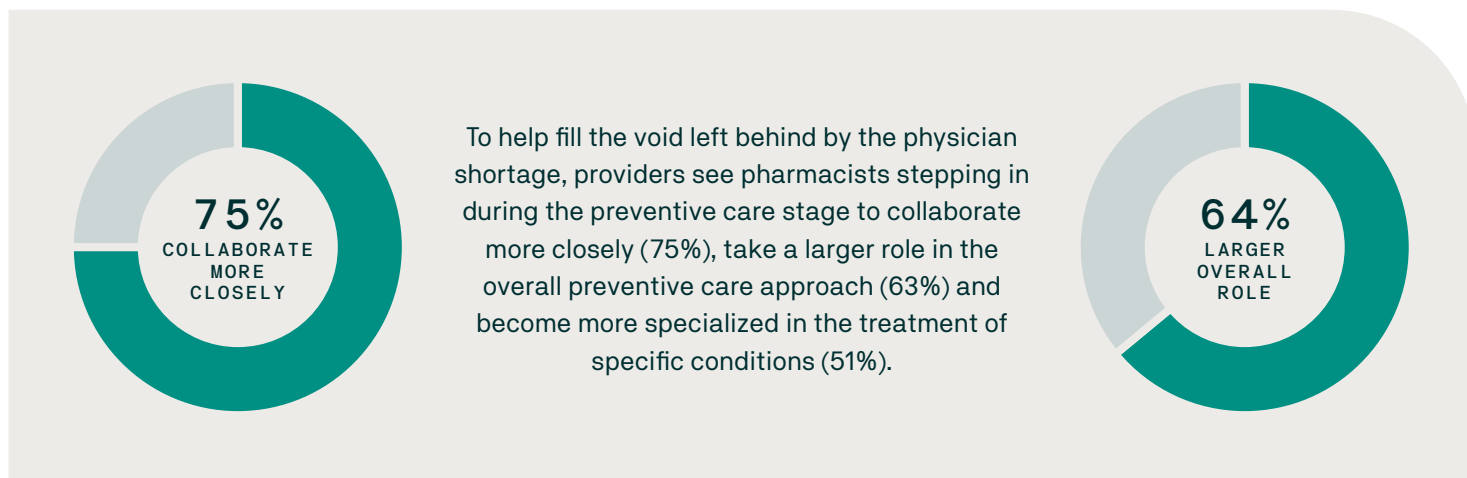
TAKING ACTION

How are we helping pharmacists?

By creating solutions that offer support. We recently announced key efforts to expand access to health care in rural communities through partnerships with independent pharmacies. The new [IndependentRx Initiative](#) offers increased reimbursement opportunities and additional care services to rural independent pharmacies. We also created our Independent Pharmacy Advisory Committee to help strategically expand the role of rural, suburban and urban pharmacies in the health care system to meet these growing demands.

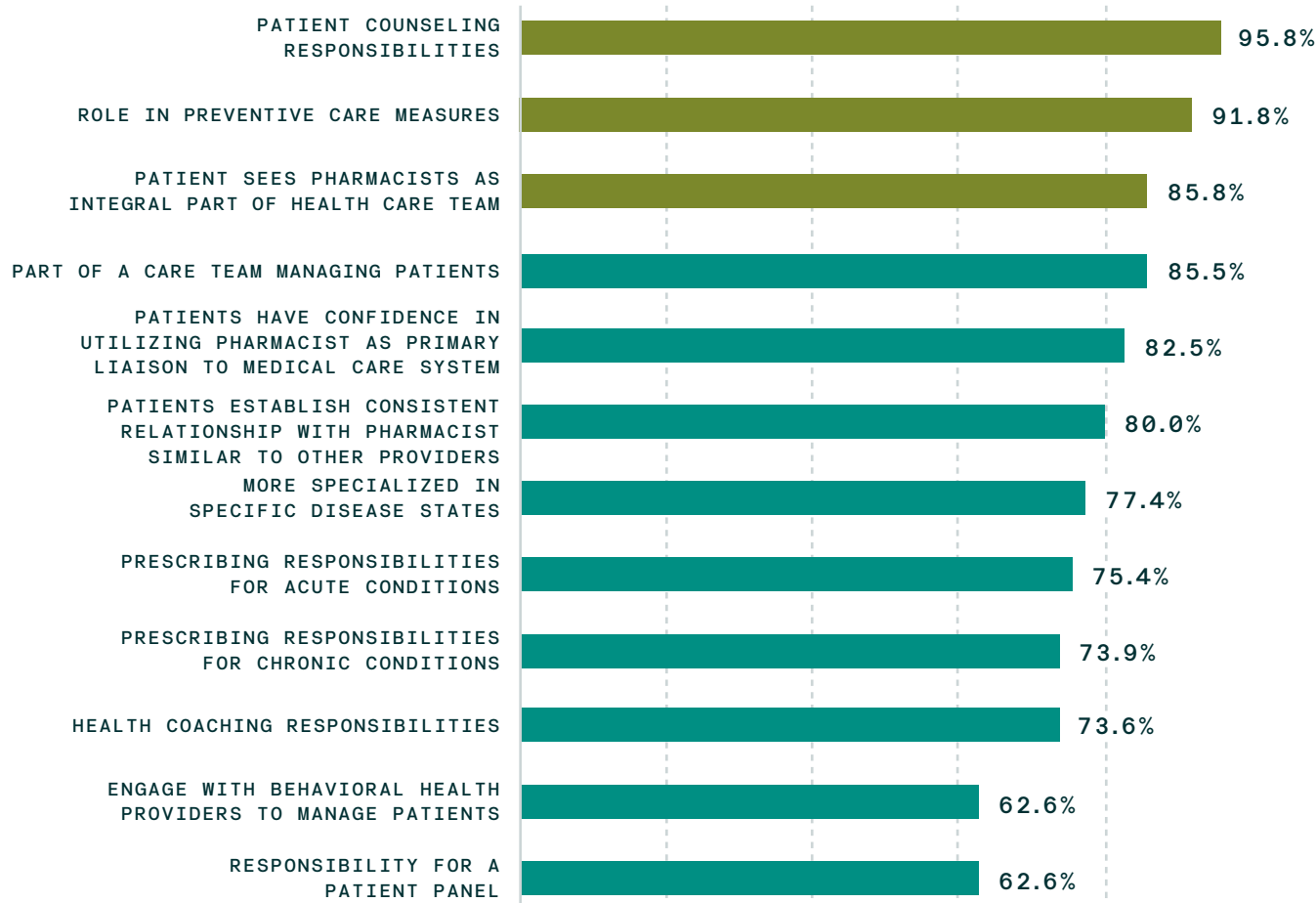


Pharmacists and preventive care



With physicians in high demand and short supply, pharmacists are increasingly positioned to fill direct gaps in patient care. Pharmacists agree they are likely to assume greater patient counseling responsibilities (96%), take on a more prominent role in preventive care measures (92%) and remain more integrated in a care management team structure (86%).

Pharmacist respondents strongly agree or agree to anticipated changes in pharmacy care

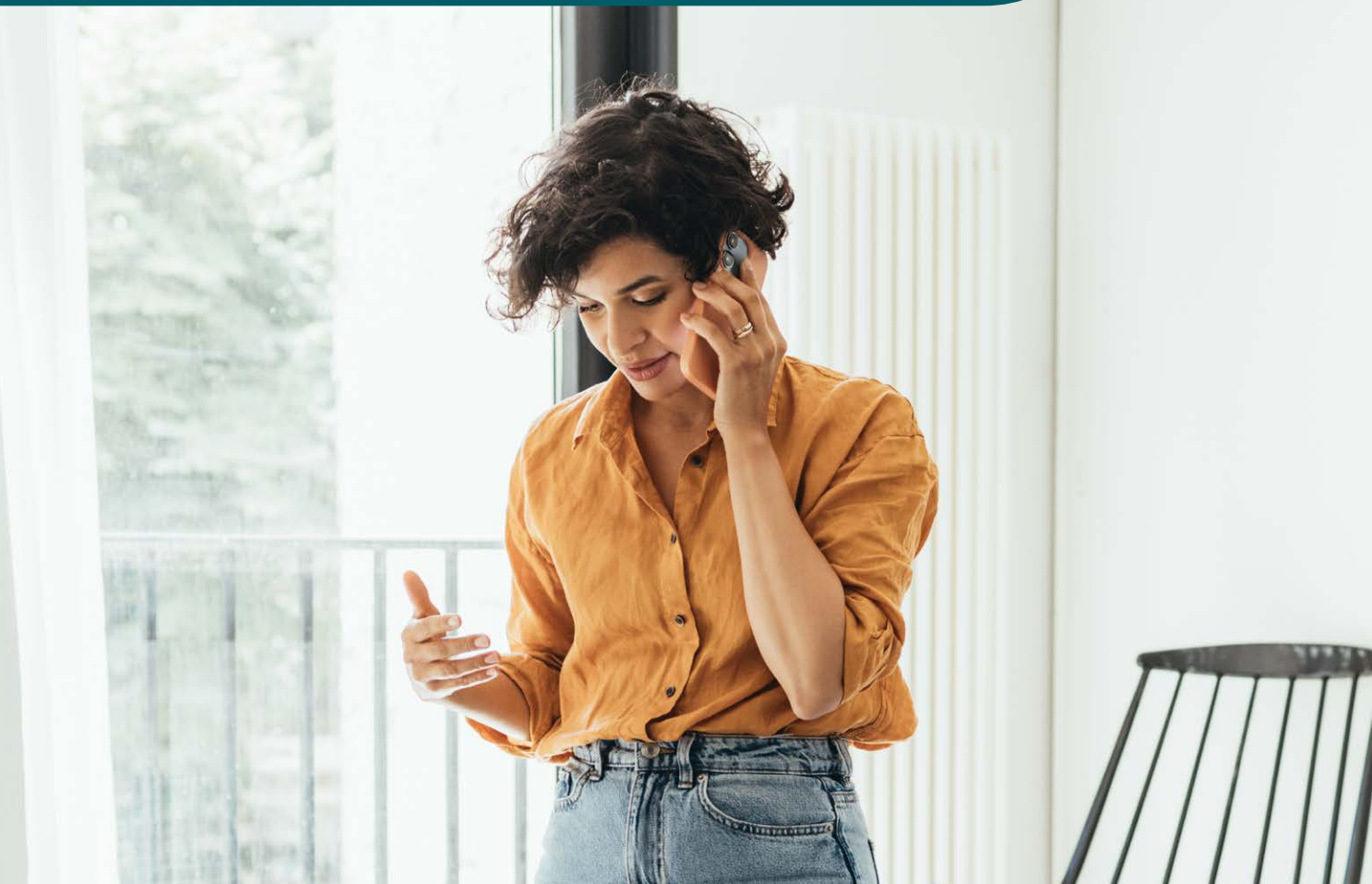
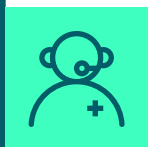


Similarly, pharmacists anticipate that, in the future, patients will rely on their pharmacists as their primary liaisons to the medical care system (80%) and will establish a consistent relationship with pharmacists like they do with other health care professionals.

TAKING ACTION

We have 1,000+ pharmacists trained in specific areas of health and focused on specific roles.

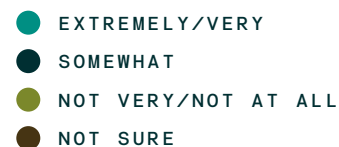
These experts in our TRCs deliver a higher level of patient care, better clinical outcomes and increased adherence. The best part? They're available to patients 24/7. No voicemails. No callbacks. No rushed conversations. And if patients ever have an issue, we have support. Patients who call our patient care advocate team receive first-call resolution 97% of the time.



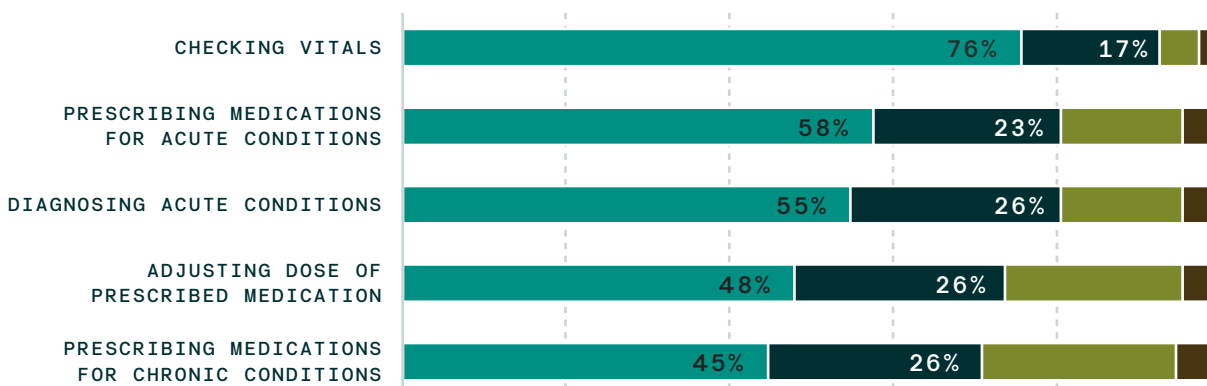
Pharmacists and primary care

Given the ongoing shortage of physicians and other clinicians, particularly since the beginning of the COVID-19 pandemic, pharmacists have been expected and empowered to play a more central role in traditional primary care activities.

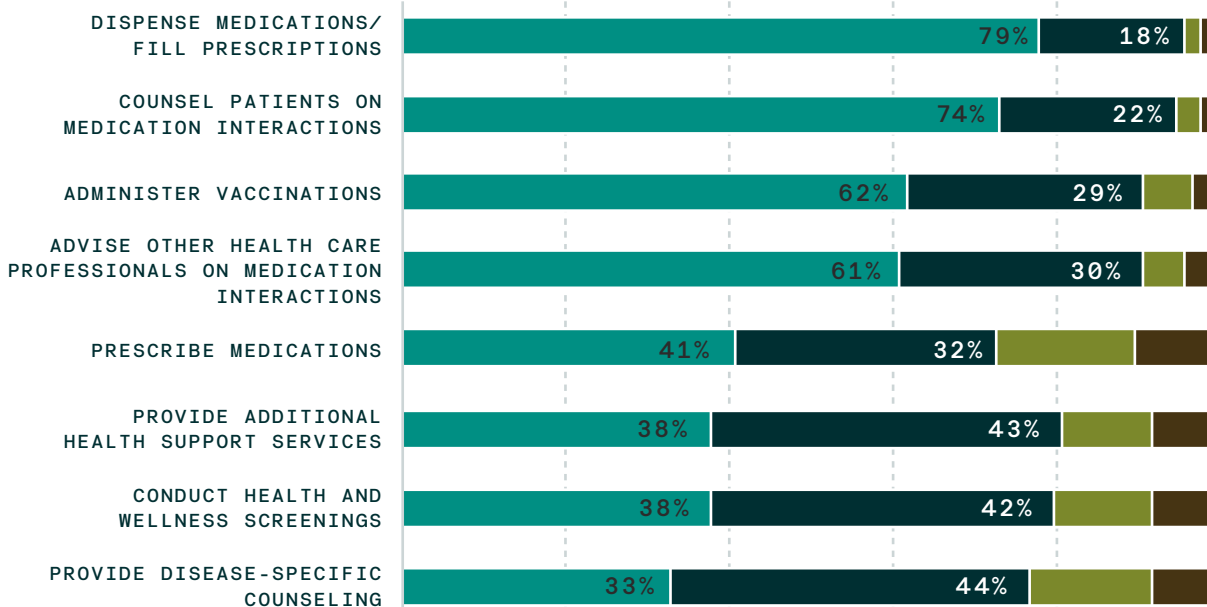
Consumers are also enthusiastic about the expanded role of pharmacists and indicate that they're either very or extremely comfortable with pharmacists performing clinical activities. This includes checking vitals (76%), diagnosing acute conditions (55%) and providing additional health support services (38%) in addition to typical pharmacy activities, such as dispensing medications (79%), prescribing medications for acute conditions (58%) and counseling patients on medication interactions (74%).



Consumer respondents' comfort with pharmacist performing clinical activities



Consumer level of trust in pharmacists to perform certain activities



TAKING ACTION

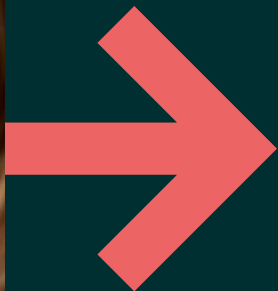
Specialty conditions can require a special level of care.

That's why our TRC specialist pharmacists are available 24/7 to help patients find the right resources, right away. In addition to specially trained pharmacists, we provide patients with a social worker to connect them with community resources, transportation to doctor appointments, financial support services, meal services and more when needed. If a patient can't travel to appointments, we arrange in-home services to help meet their health care needs.



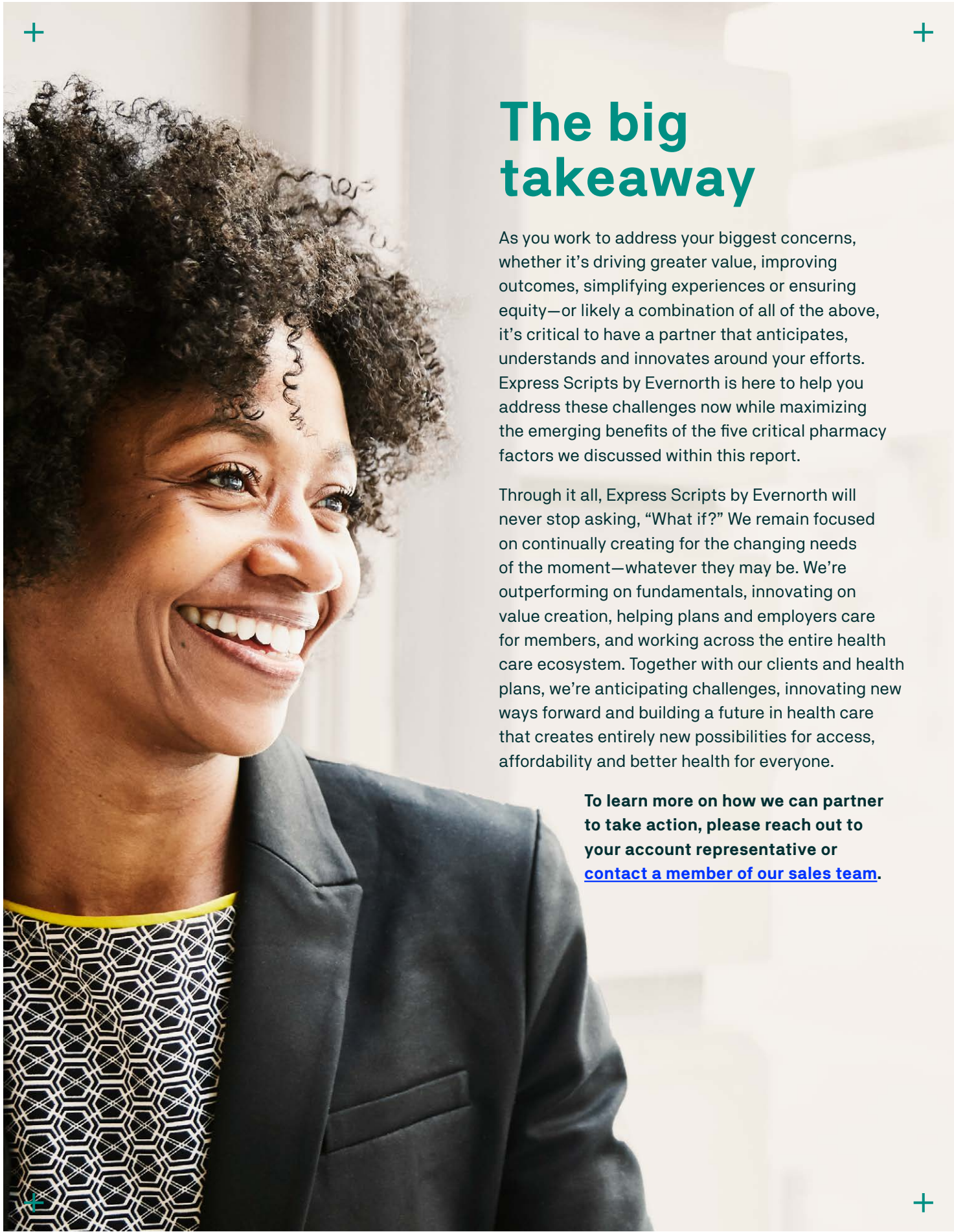
Facing a pharmacist shortage

While the expansion of pharmacists' clinical responsibilities is promising, especially in terms of access, it won't solve everything. Pharmacies themselves are facing staffing shortages and broad cutbacks in hours. According to data from the U.S. Bureau of Labor Statistics, there was a 6% decline in pharmacists working in pharmacies between 2019 and 2021. That trend doesn't seem like it will change anytime soon, as the bureau predicts the shortage will continue to grow over the next decade.¹⁷



FORWARD FOCUS

With pharmacists thrust into a larger role within the care team, it can be a challenging for them to keep up with specialty expansion and emerging therapies. With the long average tenure (15 years) and clinical expertise of our TRC pharmacists, we possess the experience and knowledge to understand the latest developments in the industry and which moves will improve the health of both payers and members.



The big takeaway

As you work to address your biggest concerns, whether it's driving greater value, improving outcomes, simplifying experiences or ensuring equity—or likely a combination of all of the above, it's critical to have a partner that anticipates, understands and innovates around your efforts. Express Scripts by Evernorth is here to help you address these challenges now while maximizing the emerging benefits of the five critical pharmacy factors we discussed within this report.

Through it all, Express Scripts by Evernorth will never stop asking, "What if?" We remain focused on continually creating for the changing needs of the moment—whatever they may be. We're outperforming on fundamentals, innovating on value creation, helping plans and employers care for members, and working across the entire health care ecosystem. Together with our clients and health plans, we're anticipating challenges, innovating new ways forward and building a future in health care that creates entirely new possibilities for access, affordability and better health for everyone.

To learn more on how we can partner to take action, please reach out to your account representative or [contact a member of our sales team.](#)

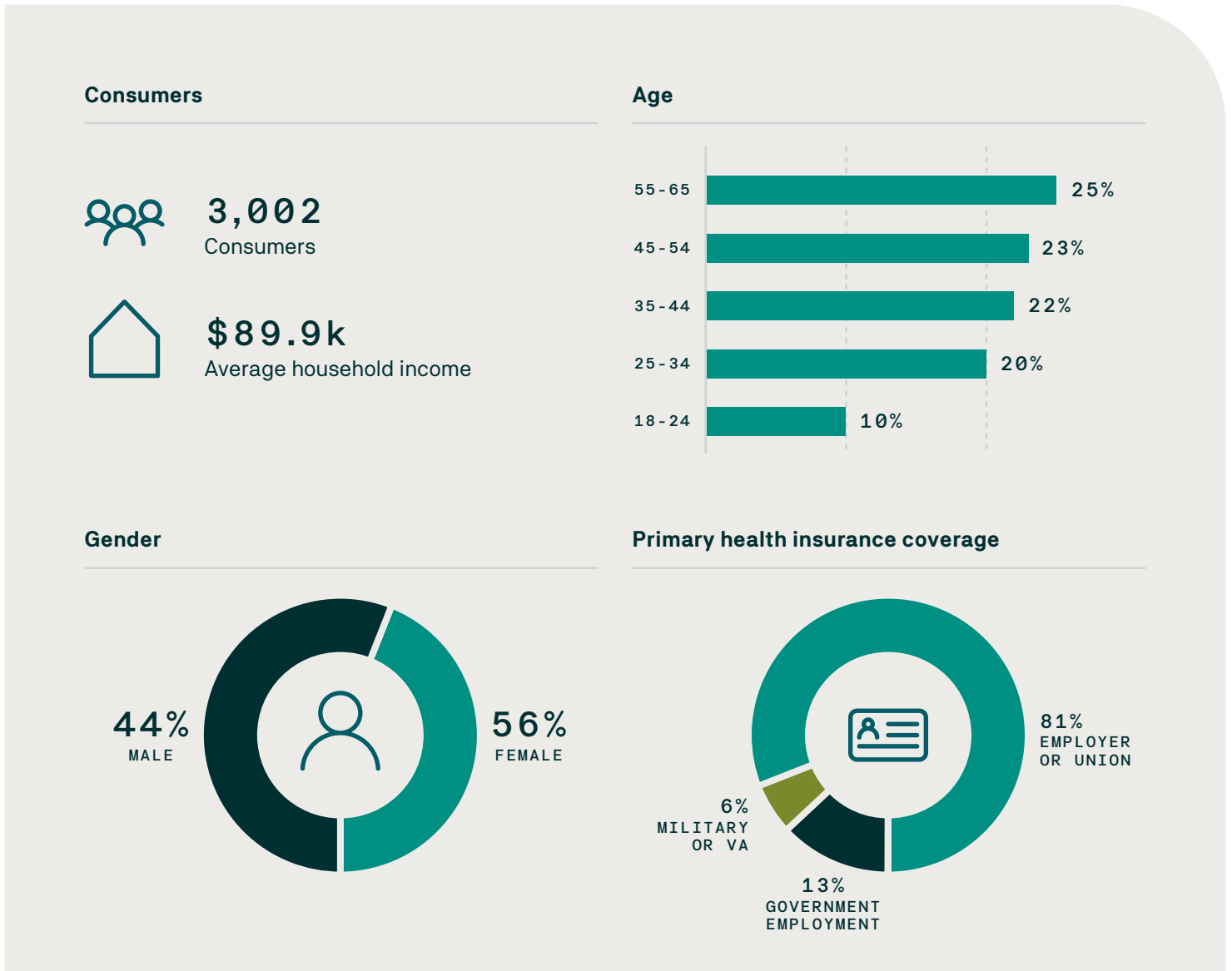
Methodology

The methodology used for the 2023 Pharmacy in Focus report is based on data collected for the 2023 Health Care in Focus report. This data was collected from two December 2022 surveys conducted by Ipsos on behalf of Evernorth. Survey data was supplemented by additional research from our internal teams around glucagon-like peptide 1 (GLP-1) agonists.

Consumer survey

FIELD DATES: DECEMBER 2-22, 2022

Survey respondents were recruited by Ipsos. To participate, respondents had to have health insurance coverage, including prescription drug coverage, for themselves or someone in their household through their employer or union, government employment or military/VA.



Decision-makers survey

FIELD DATES: DECEMBER 2-22, 2022

575 employers

To participate, employer respondents had to be working full-time for a company with at least 1,000 employees that provides both medical and pharmacy benefits. The respondent also had to be a decision-maker when it came to selecting and managing the employee benefits for their organization.

75 health plan leaders

Health plan leader respondents had to be working full-time for a national or regional health plan serving at least 100,000 members. The respondent also had to be a decision-maker when it came to determining the benefits partners/suppliers that health plan offered to groups/clients.

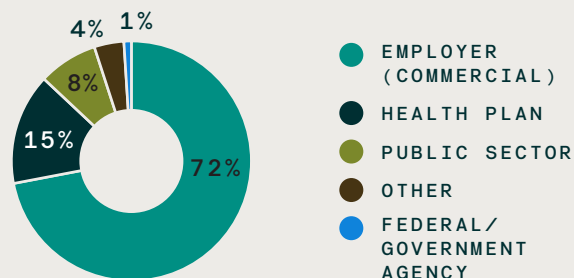
GLP-1 supplemental research

The data represents our normalized commercial population where the patient was 18+ years old. The data represents GLP-1 drugs, including Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity and Victoza.

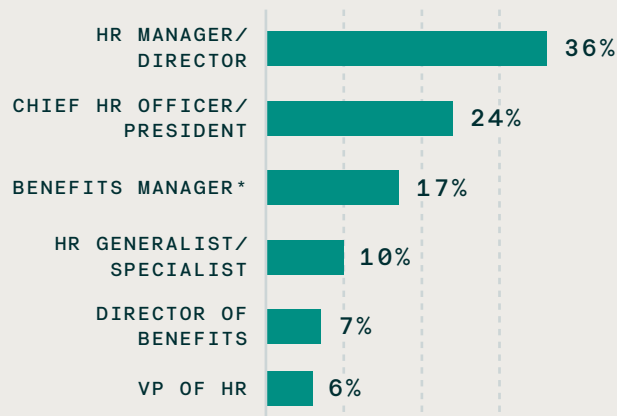
The diabetic class represents drugs used for the management of diabetes, including insulins, biguanides and SGLT2s.

Data was generated monthly from January 1, 2022 thru June 30, 2023 and looked at adjusted prescriptions per user.

Type of organization

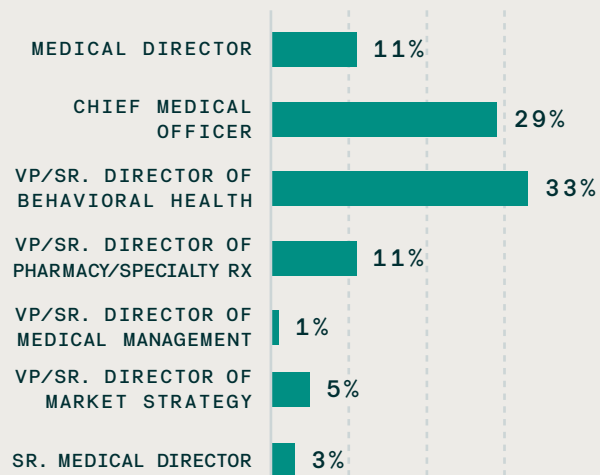


Employer job titles



*Titles may also include Benefits Specialist, Administrator, Coordinator or Supervisor.

Health plan leader job titles



Key terminology

- + **Biologics:** Highly effective medicines made in living cells. Usually delivered by injection under the skin or by intravenous infusion, they improve health in many complex conditions
- + **Biosimilars:** Biologic drugs that are highly similar and clinically equivalent to another biologic reference product already approved by the U.S. Food and Drug Administration (FDA)
- + **Cardiodiabetes:** Describes the interrelationship between cardiovascular disease, type 2 diabetes and obesity. This condition is progressive. Having a diagnosis of one of the three qualifies you for having cardiodiabetes
- + **Cell therapies:** Created by a process that involves removing cells from the patient's body and modifying the genes of those cells in a laboratory, essentially programming them to treat or fight a specific disease. Modified cells are then introduced back into the body
- + **Chronic condition:** A health condition or disease that is persistent or otherwise long lasting in its effects, or a disease that comes with time
- + **Consumer:** Individual respondent who has health insurance coverage, including prescription drug coverage, through an employer or a union, a government employer or the military/VA; may also be referred to as "employee" or "member" by plan sponsors
- + **Coupon cards:** Discount cards to offer lower costs at the pharmacy counter for a limited number of prescription fills
- + **Employer:** Individual responsible for selecting and managing the employee benefits for a company or other organization, such as a human resources decision-maker
- + **Formulary:** A list of covered medications
- + **Generics:** Medically equivalent drug to brand-name drug
- + **Gene therapies:** Highly targeted medications that introduce genetic material into a person's DNA to edit and replace faulty or missing genetic material that leads to disease
- + **Glucagon-like peptide-1 (GLP-1) medications:** FDA-approved medications approved for type 2 diabetes that help lower blood sugar levels and promote weight loss. Additionally, certain GLP-1 medications have been approved specifically for weight loss
- + **Health insurance:** A type of insurance that covers the whole or a part of the risk of a person incurring medical expenses
- + **Health plan leader:** Individual who works for a health plan organization in the health insurance industry and determines the benefits partners and/or suppliers offered to groups and/or clients
- + **Home delivery:** A pharmacy program that delivers medications to your home or another address of your choice
- + **Pandemic:** A widespread occurrence of an infectious disease over a whole country or the world at a particular time
- + **Patent protection:** Government authorization stipulating that an invention cannot be commercially made, used, distributed, imported or sold by others without the patent owner's consent
- + **Payers:** Organizations, such as health plan providers, Medicare and Medicaid, that set service rates, collect payments, process claims and pay provider claims
- + **Pharmacist:** A person who is professionally qualified to prepare and dispense medicinal drugs
- + **Plan sponsor:** An employer or organization that offers a group health plan to its employees or members. Includes both employers and health plan leaders
- + **Preventive care:** Routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems
- + **Primary care:** Day-to-day health care from a health care provider
- + **Specialty medications (drugs):** Medications used to treat complex and long-term conditions that usually have to be stored or handled in special ways. Commonly used for conditions such as multiple sclerosis, rheumatoid arthritis and hemophilia
- + **Telehealth/Virtual care:** Electronic and telecommunications technologies and services used to provide care and services remotely

References

1. U.S. Food and Drug Administration (FDA). "Statement from FDA Commissioner Scott Gottlieb, M.D. and Peter Marks, M.D., Ph.D., Director of the Center for Biologics Evaluation and Research on new policies to advance development of safe and effective cell and gene therapies." [Press release]. January 15, 2019. <https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-and-peter-marks-md-phd-director-center-biologics>
2. Dorholt, M. "What to look for in the upcoming gene therapy pipeline." Evernorth Health Services. April 20, 2023. <https://www.evernorth.com/articles/developments-in-gene-therapy>
3. Kalorama Information. "\$5.2 Billion Cell and Gene Therapy Market to Grow Tenfold from 2021–23" [Press release]. Markets Insider. March 7, 2022. <https://markets.businessinsider.com/news/stocks/5-2-billion-cell-and-gene-therapy-market-to-grow-tenfold-from-2021-2031-1031259019>
4. Evernorth Health Services. "Three of the biggest drivers of health care costs." June 7, 2023. <https://www.evernorth.com/articles/three-biggest-drivers-health-care-costs>
5. Fein, AJ. "Five Surprising Facts About GoodRx and the Discount Card Market." Drug Channels. October 4, 2022. <https://www.drugchannels.net/2022/10/five-surprising-facts-about-goodrx-and.html>
6. Napolitano, E. "Struggling With Prescription Costs? Try These 10 Resources." Forbes Advisor. May 5, 2022. <https://www.forbes.com/advisor/personal-finance/save-money-on-prescription-drugs/>
7. Trish E, Van Nuys K and Popovian R. "U.S. Consumers Overpay for Generic Drugs." [White paper]. USC Leonard D. Schaeffer Center for Health Policy & Economics. May 31, 2022. <https://healthpolicy.usc.edu/research/u-s-consumers-overpay-for-generic-drugs/>
8. King S, Miani C, Exley J, Larkin J, et al. "Impact of issuing longer- versus shorter-duration prescriptions: a systematic review." *British Journal of General Practice*, 68(669); April 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5863683/>
9. Taitel M, Fensterheim L, Kirkham H, Sekula R, et al. "Medication Days' Supply, Adherence, Wastage, and Cost Among Chronic Patients in Medicaid." *Medicare & Medicaid Research Review*, 2012; 2(3). doi: 10.5600/mmrr.002.03.a04. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006393/>
10. Munigala S, Brandon M, Goff ZD, Sagall R, et al. "Drug discount cards in an era of higher prescription drug prices: A retrospective population-based study." *Journal of the American Pharmacists Association*, 2019 Nov–Dec; 59(6):804–808.e1. doi: 10.1016/j.japh.2019.05.021. <https://pubmed.ncbi.nlm.nih.gov/31422026/>
11. Cigna Healthcare. "Can the Promise of Specialty Medicine Outweigh the Financial Strain on the Health Care System?" Page last accessed August 23, 2023. <https://newsroom.cigna.com/promise-specialty-medicine-outweigh-financial-strain-health-care-system>
12. Macpherson M, Clark K, Ghosh D, and Rudoy J. "Specialty Drugs: A Prescription for Managing Rising Cost and Care Needs." Oliver Wyman. 2019. <https://www.oliverwyman.com/our-expertise/perspectives/health/2020/feb/specialty-drugs--a-prescription-for-managing-rising-cost-and-car.html>
13. Wehrwein, P. "Tis Full and Very, Very Expensive: the 2023 Specialty Drug Pipeline." *Managed Healthcare Executive*. March 24, 2023. <https://www.managedhealthcareexecutive.com/view/tis-full-and-very-very-expensive-the-2023-specialty-drug-pipeline-amcp-2023>
14. Fortuato, P. "Specialty drugs: employers are weary (and for good reason)." *Benefits PRO*. June 29, 2023. <https://www.benefitspro.com/2023/06/29/specialty-drugs-employers-are-weary-and-for-good-reason/>
15. Robeznieks, A. "Doctor shortages are here—and they'll get worse if we don't act fast." *American Medical Association*. April 13, 2022. <https://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act>
16. Curioni-Fontecedro, A. "A new era of oncology through artificial intelligence." *ESMO Open*, 2017; 2(2): e000198. doi: 10.1136/esmoopen-2017-000198. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5519782/>
17. Salib, V. "Looking for Solutions Amidst Pharmacist Shortages and Burnout." *PharmaNewsIntelligence*. February 07, 2023. <https://pharmanewsintel.com/news/looking-for-solutions-amidst-pharmacist-shortages-and-burnout>

MORE INSIGHTS:
[EVERNORTH.COM](https://evernorth.com)

CLICK TO SHARE:

