National Employer Initiative on Specialty Drugs
Employer Focused, Employer Driven
MBGH

Employer Checklist

Designing Specialty Drug Benefits

Use this checklist to gather all of the information you need to design your specialty drug benefits.

Demographics

- ☐ Total number of active employees
- ☐ Total number of retirees (pre- and post-65)
- ☐ Total number of active covered lives
- ☐ Locations of largest sites based on employee populations (city/state and number of employees)

Funding & plan design

Which of the following represents your defined benefit plan?

Medical plan

- ☐ Fully-funded
- ☐ Self-funded

Pharmacy plan

- ☐ Fully-funded
- ☐ Self-funded

How are pharmacy benefits managed?

- [ ] Pharmacy carve-out (PBM)
- [ ] Pharmacy carve-in/integrated program (health plan)
- [ ] Pharmacy/medical claims are combined for out of pocket maximums
- [ ] Pharmacy/medical claims have separate out of pocket maximums

Which of the following elements are part of your benefit design?

- [ ] Co-insurance
- [ ] Flat dollar copay
- [ ] Deductible
- [ ] Medical parity

Which of the following represents your plan offerings/plan designs?

- [ ] High Deductible Health Plan with savings account (HSA, HRA or choice)
- [ ] High Deductible Health Plan with no funding
- [ ] PPO, POS or HMO
- [ ] PPO with deductibles, copays, coinsurance and HCFSA
- [ ] Other

Which of the following is part of your pharmacy plan design?

- [ ] Pharmacy carve-out (PBM)
- [ ] Pharmacy carve-in/integrated program (health plan)

Does your pharmacy benefit plan provide incentives (premium differentials, reduced or waived copays) to drive patient behavior or engagement? If so, which ones?

- ☐ Adherence to medication
- ☐ Compliance to treatment therapy
- ☐ Use of formulary
- ☐ Mail order or home delivery
- ☐ Use of a specialty pharmacy
- ☐ Other

☐ What is your total medical spend?

☐ What is your total pharmacy spend?

☐ What is your total specialty spend before rebates or discounts?

☐ What is your total spend after rebates or discounts?

☐ What percentage of your specialty spend is in the pharmacy benefit?

☐ What percentage of your specialty spend is in the medical benefit?

Existing Benefit/Vendor Tactics

Which of the following elements are part of your general pharmacy management?

- ☐ Value-based formulary
- ☐ Fully subsidized preventive medication list in your HDHP
- ☐ Open formulary
- ☐ Closed formulary
- ☐ Mandatory mail order/home delivery for maintenance drugs

- [ ] Generics first
- [ ] Market determined reference price
- [ ] Utilization management (drug conflicts/overuse/underuse)
- [ ] Step therapy
- [ ] Prior authorization
- [ ] Multi-source brand penalty
- [ ] Multi-tier formulary determined by PBM

Which of the following elements are part of your specialty drug management?

- [ ] Prior authorization
- [ ] Preferred formulary
- [ ] Starter dose (i.e. up to 14 days to acclimate to new therapy)
- [ ] Utilization/case management
- [ ] Step therapy edits (to drive lower cost standard therapy first)
- [ ] Quantity limits
- [ ] Channel management (mandatory specialty pharmacy use)
- [ ] Site of care management

Which of the following elements are part of your prescription benefit design?

- [ ] Co-insurance
- [ ] Flat dollar copay
- [ ] Deductible
- [ ] Medical parity with pharmacy coverage
- [ ] Maximum member payment per Rx claim
- [ ] Minimum member payment per Rx claim
- [ ] Maximum out-of-pocket separated from medical
- [ ] Maximum OOP blended with medical

- [ ] Specialty tier
- [ ] Mandatory specialty provider for self-injectable drugs in pharmacy benefit

Which of the following elements are part of your disease management platform?

- [ ] Specialty pharmacy vendor
- [ ] Disease management programs/vendor for services that target drug use in disease states like RA, MS, Hep C
- [ ] Special high-touch or care programs for oncology, orphan/rare diseases (e.g. Hemophilia)

Which of the following do you use for adherence management:

- [ ] Reminders and alert programs to patients and/or providers
- [ ] Case management (outreach, medication therapy management (MTM))

Which delivery methods are part of your adherence program:

- [ ] Live
- [ ] Phone-based
- [ ] Telehealth
- [ ] Mail/Email
- [ ] Other

Data Availability for Formulary Adherence & Clinical Programs

Do you work with a data aggregator or aggregate data internally?

- [ ] Yes
- [ ] No (if no skip to last section, Rebate Provisions)

If pharmacy data is integrated with the medical, do you have:

- ☐ Real-time transfers of data back and forth between medical carrier and PBM?
- ☐ Batch transfers of claims back and forth between medical carrier and PBM?

Indicate the frequency for batch:

- ☐ Weekly
- ☐ Monthly

For information transfer to the medical plan vendor:

- ☐ Utilization, cost
- ☐ Co-pay
- ☐ Billing or paid claims data
- ☐ Adherence data

For information transfer from the medical plan vendor:

- ☐ Eligibility
- ☐ Adds/deletes/terms
- ☐ Coverage information
- ☐ Full medical claims

Audit Provisions:

- ☐ Ability to audit without restrictions
- ☐ Audit frequency

Changes to plan design mid-year:

- ☐ Ability to change design
- ☐ If yes, what is the frequency with which you can change the design per year or contract life

Rebate Provisions

Reporting and reconciliation:

- ☐ Monthly
- ☐ Quarterly
- ☐ Annual
- ☐ Minimum Rebate Guarantee
- ☐ Drugs excluded from rebates