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# ASHP Specialty Pharmacy Best Practices & Patient Journey Example

# Specialty Pharmacy Overview | “4 S’s”

## SPACE

- ❖ Operates in \_\_\_\_\_ sq. ft. facility
- ❖ Equipped to scale rapidly to meet client strategic growth needs
- ❖ Licensed to ship to 49 states + D.C.
- ❖ Accredited by URAC and ACHC

- ❖ EMR visibility, documentation, & communication
- ❖ HIPAA-compliant Virtual Visit Pharmacist Education
- ❖ HIPAA-compliant Two-Way Text Messaging Platform

## SYSTEMS

## STAFF

- ❖ CSP Certified Clinical Pharmacists
- ❖ SP disease state experts
- ❖ Pharmacy financial coordination & billing expertise
- ❖ Tech-In-Training Program
- ❖ Dedicated data analyst team

- ❖ MMIT Non-PBM SP Patient Choice Award Finalist
- ❖ Disease state specific patient management programs
- ❖ Prior auth coordination
- ❖ Adjustable hours to meet client needs
- ❖ 24/7 Access to SP pharmacist

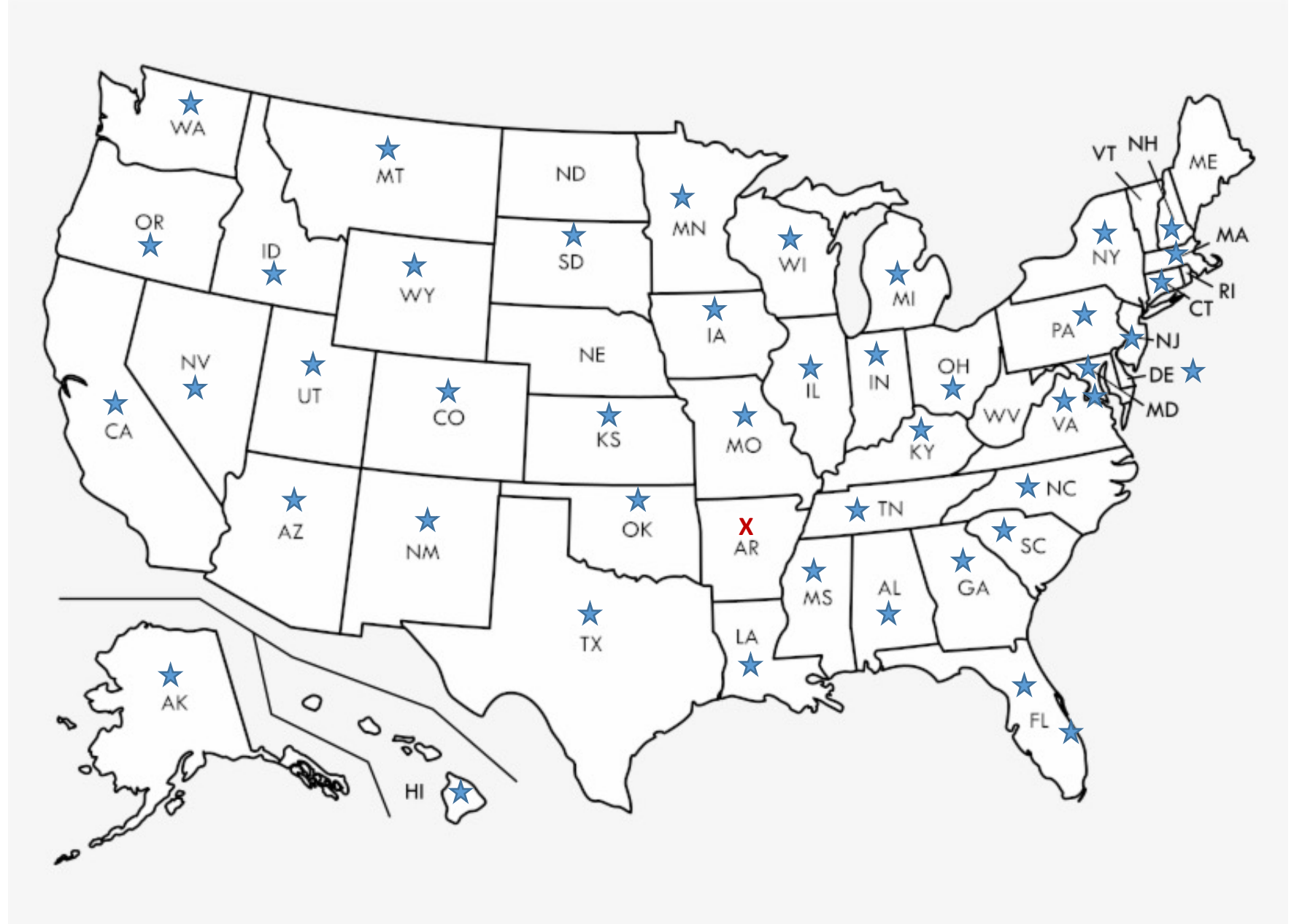
## SERVICE

# Specialty Pharmacy | Where We Currently Service

Licensed in 49 states and DC

Currently, ship to 44 states and DC

Validated cold-chain process in multiple US regions



# Specialty Pharmacy | The Patient Journey

1

Initial Patient  
Engagement

2

New Patient  
Consultation

3

Patient  
Follow-Up



# Specialty Pharmacy | Patient Case

11/16/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- James
  - New to specialty pharmacy
  - New to biologics & injectables
  - Commercial insurance
  - Worried about cost
- Taltz Rx sent to Specialty Pharmacy

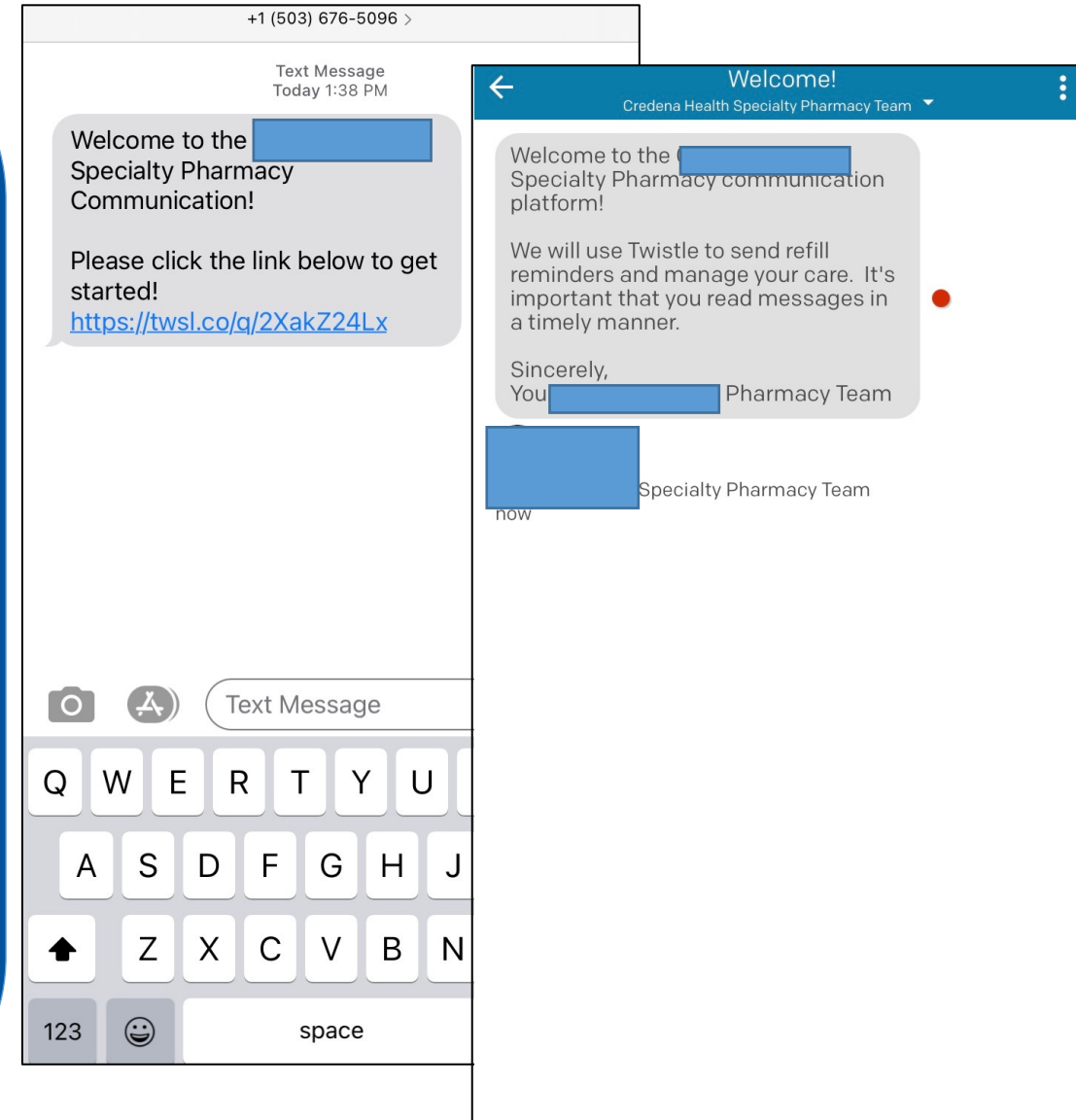


# Specialty Pharmacy | Initial Patient Engagement

11/16/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Access Team
  - Checks in-network & PA requirements
  - Pulls/Requests EMR chart notes
  - Facilitate PA submission
  - Initial Prescription Review
    - Missing induction Rx
    - Places in RPH clarification queue
  - Provides welcome call & explain SP process
  - Enrolls James in text messaging platform
- Pharmacist Team
  - Calls prescriber to discuss induction Rx



# Specialty Pharmacy | Access Team & Pharmacist Consult Details

Access Team Task	Normal Prescription	Urgent Prescription
Test Claim Processed	Within 1 Day	Same Day
Prescriber Notification - Chart notes required - Non-contracted SP	Within 1 Day	Same Day
Patient Introduction	Within 1 Day	Same Day
PA Submission Process Initiated	Within 1 Day	Same Day
PA Monitoring	At Least Every 2 Days	Everyday
Copay/Foundation Assistance Approval	At Least Every 2 Days	Everyday
Initial Patient Outreach (if unable reach) <small>*Prescriber Contacted after 3 attempts</small>	At Least Every 2 Days	Everyday
Pharmacist Consult Outreach (if unable reach) <small>*Prescriber Contacted after 3 attempts</small>	At Least Every 2 Days	Everyday

2019 Access Team & Pharmacist Consult Metrics	
PA started same day received	98%
PA Approval Rate	96%
Copay Assistance Facilitation Offered	100%
Patient Assistance Achieved	\$10 million
Median Turn-Around Time <i>Clean Rx</i>	2 days
Median Turn-Around Time <i>Intervention Rx</i>	4 days
Primary Adherence Rate (Patients with PA approved)	98.0%
Patients that Received New Patient Consult	100%
Patients Enrolled in <i>PMP</i> <small>*Excludes clinic-administered medications</small>	90%

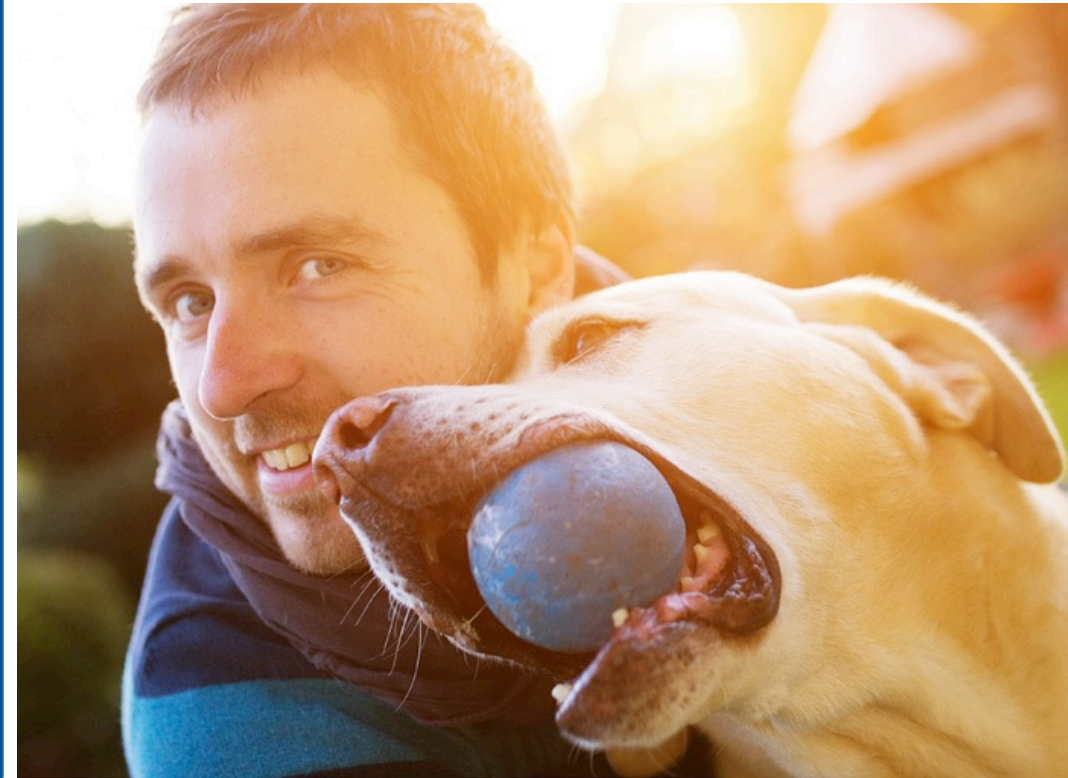
EXAMPLE METRICS

# Specialty Pharmacy | PA & Copay Assistance Follow-up

11/18/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Access Team
  - PA approved
  - Messages patient
  - Confirms patient wants copay assistance
  - Facilitates copay card enrollment
  - Reduced Copay \$75 → \$5
  - Messages patient new copay
  - Pharmacist will reach out within 1 day for assessment & provide education
- Induction and maintenance Rx already clarified





# Specialty Pharmacy | The Patient Journey

1

Initial Patient  
Engagement

2

**New Patient  
Consultation**

3

Patient  
Follow-Up



# Specialty Pharmacy | New Patient Assessment & Education

11/18/20

**James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.**

- Pharmacist Team
  - Reviews chart notes/med list/Rx
  - Messages patient to identify consult communication preference
    - Video (preferred) or telephone
  - Patient confirms video capability
  - Pharmacist sends virtual visit link



# Virtual Pharmacy

- ❖ Remote pharmacist video visit with patient to ensure safe medication plan
- ❖ New patient assessment
- ❖ Self-injection education using training devices
- ❖ Personal virtual face-to-face experience



## Telepharmacy Visits

- ❖ Delivering a seamless flow from a Provider visit to virtual pharmacist assessment & patient education is a service differentiator for Specialty Pharmacy patients.
- ❖ This service strategy demonstrates our agility to *ease the way* of our patients, and ensure they are adequately prepared for their new medication.

# Specialty Pharmacy | New Patient Assessment & Education

11/18/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Pharmacist Team
  - Pharmacist & James begin virtual visit
  - Patient Assessment
    - PMH, comorbidities, labs, prior tx
    - Current symptoms + baseline QOL
    - Medication reconciliation
    - Therapy appropriateness/DUR
    - Ability to self-administer
    - Patient motivation & treatment goals



# Specialty Pharmacy | New Patient Assessment & Education

11/18/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Pharmacist Team
  - Patient Education
    - Administration/injection technique
    - Dosing schedule/missed doses
    - Adherence recommendations
    - Side effect management
    - Storage/disposal/handling precautions
    - Safety precautions/warnings
    - Therapy outcomes/expectations
    - Disease state education
    - Vaccination recommendations



# Specialty Pharmacy | Delivery & Resource Coordination

11/18/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Pharmacist Team
  - Final Onboarding Coordination
    - Enrolled in *SP PMP*
    - 11/19/20 delivery
    - Welcome packet
    - PsA disease state handout
    - Taltz handout
    - Manufacturer kits/pamphlets
    - Useful external resources
    - Sharps container/alcohol swabs
    - Package tracking e-mail sent



### PSORIATIC ARTHRITIS

**What is Psoriatic Arthritis (PsA)?**  
Psoriatic arthritis (PsA) is an inflammatory disease related to psoriasis. The immune system is overactive which can cause swelling. The swelling can lead to joint pain, stiffness, and damage.  
PsA can affect both large joints (like in the knees) and small joints (like in the hands). This can happen to the joints on one or both sides of the body. Psoriatic arthritis is different from osteoarthritis and rheumatoid arthritis.

**Is there a cure?**  
No, PsA is a lifelong condition. Some patients may have long periods of time in which they don't have symptoms (remission). Other patients may have many flare-ups of symptoms.

**Who Gets Psoriatic Arthritis (PsA)?**  
People with psoriasis have the highest chance for developing PsA. It develops in men and women equally. Normally, it will be diagnosed in those between 30 and 50 years of age - but it can develop at any age. There are about 33,000 new cases of psoriatic arthritis every year. The most common age of diagnosis is between 15 and 35.

**What Causes Psoriatic Arthritis (PsA)?**  
The exact cause of PsA is unknown. It is not contagious, so you can't "catch" it.

PsA has many causes which may include genetics and environmental triggers.  
If someone in your immediate family has PsA, you have a higher chance of getting it too. Normally, something will "trigger" the immune system to become overactive. Triggers can be things like extreme stress or injury. PsA can also be triggered in people who don't have a family history of PsA.

**Symptoms:**

- Joint pain
- Joint stiffness
- Swelling around joints
- Swelling in fingers and toes
- Fatigue (feeling tired)
- Reduced range of motion
- Skin rash

**Goals of Therapy**

- Reach remission
- Maintain remission
- Decrease severity of symptoms
- Prevent damage to the joints

Taltz Injection Resources

Hi James, Here is the Taltz injection instruction video link and the written instructions attached for your review prior to your first injection. If you come across any questions, please do not hesitate to call us! We are available 24/7 and our answering service will connect you with one of our clinical pharmacists after hours. It was great speaking to you today. Have a great day!

<https://twsl.co/l/te7k>

-Adam

Taltz Autoinj...pdf

Specialty Pharmacist Team

now

JD James Write your response here. Send

# Specialty Pharmacy | The Patient Journey

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Follow-Up**



# Specialty Pharmacy | Refill Coordination

12/11/20

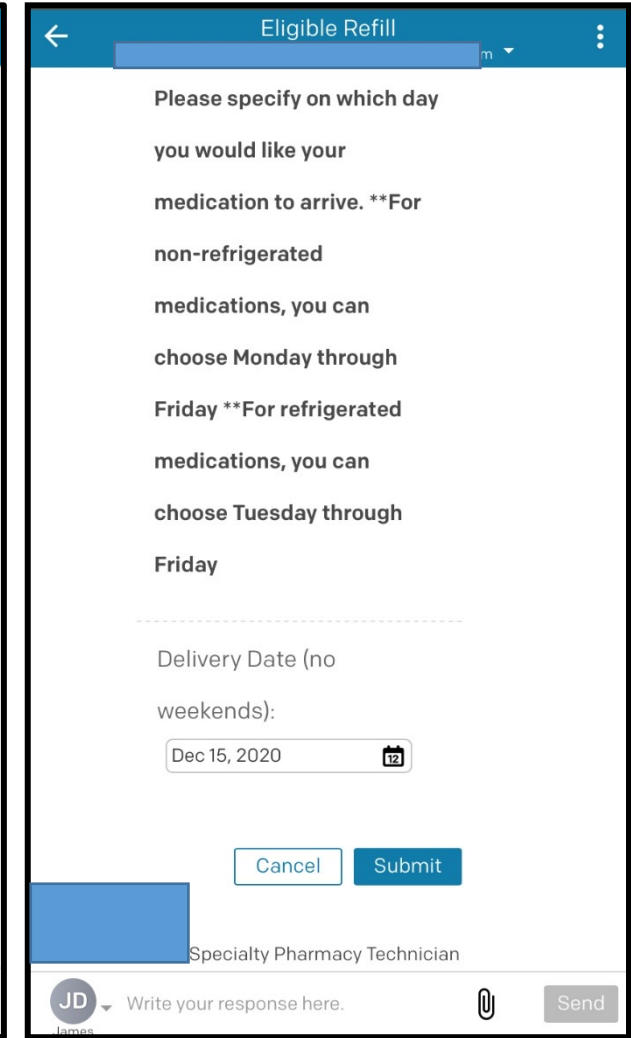
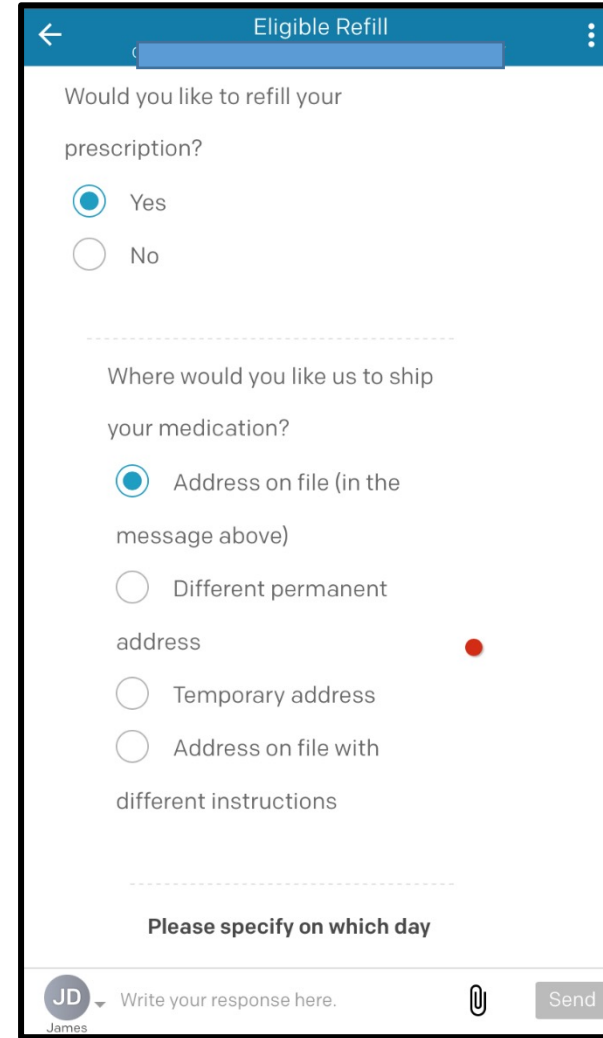
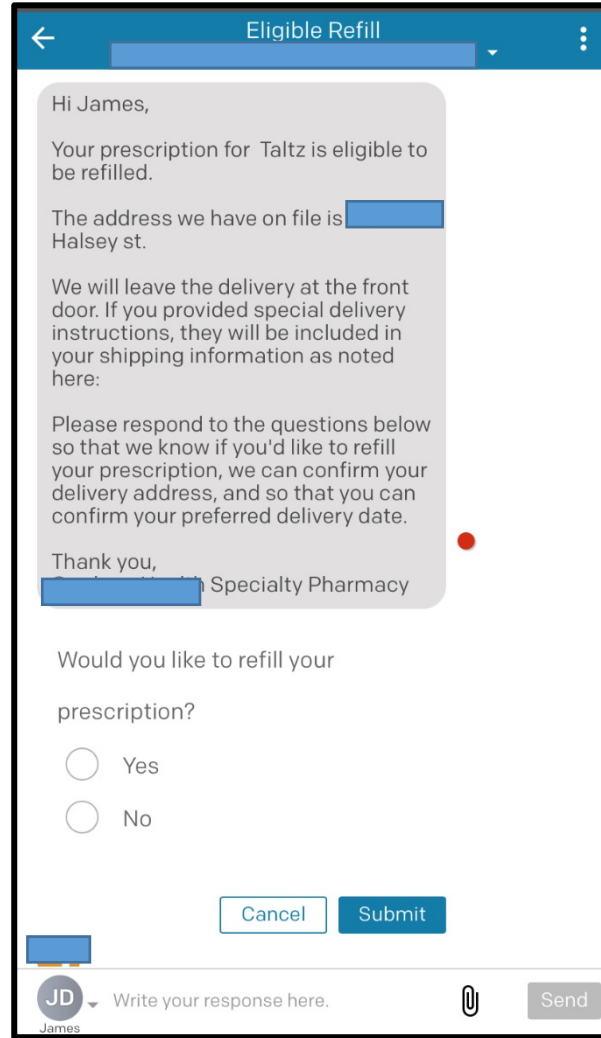
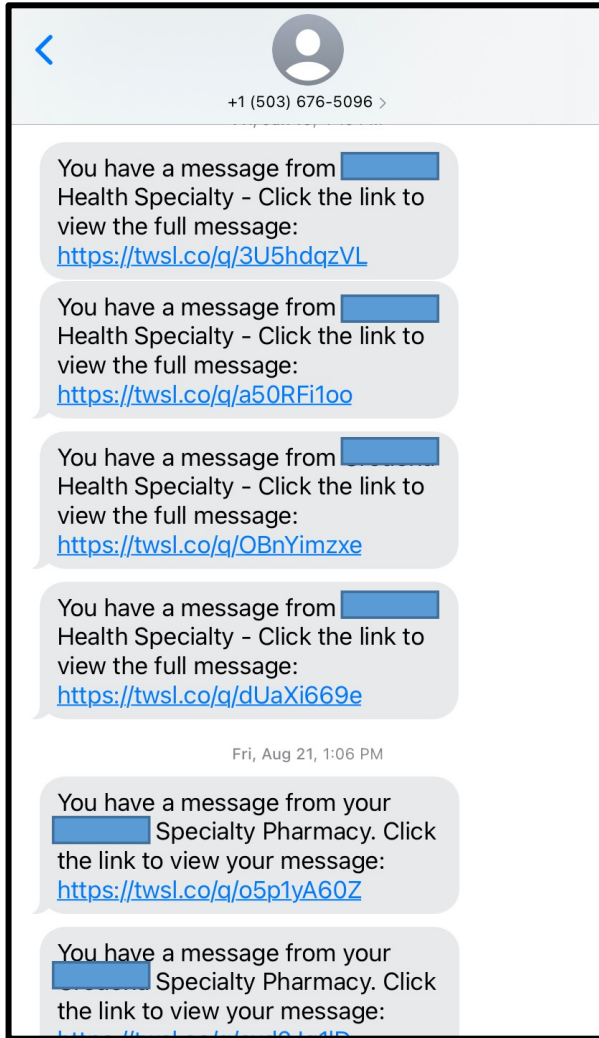
**James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.**

- Call Center Team
  - Refill Coordination
    - Text message refill questionnaire
    - Delivery address confirmation
    - Delivery date confirmation – 12/15/20
    - Shipping instructions
    - Ancillary supplies needed
    - Package tracking e-mail sent





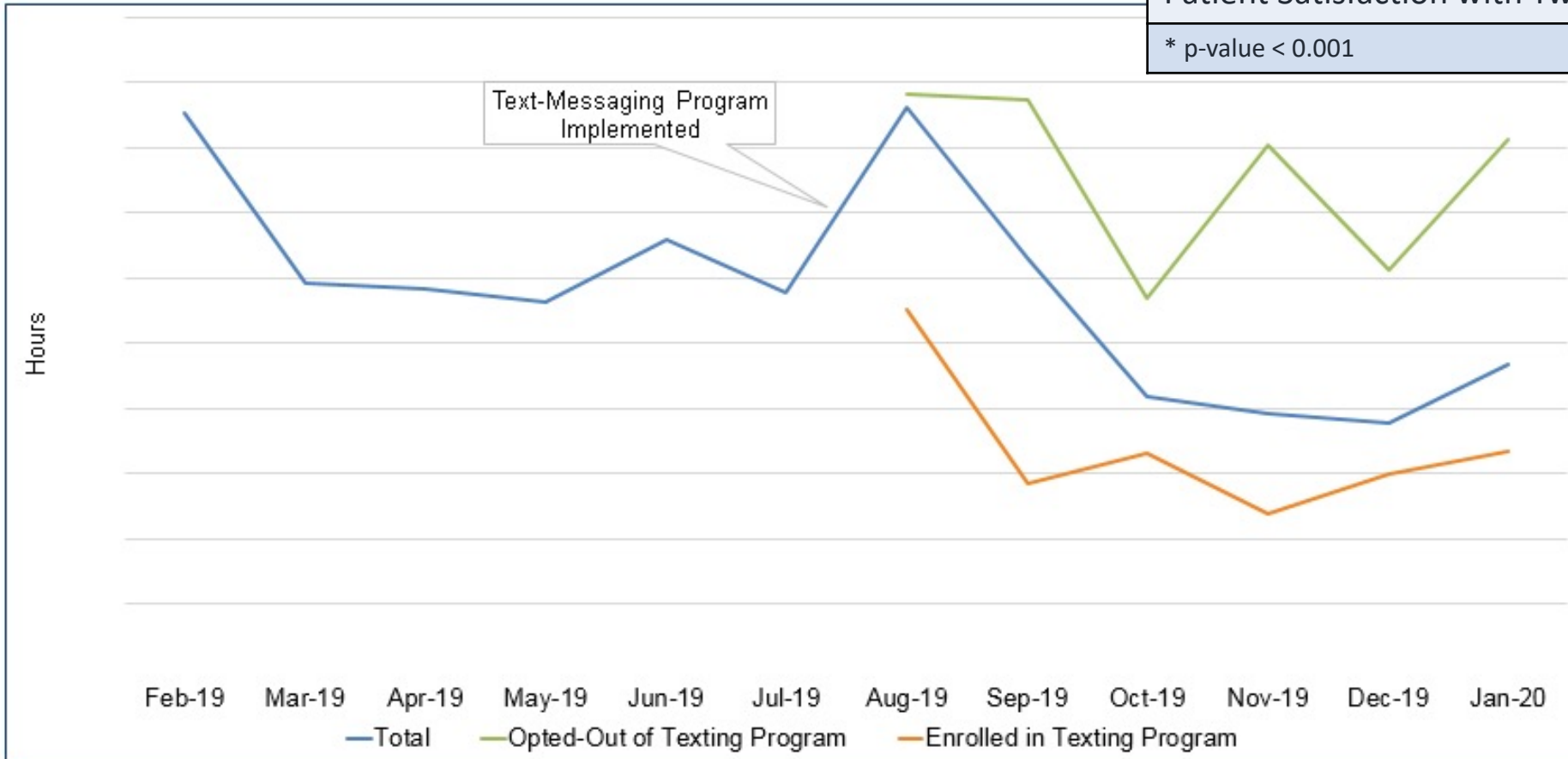
# Specialty Pharmacy | Text Messaging Platform – Refill Coordination



# Specialty Pharmacy | Text Messaging Platform Pilot Outcomes

- ❖ Two-way text messaging
- ❖ Ability to send videos, links, documents, forms
- ❖ Available for text, email, app
- ❖ Branching logic

Pharmacy Outcome (N = 515)	Pre-Texting	Post-Texting
Mean Patient Response Time	68.6 hours	32.1 hours*
Mean Adherence Rate (using MPR)	0.90	0.94*
Outbound Refill Calls	100%	31%*
Patient Satisfaction with Twistle	N/A	4.6/5
* p-value < 0.001		



# Specialty Pharmacy | SP Follow-Up Assessment

12/14/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Pharmacist Team
  - Patient Re-assessment
    - Chart review
    - Adherence evaluation
    - Symptom & QOL evaluation
    - Changes in health status
    - Medication reconciliation +/- DI Check
    - Side effect evaluation
    - On-going monitoring parameters
    - Progress toward therapy goals
    - On-going patient education

Verizon LTE 3:53 PM 99%

Specialty SMMS Followup Submit

Yes  
 No

How many doses of your medication do you recall missing last month?

1  
 2  
 3  
 4  
 5

Messages LTE 3:52 PM 99%

Specialty SMMS Followup Submit

How do you usually remember to take your medication(s)? Choose all that apply:

Alarm  
 Calendar  
 Pill Box  
 I take it with a meal  
 I associate it with a task  
 My family/friends remind me  
 Written reminders  
 I have a routine

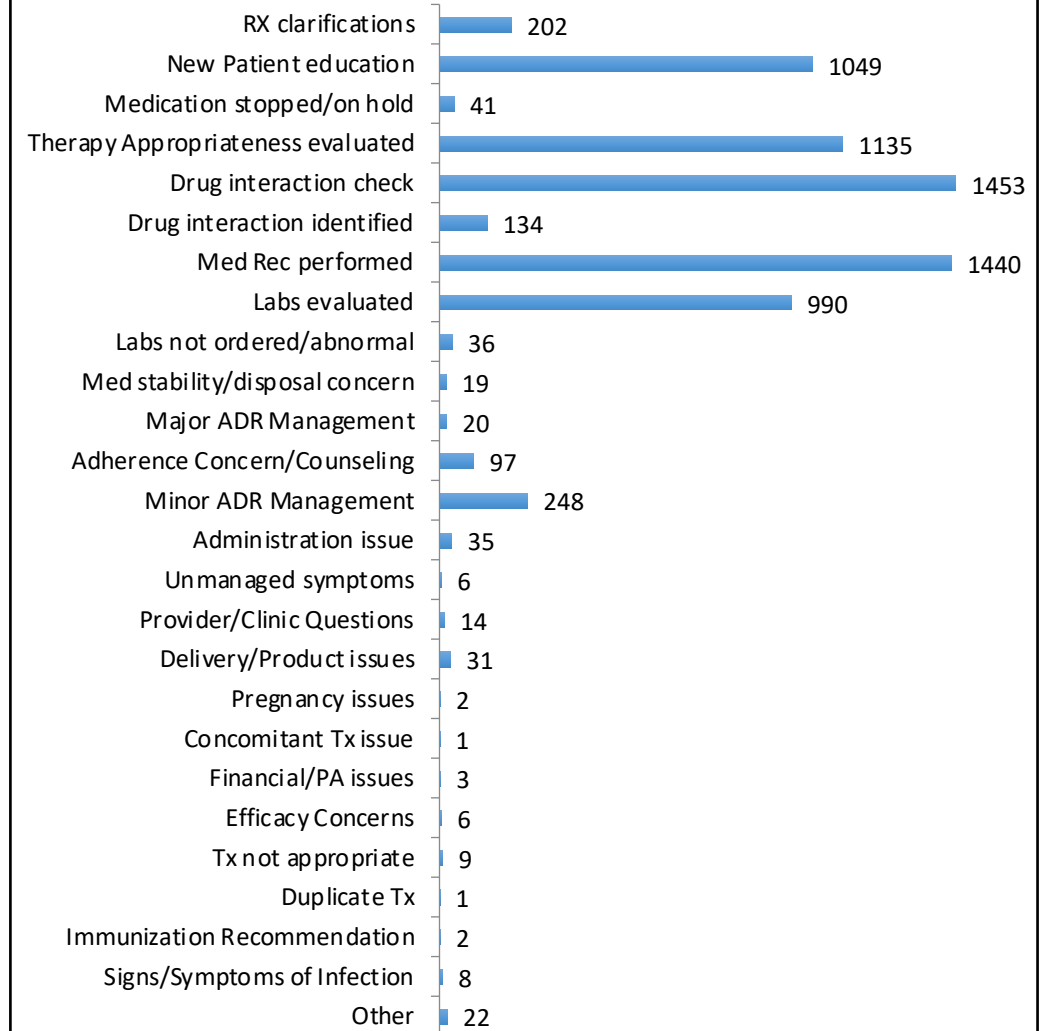
# Specialty Pharmacy | Pharmacist Interventions

12/14/20

James is a 36yo M diagnosed with PsA and is switching therapies from MTX to Taltz.

- Pharmacist Team
  - During re-assessment:
    - Adverse effects identified
      - URI symptoms
        - Recommendation:
          - Urgent care visit
          - Hold next injection until URI resolved
        - Prescriber call to discuss recommendation
        - Recommendation Accepted
        - Continue monitoring monthly

## 2020 Q1 RPH Interventions



# Specialty Pharmacy | Call Center and Clinical Pharmacist Team Details

## Call Center/Clinical Pharmacist Team Task

Refill Reminder Outreach	At least 3 days prior to next fill date
Refill Reminder Frequency	Hep C/Oncology/TXP = every 3 days Other Therapies = every 7 days
Refill Reminder Attempts <small>*Prescriber Contacted after 3 attempts</small>	Hep C/Oncology/TXP = 4 attempts Other Therapies = 3 attempts
Prescriber Refill Requests	Within 1 week of last refill dispense
Phone messages checked	At least every 90 minutes
Text message responses	Within 1 day
Pharmacist Follow-up Frequency	Customized Based on Condition, Medication, Patient Needs, & Pharmacist Clinical Judgement
Pharmacist Follow-Up Outreach (if unable reach) <small>*Prescriber Contacted after 3 attempts</small>	At least monthly

## 2019 Call Center/Clinical Pharmacist Team Metrics

Average Speed to Answer	20 seconds
Call Abandonment Rate	2%
Median Refill Turn-Around Time	1 day
Secondary Adherence Rate (PDC) - Overall	94%
<ul style="list-style-type: none"> <li>Hepatitis C</li> <li>Autoimmune Conditions</li> <li>Multiple Sclerosis</li> <li>Oncology</li> </ul>	98% 92% 93% 92%
Inflammatory Patient QOL Improvement	1.8
Average Net Promoter Score	85
Average Pharmacist Intervention/Assessment	1.7
Estimated Intervention Cost Avoidance	\$1 million
Estimated Intervention Cost Avoidance per PMP-enrolled Patient	\$250

*EXAMPLE METRICS*

# Specialty Pharmacy | Disease State-Specific Clinical Assessment Example

16. Inflammatory Regimen:

Actemra  Benlysta  Cimzia  Cosentyx  
 Dupixent  Enbrel  Entyvio  Humira  Ilaris  
 Ilumya  Inflectra  Kevzara  MTX  
 Olumiant  Orencia  Otezla  Remicade  
 Renflexis  Rinvoq  Simponi  Stelara  
 Skyrizi  Taltz  Tremfya  Xeljanz  Other

17. Other Therapy

18. Inflammatory Diagnosis:

AS  Atopic Derm  Bechet's  Crohn's  
 Giant Cell Arteritis  HS  JIA  Ps  PsA  RA  
 SLE  Still's  UC  Uveitis  Other

19. Other Diagnosis

20. Anticipated State Date:

21. Has the Patient Been on This Therapy Before?  Yes  No

22. If yes, how long has this patient been on this medication to date?

23. Previous Inflammatory Therapies:

6-MP  Actemra  azathioprine  Benlysta  
 Cimzia  Cosentyx  cyclosporine  Dupixent  
 Enbrel  Entocort EC  Entyvio  Humira  
 hydroxychloroquine  Ilaris  Ilumya  Inflectra  
 Kevzara  Kineret  Ieflunomide  
 mesalamine  MTX  NSAIDs  Olumiant  
 Orencia  Otezla  prednisone  Remicade  
 Renflexis  Rinvoq  Rituxan  Simponi  
 Skyrizi  Stelara  sulfasalazine  Taltz  
 topicals  Tremfya  Tysabri  UV light  
 Xeljanz  Other

24. Other -

25. Why was previous therapy discontinued/changed?

Continued Therapy  Not Effective  
 Partial Response  Side Effects  
 Drug Interaction  Allergy  
 Administration issues  Insurance/Cost  Other

← Pharmacist Wellness Check-in - Submit

Have any of the following occurred in the past 3 months?

You experienced new symptom(s) related to your condition

You experienced a flare-up or worsening of current symptom(s) related to your condition

You had an ER visit or Urgent Care visit related to your condition

You had a hospital admission related to your condition

You missed days of work or school because of your condition

You have had to use more steroids to control your symptoms

New pregnancy

You experienced a recent illness or infection

None of the above

← Pharmacist Wellness Check-in - Submit

During the past 7 days, how many HOURS did you miss from work because of your condition? (include hours you missed on sick days, times you went in late, left early, etc)

8

During the past 7 days, how much did your condition affect your productivity while you were working? If your condition affected your work only a little, choose a low number. Choose a high number if your condition affected your work a great deal.

5

During the past 7 days, how much did your condition affect your ability to do your regular activities, outside of work, such as work around the house, shopping, childcare, exercising, studying, etc.? If your condition affected your activities only a little

← Pharmacist Wellness Check-in - Submit

Considering all the ways your condition affects you, please rate how well you are doing on a scale from 0 to 10. If you are doing well overall, choose a low number. Choose a high number if you feel that you are doing poorly.

4

Do you feel that your medication is working well for you?

Yes, all or most of the time

Yes, but only sometimes or partially

No, it isn't working for me

Unsure if it is working

Would you like one of our pharmacists to reach out to discuss how your medication is working for you?

Yes

No, not at this time

# Specialty Pharmacy | Disease State-Specific Reportable Clinical Outcomes

Inflammatory Conditions	Multiple Sclerosis	Oral Oncology	Transplant
<ul style="list-style-type: none"> <li>Inflammatory Condition Type</li> <li>Prior Treatments</li> <li>DMARD Status</li> <li>TB Status</li> <li>Hepatitis B &amp; C Status</li> <li>BSA Affected (Derm)</li> <li>Morning Stiffness (Rheum)</li> <li>Pain Score (Rheum)</li> <li>Work Productivity &amp; Impairment</li> <li>Patient Global Assessment of Disease State Activity</li> <li>IBD-related hospitalizations</li> <li>IBD-related ER visits</li> </ul>	<ul style="list-style-type: none"> <li>MS subtype</li> <li>Prior Treatments</li> <li>Vitamin D Status</li> <li>Depression Status/Severity</li> <li>MS Relapses</li> <li>Unmanaged MS Symptoms</li> <li>Work Productivity &amp; Impairment</li> <li>Patient Global Assessment of Disease State Activity</li> <li>MS-related hospitalizations</li> <li>MS-related ER visits</li> </ul>	<ul style="list-style-type: none"> <li>Cancer Type</li> <li>Prior Treatment Status</li> <li>Infections</li> <li>Cancer-related hospitalizations</li> <li>Cancer-related ER visits</li> </ul>	<ul style="list-style-type: none"> <li>Transplant Type</li> <li>Prior Treatments</li> <li>Infections</li> <li>Transplant-related hospitalizations</li> <li>Transplant-related ER visits</li> </ul>
		PAH	All Conditions <i>Reported by Condition</i>
		<ul style="list-style-type: none"> <li>Prior Treatments</li> <li>WHO Functional Class</li> <li>Symptom Severity</li> <li>Unmanaged PAH Symptoms</li> <li>REMS requirements</li> <li>Patient Global Assessment of Disease State Activity</li> <li>PAH-related hospitalizations</li> <li>PAH-related ER visits</li> </ul>	<ul style="list-style-type: none"> <li>Height &amp; Weight</li> <li>MPR/PDC</li> <li>Missed Doses past month</li> <li>Non-Adherence Reasons</li> <li>Clinical Interventions</li> <li>Clinical Intervention Outcomes</li> <li>Adverse Events</li> <li>Hospitalizations</li> <li>ER Visits</li> <li>Therapy Effectiveness</li> <li>SP PMP Enrollment</li> <li>Assessment Duration</li> </ul>
	Hepatitis C	PCSK9 Inhibitors	
	<ul style="list-style-type: none"> <li>Genotype</li> <li>Cirrhosis Status</li> <li>Prior Treatment Status</li> <li>Reinfection Status</li> <li>Treatment Duration</li> <li>SVR12</li> <li>Discontinuation reason</li> </ul>	<ul style="list-style-type: none"> <li>LDL</li> </ul>	
HIV			
<ul style="list-style-type: none"> <li>Prior Treatments</li> <li>CD4 Count</li> <li>Infections</li> <li>Patient Global Assessment of Disease State Activity</li> </ul>			

# Patient Care Opportunities | Health Plan Collaboration Example

## COVID-19 Pandemic

- ❖ Multiple Asthma/Allergy Clinics closed
- ❖ Patients had nowhere to receive Xolair injections
- ❖ FDA released Xolair self-administration exception
- ❖ Created Xolair Home Administration protocol
- ❖ Health plan collaboration
  - ❖ Screen Xolair patients
  - ❖ Ensure medical billing was managed appropriately
  - ❖ Convert Xolair vial PAs to pre-filled syringes
- ❖ Virtual/telephonic patient counseling and administration training session
- ❖ Epinephrine status/need evaluation
  - ❖ Added EpiPens to SP inventory
- ❖ Patient/caregiver anaphylaxis management education

The screenshot displays a web-based assessment form titled "XOLAIR Home Administration Assessment v1". At the top, there are fields for "Date / Time" (set to 12:00 PM) and "Category" (set to Patient History). The form is divided into two main sections: "Patient History" and "Patient Education".

**Patient History Section:**

1. Did we speak directly to the patient?  Yes  No
2. If we did not speak to the patient, who did we speak to?
3. Medication Regimen:
4. Has the patient had at least 3 doses of Xolair already administered?  Yes  No
5. Can someone be present with patient at least 30 minutes after injection for safety monitoring purposes?  Yes  No
6. Epinephrine Status:
  - Patient has epinephrine on-hand
  - We have Rx and will send with Xolair
  - MDO gave okay to proceed without epinephrine on-hand
7. Reviewed the patient's allergy list for hx of previous anaphylaxis (i.e. food, medication, or other causes)? If they do have a hx, then higher risk  Yes  No

**Patient Education Section:**

22. Counseled patient on how to administer Xolair PFS?  Yes  No
23. Counseled patient on dosing frequency and how to track (ex. alarms, calendar, etc)?  Yes  No
24. Counseled patient on signs/symptoms of hypersensitivity reaction, including anaphylaxis?  Yes  No
25. Advised patient who and when to call in the case of an adverse event?  Yes  No
26. Counseled patient on fridge storage and proper sharps disposal?  Yes  No
27. Counseled patient on epinephrine injector use (if appropriate)?  Yes  No  N/A
28. Counseled patient on diphenhydramine use (if dispensing OTC)?  Yes  No  N/A