A Tale of Two Specialty Pharmacies: Novel Models for Technician Incorporation

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• The speakers have no actual or potential conflict of interest to the content of this presentation.

Objectives
1. Describe a specialty pharmacy setting and what classifies a medication as “specialty”.
2. Explain the model and function of two specialty pharmacies in an urban setting.
3. Describe technician roles within a specialty pharmacy practice setting.
4. List general challenges specialty pharmacies face, as well as technician-specific challenges.

What is Specialty Pharmacy?

<table>
<thead>
<tr>
<th>Cost per Prescription</th>
<th>Traditional Pharmacy</th>
<th>Specialty Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cost per prescription</td>
<td>$&lt;100</td>
<td>$&gt;1,000</td>
</tr>
</tbody>
</table>

Examples of Diseases Treated
- Diabetes
- Blood Pressure
- Pain/Inflammation
- Heart Disease
- Asthma
- Depression
- Multiple Sclerosis
- Oncology
- Hepatitis C
- Rheumatoid Arthritis
- Crohn’s Disease
- Hemophilia

What Are Specialty Medications?
• Typically identified by their high cost and the complex disease states targeted
• Prescribed by a specialist
• Requires special handling
• Unique distribution management
• High touch/intense patient supervision

What Are Specialty Medications?

Traditional Prescriptions: Average cost per prescription*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$94.21</td>
</tr>
<tr>
<td>Pain</td>
<td>$38.36</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>$29.78</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>$10.48</td>
</tr>
</tbody>
</table>

Specialty Prescriptions: Average cost per prescription*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C</td>
<td>$25,000</td>
</tr>
<tr>
<td>Cancer</td>
<td>$6,100</td>
</tr>
<tr>
<td>Inflammatory Conditions</td>
<td>$4,800</td>
</tr>
<tr>
<td>HIV</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

*From various sources, 2017 data (expressed in USD).

Why is Specialty Pharmacy Important?

Access to Specialty Medications is a Complex Process

Access to Specialty Medications is a Complex Process

Roles of Pharmacy Technician

Pharmacy Technicians: Rapidly growing profession
What does this look like for you?

<table>
<thead>
<tr>
<th>State</th>
<th>Employment</th>
<th>Employment per thousand jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>33,010</td>
<td>1.31</td>
</tr>
<tr>
<td>Texas</td>
<td>31,000</td>
<td>2.75</td>
</tr>
<tr>
<td>Florida</td>
<td>25,200</td>
<td>3.31</td>
</tr>
<tr>
<td>Illinois</td>
<td>19,160</td>
<td>3.27</td>
</tr>
<tr>
<td>New York</td>
<td>17,720</td>
<td>1.97</td>
</tr>
</tbody>
</table>

Practice Advancement Initiative (PAI)

- ASHP’s practice advancement initiative – formerly the Pharmacy Practice Model Initiative (PPMI)
- Partnership of ASHP and the ASHP foundation aims to integrate pharmacists into the healthcare team and capitalize on the expertise of pharmacy technicians to advance practice

Northwestern Medicine Specialty Pharmacy

With NM Specialty Pharmacy, all providers and information become connected and centered around the patient.

Impact on Clinic Practice

- NM Specialty Pharmacy team takes care of the details
  - Pharmacy team delivers a quality clinical connection to ensure smooth transition from clinic to home
  - Timely prior authorization and patient assistance program enrollment

- Extension of the patient care team
  - Dedicated team gives a direct point of contact for specialty pharmacy services
  - Comprehensive patient education and specialized therapy management
  - Ongoing follow up and management of patients by pharmacy staff
    - Side effect management, adherence coaching
    - Coordinated refills
Overview of Specialty Medication Management Program

Prescriber e-prescribes prescription/s to "NW Medicine Specialty Pharmacy"

NM Specialty Pharmacist assesses patient specific parameters for fulfillment: indication, labs, dose, drug interactions

Patient Care Advocate obtains prior authorization, patient assistance programs, and co-pay cards and documents in EHR and works with patient, pharmacist and healthcare team

Patient receives initial education and introduction to specialty pharmacy services by NM Specialty Pharmacist within 24-48h after clinic visit (documents in EHR)

Medication is delivered to bedside, home, or clinic

Patient receives a follow up phone call from a NM Specialty Pharmacist within one week of starting therapy

Patient is contacted by Patient Care Advocate to coordinate refills monthly and monitors for side effects or adherence issues. Issues identified are triaged to the NM Specialty Pharmacist/clinic staff as appropriate.

NM Specialty Pharmacy Follow-up ends when treatment is completed or discontinued.

University of Illinois Hospital and Health Sciences System (‘UI Health’)

Specialty Pharmacy Services

UI Health Specialty Pharmacy Services: Closed Loop Workflow

‘Layered Learning’ Practice Model

• A model designed to enhance pharmaceutical care delivery to patients
• Promotes the Practice Advancement Initiative (PAI)
• Transforms traditional clinical pharmacy practice by incorporating a layered fashion of learning among pharmacists, residents, and students

Role of Pharmacy Technicians and Student Pharmacists

• Access
  – Referrals/benefit verification
  – Prior authorizations
  – Medication assistance
  – Scheduling and delivery
  – Cold chain shipping

• Clinical
  – Monthly clinical assessments

Coverage Of Specialty Medications

• Prior Authorization:
  • A step that the prescription benefit plan requires for some medications before they pay for the medication
  • A cost-saving step for the insurance company to assist in ensuring the medication prescribed is appropriate for the patient
  • Prevents improper prescribing

• It is crucial to determine coverage and conduct benefit verification which includes getting an approval for prior authorization BEFORE starting the patient on a specialty medication
What Do Prior Authorizations Mean To Pharmacies?

- Medication will not be processed and filled if the prior authorization step is not completed and approved
- Someone in the pharmacy has to communicate to the doctor’s office that a prior is needed
- Patient has to wait in getting their medication until the prior is approved
- There is a chance that a prior authorization may be denied
- If denied, the doctor’s office can appeal the denial

Specialty Technician Challenges

Issues may arise at each step of the Specialty Pharmacy Service workflow

Case #1

On October 19, 2016, you receive a new referral from the liver clinic for Zepatier + RBV 16 week treatment. BM is a Medicare Part D – Medicaid Dual patient. Upon calling Medicaid, you are informed that his United Healthcare Medicare Part D plan is not effective until November 1, 2016. What is your next step of action?

A. Initiate Prior Authorization and submit to insurance immediately
B. Wait until November 1st to submit the prior authorization
C. Do not submit any forms since the patient has no active coverage at this time
D. Both B & C
Case #2

- You are a technician in SPS and receive a referral for BW for a 12 week treatment of Harvoni 90mg/400mg tablets. A few days after submitting a prior authorization to BW's pharmacy insurance, you receive a denial. What are some possible reasons for this denial?

Case #3

BM is currently in week 8 of Zepatier + RBV treatment and switched insurance to CVS Caremark as of January 1, 2017. SPS submitted a prior authorization to CVS Caremark on January 5, 2017. Patient verbally understood situation and had enough medication until January 11, 2017. On January 9, 2017, you receive a denial letter from CVS Caremark stating the following:

CVS Caremark has completed the review of your appeal for Zepatier + ribavirin. A qualified health care professional has determined that your request for this medicine is not medically necessary or is experimental or investigational based on the documentation submitted. This is the final adverse determination of your request. The reasons for the denial of your appeal were:

- Does not meet guidelines

BM is at risk of interruption of therapy. What is your next plan of action?

A. Submit an appeal with a letter of medical necessity STAT
B. Submit Merck Access Program Enrollment form to prevent interruption of therapy
C. Reach out to Medication Assistance Program (MAP)
D. All of the above
Prior Authorization Process of First Request

Medication Dispensed to Patient

PA Approved

Obtaining Financial Assistance

Initiate Appeal Process

PA Denied

Initiate

Submit to Insurance

PA

Denied

PA

Approved

Obtain

Financial Assistance

Initiate Appeal Process

Pharmacy Technician’s Role

Financial Assistance

• Trained to navigate through complicated process of obtaining financial assistance
  – Gathering financial paperwork for submission to:
    • patient assistance network
    • disease state financial assistance foundations
    • free medication program through pharmaceutical company
  – Submission and follow up (may take at least 2 weeks to receive response)

Challenges: Financial Assistance

• Patients who have insurance, but have a high copay
  – Have an income that surpasses minimum requirements
• Medicare/Medicaid patients who are not eligible for patient assistance through copay cards foundations
• Pharmacy technicians are well trained to navigate through these barriers and communicates with clinical team/patient every step of the way

Challenges: Specialty Pharmacies

• Access to limited distribution drugs
• Contracting through pharmacy benefit managers and pharmaceutical manufacturers
• Accreditation
• Marketing to physician groups for prescription capture

Specialty Pharmacy & Pharmacy Technician Roles

• NM and UI Health are two health systems with one goal in mind: optimal patient care
• Pharmacy technicians play a vital role in the pharmacy practice setting to help patients navigate through the complex process of obtaining specialty medications
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