Pennsylvania
Specialty Pharmacy Drug Program

Eastern Medicaid Pharmacy Administrators Association Conference

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Goal and Objectives

- **GOAL:**
  - To provide an overview of the outcomes and lessons learned from the implementation and operation of a Medicaid Specialty Pharmacy Drug Program

- **OBJECTIVES:**
  - To demonstrate how first year outcomes achieve Program objectives
  - To review lessons learned that validate Program design and provide direction for future Program design

Specialty Pharmacy Drug Program

GOAL: To maintain access to quality care for MA consumers who have a medical need for specialty pharmacy drugs while enhancing clinical and administrative efficiencies.

OBJECTIVES:

- To provide a clinically and administratively efficient and effective Specialty Pharmacy Drug Program
- To provide a clinical support system designed to optimize therapy management, care coordination, and patient compliance
- To provide an opportunity for greater provider accountability
- To provide cost-effective services without compromising access and quality

Implementation Requirements

- **APPROVAL:**
  - Public announcement in Governor's Proposed Budget
  - CMS approval of a 1915(b) waiver – Selective Contracting
- **CONTRACT:**
  - Issue RFP
  - Final contract negotiations (including final scope of covered drugs and payment)
- **NOTIFICATION:**
  - Client notices
  - Provider notification and education

Specialty Pharmacy Drug Program

- **Implementation:**
  - January 12, 2009
  - In 42 counties that do not have mandatory managed care
- **Preferred Specialty Pharmacy Providers:**
  - Accredo Health Group
  - Walgreens Specialty Pharmacy, LLC

Specialty Pharmacy Drug Program – The Process

- **Prescription**
  - The prescribing provider calls or faxes the prescription to the MA consumer's preferred specialty pharmacy provider
  - The specialty pharmacy provider asks the prescriber to identify where, when and how often the prescription should be delivered

- **Dispensing and Delivery**
  - The specialty pharmacy delivers the drug to the site of administration

- **Ancillary supplies and home health nursing services for in-home administration**
  - The specialty pharmacy provider:
    - Arranges for the delivery of ancillary medical supplies (tubing, needles, syringes, site care supplies)
    - Coordinates home health nursing services

Specialty Pharmacy Drug Program – The Process

- **Clinical Supports**
  - **At initiation of therapy, the specialty pharmacy provider:**
    - Contacts the MA consumer to complete initial clinical assessment
    - Informs the consumer about the specialty pharmacy provider's patient care coordination services
    - Arranges for home delivery of the specialty medication and any required ancillary supplies, if applicable
    - Coordinates in-home nursing services, if required.
  - **Throughout continuation of therapy, the specialty pharmacy provider:**
    - Includes information packets with the specialty medication or in a separate mailing.
    - Contacts the patient to reassess clinical status at regularly scheduled intervals.
    - Offers a clinical support system for MA consumers that includes, but is not limited to the following services:
      - A toll free call center available 24 hours per day, 7 days per week to respond to questions about medications
      - Personal medication counseling including, but not limited to:
        - Identification of side effects of medications and how to handle side effects
        - Storing medications properly
      - Directions for therapy administration and management
      - Therapy adherence monitoring
      - Care coordination

Objective: To provide a clinically and administratively efficient and effective Specialty Pharmacy Drug Program

- **Outcomes:**
  - Approximately 2,000 MA consumers receive their specialty drugs from a preferred specialty pharmacy provider
  - Patient satisfaction surveys indicate that consumers are happy with the Program; some use the specialty providers for all of their drugs

- **Lessons learned:**
  - Expanding the scope of specialty drugs is a viable option
  - Mail order may also be a possible option

Objective: To provide a clinical support system designed to optimize therapy management, care coordination, and patient compliance

Outcomes:

- The Department implemented a new requirement for a weekly "Trigger Report" that flags consumers who need immediate intervention. The pharmacy nurse case manager provides feedback to the specialty pharmacy for follow up or refers the consumer to the Department's case management program.
- The specialty providers are monitoring for and reporting on adverse events, compliance, and stockpiling.
- Specialty providers can address health and safety issues because they have access to information, such as lab information, that typically is not available to the community pharmacist.
- Specialty providers have field representatives who can outreach to providers face-to-face, focus on the Program, and address prescribers' patient issues.
- Stakeholders know who to contact to resolve patient-specific problems.

Lessons learned:

- Quarterly and annual reports are important but do not enable timely interventions.
- Coordination is a critical requirement for everyone and can provide for a "win/win" for all stakeholders.
- There are rare situations when it is necessary to authorize a non-preferred specialty provider to dispense a specialty medication but it's equally important to make sure that the consumer is subsequently enrolled with a specialty provider.

Case Study – Procrit

Safety issue with *Procrit*® due to elevated labs	
Situation	Oncology patient receiving Procrit for anemia secondary to chemotherapy. Specialty pharmacy received updated lab information prior to a refill of *Procrit* (20,000 units) that the patient's hemoglobin (Hgb) value was 12.6 g/dL.
Clinical Concern	Use of *Procrit* can be associated with increased risk of cardiovascular and thromboembolic events in oncology patients. A black box warning recommends titrating the dose to keep Hgb between 10–12 g/dL.[1]
Specialty Pharmacist Action	The Oncology Specialist Pharmacist contacted the prescriber to discuss the patient's elevated labs and possibly decrease the dose or hold therapy until labs are closer to the recommended range.
Outcome	➢The prescriber agreed to hold the patient's prescription until the drug was needed. ➢Since the intervention, the specialty pharmacy has only filled the patient's *Procrit* prescription one time in 2010. ➢The patient potentially avoided heart attack, blood clot, or stroke due to elevated labs. ➢PA saved $4,472 in direct drug cost from the held doses.[2] ➢The prescriber's hold on therapy was a direct result of the pharmacist intervention.

Procrit is a registered trademark of Centocor Ortho Biotech.

[1]Procrit® (Epoetin alfa) [package insert]. Thousand Oaks, CA: Centocor Ortho Biotech; 2010.

[2]*Procrit*® cost based on negotiated rate with PA DPW

Case Study – Humira

Frequent infections during Humira® therapy	
Situation	Specialty pharmacy called to assess patient with Rheumatoid Arthritis and their adherence to Humira therapy. Patient's mother (caregiver for adult patient) reported holding doses of Humira because the patient had a fungal skin infection and intestinal infection causing diarrhea. Of the previous three doses, two were followed by infection. The caregiver also reported that the patient's immune system was relatively weak before starting Humira therapy.
Clinical Concern	Use of the immunosuppressive agent Humira may contribute to the development of frequent infections, which can pose a risk to the patient's health.[1] Additionally, if Humira adherence cannot be maintained, therapy may be ineffective for the patient's rheumatoid arthritis.
Specialty Pharmacist Action	Rheumatoid Arthritis Specialty Pharmacist advised the caregiver to continue holding *Humira* until she spoke to the patient's rheumatologist. The caregiver was waiting at that time for a return call from the patient's rheumatologist. Pharmacist advised the caregiver to report the issue of frequent infection and the resulting non-adherence to *Humira*. The pharmacist also advised the mother to clarify with the rheumatologist when/if *Humira* therapy should be resumed after this infectious episode.
Outcome	➢Patient's caregiver later called back to report that the rheumatologist discontinued *Humira* therapy and was currently considering alternative therapeutic options for the patient's rheumatoid arthritis.

Humira is a registered trademark of Abbott Laboratories, Inc.

1. Humira Injection (adalimumab) [package insert]. North Chicago, IL: Abbott Laboratories; 2009.

Case Study – Hemophilia

Chinese speaking hemophilia A patient faced cultural and language barriers to treatment.	
Situation	The 31 year old patient believed factor infusions should be reserved for life-threatening or serious bleeds only. The patient did not regularly treat for mild or moderate bleeding episodes, resulting in damage to the patient's joints. The patient's physician would like the patient to start a prophylaxis infusion regimen.
Clinical Concern	The patient may not be adherent with prophylaxis infusions of factor VIII due to cultural and language barriers.
Specialty Pharmacist Action	Before initiation of prophylaxis therapy, the Hemophilia Specialty Pharmacist had the prescription labels printed in both English and Chinese. The Specialty Pharmacist worked in conjunction with the patient's hemophilia treatment center, to educate the patient about the importance and benefits of prophylactic infusions of factor VIII to prevent further joint damage and preserve current joint function.
Outcome	➢The patient appeared to understand the benefit of and clinical need for prophylaxis infusions of factor VIII and has become adherent with his therapy regimen.

Objective: To provide an opportunity for greater provider accountability

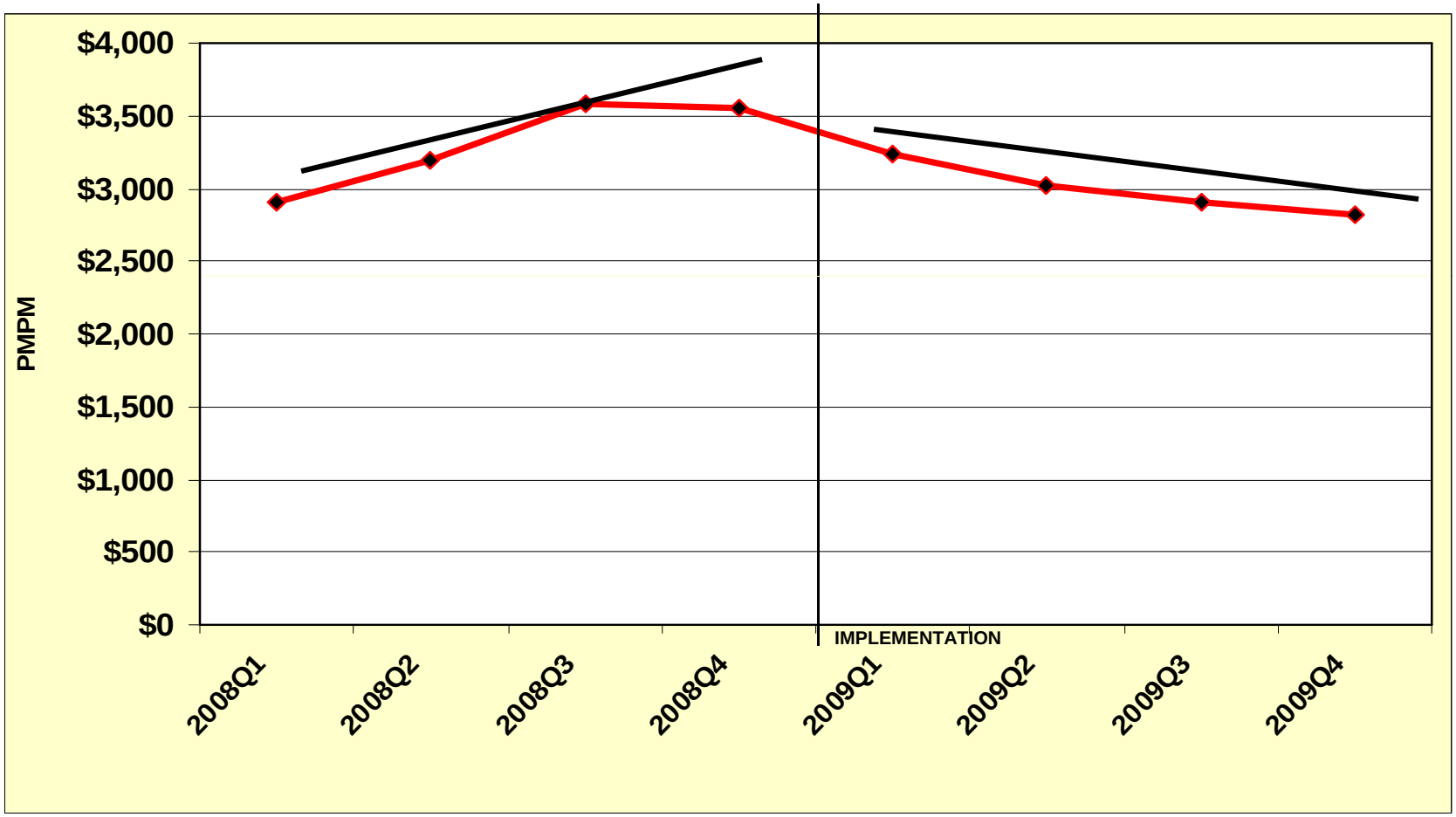
- **Outcomes:**
  - The Department measures specialty provider performance against performance standards.
  - The Department is able to monitor for:
    - Accurate dispensing
    - Timely delivery of specialty drugs
    - Assay management
  - One specialty provider initiated a “No Go” report to the Department when experiencing the rare situation of difficulty in contacting a consumer for delivery of medication or prescriber for clinical information; enables the Department to assist in contacting the consumer or prescriber, keeping the consumer on therapy, and reducing the potential for serious adverse events.
  - The Department is able to require corrective action when performance standards are not met.
  - The Department is receiving patient-specific reports.

- **Lessons learned:**
  - Selective contracting enables the Department to hold specialty providers accountable for performance that could not be easily measured in a standard FFS model.
  - Patient specific reporting highlights actual patient experiences and issues not available in a typical summarized reporting format, and helps to improve quality standards and overall health care management.
  - Maximizing increased provider accountability requires diligent monitoring.

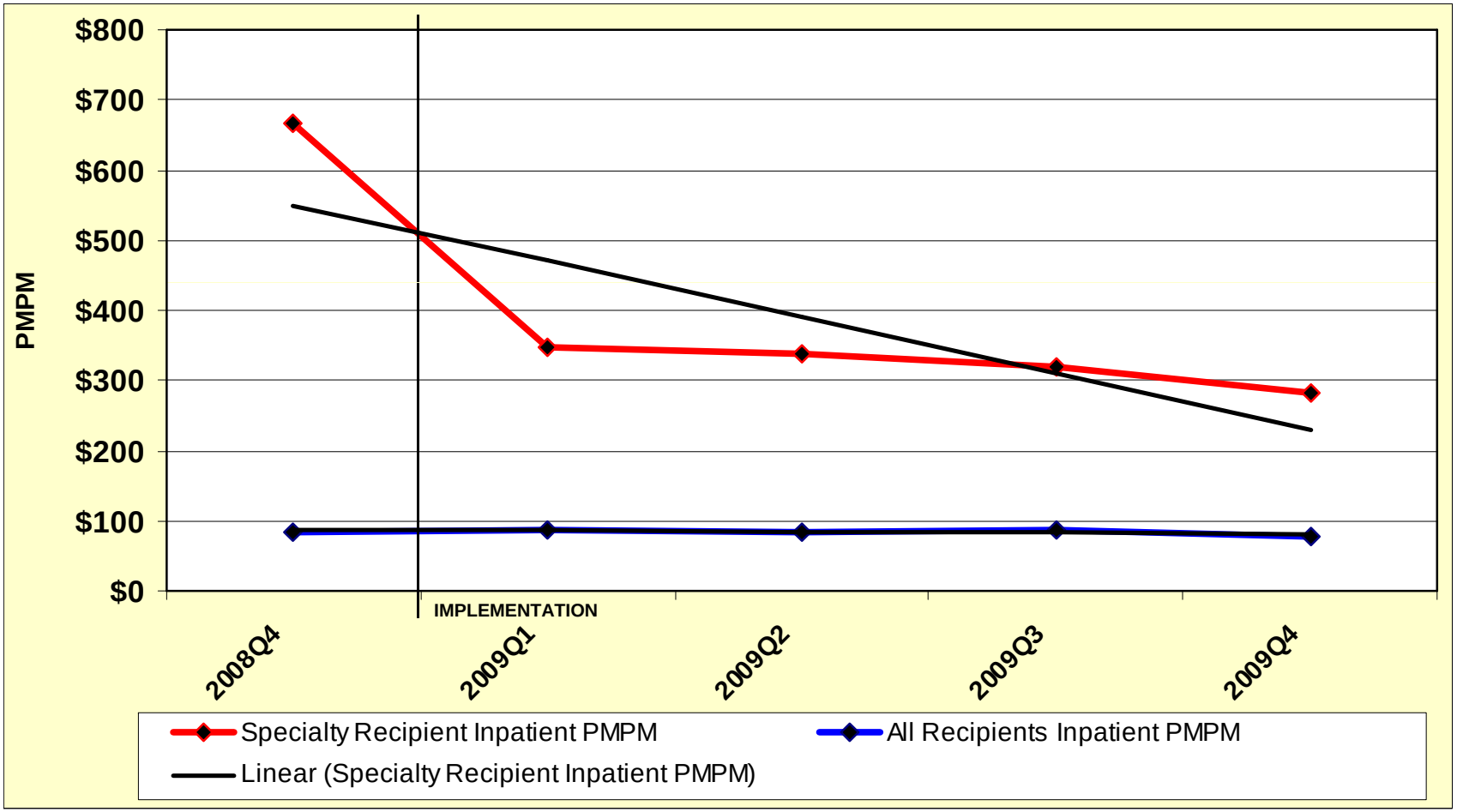
Objective: To provide cost-effective services without compromising access and quality

- **Outcomes:**
  - Since implementing the Specialty Pharmacy Drug Program, the Department decreased:
    - Total PMPM cost of care for consumers taking a specialty drug
    - Specialty drug costs
    - Specialty drug spend as a percentage of total pharmacy spend
    - Inpatient (non behavioral health) PMPM costs for consumers taking a specialty drug
- **Lessons learned:**
  - Selective contracting enabled the Department to negotiate payments
  - Cost savings can be achieved without compromising access and while increasing quality of care

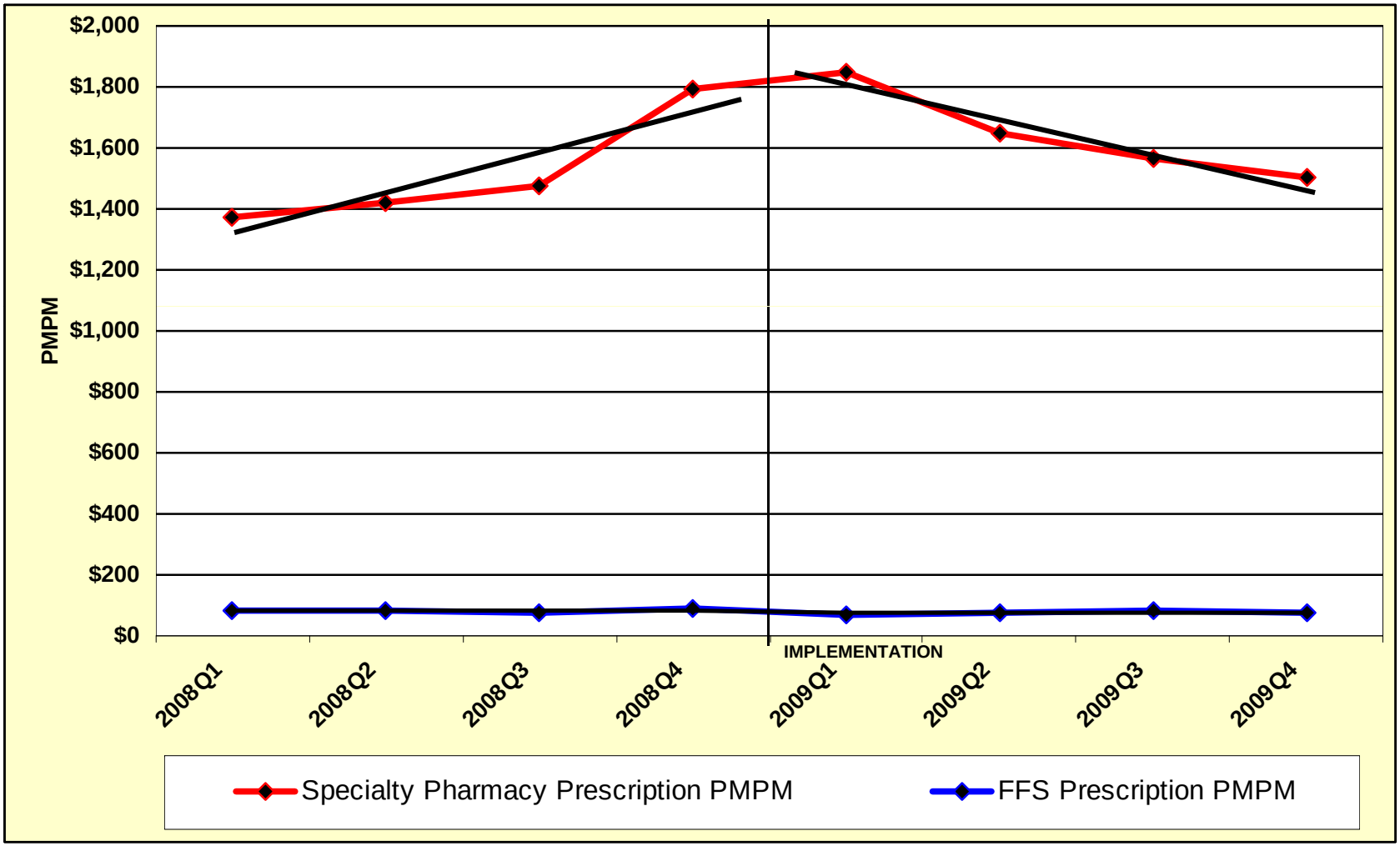
Specialty Recipients Total Cost of Care PMPM Trend – Pre vs. Post Implementation



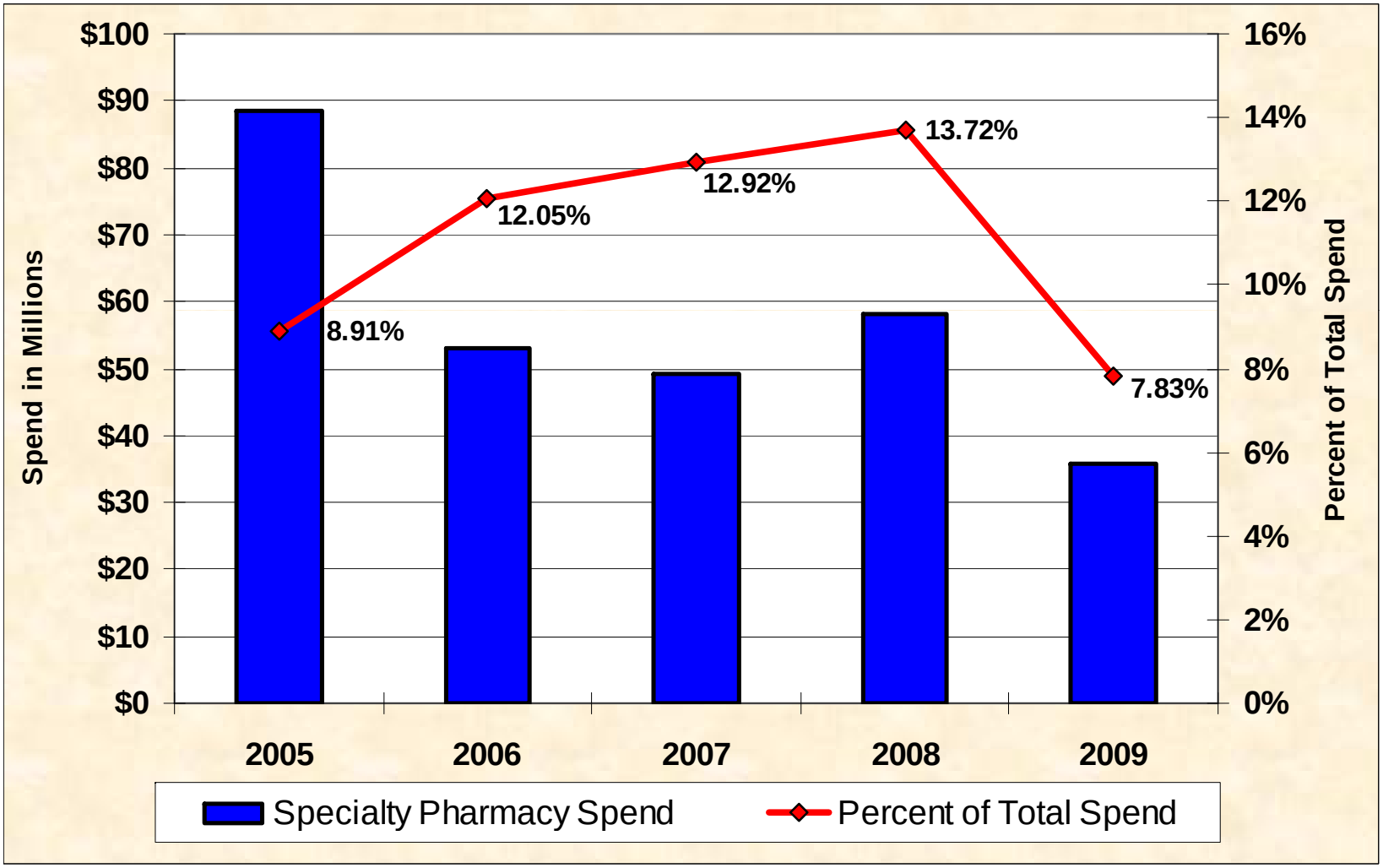
Specialty Recipient Inpatient PMPM vs. All Recipient Inpatient PMPM



Specialty Drug PMPM vs. Non-Specialty Drug PMPM Trend



Specialty Pharmacy vs. Total Pharmacy Spend



Specialty Pharmacy Drug Program Outcomes and Lessons Learned

Comments and Questions