

UNC Lineberger Cancer Network
PATIENT CENTERED CARE
Live Webinar

Sonali Acharya, Pharm.D.

The Role of Specialty Pharmacy **October 11**

Sound Check
11:55

Start Time
12:00

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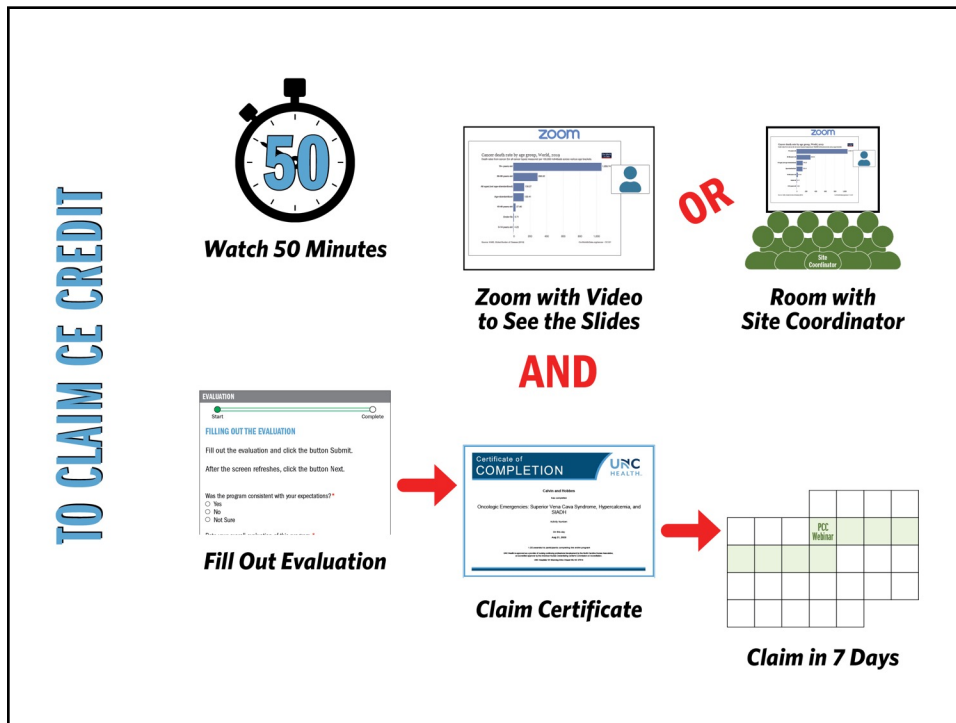
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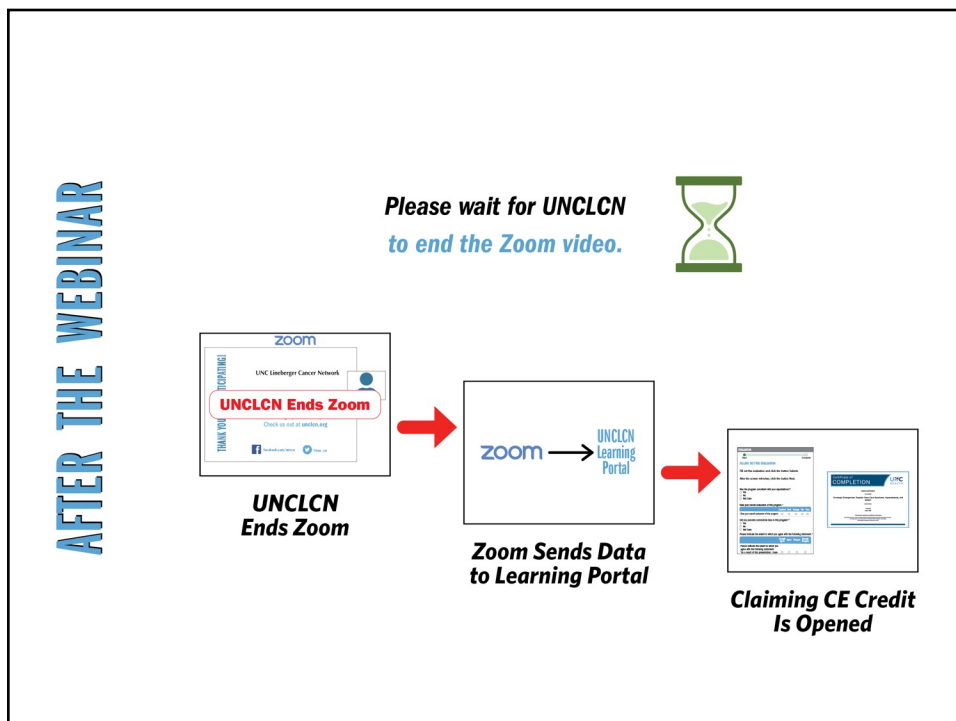
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UNC Lineberger Cancer Network

PATIENT CENTERED CARE

Live Webinar

Sonali Acharya, Pharm.D.

The Role of Specialty Pharmacy

October 11

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OUR PRESENTER



Sonali Acharya, PharmD

Sonali Acharya, PharmD, graduated from the University of Georgia with a BS in Microbiology and Biology. She went on to receive my PharmD from The University of Georgia, College of Pharmacy. With over 20 years of experience as a pharmacist in traditional community pharmacy and specialty pharmacy, she can definitely say she is passionate about her career. Dr. Acharya is currently employed by The UNC Shared Services Pharmacy, one of many pharmacies part of The UNC Healthcare System. The UNC SSC Pharmacy dispenses all medications but is the only UNC Healthcare system pharmacy dispensing specialty medications. During her time as a specialty pharmacist her focus has been on oncology patients. She has the privilege to help oncology patients understand their oral cancer directed therapies and manage potential side effects among many other things. She is also currently part of a team that is investigating patient reported outcomes and their adherence to oral oncology medications.

Aside from her professional life, she is married with a son and two daughters. In her free time she really enjoy spending time my family and friends. She also enjoy traveling and have quite the extensive bucket list of places she still need to visit. She is always open to recommendations to add to this list.

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OUR PRESENTER

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OUR PRESENTER

5. Sonali Acharya, PharmD has absolutely loved being part of a Health System based specialty pharmacy with focus in oncology for the past 5 years.

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OUR PRESENTER

5. Sonali Acharya, PharmD has absolutely loved being part of a Health System based specialty pharmacy with focus in oncology for the past 5 years.
4. She enjoys working with a team to research patient specific clinical outcomes and adherence to oral oncology medications.

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OUR PRESENTER

5. Sonali Acharya, PharmD has absolutely loved being part of a Health System based specialty pharmacy with focus in oncology for the past 5 years.
4. She enjoys working with a team to research patient specific clinical outcomes and adherence to oral oncology medications.
3. She went outside the box and worked at a CRO within their Safety, Aggregate Reporting and Analytics Group. They authored periodic reports for submission to appropriate health authorities globally.

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OUR PRESENTER

5. Sonali Acharya, PharmD has absolutely loved being part of a Health System based specialty pharmacy with focus in oncology for the past 5 years.
4. She enjoys working with a team to research patient specific clinical outcomes and adherence to oral oncology medications.
3. She went outside the box and worked at a CRO within their Safety, Aggregate Reporting and Analytics Group. They authored periodic reports for submission to appropriate health authorities globally.
2. Within 6 months of graduating, she was the PIC for a very busy chain pharmacy in a 24-hour store in North Philadelphia. Let's just say there was a lot of interesting stories.

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OUR PRESENTER

1. Received PharmD from the University of Georgia College of Pharmacy - Go Dawgs!
2. Within 6 months of graduating, she was the PIC for a very busy chain pharmacy in a 24-hour store in North Philadelphia. Let's just say there was a lot of interesting stories.
3. She went outside the box and worked at a CRO within their Safety, Aggregate Reporting and Analytics Group. They authored periodic reports for submission to appropriate health authorities globally.
4. She enjoys working with a team to research patient specific clinical outcomes and adherence to oral oncology medications.
5. Sonali Acharya, PharmD has absolutely loved being part of a Health System based specialty pharmacy with focus in oncology for the past 5 years.

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Specialty Pharmacies provide medications for people living with serious health conditions requiring complex therapies.

(A) True	0%
(B) False	0%

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ACCME DISCLOSURE

This activity has been planned and implemented under the sole supervision of the Course Director, William A. Wood, MD, MPH, in association with the UNC Office of Continuing Professional Development (CPD). The course director and CPD staff have no relevant financial relationships with ineligible companies as defined by the ACCME.

A potential conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which he/she has a financial relationship. The speakers and planners of this learning activity have not disclosed any relevant financial relationships with any commercial interests pertaining to this activity.

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ANCC DISCLOSURE

NCPD Activity #: L23014
1.0 Contact Hours Provided

Relevant Financial Relationship:
 No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company.

Criteria for Activity Completion:
 Criteria for successful completion requires attendance at the NCPD activity and submission of an evaluation within 30 days.

Approved Provider Statement:
 UNC Health is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Unlocking the Power of Specialty Pharmacy: Transforming Healthcare

Sonali Acharya, PharmD
UNC SSC Pharmacy Specialty Pharmacist
October 11, 2023

10/11/2023

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About Myself

Sonali Acharya, PharmD

- BS in Biology and Microbiology from the University of Georgia.
- PharmD from the University of Georgia College of Pharmacy
- In the Carolinas for over 19 years with husband and 3 children.
- Work experience includes community pharmacy, CRO and currently employed by The UNC Shared Services Specialty Pharmacy with focus on clinical care in hematology and oncology
- Love to travel and spend time with my family and friends

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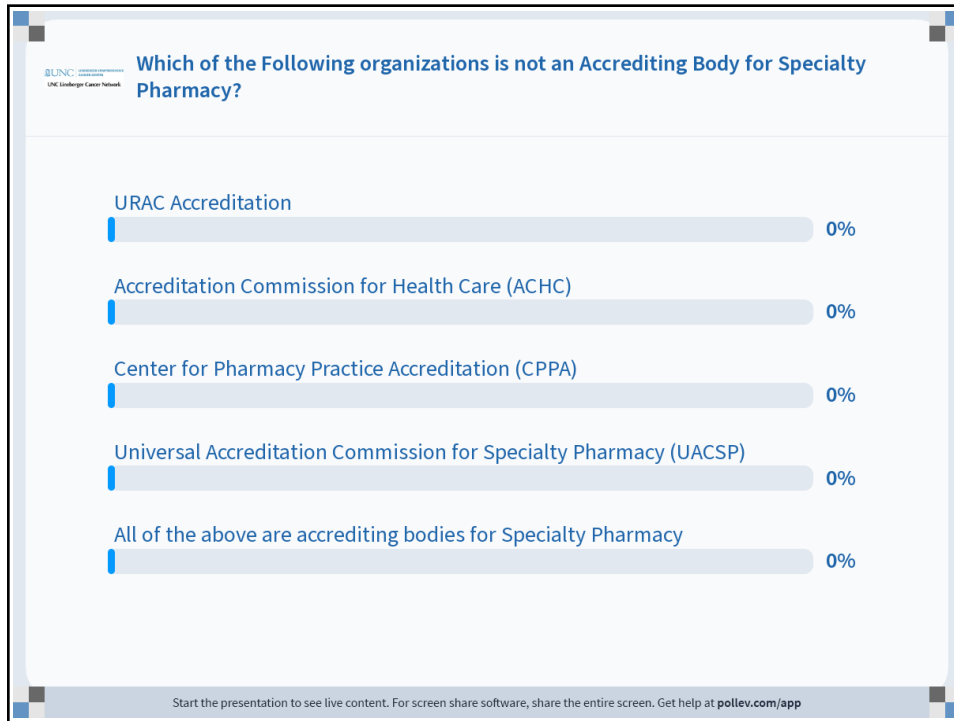
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Learning Objectives

- Describe the key players and services offered by specialty pharmacists
 - Define Specialty Pharmacy and why Specialty pharmacy matters
- Define the role that specialty pharmacy plays in patient-centered care on patient outcomes
- Discuss the challenges and future trends in specialty pharmacy
- Q&A

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Can Specialty Pharmacy Truly be Defined?

- State-licensed pharmacy that solely or largely provides medications for people living with serious health conditions requiring complex therapies.
- Accredited or in process of accreditation by independent third parties.
 - URAC Accreditation
 - Accreditation Commission for Health Care (ACHC)
 - Center for Pharmacy Practice Accreditation (CPPA)
 - Joint Commission
- Encompasses the provision of specialty pharmaceuticals, which typically require unique fulfillment and patient care support services

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Accreditation

- URAC is considered the gold standard
- Specialty Pharmacy Accreditation helps an organization demonstrate its commitment to quality improvement and delivery of patient-centric care
- Specialty pharmacies must demonstrate at least the following for accreditation:
 - Patient Programs.
 - Organization, Administration and Compliance.
 - Specialty Pharmacy Operations.
 - Quality and Performance Improvement

Organization	URAC ¹	ACHC ^{2*}	CPPA ¹⁽³⁾	Joint Commission ¹⁽¹⁾
General Areas of Evaluation	Organizational management Regulatory compliance Quality management Customer service Pharmacy operations Patient Management Measures reporting	Organization and administration Operations Fiscal management Human resource management Provision of care and record management Quality outcomes and performance improvement Risk management	Organizational structure Access to medications Clinical and patient management services Quality improvement	Patient care Medication management Data management infection control Quality improvement Emergency planning Personnel training and credentialing
Timeline*	9-12 months	3 months	9-12 months	4-6 months
Accreditation Duration	3 years	3 years	3 years	3 years
Additional Applications	N/A	DMEPOS ** accreditation, Distinction in Oncology, Infectious Disease specific to HIV***	N/A	DMEPOS accreditation
Account Manager Provided?	Yes	Yes	N/A	Yes
Cost	Tiered pricing	Unavailable	\$12,000 or \$19,500, if over or under 10,000 specialty prescriptions/year	\$7,000-\$9,000, varies with organization size
Website	URAC.org	ACHC.org	PharmacyPracticeAccred.org	JointCommission.org

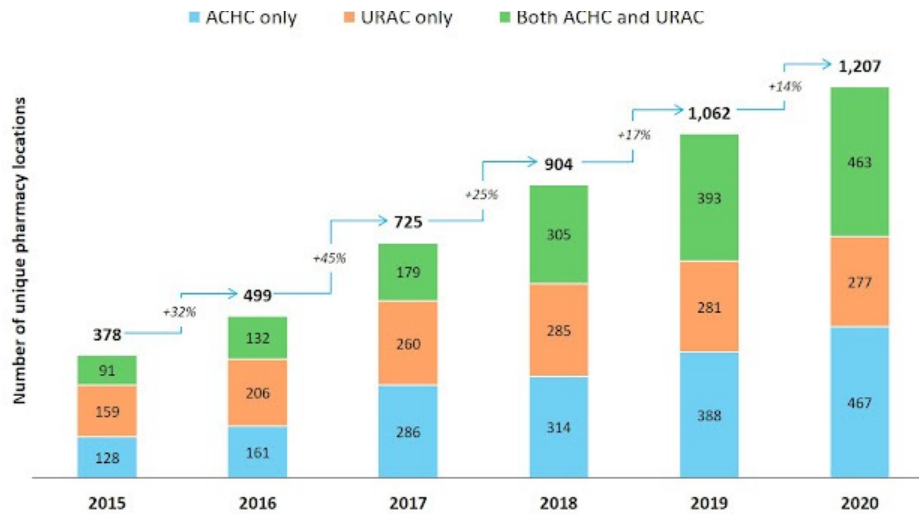
*Minimum time from submission of initial application to accreditation decision
 **DMEPOS: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Centers of Medicare and Medicaid Services (CMS)
 ***Additional fees apply

23 10-11-2023 <https://www.pharmacytimes.com/view/pursuing-specialty-pharmacy-accreditation>

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Accreditation



ACHC = Accreditation Commission for Health Care; URAC = Utilization Review Accreditation Commission

24 10-11-2023 Pembroke Consulting, Inc., Drug Channels Institute. The specialty pharmacy accreditation boom slows DCI's exclusive update on the U.S. Market (2021). <https://www.drugchannels.net/2021/05/the-specialty-pharmacy-accreditation.html>

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What is Specialty Pharmacy?

Unique fulfillment elements may include:

- Coordination of care and facilitating drug access to limited distribution specialty pharmaceuticals
- Facilitating mail-order delivery logistics
- Negotiating payer contracts
- Maintaining cold-chain distribution
- Dispensing and tracking a significant number of products requiring Risk Evaluation and Mitigation Strategies (REMS)
- Accounts receivable support/management
- Program accreditation management and development of program marketing materials



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<https://www.asho.org/L/media/assets/pharmacy-practice/resource-centers/specialty-pharmacy/specialty-pharmacy-resource-guide.ashx>

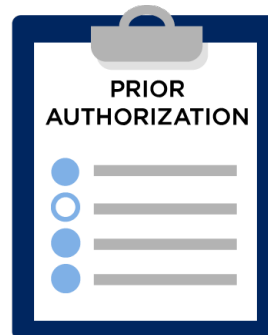
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What is Specialty Pharmacy (Cont'd)

Technical and clinical patient care support services will include:

- Benefits investigation, prior authorization, and patient assistance program (PAP) management
- Call-center development, staffing, and monitoring
- Case management, which may include development of protocols and disease state management at a minimum
- Product device training
- Data management of technical and clinical patient care services



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<https://www.asho.org/L/media/assets/pharmacy-practice/resource-centers/specialty-pharmacy/specialty-pharmacy-resource-guide.ashx>

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What is Specialty Pharmacy (Cont'd)

Some characteristics of specialty pharmaceuticals:

- High cost > \$600 / month supply
- Involve complex treatment regimens that require ongoing clinical monitoring and patient education
- Have special handling, storage, or delivery requirements
- Increased potential for limited drug distribution (LDD)
- Payers may restrict drug access
- Are dispensed to treat individuals with rare diseases
- Treat diseases or conditions marked by long-term or severe symptoms, side effects, or increased fatality



27 10/11/2023 <https://www.asho.org/-/media/assets/opharmacy-practice/resource-centers/specialty-pharmacy/specialty-pharmacy-resource-guide.ashx> UNC Health

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Why Does Specialty Pharmacy Matter?

- They are a reliable distribution channel for high-cost medications
- They offer lower costs while maximizing insurance reimbursements from those companies that cover the drug
- They incorporate disease state management programs
- They have a highly trained pharmacy staff in the treatment of many chronic diseases including oncology
- They offer convenience to the patient

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Why Does Specialty Pharmacy Matter?

- 24-hour access to pharmacists
- Benefits investigation
- Prior authorization assistance
- Financial assistance
- Enrollment in patient assistance programs
- Communication and follow-up with the physician
- Patient education and medication adverse effect counseling
- Dispensing of specialty pharmaceuticals and shipping coordination
- Proactive patient outreach for prescription refill and renewal
- Adherence management
- Patient monitoring for safety and efficacy
- Payer and/or manufacturer reporting

29 10/11/2023 <https://www.pharmacytimes.com/view/the-ins-and-outs-of-specialty-pharmacy> UNC Health

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Which of the following are Key Players in a Specialty Pharmacy?

Pharmaceuticals companies	0%
Patients	0%
Providers	0%
Clinical Staff	0%
All of the above	0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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Key Players in Specialty Pharmacy

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graph TD; SP((Specialty Pharmacy)) --- P((Patient)); SP --- PH((Pharma)); SP --- PR((Prescriber)); SP --- PA((Payer)); SP --- PI((Pipeline));
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31 10/11/2023 <https://naspnet.org/wp-content/uploads/2019/08/What-Is-Specialty-Pharmacy-090718.pdf> UNC Health

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Key Players in Specialty Pharmacy - Patients

Specialty pharmacies offer support to their patients directly by:


- a. Patient education regarding treatment and side effects before and during treatment
- b. Adherence monitoring
- c. Adverse effect management to address side effects

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Key Players in Specialty Pharmacy - Prescriber

- Once a medication is prescribed, providers want clear and efficient communication regarding the status of their patient’s prescription.
- Providers want to know their patients are receiving excellent care and that they will be informed regarding that care and any issues that may arise.
- Technology is improving information flow through electronic health records (EHR) and health information exchanges.



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Key Players in Specialty Pharmacy – Pharma

- Specialty pharmacy can secure access to limited distribution contracts by these factors:
 - Clinical expertise from knowledgeable care team that can manage relationships between patients, caregivers, prescribers, and payors
 - Accreditation
 - Technology to track and report financial, operational, and clinical outcomes
 - Systems in place for medication handling, dispensing, and monitoring requirements
 - Clinical support for specialty diseases or specific patient populations



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Key Players in Specialty Pharmacy – Payors

- As medication costs rise, payors are looking to better manage their drug spending.
- Payors expect detailed tracking and reporting of financial, clinical, quality of life, and patient satisfaction scores.
- They are looking for specialty pharmacies to be accredited
- Due to value-based care, pharmacies must show how their clinical services are impacting clinical, financial, quality of life and patient satisfaction measures.

U.S. SPECIALTY DRUG SPENDING WILL QUADRUPE BY 2020.

Projected specialty drug spending from 2012 to 2020.
Spending amounts in US\$ billions.

Year	Spending (US\$ billions)	% Increase
2012	\$87.1	-
2016	\$192.2	121% INCREASE FROM 2012
2020	\$401.7	109% INCREASE FROM 2016

<https://transparentrx.com/how-to-rein-in-the-soaring-costs-of-specialty-drugs>

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Key Players in Specialty Pharmacy – Clinical Staff

Among many other things, clinical staff are now responsible for:

- Reviewing patients' health history
- Track lab values
- Track pathology and imaging studies
- Communicate with physicians on a patient's behalf
- Help patient's plan and manage symptoms through treatment
- Translate complex medical terminology and answer patient's questions

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The Impact of Specialty Pharmacy on Patient Outcomes

- The Journal of Drug Assessment published a retrospective, observational study to measure the adherence of patients to oncolytic and neurologic specialty medication provided by a specialty pharmacy
- Objective: To measure the adherence rate to the oncology and neurology specialty drug dispensed by the specialty pharmacy. Secondary objective is to compare the quality of life (QoL) of patients who voluntarily participated in the Specialty pharmacy provided medication therapy management (SPMTM) program at the start of care assessment (SOC) and at the follow-up assessment.
- Methods: One-year observational study of patient reported outcomes (PRO) was conducted at a specialty pharmacy among patients diagnosed with various forms of cancer and neurological issues who had filled specialty prescriptions. Pharmacist provided patient education, each patient was offered medication therapy assessment at SOC and 7 days prior to each refill dispensed. The assessment included 2 QoL PRO metrics (1) Number of days work/school missed and (2) How have you been feeling on a scale of 1-10 (1 = terrible; 10 = wonderful). Data was captured monthly and annualized. The annualized means were compared using the Mann-Whitney U-value and Proportion of Days Covered (PDC) was calculated using URAC PDC formula
- Results: 39,567 unique patients with an average of 2 dispenses per patient. 33,243 patients voluntarily participated in the SPMTM program and out of those 19,946 completed only the SOC assessment, 3,324 completed the follow up assessment and 4,322 completed both. The overall mean annual PDC was 0.962 (96.2%) which was compared to the industry standard adherence rate of ~80%.
- Conclusion: From this 1-year study it was determined that: (1) the annualized PDC adherence rate of 0.96 was 20.25% higher than the industry standard of 0.8; (2) the Number of days work missed QoL was less after starting on a SP-D with SPMTM; and (3) the How patients feel QoL metric demonstrated that patients felt better after starting SP-D with SPMTM. The improved adherence rate was associated with taking the SP-D while participating in the SPMTM.

37 10-11-2023 Royce Burruss, Binita Bhusal, & et al (2019) Adherence of patients to oral oncolytic and neurologic specialty medications provided by a specialty pharmacy, Journal of Drug Assessment, 8:sup1, 10-11, DOI: [10.1080/21556660.2019.1658288](https://doi.org/10.1080/21556660.2019.1658288) UNC Health

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The Impact of Specialty Pharmacy on Patient Outcomes

- Journal of Managed Care and Specialty Pharmacy published a single-center retrospective cohort study comparing oral oncology medication adherence in patients when dispensing through an internal health-system specialty pharmacy (HSSP) versus an external specialty pharmacy.
- Objective: To confirm the effect of an internal HSSP compared with external specialty pharmacies on oncolytic adherence as measured by proportion of days covered (PDC), medication possession of ratio (MPR), and time to treatment (TTT).
- Method: Fill data was extracted from pharmacy claims databases and electronic medical records (EMR). For PDC and MPR patients with at least 3 fills per oncolytic were included. All patients were included for TTT analysis. Chi-square or Fisher's exact tests were used to analyze categorical differences. Differences in continuous variables across pharmacy groups were evaluated using Wilcoxon rank-sum tests.
- Results: 871 prescriptions met inclusion criteria: 549 patients were included in the PDC/MPR analysis, and 758 patients included in the TTT analysis.
 - Patients who filled at an internal HSSP had a higher median PDC compared with those who filled at external specialty pharmacy. (0.99 [IQR = 0.89-1.00] vs 0.91 [IQR = 0.76-0.98]; $P < 0.01$).
 - The adherence rate measured by MPR was higher for patients who used an internal HSSP. (MPR = 1.00 [IQR = 0.90-1.00] vs 0.93 [IQR = 0.76-1.00]; $P < 0.01$).
 - Median TTT was lower for patients using the internal HSSP. (5 days [IQR = 2-13] vs 27 days [IQR = 2-82], respectively; $P < 0.01$)
- Conclusion: Internal HSSP services improved adherence as measured by PDC and MPR. Significantly lower TTT was also seen with the internal HSSP vs. external specialty pharmacy

38 10-11-2023 Emmeline C. Academia, PharmD, BCOP, Caroline M. Mellas-Du Jesus, PharmD, BCOP, et al Adherence to oral oncolytics filled through an internal health-system specialty pharmacy compared with external specialty pharmacies. J. Manag Care Spec Pharm, 2021 Oct;27(10):1438-1446. <https://doi.org/10.18553/jmcp.2021.27.10.1438> UNC Health

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The Impact of Specialty Pharmacy on Patient Outcomes

- Journal of Managed Care and Specialty Pharmacy also published a multisite retrospective cohort study across 7 health system specialty pharmacy (HSSP) sites to understand reasons behind primary medication nonadherence (PMN) and how the health system specialty pharmacy model is uniquely positioned to positively impact these rates.
- Objective: To evaluate the rate and reasons of PMN to specialty oncology medications in an HSSP setting.
- Method: Patients were included if they had an orally self-administered oncology medication referral generated by the health system of the affiliated specialty pharmacy. Data collected at each site using pharmacy software and electronic health record (EHR) were deidentified and aggregated for analysis. They identified unfilled referrals within a 60-day fill window and then completed a retrospective chart review to identify final referral outcomes and reasons for unfilled referrals. Referral outcomes were categorized as unknown fill outcomes, filled by the HSSP, or not filled. The primary outcome was PMN for each PMN-eligible referral and secondary outcomes included reason for PMN and time to fill. The final PMN rate was calculated by dividing the number of unfilled referrals by total referrals with a known fill outcome
- Results: 3,891 referral, 947 were PMN eligible.
 - 246/947 referrals have unknown fill outcome (could be due to referral to another fulfillment method or if script was for benefits investigation only).
 - 69/601 referral with known outcomes were true instances of PMN (final PMN rate of 11%). Patient decision was the most common reason for not filling (17/69 PMN cases). Most referral were filled by the HSSP (56%). The median time to fill after initial referral was 5 days.
- Conclusion: HSSPs have a high percentage of patient initiation of new oral oncology medication treatments in a timely manner. This study found that 89% of patients who received cancer medication from a HSSP start treatment. HSSP PMN of 11% vs. reported rate of 30% across Medicare beneficiaries.

39 10-11-2023 [J Manag Care Spec Pharm. 2023 Jul; 29\(7\): 10.18553/jmcp.2023.29.7.740. doi: 10.18553/jmcp.2023.29.7.740](https://doi.org/10.18553/jmcp.2023.29.7.740)

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The Impact of Specialty Pharmacy on Patient Outcomes

- In 2010, a National Comprehensive Cancer Network task force report listed potential advantages of specialty pharmacy services, which included appropriate medication selection, increased adherence, avoidance of unnecessary drug costs, and increased patient and provider satisfaction.
- Additionally, disease state complexities and treatment toxicities highlight the need for integrated clinical and pharmacy services to ensure safe and efficient treatment, while fostering better interdisciplinary collaboration.

40 10-11-2023 NCCN Task Force Report: Specialty Pharmacy, *Journal of the National Comprehensive Cancer Network*, Volume 8, Supplement 4, July 2010 UNC Health

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The Impact of Specialty Pharmacy on Patient Outcomes

In a traditional community pharmacy model pharmacies purchase medications from a wholesaler. After a prescription is received from a licensed prescriber, the pharmacist dispenses and provides patient information about the medication. Traditionally, pharmacies receive payment directly from the patient or third-party payors through the patient's insurer. Pharmacists may monitor medication and treatment plan adherence, but this often falls to the original prescriber or health care team. Some pharmacies may notify prescribers when patients fail to pick up their prescriptions and may provide longitudinal follow up of patients during therapy.

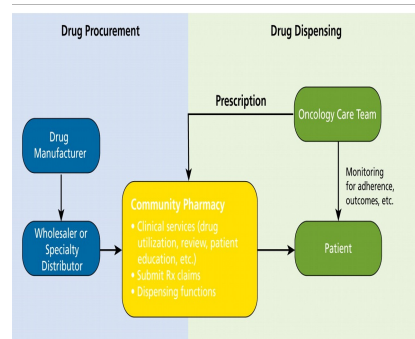
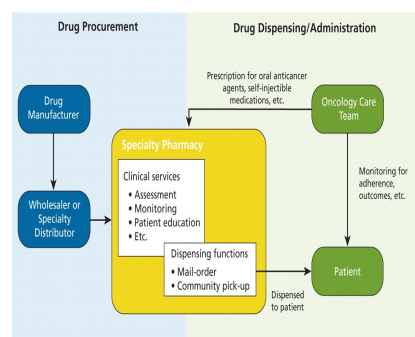


Figure 1 Traditional community pharmacy medication distribution model. Abbreviations Rx – prescription
 Journal of the National Comprehensive Cancer Network J Natl Compr Canc Netw 8, Suppl_4:10.6004/jnccn.2010.0127

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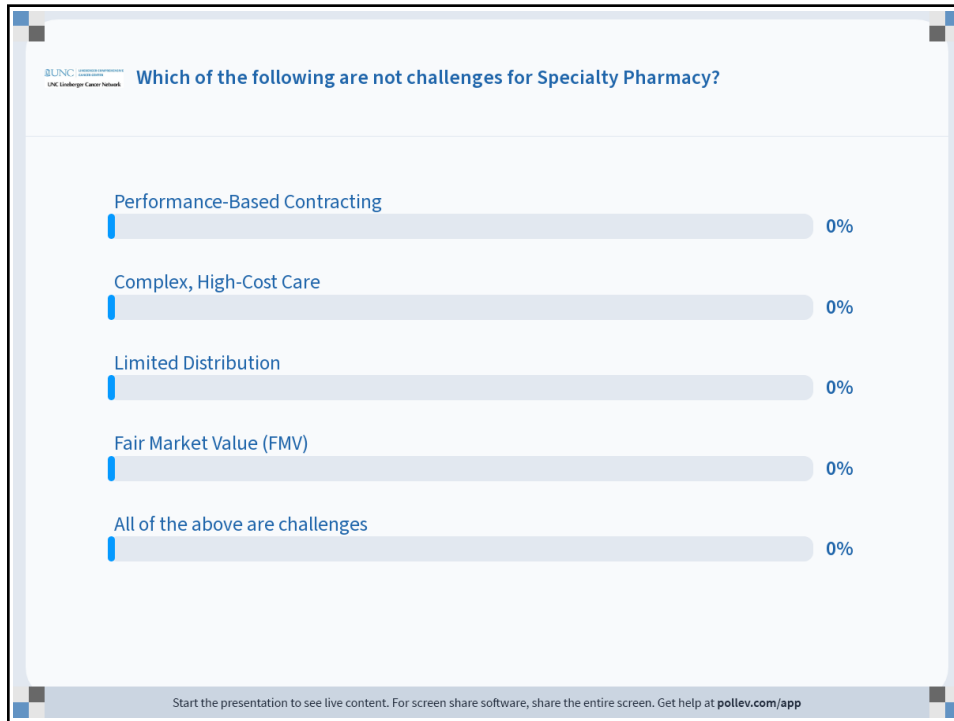
The Impact of Specialty Pharmacy on Patient Outcomes

- Specialty pharmacy interacts directly with providers, patients, and payors on a routine basis.
- May assume role in monitoring several aspects of the patient's therapy including
 - medication adherence,
 - medication therapy management,
 - assessing medication therapy side effects and management,
 - evaluating medication efficacy,
 - encouraging medication adherence through prescription refill reminders.
- Specialty pharmacy may coordinate information with providers regarding changes in treatment and medication dose modifications.
- May monitor use through prior authorization mechanisms, develop customized guidelines for use of drugs in a specialty class, and undertake measurement of clinical and financial outcomes.



Specialty pharmacy distribution model
 Journal of the National Comprehensive Cancer Network J Natl Compr Canc Netw 8, Suppl_4:10.6004/jnccn.2010.0127

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Challenges for Specialty Pharmacy

Burt Zweigenhaft, the president of the National Association of Specialty Pharmacy (NASP), moderated a panel discussion at the 13th Annual MHA Business Summit. The panel used this opportunity to address some specific challenges facing specialty pharmacy.

- Fair Market Value (FMV)
- Performance-Based Contracting
- Complex, High-Cost Care
- Limited Distribution
- Unique challenges facing a hospital-based specialty pharmacy
- How to make a hospital specialty pharmacy attractive to payors

44 10-11-2023 https://www.mhainc.com/uploadedFiles/Content/Resources/FE164_LetterSize_SPC_reprint_SPTrends.pdf UNC Health

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Challenges for Specialty Pharmacy

<p><u>Fair Market Value (FMV)</u></p> <ul style="list-style-type: none"> • Fee for service model • Difficult to define and determine its importance in placing a value or price on the many services that specialty pharmacy provide. • Determining core services vs. enhanced is a challenge 	<p><u>Performance-Based Contracting</u></p> <ul style="list-style-type: none"> • Performance based contracting is becoming an increasingly more common tool for setting payments for specialty pharmacy services • Payors will not fully reimburse if clinical or data reporting outcomes are not achieved • For performance-based contracting to work optimally, data aggregation and reporting which could be a barrier to smaller newer specialty pharmacy 	<p><u>Complex, High-Cost Care</u></p> <ul style="list-style-type: none"> • Specialty pharmacy providers need to achieve high rates of medication adherence. • Given the high cost of specialty medications, manufacturers want proof from providers that patients are taking their medications, and they want to know the efficacy for specialty drugs cited in clinical trials is replicated in real-world clinical setting
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45 10-11-2023 https://www.mhainc.com/uploadedFiles/Content/Resources/FE164_LetterSize_SPC_reprint_SPTrends.pdf UNC Health

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Challenges for Specialty Pharmacy

<p><u>Limited Distribution</u></p> <ul style="list-style-type: none"> • Many providers are closed out of specialty drug networks • Difficult for smaller specialty pharmacies to obtain access to some specialty medications • Can result in fragmented care and even greater chance of polypharmacy for patients • Pro: Drugs that are highly complex, that have a high degree of sensitivity around their use and that require considerable clinical oversight—that's less providers that need to be monitored for multiple levels of compliance 	<p><u>Challenges facing a hospital-based specialty pharmacy</u></p> <ul style="list-style-type: none"> • High cost of specialty medications, most over \$2,000 per fill • Fewer than two percent of patient populations requires these drug. • Complex administration and compliance issues • Manufacturers may choose to limit specialty drug distribution 	<p><u>How to make a hospital specialty pharmacy attractive to payors</u></p> <ul style="list-style-type: none"> • Invest in IT and data analytics to track and report data and outcomes as required by payors • Achieve accreditation from two of these accrediting bodies <ul style="list-style-type: none"> • URAC • ACHC • CPPA • Joint Commission
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Trends in Specialty Pharmacy

- Continued growth in specialty medications with an estimated 43% global spending by 2027
- Oncolytics will be one of the biggest contributors to drug spending including treatment through cell therapy, RNA therapy and immuno-oncology treatments
- Due to the significantly high costs of specialty medication payors will need to find a way to cover the specialty medications.
 - Possibility of specialty drugs categorized as a separate benefit to enable payers to gain better control over costs

47 10/11/23 <https://www.formularywatch.com/view/specialty-pharmacy-trends-to-watch-in-2023>

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Conclusion

- To say specialty pharmacy is growing is an understatement. It is probably one of the fastest growing segments of drug spending under the pharmacy benefits umbrella.
- Specialty pharmacy benefits not only patients but also providers, manufacturers and payors.
- Retrospective studies show improvement in patient adherence when medication is dispensed by a specialty pharmacy (specifically HSSP)
- Specialty pharmacies liaise with providers to facilitate the benefits investigation process by providing insurance support such as prior authorization referrals and high copay assistance.
- As more and more specialty medications become available, specialty pharmacies play an essential role in providing appropriate channels to help patients navigate challenges in obtaining and adhering to specialty medications as well as providing clinical support for these rare, complex diseases.

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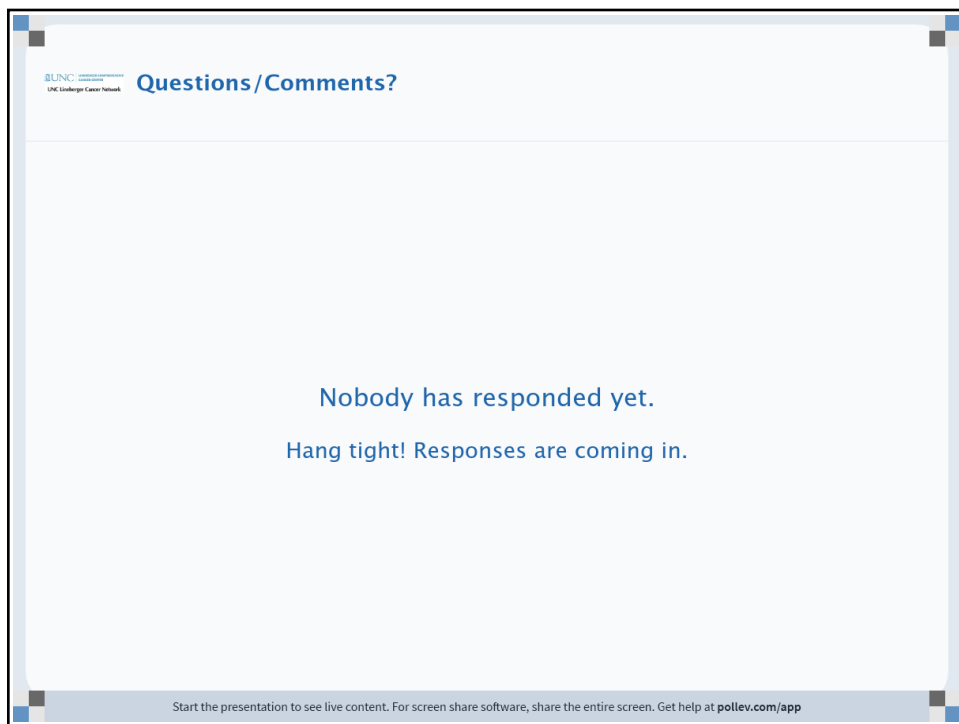
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Thank you


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THANK YOU!

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UPCOMING LIVE WEBINARS



ADVANCED PRACTICE PROVIDER

October 18
4:00 PM

CRS and ICANS: Pathophysiology and Management

Bejal Kikani, MSN, FNP-BC, WHNP-BC



RESEARCH TO PRACTICE

October 25
12:00 PM

Genitourinary Cancer Management in North Carolina: Updates for 2023

Hung-Jui (Ray) Tan, MD, MSHPM



SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP

November 1
12:00 PM

Catawba Indian Nation & Lung Cancer Institute: Partners in Healing

Daniel R Carrizosa, MD, MS **Mellisa Wheeler**, BSW, MHA

Kia Dungan, PA-C **Darcy Doege**, BSN, RN

Complete details on upcoming Live Webinars:
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SELF-PACED, ONLINE COURSES



ADVANCED PRACTICE PROVIDER
Self-Paced, Online Course

Developing Comprehensive Exercise Programming for People Affected by Cancer
Carly Bailey, MA



RESEARCH TO PRACTICE
Self-Paced, Online Course

Lymphoma Management in North Carolina: Updates for 2023
Natalie Grover, MD



PATIENT CENTERED CARE
Self-Paced, Online Course

Psychotherapy for Cancer-Related Distress
Melissa Holt, DNP, PMHNP-BC, MSW
Lisa Stewart, Psy.D.

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THANK YOU FOR PARTICIPATING!

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