

Novel Opportunities for Engagement Utilizing In-House Pharmacy Services

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**ZANGMEISTER
CENTER**
The Choice for Oncology & Hematology

 **RxTO GO**
Your In-House Pharmacy
at Florida Cancer Specialists



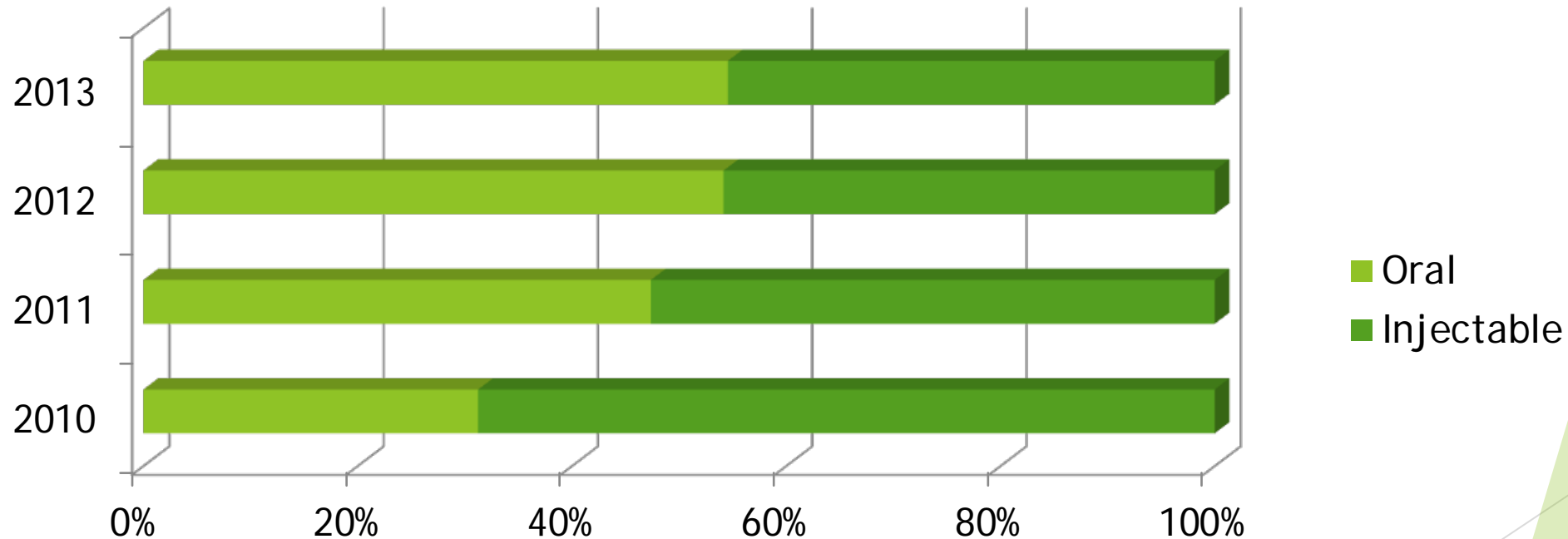


Objectives

- ▶ Oral Oncolytic trends and current landscape
- ▶ Practice consideration for oral oncology program
- ▶ Pharmacy Role in the oncology practice
- ▶ Patient Education, Adherence and Compliance
- ▶ Other consideration
- ▶ Patient Assistance programs

Oral Oncolytic Trend and Landscape

- ▶ Cancer Drug category is experiencing a 32% to 42% growth rate.
- ▶ Oral Oncolytic represents 35% of the medication in the pipeline.
- ▶ Approval of Oral Oncology meds by the FDA is surpassing the IV.



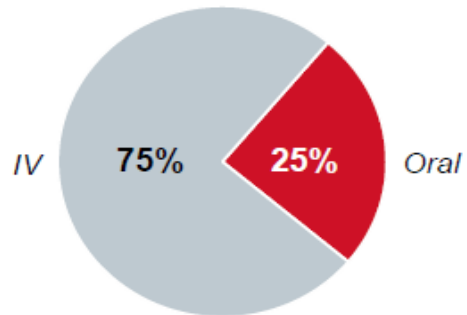
FDA Hematology/Oncology (Cancer) Approvals : <http://www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm279174.htm>

Continuing Shift Toward Oral Chemotherapy

Continuing Shift Toward Oral Chemotherapy

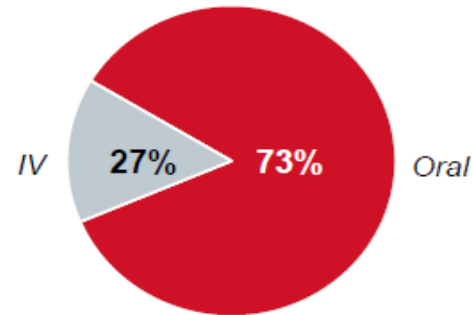
Drugs in Use

Percent of Chemotherapy Agents in Use by 2013, by Administration Type



Drugs Approved

Percent of Chemotherapy Agents Receiving FDA Approval since 2010, by Administration Type



Source: Partridge A. "Oral Chemotherapy: Opportunities and Challenges." Dana Farber Cancer Institute, June 26, 2012.; Oncology Roundtable interviews and analysis.

What does an Oncology Practice do to respond to this change

- ▶ Develop an oral oncology program to respond to these changes which may consist of the following.
 - ▶ Who will take responsibility for managing these patients.
 - ▶ Patient Education
 - ▶ Acquisition cost of medication
 - ▶ Financial consideration
 - ▶ Monitoring and Management
 - ▶ Communication
 - ▶ Documentation
- ▶ Develop a model that will assist in responding to the changes.

Community Oncology Practice Dispensing Models

PDP (Physician Dispensing Practice)

Medical Board or State Health Agency Regulated

One physician in practice licensed as MD of record

Limited access to Pharmacy contracts (No Medicaid)

In some States only allowed model

Pharmacy Tech/Nurses dispense under Physician Supervision

Licensed Retail Pharmacy

Board of Pharmacy regulated and licensed

Many States will not allow Physician ownership

Allowed to contract with any PBM or Pharmacy Network

Require Pharmacist Pharmacy Manager of Record (PIC)

Oral Oncology Networks

- ▶ Specialty Oral Oncology GPO for contracting
- ▶ Class of trade specific to Community Oncology Practices
- ▶ In field support of Practice Dispensaries
- ▶ Data collection/sales programs
- ▶ Network managed care/PBM strategies
- ▶ RainTree Oncology Services and ION Solutions



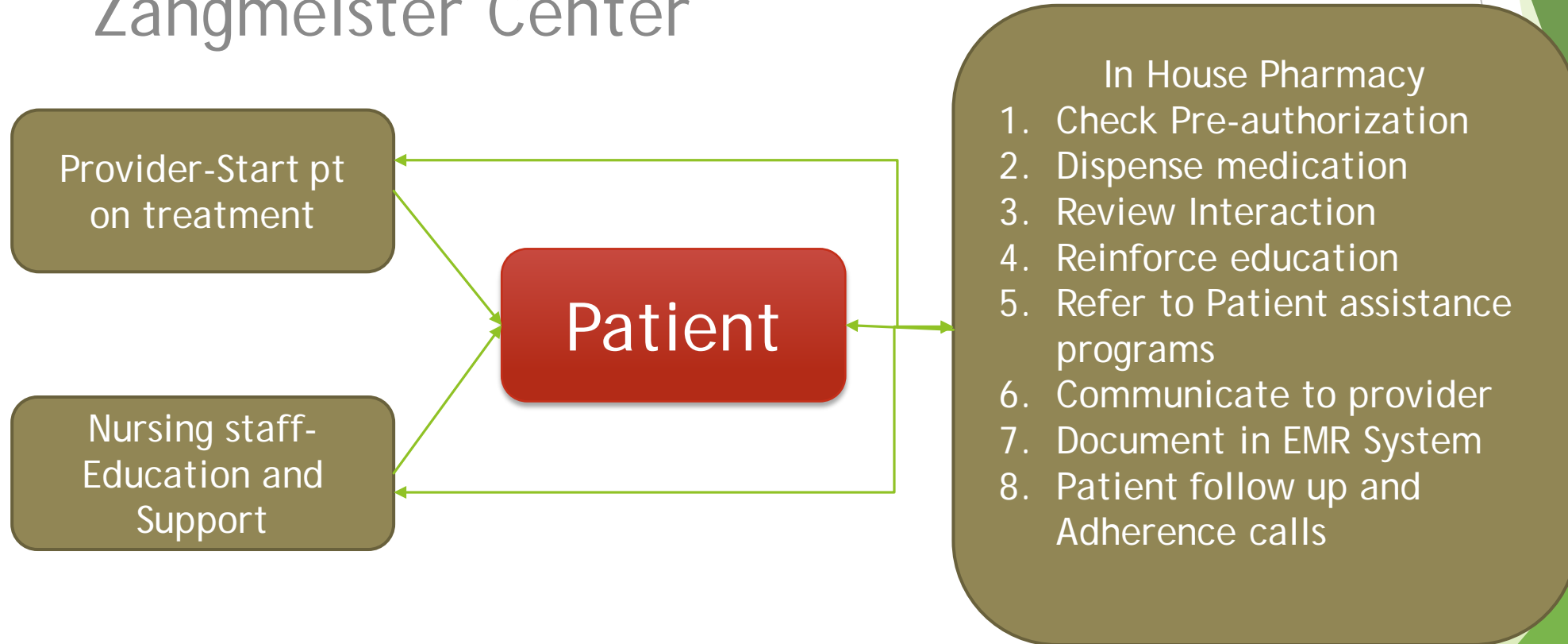
Pharmacy Accreditation

- ▶ URAC fast becoming the Specialty Pharmacy accreditation of choice by payers
 - ▶ NC, Tennessee and Louisiana BC/BS now require
 - ▶ Very Expensive URAC fees - \$37K and Up for 3 years
 - ▶ Costly for Practice to comply with Standards (Must develop specific SOP's and incur Consulting Fees)
- ▶ ACHC also has Specialty Pharmacy Accreditation
 - ▶ Less Expensive - \$4500
 - ▶ Much less acceptance in Payer Community for SP's



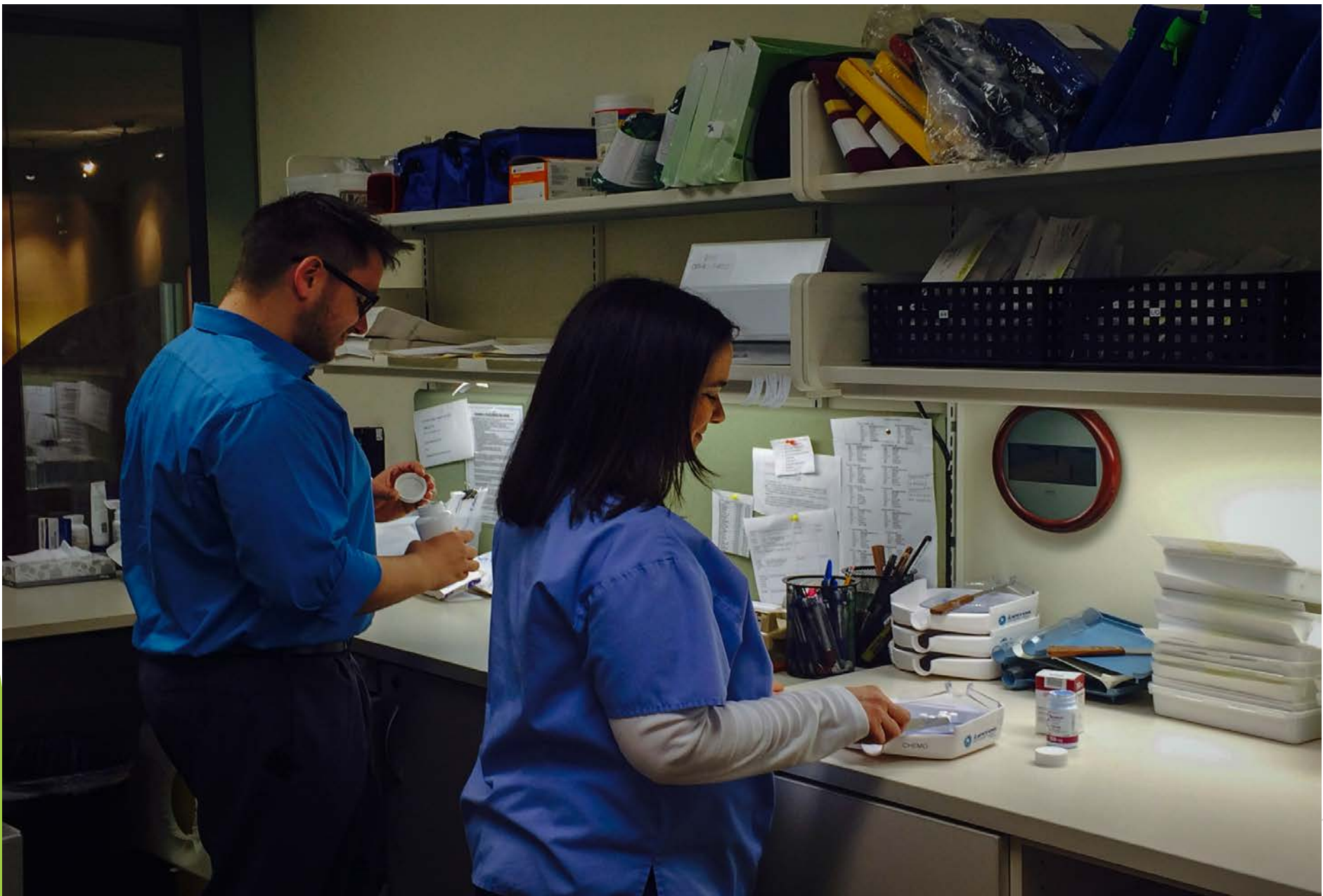
In House Pharmacy as a part of the Patient Care

Zangmeister Center









In House Retail Pharmacy

- ▶ License by the state Board
- ▶ One pharmacy that services all provider locations
- ▶ Operates as the Oral pharmacy service provider for all oral oncology medication
- ▶ Oncology Pharmacist to assess and manage
 - ▶ Patient educations
 - ▶ Patient barriers
 - ▶ Social barriers
 - ▶ Adherence
 - ▶ Side effect management

In House Pharmacy- Cont'd

- ▶ EMR linked e-prescribe to in house pharmacy
- ▶ Intake specialist run test claims and determine best financial fit for patient
- ▶ Communicates this to the provider and or designee
- ▶ Oral Prior Authorization Specialist quickly provide needed insurance authorizations
- ▶ Dedicated Financial Counselors help patients with Copay assistance
- ▶ Follow thru procedures to speed fulfillment at all Specialty Pharmacy's
- ▶ Ship via parcel post or courier prescription to patient
- ▶ Goal is always 100% fulfillment and speed to therapy



Pharmacy Workflows

- ▶ Script e-Prescribed from Clinic
- ▶ Patient demographics set-up in Pharmacy System or set up an ADT interface with EMR
- ▶ Test Claim is run to obtain real time adjudication for copay amount and or if RX require prior authorization
- ▶ If Prior Authorization is required, RX queued up for PA staff and message is relayed to provider
- ▶ High Copays referred to Financial Counselors
- ▶ Rx is Set-Up and verified by Pharmacist
- ▶ Claims are adjudicated and moved to Patients to Contact

Main Menu

Select one of the following:

- Add New Patient (1)
- Patient Records (2)
- Things To Do (3) (New)**
- Reports (4)
- Billing / Financial (5)
- Inventory (6)
- Databases (7)
- Utilities (8)
- Exit CPR+ (9)

- Enterprise**
- Daily Dose
- Online Training

Enterprise List Manager

IV
 HME
 SPRx
 Web Portal

Select One Of The Following Lists

ID	List Name	Count
1	Incoming Faxes	0
2	Patients w/ Incomplete Info	0
3	Order Entry / Completion	27
4	Rx Setup	22
5	Claims to Adjudicate - New Rx's	0
6	Benefits Verification - New Rx's	0
7	Rx Verification	0
8	Claim Exceptions	0
9	Authorization Tracking	35
A	Patients to Contact - New Rx's	70
B	Patients to Contact - Refills	518
C	Claims to Adjudicate - Refills	34
D	Benefits Verification - Refills	0
E	Print Labels / Documentation	37
F	Select Lots / Fill Rx	3
G	Order Verification	5
H	Delivery Ticket Confirmation	111
I	Rx Expiration / Zero Refills	792
J	Rx's to Discontinue	349
K	Clinical Follow Up	11
L	Billing Follow Up	122
M	TherigySTM Activity Manager	3
P	ePrescription Manager	0

Select (Enter)

New Patient / Order (F9) Close (Esc)



Pharmacy Workflows

- ▶ Claims are adjudicated and moved to Patients to Contact
- ▶ Patients called and counseled and copays collected after address is verified and consent given to fill
- ▶ Labels printed/Lots selected and script filled by Pharmacy Tech
- ▶ Pharmacist final check take place
- ▶ Pharmacy Tech packs scripts and supportive materials for delivery
- ▶ Once picked up delivery ticket is confirmed and tracked until delivered
- ▶ Patient contacted by Pharmacist after 1 week of treatment to go over Compliance
- ▶ All REFILLS then queued every 30 days

Adherence Compliance/Persistancy Clinical Workflows

- ▶ Dispense Pharmacist counsels patient on how to take and proper storage of medication
- ▶ Complete medication profile is updated from EMR and interactions reviewed
- ▶ Pharmacy Care plan established
- ▶ After a week patient is contacted for initial C/P consult and scripted care plan is reviewed and documented
- ▶ Refill C/P consults occur every 30 days to assess patients adherence and resolve low grade side effects as scripted in care plans.
- ▶ Suspected higher grade side effects are referred to the physician
- ▶ Refill is held until physician instructs pharmacy to continue on current dose, defines a specific drug holiday, reduces dose and generates new script or changes therapy completely

Nexavar Recurring Refill Assessment

211069

[Back to patient details](#) [edit]

Gender: male
Birth Date: 1939-08-26
Home Phone:
Mobile Phone:
Address:

Sarasota, FL 34243
Preferred Language:
Diagnosis: 189.0 Malignant neoplasm of kidney, except pelvis
Medication(s): Nexavar

Patient Notes:

0/254

Medication List

Add Medication

Print Friendly View

Save PDF

This assessment was completed on May 31, 2013 by Natasha Khrystolubova.

* Indicates Question is Required

Activity Date *i*
2013-05-31

Need By Date *i*
2013-05-09

Therapy Start Date *i*
2013-05-09

Patient Data Questions

Nexavar Recurring Refill Assessment

Select patient reached or call attempt number. *i*

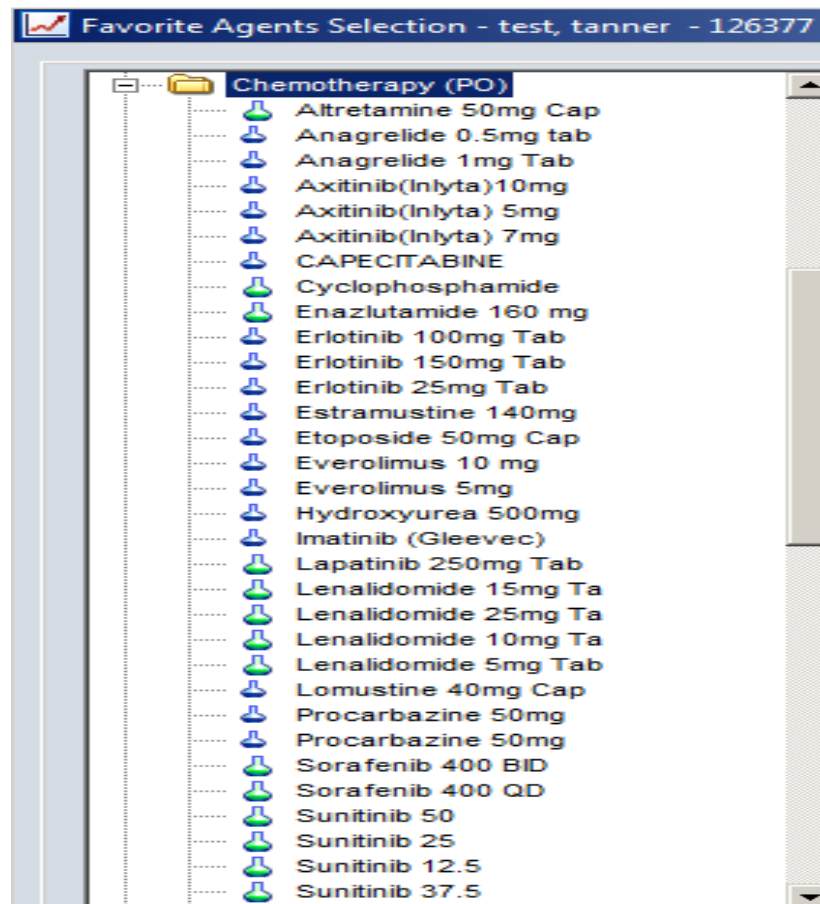
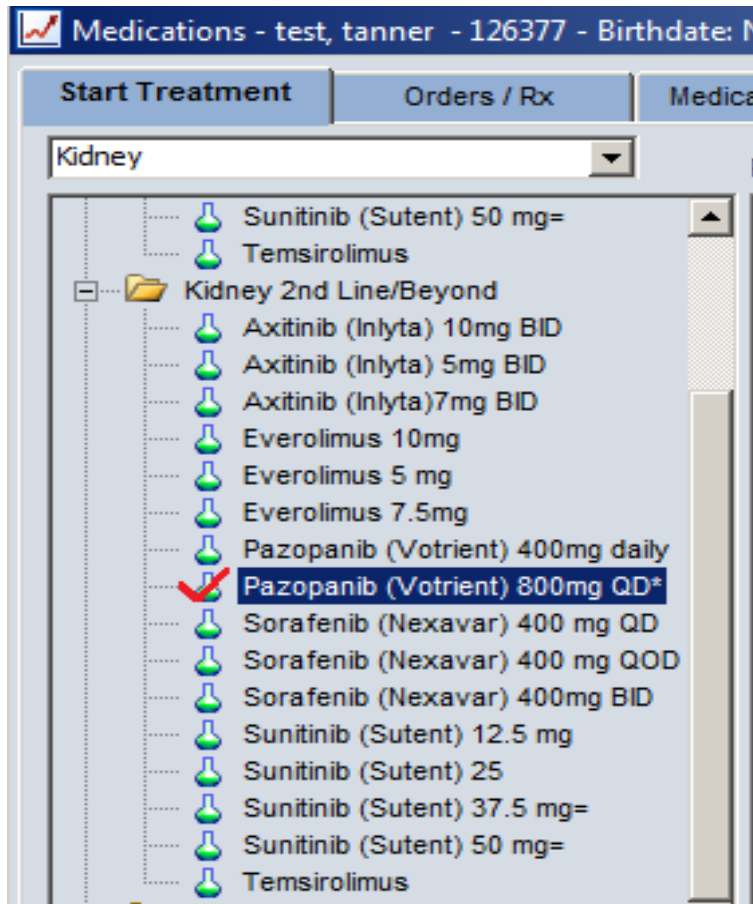
- Patient reached
- Call attempt ONE
- Call attempt TWO
- Call attempt THREE
- MDO call

Contacted the patient?

Pharmacist Role in the Practice

- ▶ Apply Clinical skills and knowledge of therapeutic drug management in cancer patients
- ▶ Generate, interpret and disseminate cancer related information to staff
- ▶ Develop, implement and maintain oncology related guidelines in the practice
- ▶ Assist or Implement these guidelines in the Practice EMR

Examples of implementing Guidelines into EMR



Examples of implementing Guidelines into EMR

| Reports | Help | User Profile | Hide | Logout |

TEST LIS

DOCTOR: **Harwin MD, William N** DOB: **1/14/1975 (38 yrs, 11 mos) Female** MR#: **118325.0**
Florida Cancer Specialists, Rx To Go Pharmacy (Change) Pat Room Bailey, Ray

Find (F2) **Clinical Summary** Print

General
Visit List
Demographics
Documents
Scheduler
Text Note
Reports

Labs & Vitals
Collection Rec
Lab Results
Vital Signs

Physician
RxToGo
Summary
Tx Plan
Orders
Visit Notes

Nurse
MAR
Superbill

User
Inbox
Utilities
Customize

Allergies New Show Inactive
No allergies have been entered for this patient.

Oncology/Hematology Dia No Oncology/Hematology d

Other Medical Problems N

	Date	ICD	Problem
Edit	2/2/2012	436	Cva

Flowsheets (regimens) N
No flowsheets have been e

Lifetime Doses New
No lifetime doses have bee

Script Writing Write a Scrip

Medications Enter a Medic
There are no active medic

ARRA Smoking Status: Ent
Question

Tobacco Use
Smoking Cessation Intervent

OncoEMR-Write Script: LIS, TEST -- Webpage Dialog

Write Script(s) Don't Save Sign & Send Check Eligibility Insurance has not been verified.

Select a Drug: Generic Brand Name Both

OR Select From a List: **RxToGo** Favorites Recent Sets Other Dose Calc Cancel Select

Rx To Go

Tafinlar 50mg capsule	Select > Highlight All Remove
Tafinlar 75mg capsule	
Tarceva 100 mg Tab	
Tarceva 150 mg Tab	
Tarceva 25 mg Tab	
Targretin 75 mg Cap	
Tasigna 150 mg Cap	
Tasigna 200mg Capsule	
Temodar 100 mg Cap	

Advantages to EMR Access

- ▶ Centralized Prior Authorization for oral medication -Staff can quickly provide information to payers
- ▶ Pharmacists have ready access to patient clinical/lab data for patient counseling and prescriber collaborations
- ▶ Ready access to patient demographic/insurance information speeds financial assistance efforts
- ▶ Effective communication tool between clinics and pharmacy

In House pharmacy Services

- ▶ Develop standard operating procedure for handling of Oral oncolytic in the practice
 - ▶ Educate entire staff on these procedures
 - ▶ Some of these procedures may include
 - ▶ Documentation requires for that specific medication
 - ▶ Education requirements for patients and caregiver
 - ▶ Proper communication in the EMR for easy access to the provider
 - ▶ Communication requirements upon intake calls
 - ▶ Acquisition and Reimbursement of medication
 - ▶ Monitoring and adherence requirement

In House Pharmacy Services

- ▶ Develop practice support tools that can help staff understand the standard operating procedure
 - ▶ Use the EMR to identify patients of oral oncolytics
 - ▶ Train and educate front office staff and the requirements needed to obtain for the pharmacy
 - ▶ Develop a communication tree or process map to help clinical and non-clinical staff navigate a patient through the practice that is on oral oncolytic treatment

In House Pharmacy Services

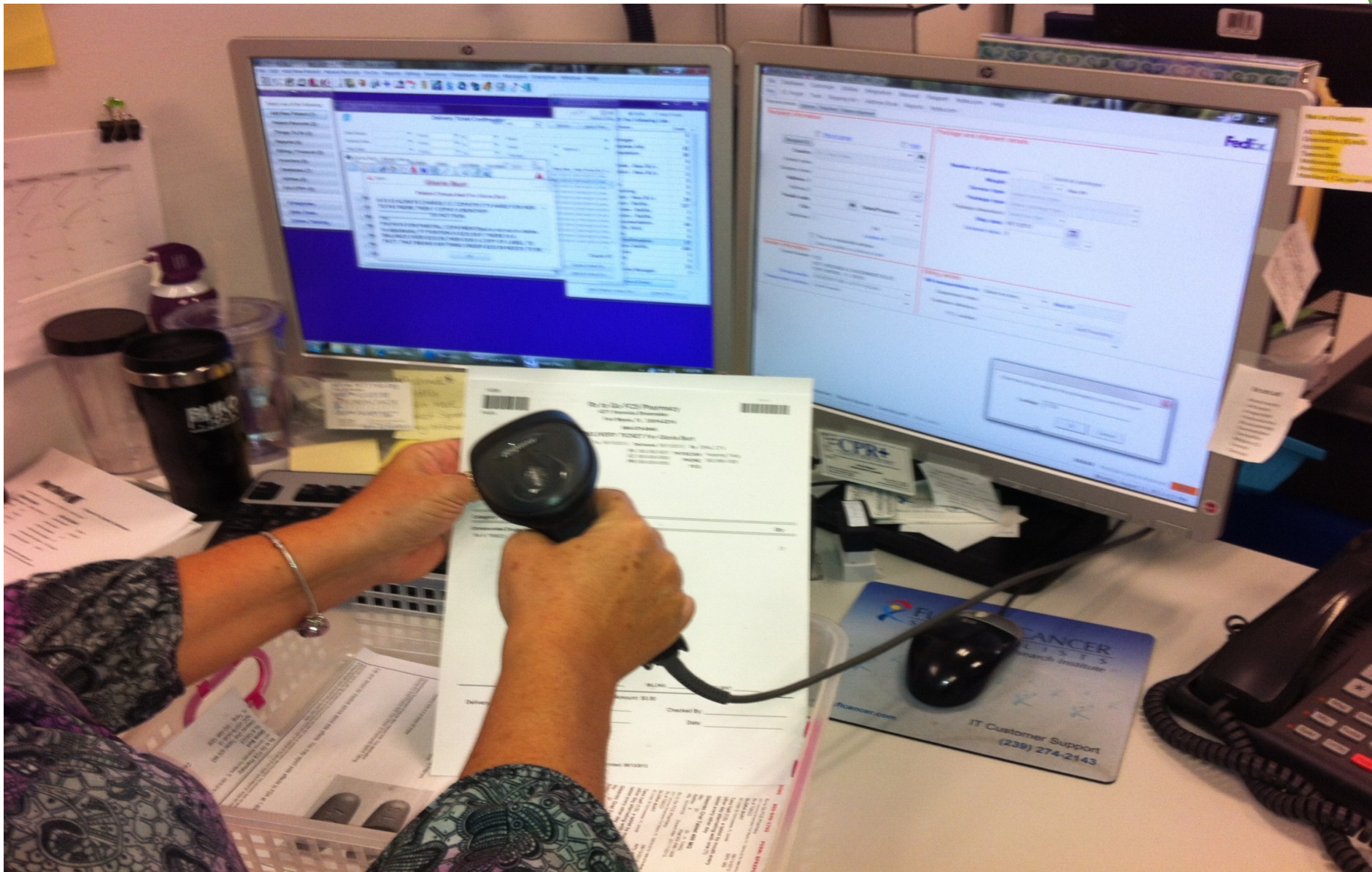
- ▶ Identify pharmaceutical specific assistance programs that are available from the oral manufacturer
 - ▶ Copay assistance cards
 - ▶ Reduced medication cost or free medication to uninsured patients
 - ▶ Educational materials to help with adherence and compliance
 - ▶ Insurance/billing support
 - ▶ Help in identifying charitable foundations.

Challenges to Medication Delivery

- ▶ Prescription Pick up
 - ▶ Depending on the location, Some of the patients are unable to come to the Pharmacy to pick-up prescription
- ▶ Overnight delivery is very costly
- ▶ Some medications require signature
- ▶ Margin on some medications not enough to cover shipping
- ▶ Some medications (most injectables) require a nurse teach/train session
- ▶ Some patients may travel and many maintain two residencies
- ▶ Drug Cold Chain Logistics

Methods of Delivery to Patients

- ▶ **FED-Ex Delivery**
 - ▶ Competitive rates (average cost per shipment at about \$9.23)
 - ▶ No charge to the patient- Great patient satisfaction and acceptance
 - ▶ In State Delivery within 24 hours
 - ▶ Tracking system available to support for patient questions
- ▶ **Courier Delivery to the Clinic**
 - ▶ Pre-Chemo CINV medications
 - ▶ Self Injectables for RN to teach





Achieving a successful in House Pharmacy

- ▶ Pay attention to detail when designing the pharmacy to optimize the positive patient experience
- ▶ Develop and maintain a positive relationship with practice staff and physician
- ▶ Evaluate and identify any process weaknesses periodically
- ▶ Educate and re-educate the staff the benefits of an in house pharmacy
- ▶ Utilize the existing EMR to help drive prescription capture and identify formulary
- ▶ Develop tools to market the in house pharmacy services to internal staff and patients.
- ▶ Stay focused on what you can provide to the practice

Utilization of in House Pharmacy

- ▶ A realistic response to the trend in the oncology pipeline.
 - ▶ Oral oncolytic will continue to increase
- ▶ Improves patient satisfaction by making oral oncolytics an essential part of the provider practice.
- ▶ It supports the flow of patient care within an oral oncology program.
- ▶ Provides new revenue center and a new service line for the practice
- ▶ Staff and providers must be strategically committed to make this work.

Patient Financial Assistance

Oral Oncology Dispensing Practices

Patient Assistance Defined

- ▶ Efforts by the Practice and Pharmacy to obtain financial aid for patients who are not insured or underinsured.
- ▶ Often patients with “good insurance” cannot afford even small copays, deductible's or coinsurance.
- ▶ Staggering cost of new oral oncolytics and insurance’s attempt to shift cost to patient makes access a challenge.

Examples of Access Issues

- ▶ Patient presents with no health insurance at all. Claims to pay cash for services
- ▶ Major Medical Insurance, but—Prescription Drug Plan designed with 40% copay on Brand
- ▶ Medicare Part D Coverage Gap (Doughnut Hole)
- ▶ Medicare Replacement Plans—Higher Copays
- ▶ Off Label Use or labs, biomarker not available—Insurance will not cover
- ▶ Must pay cash upfront and be reimbursed by insurance.

What Help is Available

- ▶ National Copay Assistance Foundations
- ▶ Local Foundations
- ▶ Copay Cards from Manufacturers
- ▶ Pharma “Free Goods” Programs and Vouchers
 - ▶ ACT Program - Merck
 - ▶ Destination Access - BMS
 - ▶ Genentech Access Solutions
 - ▶ Patient Assistance NOW - Novartis
 - ▶ Cares by GSK
 - ▶ First Resource - Pfizer
- ▶ Pharmacy/Practice Copay Assistance Programs
 - ▶ Payment Plans
 - ▶ Copay write-off for documented financial need
 - ▶ 400% of Poverty Level

Pharmacy proactively enrolls qualified patients in copay cards to lessen the patient's financial burden

▶ Reduces Out-Of-Pocket Costs for Patients with Commercial Insurance (Co-Payments, Co-Insurance, Deductibles)

▶ *Examples Include:*

- ▶ Revlimid \$25 copay/month
- ▶ Pomalyst \$25 copay/month
- ▶ Xtandi \$20 copay/month
- ▶ Zytiga \$10 copay/month
- ▶ Sprycel \$0 for 1 month, then \$25/month
- ▶ Tasisna \$0 for 3 months, then \$25/month
- ▶ Xeloda 20% of out-of-pocket costs
- ▶ Tarceva 20% of out-of-pocket costs
- ▶ Gleevec GIST- Save up to \$25 copay/month
- ▶ Iclusig \$20 copay/month
- ▶ Afinitor \$25 copay/month (+ free Exemestane for HR+BC)
- ▶ Thalomid \$25 copay/month
- ▶ Jakafi \$50 copay/month

Percentage of Poverty Level

2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

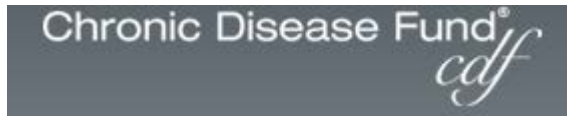
Persons in family/household	Poverty guideline
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890

For families/households with more than 8 persons,
add \$3,960 for each additional person.

SOURCE: *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035

Charitable Foundations available

- ▶ Financial assistance may be available from independent charitable foundations for qualified patients who are unable to afford the copay costs associated with oral therapies
- ▶ Below is a list of the foundations that may be able to provide financial support



QUESTIONS

