

## Worker Productivity and Use of Specialty Medications

Spending on specialty medications has been increasing. In 2012, specialty medications accounted for 24 percent of total drug spending in the commercial market, but by 2016 specialty medications accounted for 36 percent. By 2020, specialty medications are expected to account for nearly one-half of total drug spending in the commercial market. Managing specialty medication spending is considered one of the most effective tactics for controlling health care costs. But does the cost of specialty medications pay off in other ways—such as increased productivity?

This was a topic in Employee Benefit Research Institute (EBRI) *Issue Brief*, “The Relationship Between Health Plan Type, Use of Specialty Medications and Worker Productivity.” The analysis was conducted on nearly 100,000 unique individuals with the following autoimmune diseases: rheumatoid arthritis (RA), Crohn's disease, ulcerative colitis, psoriasis, and multiple sclerosis (MS) using data from the Truven Health Analytics MarketScan® Research Commercial Claims and Encounters Database.

### About Specialty Medications:

Specialty medications are high-cost medications used to treat chronic conditions that are often rare, such as autoimmune diseases and multiple sclerosis (MS), which has a prevalence rate of about 0.1 percent in the United States. Specialty medications usually require special handling and/or storage, as they are often injectable, infused, or inhaled. They can be covered by the pharmacy benefit, the medical plan, or both.

### Key Take-Aways:

Our expectation was that use of specialty medications might increase productivity by reducing both absenteeism and short-term disability among workers with these treatable autoimmune disorders. Yet, we did not find strong evidence to support this. Importantly, however, we were unable to measure the severity of the autoimmune illness experienced by those taking specialty medications vs. those that did not. It is possible that those taking specialty medications were more acutely ill, as this would explain our findings.

Specifically, we found no significant relationships between use of specialty medication for the aforementioned diseases and absenteeism (defined as any days absent, or days absent conditioned on an individual being absent)—with one exception. Namely, any specialty drug use for RA was associated with 2.5 fewer conditional days absent. On the other hand, for MS, each additional specialty drug fill was associated with 0.3 *more* days absent.

Likewise, there was no evidence that use of specialty medications affected whether a worker took short-term disability. And, the impact of specialty medications on duration of time employees spend on short-term disability was mixed. Crohn's and psoriasis patients who took any specialty drugs experienced 37.6 and 42.6 fewer short-term disability days, respectively. Conversely, each additional specialty drug fill was associated with 4.0 and 5.6 more days on short-term disability among psoriasis and MS patients, respectively.

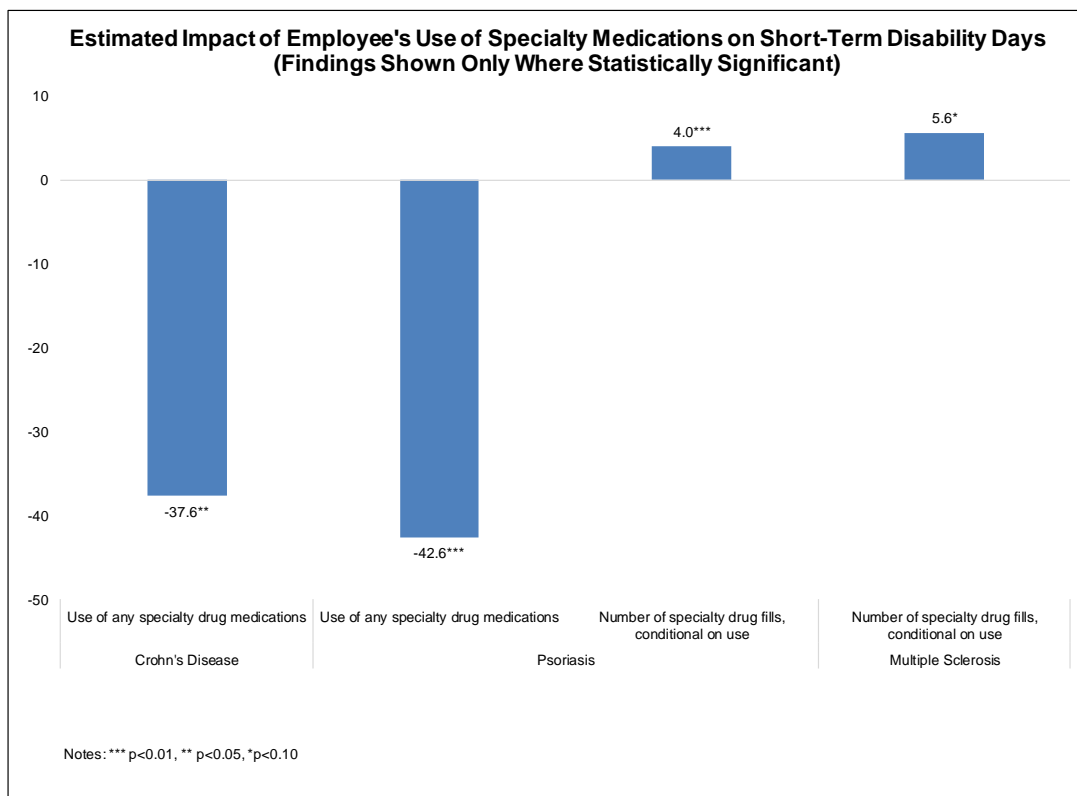
Similarly, we found little support for the theory that worker absenteeism would be lower for employees whose dependents with autoimmune diseases were on specialty medications (e.g., if those medications reduce the need

for the employee to take time off from work to care for their dependent). The only exception was among spouses using specialty medications for ulcerative colitis: employees were absent from work 6.5 fewer days.

The number of specialty drugs filled for spouses with autoimmune diseases also produced mixed results for worker absenteeism. There was no impact on worker absenteeism among employees whose spouses had Crohn’s disease, psoriasis or MS. More fills coincided with reduced absenteeism among workers with spouses treated for ulcerative colitis, but increased absenteeism among workers with spouses treated for RA.

Even medication adherence measures, such as the proportion of days covered had no impact on absenteeism or short-term disability among workers with MS (the only autoimmune disease for which we evaluated this).

Again, one important caveat to our findings is that our results may have been driven by the timing of taking a specialty medication. For example, if those taking such medications were more likely to be on or close to being disabled and/or so ill that they were already taking a lot of time off from work, this could clearly have impacted these findings.



The EBRI report, “The Relationship Between Health Plan Type, Use of Specialty Medications and Worker Productivity” is published as the July 23, 2018 EBRI *Issue Brief*, and is available online [here](#).

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