

Presented at

CBI Conference: e-Rx and EHR Master Class

October 21, 2015

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Complexities Surrounding Specialty Therapies in the e-Rx Market Place



Learning Objectives

- Navigate challenges in the e-Rx process caused by specialty therapies
- Understand the role of the hub, retail and specialty pharmacy in the e-Rx of specialty drugs
- Review mandates and possible state laws and the impact on specialty therapies and how they are prescribed
- Assess benefits specific to specialty and high cost, high touch therapies for patients and prescribers from EHR and e-Rx
- Optimize patient adherence and learning through patient portals and EHRs
- Analyze the role of the rep in helping HCPs understand EHR and e-Rx for specialty therapies

Specialty Medications: A Force of Health Care

- Administered to small populations with **rare and chronic diseases**.
- **Expanding to larger populations** and therapeutic areas.
- **Complex, large molecule and biologic drugs** distributed through multiple pharmacy models.
- Majority require **clinical management** and **special handling**.

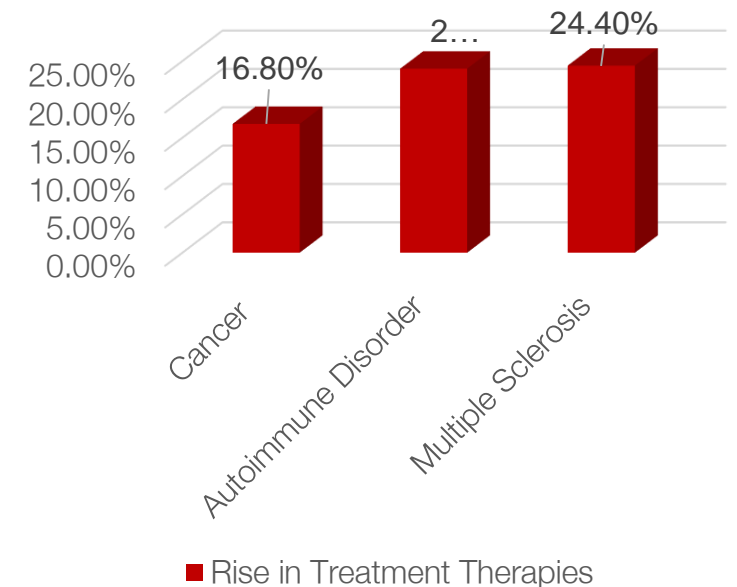
- **Specialty** medications are a growing and significant part of the nation's drug spend.

\$374 billion
in 2014
(IMS, April 2015)

\$12.3 billion
Hepatitis C

Health plans and PBMs can better monitor and control specialty drug spending through ePrescribing, electronic prior authorization and formulary data improvements.

Rise in Treatment Therapies



Specialty drugs continue to grow

While the volume of specialty medications is less than 1% of total prescriptions, US spending on specialty drugs is projected to **grow 67% by the end of 2015.**

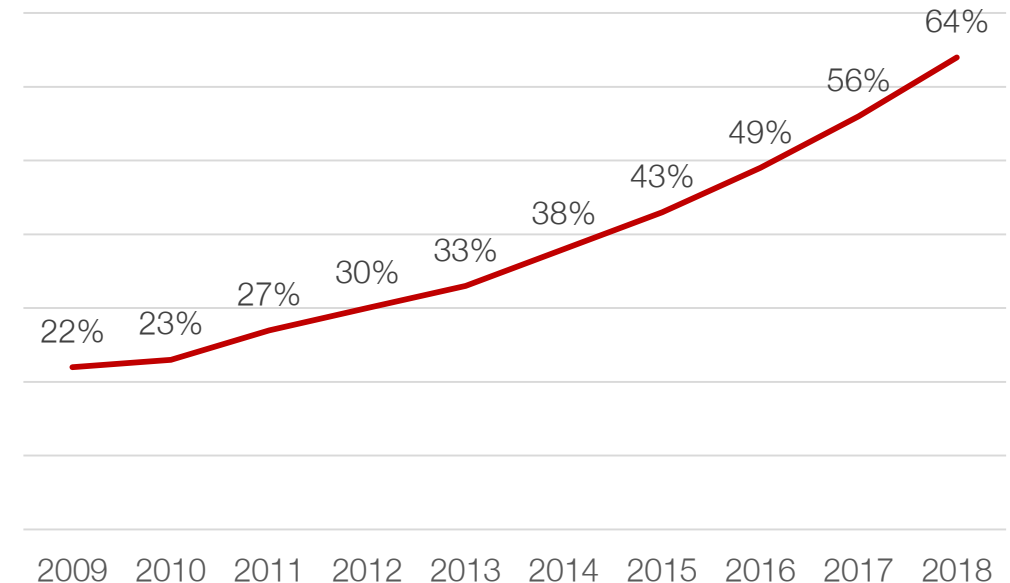
Specialty medications are the fastest-growing sector in the American healthcare system, expected to jump two-thirds by 2015, and **account for half of all drug costs by 2018.**

Specialty medications can run at \$2,000 per month per patient; **those at the high-end cost upwards of \$100,000 to \$750,000 per year.**

Specialty Med
Spending:

67% growth
end 2015

Specialty Drugs as % of Total Drug Spend



Source: Prime Therapeutics

Types of Specialty Prescription Transactions

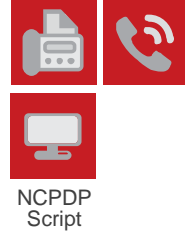
Prescription



Prescriber

Pharmacy

Via:



NCPDP
Script

Intake Form



Pharmacy

Prescriber

Via:



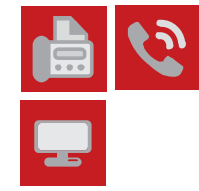
Benefit Verification



Pharmacy

Payer

Via:



x12 271/272

Financial Assistance

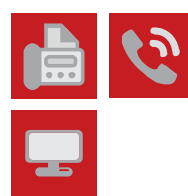


Patient

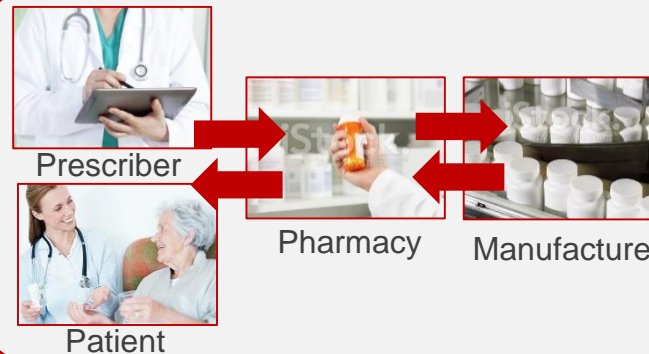
Pharmacy

Foundation

Via:



REMS



Prescriber

Patient

Pharmacy

Manufacturer

Via:



Prior Authorization



Prescriber

Payer

Via:



Dispense



Pharmacy

Patient

Via:



Care Coordination



Pharmacy

Patient



Prescriber

Patient



Pharmacy

Prescriber

Via:



Challenges in Specialty Prescribing

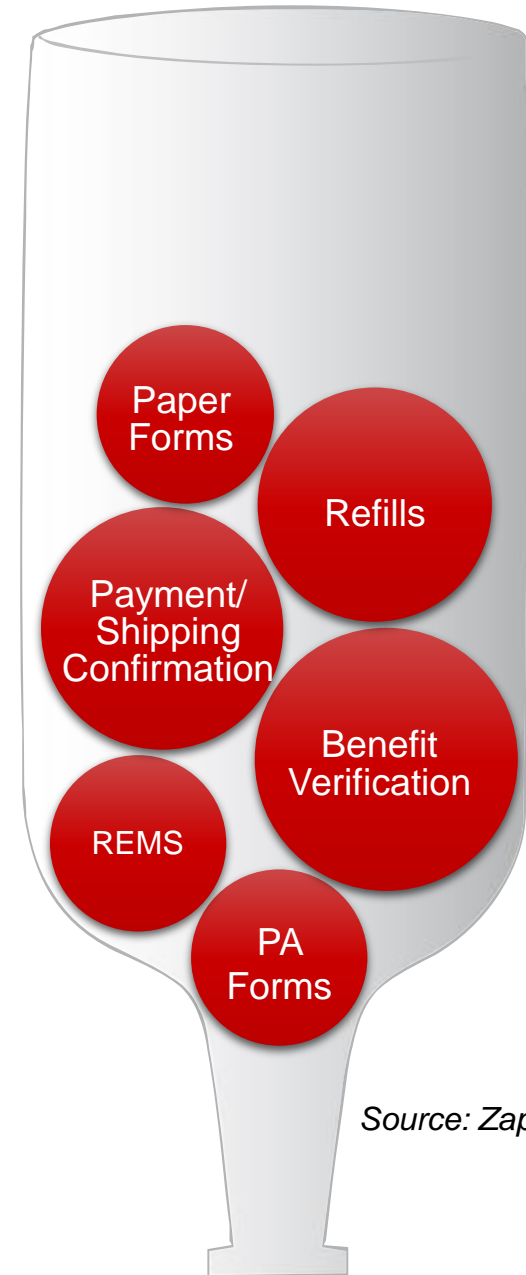
Manual processes cause excess time delays*

- Paper Forms: **19.2 minute** manual input
- Benefits Verification: **1 week** backlog; 60% accuracy
- PA Forms: **1 week** submission to results delay
- REMS: 1/3 orders delayed **7+ days** by patient sign-off
- Payment/Shipping: **2 day** delay for patient confirmation
- Refills: **10 day** average turnaround

Delays result in fewer patients served

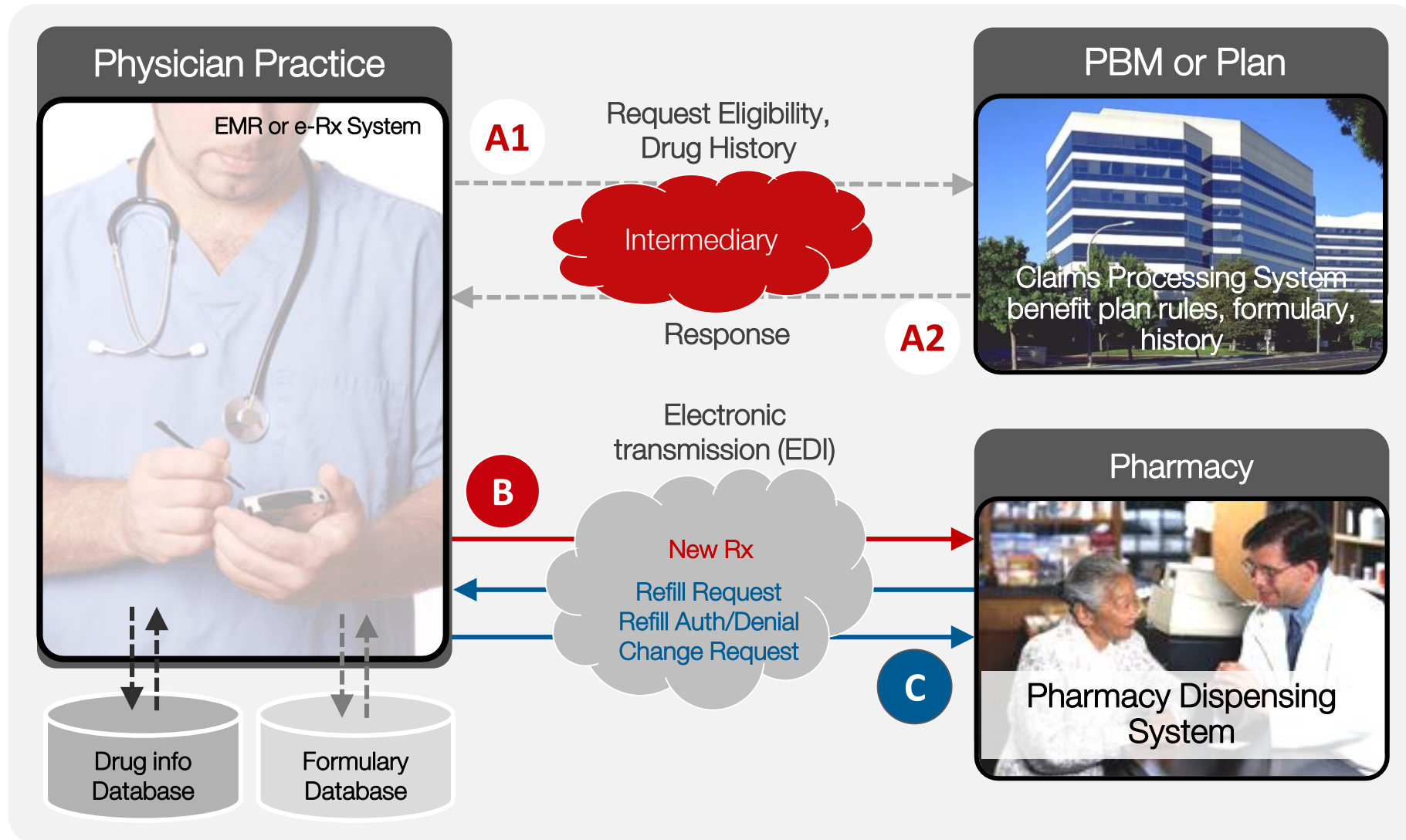
Bottlenecks accumulate –

It currently takes an average of **3-6 weeks** for a patient to receive their specialty medication after it is prescribed.



Source: ZappRx, Inc.

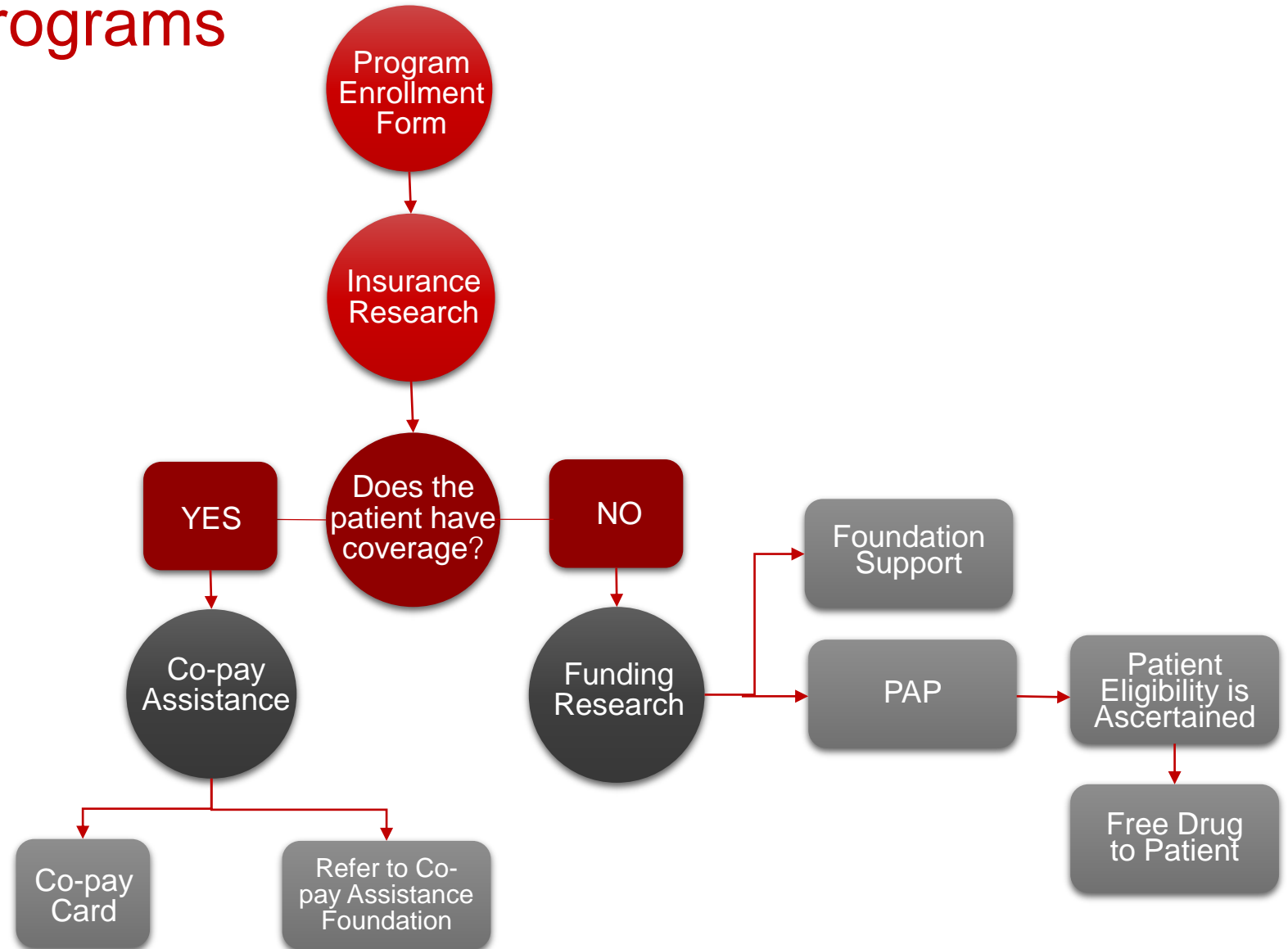
Current ePrescribing Flow



Manufacturer and Specialty Pharmacy Patient Assistance Programs

Hub services help patients navigate all of the potential discount programs and also provide resources to patients.

Most Hubs today are run and managed by pharmaceutical manufacturers and specialty pharmacies. HUBS continue to evolve and will play an important role in the consumer discount space





Electronic Prior Authorization (ePA)

Electronic Prior Authorization:

The Infrastructure is in place



80%

Physicians Today

Nearly 80% of
physicians ePrescribe
today



700

EHRs Enabled

Approximately **700**
EHRs enabled for
ePrescribing

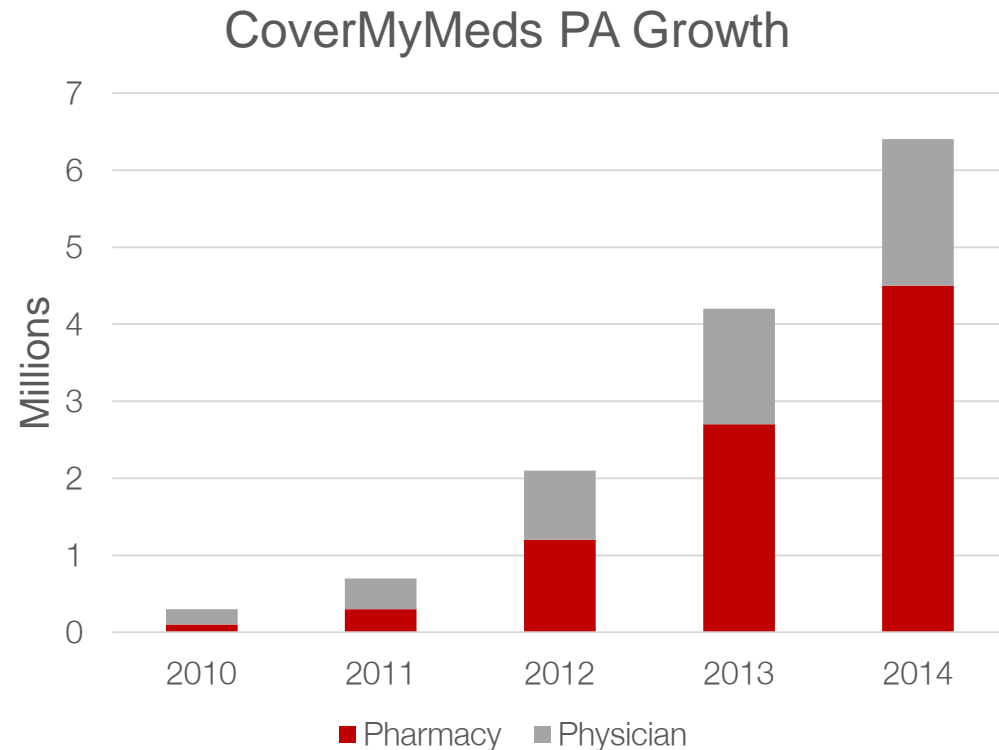


100%

Retail Pharmacies

Nearly **100%**
retail
pharmacies

Electronic Prior Authorization



Source: CoverMyMeds

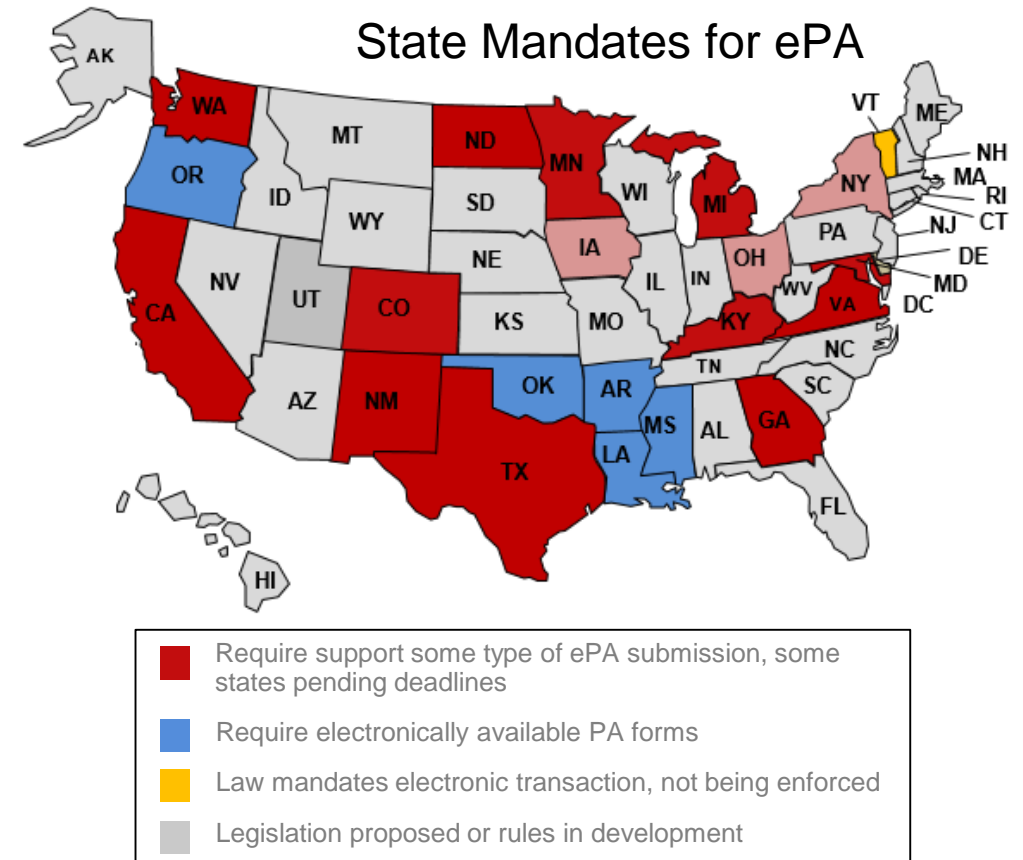
- **Retrospective** and prospective models emerging in the marketplace
- Retrospective being conducted in a proprietary manner
- Industry movement toward **prospective**
- Prospective ePA officially approved as part of the SCRIPT standard in July, 2013
- Standardized retrospective process on-hold
- Standardized questions being addressed
- Need for standardization, evidence-based PA criteria

ePA being Implemented Nationally

ePA standard currently being implemented nationally

- Task Group DERFs all about clarifying standard and adding new, unanticipated data elements
- Payers/PBMs required to be able to support ePA or a universal PA form in 14 states by July 2015
- Turn-around times for forms return improving
- Retrospective is most used means of ePA, though adoption is sub-optimal
- Adoption of prospective dependent on PA flag in formulary or RTBI and is consequently sub-optimal

For ePA to reach wide adoption, HCPs need integration within the EHR workflow, and auto-completion of ePA request with existing EHR data



Map SOURCE: Point-of-Care Partners, www.pocp.com, Revised 7/15/2015
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Electronic Benefit Verification (eBV)

Real Time Benefit Inquiry Milestones

The ONC Notice of Proposed Rule Making (NPRM) released in Feb 2014 was the catalyst for NCPDP efforts around RTBI. In subsequent meetings, a request for demonstration projects was made by ONC leading to additional industry efforts.

NCPDP Task Group Created

- NCPDP Task Group created under maintenance and control workgroup

HITSC Meeting

- NCPDP presents at Health IT Standards Committee meeting.
- Requests for additional demonstration projects are made

Feb 2014

June 2014

Aug 2014

Sept 2014

Apr 2015

ONC NPRM

- ONC Solicits comments on NCPDP Telecom and Formulary and Benefit Standard to support expanded use cases such as real-time benefit checks

Subgroups created for Use Case Development

- Larger task group split into subgroups focused on specific Use Cases.
- Use Cases included: Alternatives, patient pay amount and coverage restrictions

Subgroups dissolved

- Use Case Subgroups dissolved due to overlap of efforts
- NCPDP work will continue in single task group

Real Time Benefit Inquiry Today and Pilots



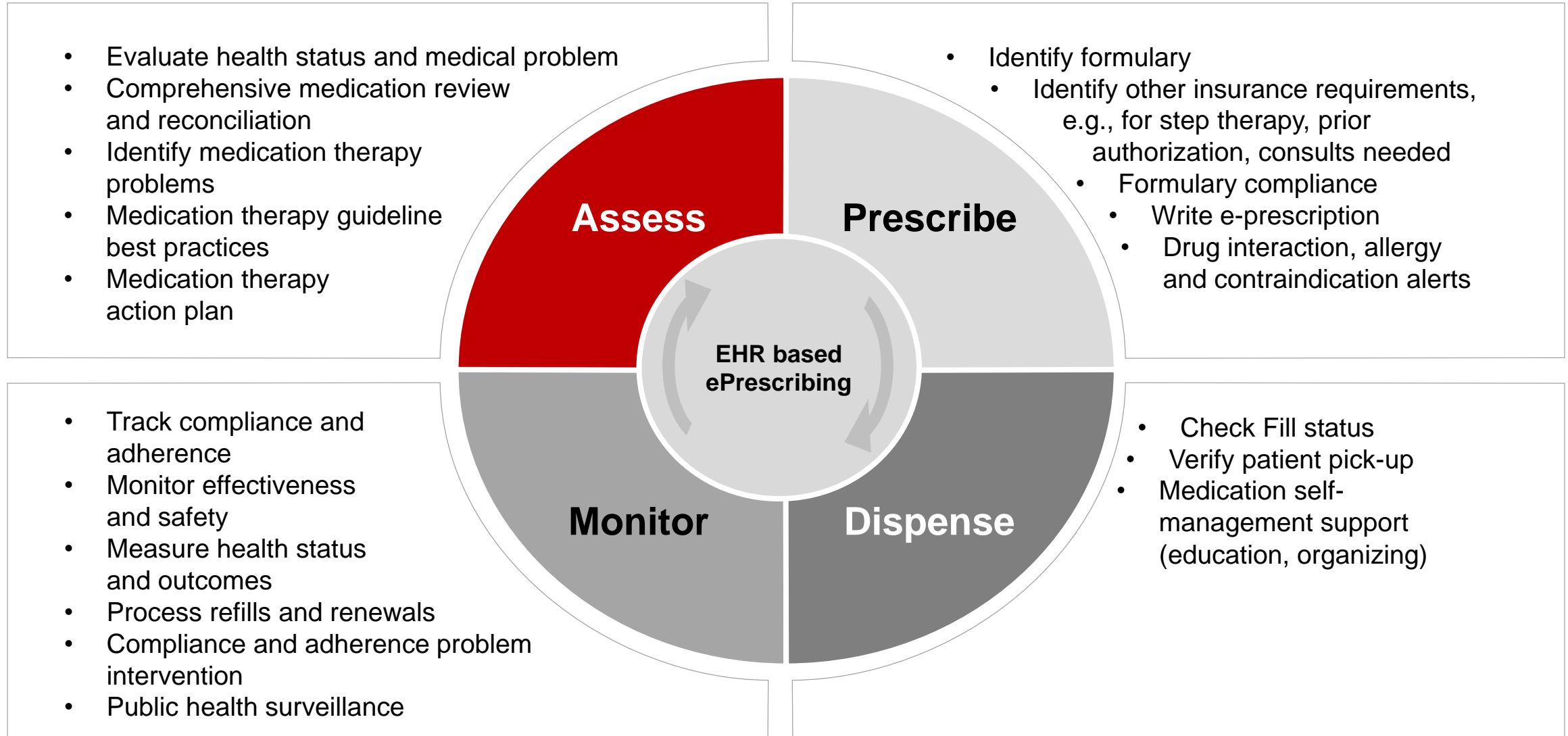
One Target, but currently many paths...

- NCPDP workgroup efforts
 - Use Case Development
- Industry Stakeholder Pilots
 - Modification of D.0 Telecommunications standard
 - Modification of SCRIPT standard
 - Proprietary connection
- ONC and CMS requests for pilots



Medication Adherence

Medication Management: The Big Picture



Medication Therapy Management (MTM)

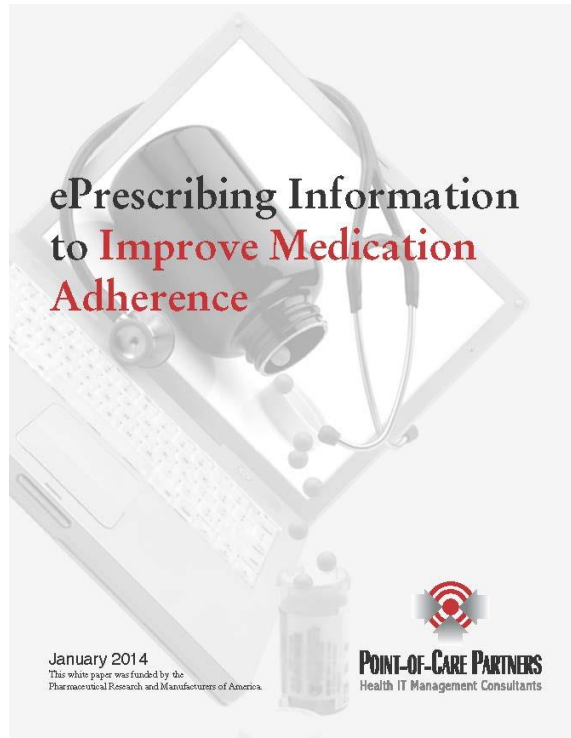


- Types of MTM:
 - Comprehensive Medication Review (CMR)
 - Prescriber Consultation
 - Patient Education and Monitoring
 - Patient Adherence Counseling
- MTM Goals:
 - Optimize medication choices
 - Resolve duplications and ineffective therapy
 - Reduce drug product expenses
- MTM Drivers
 - Meaningful Use requires EHRs to support ePrescribing, drug utilization review and formulary validation, downloading of medication history and medication reconciliation
 - CMR completion rate was proposed as a process measure for 2016 Star Ratings, to be based on 2014 performance
 - A new CMS initiative, known as the Enhanced Medication Therapy Management (MTM) model, will offer incentives to stand-alone Part D plans in five areas, through experimental pilots, to boost adherence



Sources: [CMS.gov](https://www.cms.gov); “ePrescribing Information to Improve Medication Adherence,” Point-of-Care Partners, January 2014 and OutcomesMTM™ Trends Report | 2015

Medication Adherence



[Download](#)

- Medication adherence occurs when patients take their medications at the times, dosages, frequencies, and direction prescribed.
- The direct cost of medication non-adherence is estimated between \$100 and \$289 billion annually.
- While ePrescribing improves first fill medication adherence, current technology does not provide physicians with complete and accurate information to guide prescribing decisions or easily determine if a patient is adhering to therapy.
- Patient Portals are effective as a method to deliver patient education information, via secure messaging, but aren't an effective method of promoting adherence or patient education.

ePrescribing increased patient first fill medication adherence by 10% in a 2011 SureScripts study.

Medication History vs. RxFill

Medication History

- Widely available, downloaded before patient visit
- Typically does not include cash Rxs
- Requires manual medication reconciliation; drug product names not standardized

RxFill

- Not widely available; sent to the prescriber from the pharmacy
- Indicates the status of the dispensing (dispensed, partially dispensed, not dispensed) on new and refill prescriptions

Figure 1: Flow of medication history

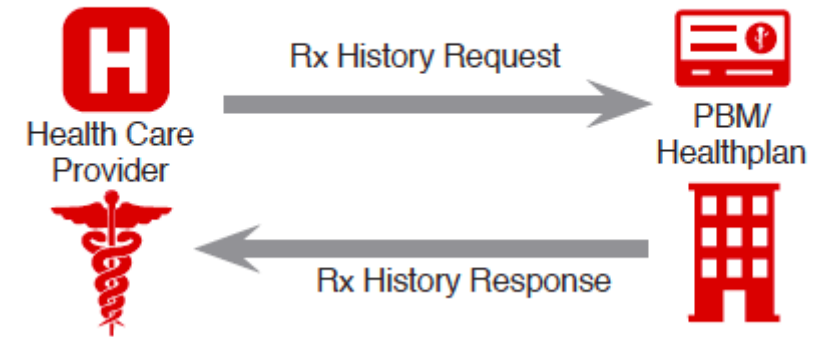
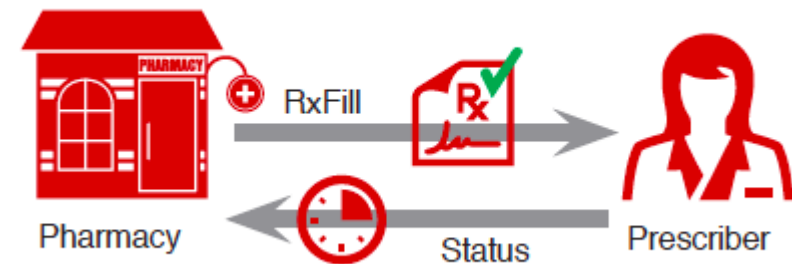


Figure 2: Flow of RxFill data



Improving Medication Adherence in EHRs

Policies to improve medication adherence using HIT must leverage existing standards to improve the quality of prescription information available within EHRs.



Improve the consistency, accuracy, and completeness of formulary and benefit information available at the point of prescribing

- Physicians and patients can work in partnership to select medications that meet the combination of patients' physical, financial, and lifestyle needs.
- Formulary information should include available medications and patient cost-sharing information displayed in a consistent manner.

Support more automated medication reconciliation and improve medication history information

- More timely and accurate medication history information would facilitate meaningful interactions between prescribers and patients about the patient's medication adherence

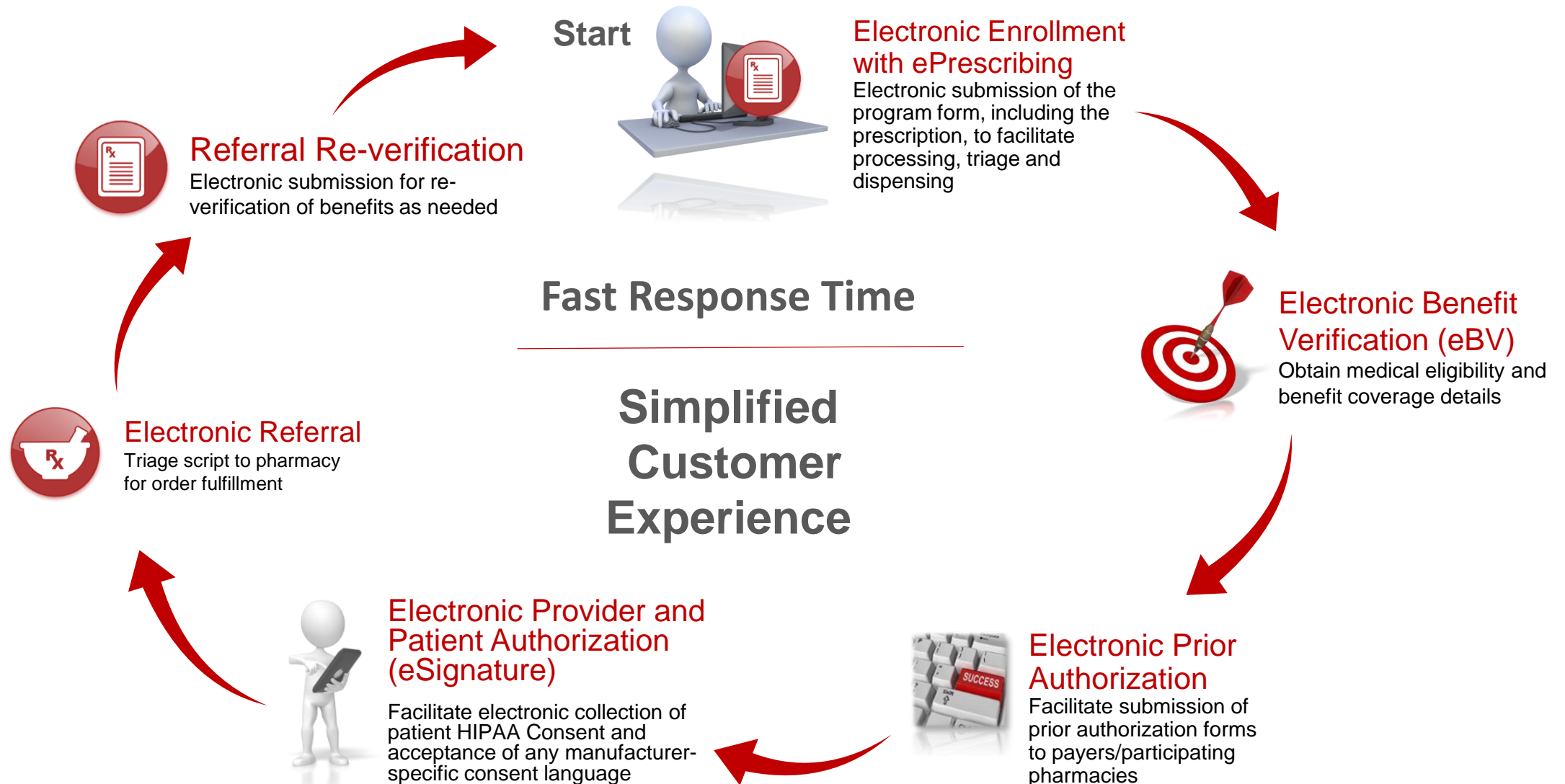


A Vision for the Future

A Vision for the Future



Reimbursement Hub Goals

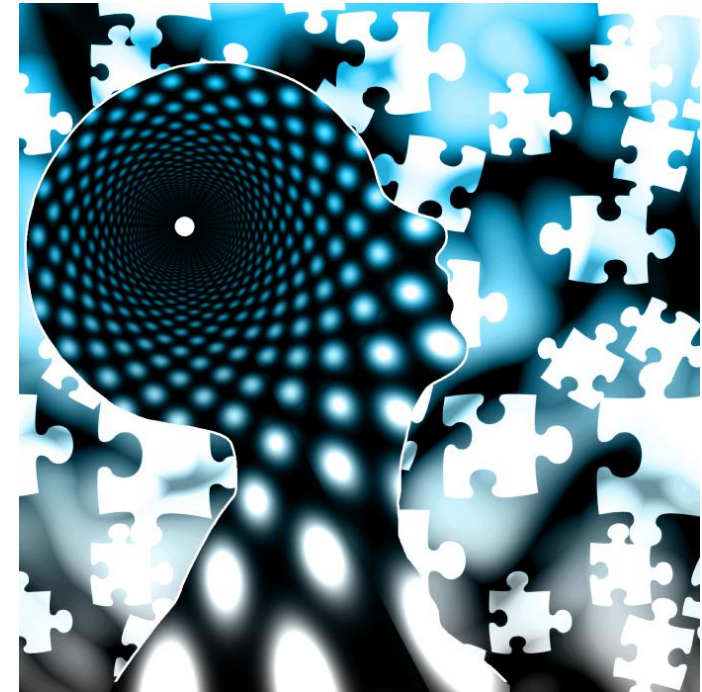




Role of the Rep

Challenges: Today's Pharma Rep

- Potentially frustrated customers trying to understand current administrative systems and regulations governing their patients and the way they practice medicine
- Target prescribers spending more time understanding systems and less time w/ patients
- For some non-tablet products, e-prescriptions are confusing
- More channels for HCPs to become informed
- Practice administrators & IT specialists that were not typically included in the Total Office Call
- Reduced access to HCPs
- Less time for product discussions
- Technological hurdles to overcome electronic prescribing and prior authorization



Patient Engagement benefits Physicians & Pharma Cos



- Using existing content to assist physicians in discussing treatments with patients
 - Education about disease state and treatment
 - Condition curriculum throughout the patients progression
- Some content is branded to a drug while most is about the condition

Physicians need assistance for in-office and after visit education:

- Convince patients the medication is right for them
- Engage patients in appropriate behavior
- Encourage patients to adhere to their medication and understand why non-adherence is a poor decision
- Remind patients to follow therapy
- Tie together a curriculum for the entire disease progression

Engaging patients is a priority for large practices as drug adherence improves outcomes. Practices need resources to help engage patients in their therapy. Resources need to be integrated into current workflows, which now includes EHRs.

Opportunities: Today's Pharma Rep

- Augment product knowledge with EHR knowledge
- Sales process is shifting to account for Clinical Decision Support and quality metrics
- Electronic promotional & support materials that align with workflow are preferred
- Capture EHR and CDS use to provide tailored program



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