specialty pharmacy summit 2018

Automating Specialty Enrollment Panel Discussion

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Nuances of Specialty Market

- **No universal definition of specialty**
  - High-cost, complex regimens
  - Special handling, special monitoring
  - Trend towards outcomes-based payer contracts

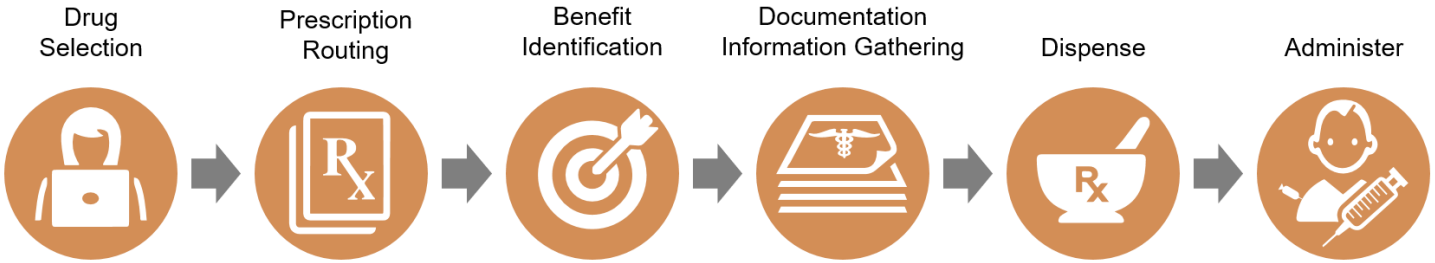
- **No universal reimbursement, dispensing or administration model**
  - Covered under pharmacy or medical benefit depending on payer
  - Dispensing may occur from specialty pharmacy, hubs, retail pharmacies and physician offices
  - Administration may occur in physician's office, infusion centers, home care, LTC or by the patient with product shipment varying for each location

Specialty medications do not follow a traditional path of prescribing; with a few recent exceptions, prescribing transactions completed via **paper, fax and phone**

Specialty Prescribing Flow

SPECIALTY PHARMACY

HUBS



IDNs

Drug Selection, Rx Routing and Benefit Identification

Information gaps in existing EHR workflow affect specialty medications, leading to delay in therapy

- No indicator to identify “specialty” status of a medication
- Benefit coverage not available if medication is covered under medical benefit
- Network restrictions and/or mandatory Hub information not available
- No transparency on additional information required; clinical, administrative and other for payer approval of medication
- Patient consent often not collected in EHR at time of prescribing

Documentation and Information Gathering

Information gaps in existing EHR workflow affect specialty medications, leading to delay in therapy

- Dispenser relationship with provider office is out of EHR workflow
- High degree of variability on data required on forms, processes & services
- Provider awareness of hub availability is ad hoc
  - May not distinguish a hub as separate or distinct from ePA information requests

Dispense and Administer

Information gaps in existing EHR workflow affect specialty medications, leading to delay in therapy

- Limited Distribution contracts are proprietary with no common directory
- Retail pharmacies are building networks to redirect dispense to Specialty
- PBM/Plans direct to preferred/in house Specialty
- Additional dispensing restrictions such as REMS may apply

NCPDP™

Industry efforts to automate and standardize: NCPDP

- **Elements added to SCRIPT Standard to support:**
  - e-prescribing of specialty medications
  - Agency and service information
  - IV administration
  - Patient information (i.e. hospice status, alternate contact)
  - Clinical information specific to wound care
  - Enhanced e-prescribing of compounded medications

- **Developed standardized reporting to support contractual arrangements between the manufacturer and specialty pharmacy.**

- There are four categories the group has considered:
  - Dispense
  - Patient Census (Aggregate)
  - Performance Metrics/Case Management
  - Inventory

Specialty Requirements for ePrescribing Task Group

- Specialty Enrollment Transaction
  - New transaction
  - Bi-directional transaction to include: Patient, Demographic, Prescriber, Medication, Clinical, Insurance and Consent
- Potential cross standards organization for clinical information
  - Looking at HL7 FHIR

Panel Discussion

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