



# National Employer Initiative on Specialty Drugs

*Employer Focused, Employer Driven*



**Coalition Pilot Summary Report**

November 2016

## MBGH Project Overview

- As part of the National Employer Initiative on Specialty Drugs, MBGH invited interested sister coalitions to participate in the multi-year project
- Coalitions were offered guidance, information and resources and were encouraged to offer the toolkit and project resources to their employer members
- MBGH also requested that each coalition share information on their own efforts in managing specialty drugs, both with their members and in the marketplace, including:
  - Employer best practices
  - Feedback on project activities and tools
  - Information on their own coalition activities related to employers and specialty drug management as part of a report to be included on the project's website – [www.specialtyrxtoolkit.org](http://www.specialtyrxtoolkit.org)

# Employers' Health Coalition *Arkansas*



## Pilot Programs

- Limited Fill
- Site-of-service for provider injectable and infusion drugs

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## Limited Fill

**Rationale:** Limiting the quantity filled for oncology drugs will allow the reduction in various drug waste in the pharmacy benefit, and possibly reduce ER visits or/and additional visits to the doctor's office under the medical benefit.

### Overview

- **What we considered:**

- **Do we limit the fill throughout the course of treatment or just the first fill?**

Review to limit the *first fill* of dispensing on all selected oncology drugs to patients covered under the EHC-Arkansas program.

- **Is it managed through plan design or prior authorization?**

Prior Approval (PA) via RxResults will require communication with member and doctor during first 15 days to determine if the drug is being tolerated or not changed to continue filling through the treatment plan period. The member will receive a 15 day supply from Briova (Catamarans' specialty pharmacy). Future fills will be limited to 30 days maximum. Briova will coordinate information with Catamaran, RxResults and EHC.

- **Which drugs do we target?**

Based on actual group use of oncology drugs and RxResults UAMS criteria, only those drugs for new patient use would be targeted for the Pilot.

- **What does the data tell us?**

A retrospective assessment of drug use data that covered 2 years (2013, 2014) showed that limiting first fill would not reduce drug waste, reduce ER visits or/and additional visits to the doctor's office.

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## Limited Fill continued

- **Lessons learned**

Retrospective of data was instrumental in determining not to move forward with the pilot study

Coordination with multi-stakeholders is critical for success

All parties were eager to work together

Coordinating schedules for meetings among multi-stakeholders extended the timeline to launch the program

- **Next Steps**

Continue to explore potential solutions to influence how specialty and biologic drugs are managed

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## Site-of-Service – Managed by Magellan Rx

**Rationale:** Implement a site of service shift of care to significantly reduce provider-administered injectable and infusion drug costs, especially in the outpatient setting. Avoid patient and provider disruption.

### ***Program Components***

- Began program discussions
- Determined the TPA and/or Employer Groups in Scope for the Program
- Obtained the medical drug data for analysis ( HCPCS codes)
- Magellan Rx Management completed the data analysis
- Magellan Rx Management reported the recommendations for savings potential
  - Identified the possible members that may qualify for further review
- Vendor Services Agreement is secured
- A review of the current benefit language occurs, potential changes can be reviewed or recommended to facilitate the program.
- Creation of a tailored Communication Package for the employees and physicians, approved by client
  - An employee communication campaign could include intranet articles, website materials, and notifications along with employee email blasts, hard copy letters, and engagement through benefit fairs.
  - Inclusion of direct member financial incentives or aligned benefit design is necessary to cause retrospective site of service shifts by offering employees motivation and “skin in the game” to cause a shift in site of service. A financial incentive may be created in the short-term while a longer-term benefit design change is implemented.
- Ongoing monitoring of the data for potential shift of care, minimally on a quarterly basis
- Infusion Referral Center (IRC) becomes involved to shift identified members SOC

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## Site-of-Service continued

- **Lessons learned**

Having a clearly defined path keeps things moving forward at a manageable pace

Timely transfer of data is critical to identifying opportunities for changing site-of-service

This program is best for groups with over 10,000 lives in order to have impact on an annual basis

- **Next Steps**

Ongoing discussions to change benefit language if needed to allow for incentives to the members to use a more cost effective site of care.

Continue to re-examine additional program communications as needed

Monthly or quarterly reporting on activity as available

Employers' Health Coalition  
**Arkansas**

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