



# Specialty Medication Workflow – How Standards are Improving the Prescriber and Patient Experience

November 13, 2018

**HIMSS**

*transforming health through information and technology™*



# About NCPDP

Founded in 1977, NCPDP is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1,500 members representing virtually every sector of the pharmacy services industry.

NCPDP members have created standards such as the Telecommunication Standard and Batch Standard, the SCRIPT Standard for e-Prescribing, the Manufacturers Rebate Standard and more to improve communication within the pharmacy industry.

Our data products include dataQ®, a robust database of information on more than 80,000 pharmacies, HCldea®, a database of continually updated information on more than 2.5 million prescribers, and resQ™, an industry pharmacy credentialing resource. NCPDP's RxReconn® is a legislative tracking product for real-time monitoring of pharmacy-related state and national legislative and regulatory activity.

[www.ncpdp.org](http://www.ncpdp.org)

# About Surescripts

Our purpose is to serve the nation with the single most trusted and capable health information network. Since 2001, Surescripts has led the movement to turn health data into actionable intelligence to increase patient safety, lower costs and ensure quality care.

All Surescripts customers and end-users are part of the Surescripts Network Alliance. This includes virtually all electronic health records (EHRs), pharmacy benefit managers (PBMs), pharmacies and clinicians, plus an increasing number of health plans, long-term and post-acute care organizations, and specialty pharmacy organizations.

In 2017, 98% of pharmacies and 69% of prescribers in the United States utilized e-prescribing on the Surescripts network.

Surescripts convenes experts and workgroups from across the Surescripts Network Alliance and partners with leading industry organizations and standards bodies to advance healthcare through research, analysis, education and advocacy.

For more information, go to [www.surescripts.com](http://www.surescripts.com) and follow us at [twitter.com/surescripts](https://twitter.com/surescripts).



# About HIMSS

HIMSS is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides thought leadership, community building, public policy, professional/ workforce development and engaging events to bring forward the voice of our members.

HIMSS encompasses more than 70,000 global individual members, 630 corporate members, and over 450 non-profit organizations. Thousands of volunteers work through HIMSS to leverage the innovation of digital health to improve both the health of individuals and populations, as well as the quality, cost-effectiveness and access of healthcare.

HIMSS Vision: Better health through information and technology.

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ACPE program numbers are:  
0459-0000-18-050-H04-P&T

Initial release date is 11/13/18.



# Julie Hessick, R.Ph. Director, Clinical and Regulatory Affairs, CoverMyMeds



**Julie Hessick** joined CoverMyMeds in 2013 and is responsible for representing and advocating CoverMyMeds interests to public policy groups, state and federal legislatures, and industry groups. She previously was the Director, PBM/Plan Accounts where she led her team to successfully implement the NCPDP SCRIPT electronic Prior Authorization (ePA) standard for majority of major payers in the US. Julie has practiced in specialty, managed care and retail pharmacies. She is an active member of NCPDP, AMCP, and a licensed pharmacist in 16 states.

# Kathy Lewis, Director of Product Innovation



**Kathy Lewis** is responsible for specialty medication product strategy, business direction for the accelerator technology platform, business analyst's team leader, and Surescripts' participation in Carequality. She is a member of the NCPDP Specialty Prescribing enrollment task group under Work Group 18 and a past 2017 HIMSS-NCPDP webinar speaker on Specialty Medications.

## Laura Topor, President, Granada Health, Inc.



Laura has over 25 years' experience in pharmacy benefits management, payer and provider operations, regulatory compliance, process improvement, and strategic planning. She has worked with the Minnesota Department of Health, PharmaSmart, BenMedica, PricewaterhouseCoopers, Allina, and HealthPartners and Diversified Pharmaceutical Services. She is an active member of NCPDP, AMCP, MPhA and the Minnesota eHealth Initiative. At NCPDP, Laura has served as a member of the Board of Trustees, work group co-chair, and on numerous committees and task groups. She was appointed to AMCP's Specialty Pharmacy Advisory Group and their HIT Advisory Council.

# Pooja Babbrah, Point-of-Care Partners' Practice Lead, PBM Services



A senior healthcare information technology consultant, she specializes in product management, strategic planning and go-to-market strategies and execution. With more than 20 years' experience in variety of health care services and health care IT companies, she brings a unique expertise to clients as she understands the perspectives of all stakeholders including PBMs, health plans, patients, physicians, ePrescribing and EMR vendors and hospitals/health systems. Prior to joining Point-of-Care Partners, Pooja was with DrFirst. There she launched the health care industry's first certified ePrescribing platform for controlled substances. She also ran the company's Product Management team that was focused on new product innovation.

# Learning Objectives

1. Describe the two ways that the lack of standardization impacts Specialty Pharmacy patients.
2. Outline the current Specialty process flows.
3. Describe the current Specialty process burdens on stakeholders.
4. Review the current electronic transactions available impacting Specialty to improve patient care.
5. Identify two ways healthcare stakeholders can participate in NCPDP's development of standardized transactions for Specialty Pharmacy.

# Pre-test Questions

1. What percentage of patients do not understand their specialty medication costs when the prescription is written?
2. What are the existing NCPDP transactions currently impacting the specialty process?
3. How can you get involved?

# Agenda



- What is Specialty?
- The patient experience
- Current transactions impacting the Specialty process
- Specialty Work Group Overview
- How to get involved

# What is Specialty?



# Specialty Market Defined

## No universal definition of specialty

- High-cost, complex regimens
- Special handling, special monitoring
- Trend towards outcomes-based payer contracts

## Newly created category of medications: Limited Distribution Drugs (LDDs)

- Created based on supply chain & contracting
- Contract defines dispensing pharmacy

## 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 administration location

# Overall Spend and Volume Trends

Specialty medications have grown over the past decade and there is a significant focus on new specialty medications coming to market.



Source: IQVIA Institute, Oct 2017

Notes: Developed markets include: U.S., Japan, Germany, France, Italy, U.K., Spain, Canada, S.Korea, Australia.

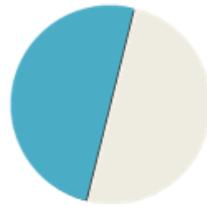
Report: 2018 and Beyond: Outlook and Turning Points. IQVIA Institute for Human Data Science, Mar 2018

# Specialty Growth



~2%

ONLY 2% OF ALL SCRIPTS  
WERE FOR SPECIALTY  
MEDICATIONS IN 2016\*



~50%

BY 2021, 50% OF US  
PRESCRIPTION DRUG REVENUE IS  
EXPECTED TO BE FROM  
SPECIALTY MEDICATIONS\*

**6 of the top 10 drugs** (by revenue)  
**will be Specialty Medications**

# Specialty Growth is Outpacing Growth of Traditional Medication Spend



43.3%

OF THE TOTAL NON-DISCOUNTED SPEND IS ON SPECIALTY MEDICATIONS \*

+ 9.4%

RATE OF SPECIALTY MEDICATION SPEND\*

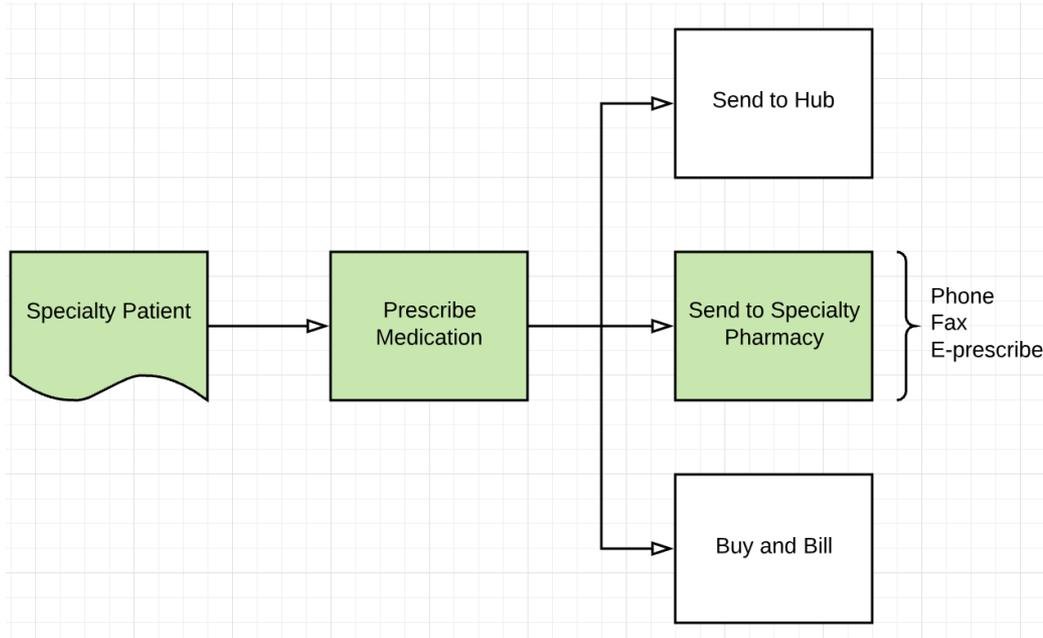
- 4.0%

RATE OF TRADITIONAL MEDICATION SPEND\*

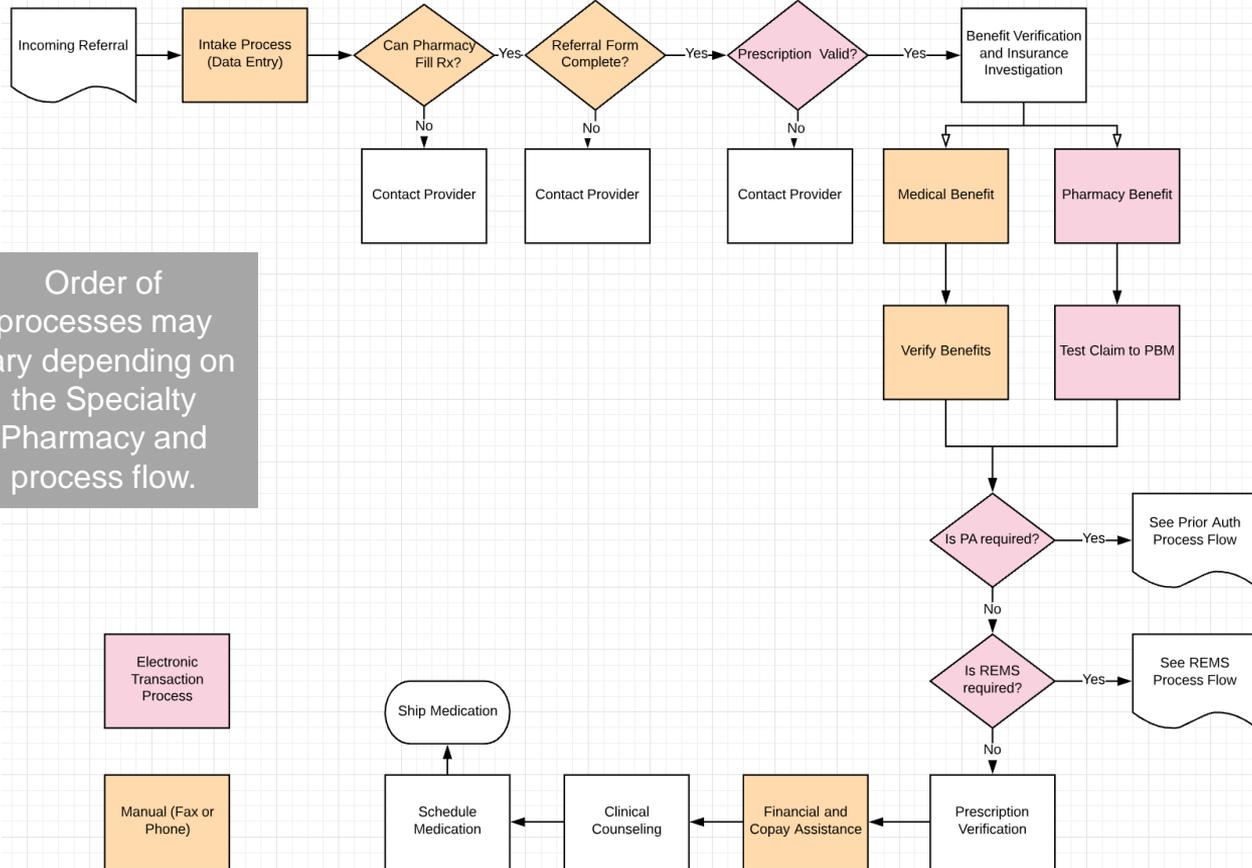
\*Source: IQVIA, National Sales Perspectives, April 2018

# Specialty Process

We realize there are several paths to begin the process for a Specialty Medication to be dispensed. For today's discussion, we are focusing on the highlighted green path.



# Specialty Process Flows



Order of processes may vary depending on the Specialty Pharmacy and process flow.

# Patient Journey

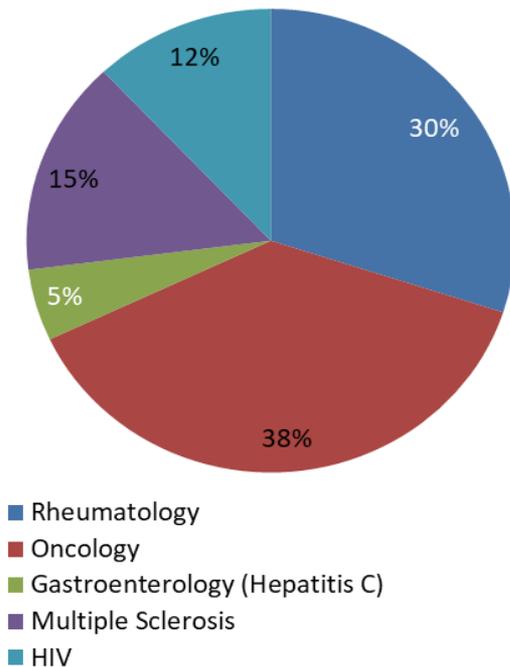


- Where do I fill my medication?
  - Can I afford this medication?
- How do I administer this medication?
  - Who can take me to my appointment for my infusion?
    - How do I deal with side effects?
- When will my medication arrive?
  - Will my insurance pay for this medication?

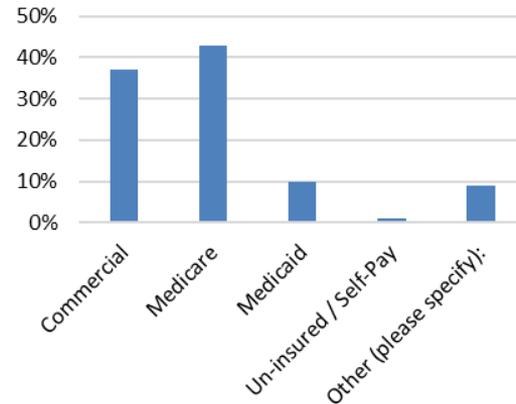
# Surescripts Patient Survey: respondents

On-line survey completed by 100 respondents with conditions for which specialty drugs are frequently prescribed

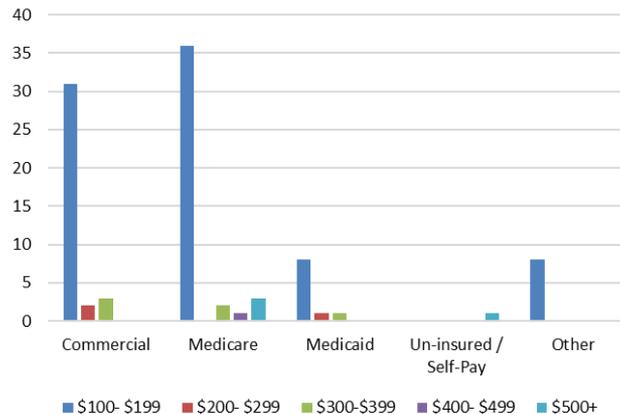
### Condition Reported by Patient



### Coverage Type



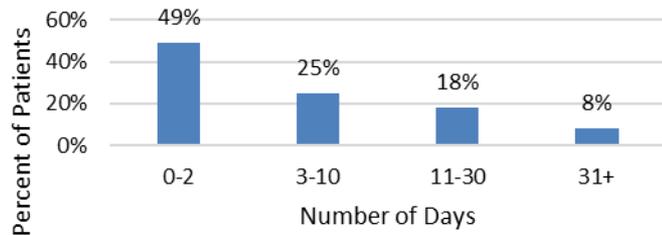
### Out of Pocket Cost by Coverage Type



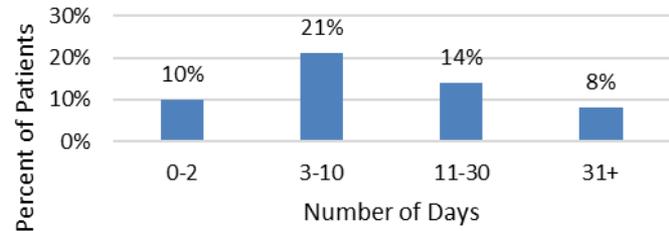
# Surescripts Patient Survey: findings

- Patients didn't understand the costs of these medications or their coverage
  - 65% didn't know the cost of the medication before leaving doctor's office
  - 58% didn't know if insurance would pay
  - 53% didn't know if a discount counted toward their health insurance deductible
- Significant time elapsed from the clinician prescribing a drug to the patient starting on their medication (mean=10.7 days; median= 3)

**How Long Patient Waited to Start Medication after Prescription Overall**



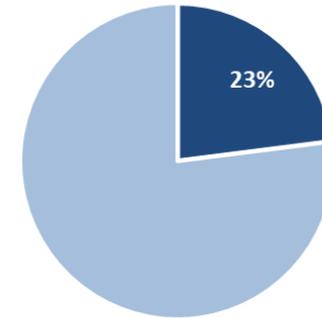
**Days Patient Waited to Start Medication after Prescription when PA needed**



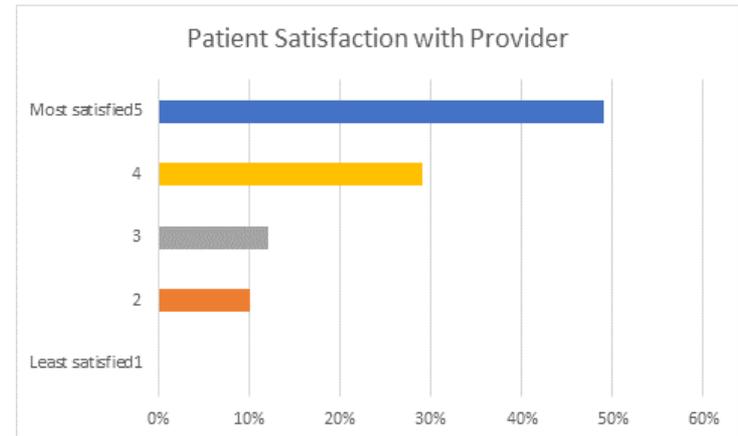
# Surescripts Patient Survey: findings (continued)

- Nearly a quarter of the respondents waited to start a medication because they couldn't afford it.
- Despite delays and cost challenges, over half of patients surveyed were satisfied with the information shared by their provider or pharmacy

Patients Who Waited to Start Therapy



Patient Satisfaction with Provider



# Digging Deeper: a patient's story

- Surescripts employee was prescribed Repatha, a specialty cholesterol medication which costs ~ \$12,000/year
- Physician office coordinated prior authorization, but sent the script to a retail pharmacy
- Confusion in the transfer of information from retail to the specialty pharmacy
- Confusion around patient payment, covered under the medical benefit, requiring claim adjudication first
- **She received the medication 10 days after it was prescribed**
- Family member note: hereditary condition shared with her father, who recently moved from a commercial plan to Medicare
- No coverage under Medicare plan. Hospital helped him find a foundation, he completed a 15 page application for financial assistance

# Current Transactions Impacting the Specialty Process



# ePrescribing: Updates to SCRIPT

## Current SCRIPT Version (V10.6)

- Existing Elements
  - Diagnosis
  - Height/Weight
  - Insurance Information

## Named SCRIPT Version (V2017071)

- Elements Added
  - 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
  - Allergy and adverse events
  - Substance use

# Electronic Prior Authorization (ePA)

## Transactions within the NCPDP SCRIPT Standard

- First published in July 2013
- Supports prospective and retrospective models
- Allows for cancel and appeal functions
- Supports pharmacist-initiated requests; trading partner agreements may determine applicability
- H.R. 6

### **Section 6062. Electronic prior authorization for covered Part D drugs.**

*This provision requires the Secretary of HHS to establish a standard, secure electronic prior authorization system no later than January 1, 2021. Fax, proprietary payer portals that do not meet standards defined by the Secretary, and electronic forms will not be treated as an electronic submission for the purpose of electronic prior authorization.*

# Risk Evaluation and Mitigation Strategy (REMS)

## HISTORY

- NCPDP released its guidance for REMS Transactions for the **Telecommunications standard** in 2011.
  - The standard is used to process claims; the change allows pharmacies to **electronically confirm that REMS requirement has been met and the pharmacy can dispense the medication.**
- Not a “named” standard in current legislation, but most pharmacies and intermediaries implemented the transaction through trading partner agreements.

## CURRENT

- SCRIPT allows for REMS administrators to present prescribers with a ‘question set’ similar to what is used in ePA
- Transactions were named in regulation naming next version of SCRIPT

- The system allows REMS administrators to present prescribers with a “question set” similar to those used in prior authorization.

### Prior Authorization Question for Transmucosal Immediate Release Fentanyl (TIRF):

4	Is the drug being prescribed for the management of breakthrough pain in a <b>CANCER</b> patient who is currently receiving around-the-clock opioid therapy for underlying <b>CANCER</b> pain?	Yes	No
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### TIRF REMS Patient-Prescriber Agreement Form:

1. I understand that TIRF medicines are indicated only for the management of breakthrough pain in patients with cancer, who are already receiving, and who are tolerant to, around the clock opioid therapy for their underlying persistent pain.
---

# Real-Time Prescription Benefit Check (RTPBC)

## NCPDP's Current Efforts:

- Develop two standard formats and one implementation guide for the real-time exchange of data between Providers (prescribers and pharmacists) and Processors/PBMs/Adjudicators.
  - Will enable use of two syntaxes – EDI and XML
  - Uses a Request and Response model
  - The response can:
    - establish patient eligibility, product coverage, and benefit financials for a chosen product and pharmacy, and
    - identify coverage restrictions, alternative products, and benefit alternatives when they exist.

# Specialty Pharmacy Reporting and Data Exchange

- Develop standardized reporting to support contractual arrangements between the manufacturer and specialty pharmacy.
- Dispense Report Standard was published in January 2018
- Task Group is now looking at additional use cases and identifying next steps.

# Specialty Work Group Overview



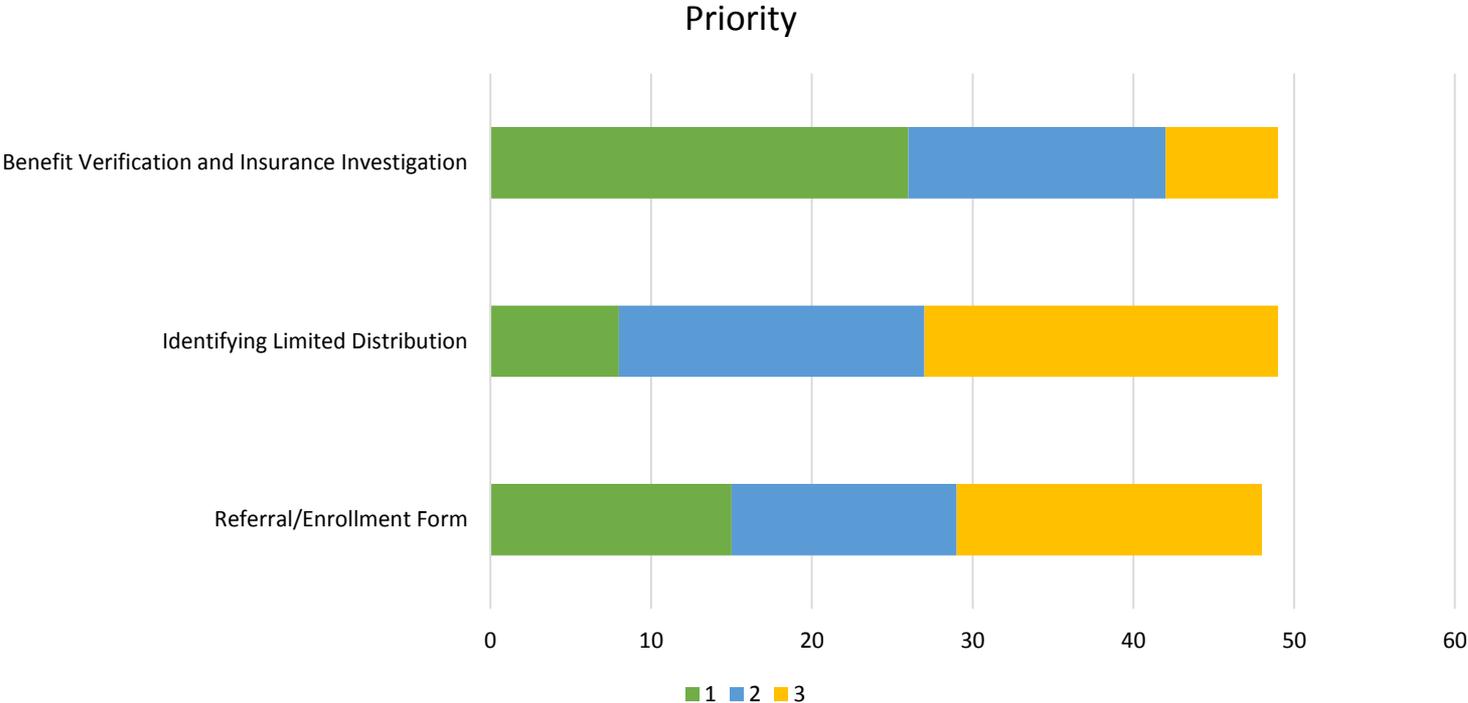
# Scope and Goals

- The goal was a central group to address specialty issues and help members identify where to go to find updates and get information for specialty.
- Focus areas
  - Better visibility
  - Manual workflow process
  - Patient journey
  - Initiation of therapy and speed to therapy for the patient
  - Reporting and metrics
- The Work Group was formed in May 2018 and the first meeting was August 3, 2018. Met November 9, 2018
  - Over 200 people attended from a wide range of stakeholder groups.

# WG18 Specialty Pharmacy Feedback Requested

- In preparation for the November WG18 meeting and to provide guidance to the existing and newly formed task groups, the WG18 co-chairs felt it was valuable to collect feedback and priorities from NCPDP members.
- Survey was sent to members and non-members
  - NCPDP Now article
  - Collaborative notification to WG18 task group members

**For each of the areas identified below, please rank them 1-3 in order of importance/priority in your organization with 1 being the most important and 3 being the least.**

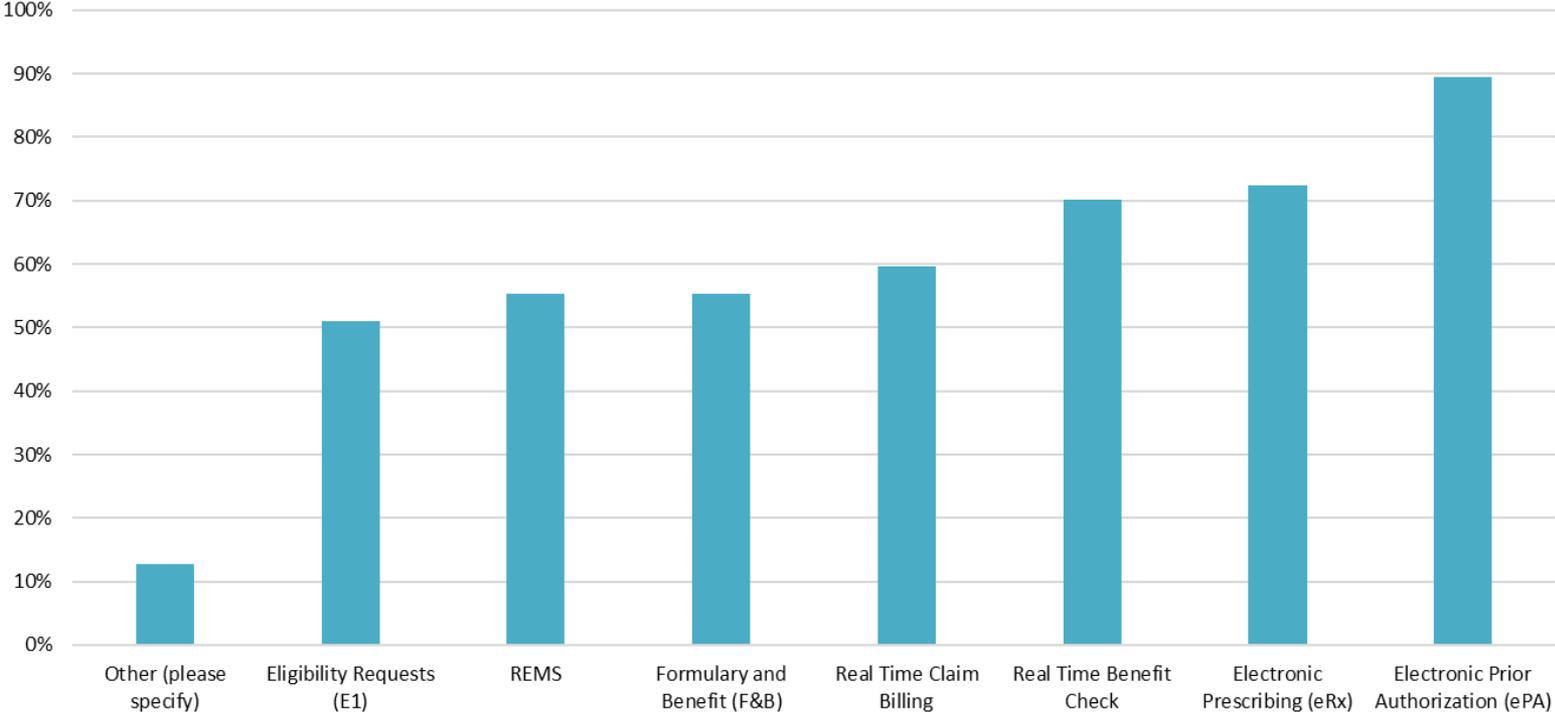


# What other process flows related to specialty pharmacy and specialty prescribing are important to focus on?

- Prior authorization (medical and pharmacy)
- Definition of specialty
- Benefit identification and verification
- Enrollment/on-boarding
- Status
- Hub

# In thinking about the available electronic transactions that you currently use, which do you feel support specialty pharmacy business needs?

Supporting Transactions



# Pharmacy Data Exchange Task Group

- Originally focused on pharmacy – manufacturer data exchange.
- The Specialty Pharmacy Data Exchange task group now resides in WG 18 (previously in WG 7 Manufacturer and Associated Trading Partner Transaction Standards).
- While one reporting standard has been published (dispense data), other use cases were identified to facilitate data exchange between specialty pharmacies and pharmaceutical manufacturers.
- New use cases are being explored that involve other stakeholders.
- **Next meeting: Wednesday, November 14, 2018**

Co-leads:

Bryan Odegard, NDEON

Laura Topor, Granada Health

# Specialty Requirement for ePrescribing Task Group

- Works on ePrescribing and related transactions
- Previous efforts reflected in SCRIPT 2017071
- This information
  - is provided by the prescriber (or their delegate).
  - includes additional patient demographic and clinical information, order specific clinical information and instructions related to delivery of the medication (i.e. to the patient or the clinic, nursing services required).
  - would be added to the appropriate SCRIPT Standard and/or Specialized Standard transaction.
- **Next meeting: Tuesday, November 27**

Co-leads: Michele Kidd, Accredo  
Maggie Buchinger, Surescripts

# Benefit Coverage Identification Task Group

- Created to address the areas of opportunity related to determining if coverage is through the medical or pharmacy benefit.
- **Next meeting: Monday, November 19**

Co-leads:

Jocelyn Keegan, Point-of-Care Partners  
Jason Reed, CenterX

# Stakeholder Outreach and Education Task Group

- Created to provide outreach to Specialty Pharmacy stakeholders and develop and execute education opportunities.
- **Next meeting: Wednesday, December 5**

Co-leads:

Lisa Cline, CoverMyMeds

Michelle Wong, Pharmetika

# How to get involved

# Join a Task Group

Task groups meet via conference calls between work group meetings.

- Go to the NCPDP Collaborative Workspace at <http://dms.ncpdp.org/>
  - Click on “Don’t have an account?”
    - Create a username/password of your choosing.
    - Fill in profile and choose at least one task group.
    - Click Register. You will receive an email acknowledgement.
- You can add/remove task groups at any time.
- Contact a staff liaison for assistance.



The screenshot shows the NCPDP Collaborative Workspace interface. At the top, there is a navigation bar with the NCPDP logo and the text "Collaborative Workspace". Below this, there is a section for "NEW ANNOUNCEMENTS" with a link to "FDA Issues Immediately-in-Effect Guidance on Unique Device Identification Policy Regarding Compliance Dates for Class I and Unclassified Devices". The main content area is titled "NCPDP Work Groups" and includes a paragraph explaining that these groups are where electronic standards for transmissions and white papers are approved. Below the text is a grid of nine work groups, each represented by an icon of three people and a text label:

WG1: Telecommunication	WG2: Product Identification	WG7: Manufacturer and Associated Trading Partner Transaction Standards
WG9: Government Programs	WG10: Professional Pharmacy Services	WG11: ePrescribing and Related Transactions

# Upcoming NCPDP Work Group Meetings

**February 6-8, 2019**

Hyatt Regency San Antonio  
San Antonio, TX

**May 5-6, 2019**

Westin Kierland  
Scottsdale, AZ

**August 7-9, 2019**

Hilton Philadelphia at Penn's Landing  
Philadelphia, PA

For details and updates, visit <http://www.ncpdp.org/Events/Work-Group-Meetings>

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# Post Test Question #1

What percentage of patients do not understand their specialty medication costs when the prescription is written?

- a) 15%
- b) 35%
- c) 65%

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What percentage of patients do not understand their specialty medication costs when the prescription is written?

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- b) 35%
- c) 65%**

# Post Test Question #2

What are some of the gaps in the specialty medication related patient journey?

- a) Where do I fill my medication?
- b) Can I afford this medication?
- c) How do I administer this medication?
- d) All of the Above

# Post Test Question #2

What are some of the gaps in the specialty medication related patient journey?

- a) Where do I fill my medication?
- b) Can I afford this medication?
- c) How do I administer this medication?
- d) All of the Above**

# Post Test Question #3

What are the existing NCPDP transactions currently impacting the specialty process?

- a) SCRIPT
- b) REMS
- c) ePA
- d) All of the Above

# Post Test Question #3

What are the existing NCPDP transactions currently impacting the specialty process?

- a) SCRIPT
- b) REMS
- c) ePA
- d) All of the Above**

# Post Test Question #4

**What is the goal of the benefit identification task group?**

- a) Identification of pharmacy benefits for patients
- b) Address the areas of opportunity related to determining if coverage is through the medical or pharmacy benefit.
- c) Building a member benefit check transaction

# Post Test Question #4

What is the goal of the benefit identification task group?

- a) Identification of pharmacy benefits for patients
- b) Address the areas of opportunity related to determining if coverage is through the medical or pharmacy benefit.**
- c) Building a member benefit check transaction

# Post Test Question #5

How can you get involved?

- a) Become a member of NCPDP
- b) Join a task group
- c) Attend a quarterly workgroup meeting
- d) All of the above

# Post Test Question #5

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- a) Become a member of NCPDP
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- d) All of the above**

# Thank you!

- Pooja Babbrah, Point-of-Care Partners
  - [Pooja.Babbrah@pocp.com](mailto:Pooja.Babbrah@pocp.com)
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- Paul Wilson, NCPDP
  - [pwilson@ncpdp.org](mailto:pwilson@ncpdp.org)

# Questions?



# Evaluation Weblink

<https://www.surveymonkey.com/r/MTQ5NGS>