



Setting Vendor Expectations

This case study represents a Midwest-based employer with approximately 20,000 employees. They provided the following examples of steps they require their PBM to use for new and existing patients, pharmacy care management for prior authorization review and an overview of their communication strategy.

General Process

- New prescription is received by vendor from the physician or patient
- Therapy is reviewed for clinical appropriateness dosing, safety and efficacy
- Patient benefits are reviewed and verified for drug coverage, eligibility and any financial obligations for patient
- Prescription is documented and reviewed by pharmacist for accuracy and safety
- Pharmacist provides education to patient on drug interaction, medication preparation and administration, importance of drug compliance, side effects, storage and safety
- Pharmacist provides advice on the reorder process and product delivery date
- When medication is dispensed, pharmacist conducts a final visual inspection for safety and accuracy
- Prescriptions are packed and shipped in temperature-controlled containers to ensure product integrity
- Vendor case managers proactively reach out to patients to ensure pharmacy care is reinitiated
- Pharmacist reviews the reorder for therapy compliance and clinical outcomes

For Existing Patients

- Vendor mails letter to patient's home educating them on changes and follows up by phone, if applicable
- Patient is only responsible for prescription drug co-payment
- Physician has already been educated by vendor of this transition and receives medication from vendor to administer at the time physician office service is rendered
- Based on dose requirements, vendor continues to be in contact with patient for refills, side effects, etc.

For New Patients

- At the time the primary physician initiates a drug therapy, physician verifies benefits:
 - If physician fails to verify benefits and begins to administer therapy in the physician's office using the doctor's current stock, then submits the claim to the health plan for processing under the medical plan, health plan will deny the drug charge as not covered with an Explanation of Benefit's comment stating that this charge is to be considered by the Prescription Drug Program
 - The patient is required to send a paper claim to vendor for processing. Vendor will allow the charges and initiate the Specialty Pharmacy program process for new patient
- The patient is only responsible for the prescription drug copay:
 - At Retail – Pharmacies typically will not stock biologic drugs. Pharmacy will inform the patient they will need to contact vendor who will work directly with patient's physician to begin process
 - At Mail Order – If a prescription is sent in through mail order process, vendor will automatically route the prescription to the Specialty Pharmacy for process - this is seamless to the patient
- The medication will have already been delivered to the physician's office in time for services to be rendered
- Based on the dose requirements, vendor will continue to be in contact with patient for refills, side effects, etc.

Pharmacy Care Management for Prior Authorization Review

- All prescribed specialty medication therapy goes through approval process based on prospective clinical review of the diagnosis
 - This is consistent with all other drug and medical reviews for necessary treatment, such as lab work or surgical services performed by a physician that was not medically necessary
- Failure to meet the appropriate clinical guidelines will result in:
 - Phone conversation with the prescribing physician
 - Phone call with the patient about denial if physician continues with unapproved therapy
 - Letter sent to patient outlining their appeal rights
- Appeal rights follow the same appeal process set forth by the Department of Labor

Communication

- Company sends out communication to all employees/plan members informing them of program
- Vendor sends out communication to physicians that are currently treating patients on a specialty drug therapy explaining the transition and how the benefit coverage is changing from medical to the prescription drug program
- Vendor sends out communication to each patient in an active drug therapy to explain transition and how the patient's benefit coverage is changing from medical to prescription drug program