Integration of Specialty Pharmacy into an Academic Medical Center

San Diego, California
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Presenters

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  Director of Pharmacy
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  Keck Medicine of USC Specialty Pharmacy
  Clinical Pharmacist, Autoimmune Clinics
• Dr. Roslynn Stone, PharmD, PhD
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  Clinical Pharmacist, Multiple Sclerosis Clinic
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  Keck Medicine of USC Specialty Pharmacy
  PGY-1 Community-Based Pharmacy Practice Resident

Presenters have no relationships to disclose.

Learning Objectives

1. List common disease states managed by specialty pharmacy
2. Identify the roles and responsibilities of pharmacists in the specialty pharmacy
3. Identify the roles and responsibilities of specialty pharmacists in the clinic setting
4. Describe one way in which you can implement a specialty pharmacist provider in the clinic setting
Pre-Test Questions

True or False:
1. Common disease states managed by specialty pharmacy include hepatitis C, rheumatoid arthritis, and multiple sclerosis
2. Pharmacists in the specialty pharmacy setting provide medication education and monitoring through patient management programs
3. Pharmacists in the specialty clinic setting only monitor specialty medications

Poll Question

I currently practice in a specialty pharmacy setting:
   a. Yes
   b. No

Poll Question

If you currently practice in a specialty pharmacy, which best describes your site:
   a. PBM-owned
   b. Independent
   c. Academic medical center
Poll Question

For non-specialty practice, which best describes your practice site?

a. Community  
b. Managed Care  
c. Ambulatory Care  
d. Inpatient  
e. Other
Retail Pharmacy Workflow

Specialty Pharmacy Workflow

Disease states managed by specialty pharmacies

- Acromegaly
- Alcohol/opioid dependency
- Allergies immunotherapy/Allergic asthma
- Atopic Dermatitis
- Cardiac disorders/Arterial disorders
- Cystic fibrosis
- Gastrointestinal disorders (IBS, UC, CD)
- Growth hormone and related disorders
- Hematologics (anemia, neutropenia, stem cell mobilization)
- Hemophilia and related bleeding disorders
- Hepatitis
- Hereditary Angiodema
- HIV
- Immune deficiencies and related disorders
- Idiopathic thrombocytopenic purpura
- Infertility and pre-term birth
- Inflammatory disorders
- Multiple sclerosis
- Oncology (injectable and oral)
- Osteoporosis
- Pernicious
- Pulmonary arterial hypertension
- Racial disorders
- Rheumatoid arthritis
- Seizure disorders
- SLE
- Transplant
Integration of dual-role specialty pharmacists
Clinic Site Differences

**Autoimmune**
- Injection teaching & first dose monitoring
- Billing - "incident to"
- Time spent in each clinic varies
- Presenter at USC Rheumatology provider and patient conferences

**Multiple Sclerosis**
- MS symptom management
- Multidisciplinary team visit
- Implement adherence strategies
- Lab monitoring/REMS

Rheumatology - Workflow

<table>
<thead>
<tr>
<th>Rheumatology Clinic</th>
<th>USC Specialty</th>
<th>Patient</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>New therapy start</td>
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<tr>
<td>Pharmacists' consul</td>
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<tr>
<td>- Med Safety</td>
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<td>- Med Education</td>
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<tr>
<td>- Injection Teaching</td>
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<td>- &quot;Start&quot; forms</td>
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<td>- Manufacturer</td>
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<td>- Specialty Rx sent</td>
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<td>- Pharmacist-assisted</td>
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<td>PA submitted</td>
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<td>Appeals: submitted</td>
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<td>Meds: stated</td>
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<td>Copy / foundation</td>
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<td>assistance</td>
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<td>Ensure baseline</td>
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<td>labs are completed</td>
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<td>Rx delivered</td>
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<td>Pharmacist:</td>
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<td>telephonic</td>
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<td>consultation</td>
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<td>(documented in EMR)</td>
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<td>Clinic: 1st injection</td>
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<td>Focused In R at</td>
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<td>USC, prescription</td>
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<td>is transferred to</td>
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<td>restricted Specialty</td>
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<td>Pharmacy: Team &amp;</td>
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<td>patient notified</td>
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<td>Telephonically</td>
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<td>or in clinic</td>
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<td>(documented in EMR)</td>
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<td>- Appropriateness</td>
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<td>- Adherence</td>
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<td>- Efficiency</td>
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<td>- Side effects</td>
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<td>- Laboratory</td>
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<tr>
<td>Monitoring</td>
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</tbody>
</table>
**Multiple Sclerosis - Workflow**

<table>
<thead>
<tr>
<th>Multiple Sclerosis Clinic</th>
<th>USC Specialty</th>
<th>Patient</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ New therapy start</td>
<td>➢ PA submitted</td>
<td>➢ Rx delivered</td>
<td>➢ Telephonically or in clinic (documented in EMR)</td>
</tr>
<tr>
<td>Pharmacist consultation</td>
<td>➢ Appeals submitted if needed</td>
<td>➢ Pharmacist telephonic intervention (documented in EMR)</td>
<td>- Adherence, - Efficacy, - Side effects</td>
</tr>
<tr>
<td>➢ Med Education</td>
<td>➢ Ensure baseline labs are completed and obtain medical clearance</td>
<td>➢ If unable to fill at USC, prescription is transferred to restricted Specialty Pharmacy. Team &amp; patient notified.</td>
<td></td>
</tr>
<tr>
<td>➢ Day Monitoring</td>
<td>➢ Copy / foundation assistance</td>
<td>➢ Notify MD and patient of medication related problems (documented in EMR)</td>
<td></td>
</tr>
<tr>
<td>➢ Med Management</td>
<td>➢ Specialty Rx sent to USC Specialty - Pharmacist assisted</td>
<td>➢ Telephonically or in clinic (documented in EMR)</td>
<td></td>
</tr>
<tr>
<td>➢ Patient signs start form</td>
<td>➢ Specialty Rx sent to USC Specialty - Pharmacist assisted</td>
<td></td>
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</tbody>
</table>

**POLL QUESTION**

For those of you who work in the Specialty Pharmacy setting, how much of your time is spent in the clinic?

- a. <10%
- b. 10%-30%
- c. 31%-50%
- d. >50%

**Patient Management Program**

- Medication Therapy Management (MTM) Service Model
- URAC required standard
  - Targets the individual needs of each patient/consumer
  - Seeks to enhance patient compliance with their prescribed medication
Patient Management Program

- Barriers to therapy
- Storage and handling of medication(s)
- Drug administration
- Medication adherence
- Side effect management
- Monitoring response to medication
- Work directly with prescribing physician

Autoimmune - Patient Management Program (PMP) Numbers

![Autoimmune PMP Chart]

Total Assessments (Reached) = 358

Multiple Sclerosis - Patient Management Program (PMP) Numbers

![Multiple Sclerosis PMP Chart]

Total Assessments (Reached) = 93
Integration of Specialty Pharmacists in Clinic

**Benefits**
- Opportunity to direct revenue from specialty pharmacy into direct patient care
- Pharmacists can serve as direct liaisons

**Challenges**
- Limitations due to 50/50 clinic/pharmacy time split
- Dedicated space for pharmacist-delivered patient care

Integration of Specialty Pharmacists in Clinic

**Benefits**
- Direct access to clinical team
- Physician time saved
- Opportunity to collect data on pharmacy interventions and compliance rates

**Challenges**
- Lack of ability to bill directly for pharmacist time

Specialty Pharmacy Residency Programs
Opportunities for Residents

The Case for Establishing a Residency Program in Specialty Pharmacy

Maria Sarhan, PharmD, and Joie Mati, RPh, November 13, 2017

ABO, UNE Launch Specialty Pharmacy Residency Program

UNE, CVS Health partner in specialty pharmacy residency program

Provider Satisfaction

“Our specialty pharmacists have been amazing and always go above and beyond for us as prescribers and for our patients. They always update me consistently on progress of my patient's prescriptions and are clear with their patient education. They are thorough in checking drug-drug interactions and informing us and the patient, which significantly improves patient safety.”

“USC specialty pharmacy swiftly process RX request and authorizations and take initiative to start co-payment assistance programs. Nearly all of my complicated and even off-label requests are processed and completed within 24-48 hours. No other pharmacy goes this above and beyond to bring the medication to the patient. Thank you for your continued assistance.”
Future of Academic Medical Center Specialty Pharmacies

"Have more contracts with insurance companies so we are able to fill more medications directly at USC instead of needing to transfer. This is the only time I have any issues is when our pharmacy cannot fill the prescription! Other pharmacies do not provide the same excellent service!"

Post-Test Questions

True or False:
1. Common disease states managed by specialty pharmacy include hepatitis C, rheumatoid arthritis, and multiple sclerosis  True
2. Pharmacists in the specialty pharmacy setting provide medication education and monitoring through patient management programs  True
3. Pharmacists in the specialty clinic setting only monitor specialty medications  False

Thank You!

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