Specialty Pharmacy

Do You Know You’re Special: Clinical and Business Opportunities for the Community Pharmacist in Special Pharmacy

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Topics of Discussion

- Introduction: Personal Background, Goals of Discussion
  - Specialty Pharmacy 101: The Evolution and Nuances
  - Industry Players, Trends, Limited Distribution Networks
  - Community Pharmacy Participation
  - Panelist Discussion: Introductions, Case Studies of NCPA Members, Questions
- Summary
GOALS OF OUR DISCUSSION

1. Discuss the Increase in the Specialty Pharmacy (SP) Market and its Impact on Pharmacy Profits

2. List the Characteristics of the Specialty Pharmaceutical Patient

3. Outline the Practice Attributes that a Pharmacy Must Have to Successfully Provide Care to the Specialty Pharmacy Patient

...............and much more. I will be candid !!!

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The Monster in the Closet ....the fastest growing drug category

2004 Total Outpatient Pharmacy Spend $190 Billion
Traditional Spend $155 Billion
Specialty Spend $35 Billion

2008 Projected Outpatient Pharmacy Spend $283 Billion
Traditional Spend $210 Billion
Specialty Spend $73 Billion

Why Are We Here?

19% are INFUSION PRODUCTS

The current Rx supply chain is dominated by a few wholesalers. These wholesalers have carved out products that require special ordering, special handling, special shipping, product tracking, or are “high cost.” These products are serviced through “Specialty Distribution” divisions within the wholesalers. Independents Dxs have seen increases in business. The trend in Biotech is to move away from the Big Wholesalers and Control Distribution. Many Wholesalers now have their own Specialty Pharmacies.

SUPPLY CHAIN BACKGROUND

The Supply Chain

Contract Manufacturer
Cardinal
McKesson
ABC
Regional
Specialty Distributor

3PL Services

Hospitals
Long-Term Care/Infusion
Retail/Chain Drugstores
Physician/Office Clinics
Specialty Pharmacies
Mail Order Pharmacies

Patients

Manufacturers CAN Bypass Wholesalers via 3PL-Direct Programs

3PL=3rd Party Logistics

Source:
PhRMA, International Federation of Pharmaceutical Wholesalers & Biotech Industry Organization
Specialty Defined…. Biopharmaceutical, biological, biotech, specialty, hmm

- Varies GREATLY throughout the Pharmaceutical Industry
- Did not usually include Oncology…. Until recently

Specialty is typically defined as:
- High Cost, Higher Margin
- Majority: Injectables; Self-Administered, Increased Infusion Products, Office or Home Administered
- Minority: Orals (have been increasing)
- High level of Patient Support is Needed:
  - Dosage adjustments, Side effect mgmt, Labs, Narrow Therapeutic Window, Registries/FDA requirements
- Inventory Controls often Needed or Required: IMA’s, Storage, Handling.
- Special Data Requirements Needed or Required: Clinical, FDA, Labs, Compliance
- Overall..........Challenging to MD’s, Patients, Payors, Pharmacies, Manufacturers
- Often Recombinant DNA technology
- Target Indications with high unmet need: Small Niche populations or Large Populations
- Novel Mechanism (pathology vs. symptoms)
- Advance in efficacy
- Unique safety profile
- Most likely fairly new to market (less than 10 years)

Biopharmaceuticals typically defined as:
- Any biology-based therapeutic that structurally mimics compounds found within the body*
- Includes: recombinant proteins, monoclonal and polyclonal antibodies (and antibody fragments), peptides, antisense oligonucleotides, therapeutic gentes, and certain therapeutic vaccines

Sources: “Defining and characterizing the late-stage biopharmaceutical pipeline.” AM J Managed Care, 2003-4:S124-S135,
“Pros and Cons of Limited Distribution”, David Buchanan, Pinsonault Managed Markets Summit, June 2007

Evolution of Specialty Pharmacy

Specialty Product Challenges: Pharmacy (Retail: Chains, Grocery, Independents)

- High cost of inventory
- Inability to have same/next day delivery
- Special storage and delivery capabilities
- Reimbursement: Pharmacy or Medical, inability to bill Major Medical
- Pharmacist knowledge of injectables
- Patient counseling and support limitations: compliance, injection training
- Unwillingness to break package sizes
- Administration tools not included (needles, syringe, alcohol swabs, sharps)
- Limited Distribution products
- FDA/Manufacturer Registry Programs
### Specialty Product Challenges: Patient

- Access to products from traditional pharmacies
- Delays/ Interruptions in therapy created from uncommitted supply channels
- Varied Coverage: medical and pharmacy benefit
- Prior Authorization processes
- Higher out of pocket expenses/ co-pays/ deductibles
- Difficult coordination of deliveries to treatment settings
- Product Safety: storage & stability issues
- Counseling and support needed 24/7
- Compliance monitoring needed to increase outcomes and decrease global health care costs to plan and patient (life time maximums)
- Limited Distribution Networks
- FDA/ Manufacturer Registry Programs

### Specialty Product Challenges: Prescriber

- Ability to source/ multiple vendors/ constantly changing
- Facing decreasing reimbursement by payers (government legislation)
- Formulary approval delays/ billing risks
- Personnel required to oversee Rx ordering
- Increasing cost of labor/ RN shortages
- High cost of inventory, if held by doctor
- A/R cash drain & uncertain collectibles
- Patient support demands increasing; reimbursement, training
- Compliance monitoring challenges
- Limited Distribution Networks
- FDA/ Manufacturer Registry Programs
Specialty Product Challenges: MCO / Payer

- Member dissatisfaction
- Prescriber dissatisfaction
- Major Medical U&C reimbursement vs. Managed Care Pricing
- Lack of National Consensus Guidelines/ Formulary Controls
- Hidden billing codes
- Prior Auth and approval criteria processes and labor
- Collection of proper co-payments, co-insurance, deductibles
- Tracking and auditing utilization, showing ROI of control programs
- Multiple plan designs can add confusion to process
- Multiple providers/ in-network pharmacies create confusion
- Limited Distribution Networks/ OON contracts
- FDA/ Manufacturer Registry Programs

Specialty Pharmacy Overview

- Hemophilia/ VonWillebrand's
- Gaucher's Disease
- Growth Hormone Deficiencies
- Multiple Sclerosis
- Hepatitis C.B.A
- Pulmonary Hypertension

- Cystic Fibrosis
- Fertility/ Hormone Therapies
- Immune Disorders: IVG
- Respiratory Syncytial Virus
- Hemopoietics/ Colony Stimulating Factors

- Rheumatoid/ Osteoarthritis
- AIDS/ HIV
- Transplant
- Oncology
- Dermatology/ Psoriasis
- Asthma/ Diabetes (newer entrants)
Specialty Referral and Admissions Process

MANY REFERRALS COME FROM MD OFFICE or PAYOR vs HOSPITAL

SP RECEIVES REFERRAL

DATA ENTRY

PRE-QA (RX VERIFICATION)

INSURANCE VERIFICATION

Admission to SP SERVICE?

YES

SCHEDULE FIRST ORDER

ORDER FULFILLMENT

NO

Physician notified of receipt of referral

Physician involved in PA process if required

Physician notified of status every 24-48 hours if delays

PA Obtained or SP Utilization Management Process

TRIAGE WITHIN 24 HOURS Limited Distribution Drugs or Benefit/PA Denials

Home Nursing Visit Coordination as Needed for Injection Training

Clinical Coordination Process Initiated

Physician contacted for RX clarification

This “PROCESS” IS NOT OPTIONAL. IT IS INDUSTRY STANDARD AND REQUIRED.

Evolution of Specialty Pharmacy

Specialty Pharmacy: Internal Patient Care Management

ALTHOUGH CURRENT SP’S PROVIDE POSITIVE SERVICES THERE ARE GAPS!

Admission Coordination

Obtain Demographic Information
Insurance Verification
Clinical Screening
Initial Delivery Set-Up
Home Nursing Coordination

Nursing Support Services

Self Injection Teaching Support
Patient Education
Assessment
Clinical Intervention
Adherence Counseling

Clinical Pharmacy Services

DUE/Utilization Management
MD Consultation and Education
Formulary Management
Patient Education
Clinical Interventions

Ongoing Patient Care Coordination

Ongoing Eligibility Monitoring
Authorization Maintenance
Refill Follow-Up Calls
Ongoing Clinical Screening: PHONE
Adherence Management: PHONE
Ongoing Delivery Coordination

Social Services

Community Resourcing
Advocacy
Psychosocial Assessment & Counseling
Hardship Support
Indigent and Patient Assistance Programs

HHC, INFUSION, OR DISCHARGE SERVICES ARE NOT CORE. DATA IS NOT COLLECTED EASILY.
Historical Overview of Rx Billing — a lesson in time

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>- Traditional indemnity insurance dominates core healthcare markets</td>
<td>- Managed care appears</td>
<td>- Managed care firmly supplanted traditional indemnity insurers</td>
<td>- Chronic disease dominates global health care costs</td>
</tr>
<tr>
<td>- All prescription claim submissions via paper</td>
<td>- Managed care firmly supplanted traditional indemnity insurers</td>
<td>- Management care firmly supplanted traditional indemnity insurers</td>
<td>- Chronic disease patients represent ~3-5% of the total population and ~55-65% of total pharmacy costs</td>
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<td>- Prescription claims represent 40% of healthcare claims</td>
<td>- 3rd party “plastic card” adjudication processors grow to 70% of all claims</td>
<td>- Drug manufacturers introduce rebates to gain market share</td>
<td>- Increasing trend toward outpatient and self-administered therapies results in lower control but lower cost</td>
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<td>- Pharmacy costs represent &lt;5% of total health care costs</td>
<td>- Online pharmacy benefit, eligibility, and claim processing standardized via NCPDP</td>
<td>- Mail order pharmacies enter market offering 36% savings to payers</td>
<td>- AWP-17%, 18% at SP’s</td>
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<tr>
<td>- Speciality benefit: Injectables not covered under the “drug benefit”</td>
<td>- Basic copay model: $5 branded, $1 generic</td>
<td>- Mail order pharmacies enter market offering 36% savings to payers</td>
<td>- Movement away from AWP</td>
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<tr>
<td>- Medical Benefit: Reimbursement determined by amount billed</td>
<td>- Mail order pharmacies enter market offering 36% savings to payers</td>
<td>- Mail order pharmacies enter market offering 36% savings to payers</td>
<td>- Movement towards FEE FOR SERVICE at Fair Market Value</td>
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### Specialty Product Services to the Patient Summarized

- Reimbursement Support
- 24 / 7 / 365 Access to RPh or RN
- Product and Administration Training
- Delivery directly to the Home, Office, Pharmacy
- Inclusion of Administration Supplies: Needles, Syringes, Alcohol Swabs, Sharps
- Educational Materials
- Refill Reminder Calls
- Clinical Intervention Services
- Access to Information on Alternative Coverage Programs
- Social Services
- Benefit Monitoring
- Coordination of Home Training or Infusions

**GOOD NEWS:** NEW MODELS ALLIGNED WITH THE LATEST TECHNOLOGY CAN ALLOW ALL SERVICES TO BE PROVIDED AT A LOCAL LEVEL
Evolution of Specialty Pharmacy Summarized

- The market has grown quickly over the last 10 years
- There are a lot of drugs in the pipeline that fall into the Specialty Category
- 19% are Infusion products
- Specialty Products and Service Models are COMPLEX
- Reimbursement rates for Specialty Products are decreasing
- Services requested by Payers and Pharma are increasing
- Payers, Patients, Physicians, Pharma are seeking solutions in a changing environment
- The Government has influenced change, but not always positively
- Hospitals/ Health Care Systems and Retail in general have not been a focus of “Specialty Pharma” and were often viewed as “Black Holes”
- With the advent of Medicare Part D, an aging population, many more infusion products, there is new focus towards “Localized Care”
- We are moving aggressively to ASP and Fee For Service Models in Specialty

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Some Industry Specialty Pharmacies......today

The Specialty Industry is diverse & each segment has different strategies for driving growth & profitability.
- Typically the “Parent” company ultimately drives the business as it controls the money.
- There have been many mergers and acquisitions.
- Larger entities with multiple service offerings are often fragmented, under different mgmt, and separate P&Ls.

Current Trends
- Consolidation will Continue
- Some Large Service Organizations (SP’s) are Experiencing Service Issues
- New Products are trending towards Specialty Channels of Distribution
- Some Mature Products are Opening their Channels of Distribution
- FDA is focusing on Post Market Surveillance: Registries, Risk Maps, Data Collection
- Personalized Medicine is a growing opportunity
- “STAT” Services are a growing opportunity
- Payors are In-Sourcing Specialty Pharmacy
- Aggressive Movement towards ASP and Fee For Service vs “Discounts and Rebates”
- Walk-In Clinics/ Infusion Suites will be a Driving Force in the Continuum of Patient Care
  - Pt Drug Education
  - Infusions/ Injection Training/ Device Training
  - Risk Maps/ Registries
  - Data Collection !!!!!!!!!!
Biotech/ Specialty Manufacturers: Background Information

- It is a long, expensive, difficult path to get a product to market.
- Biotech products typically take a long time to manufacture and are costly.
- Small manufacturers have little leverage in the supply chain.
- To have products “readily available & accessible” in the open market is extremely costly.
- Typically, the larger the channel, the less control, greater risk, and ultimately greater costs.
- Each product has a unique supply chain model to allow product to get to targeted patients.
- Biotech/ Specialty products often get fast track status through the FDA making it difficult to manage product production.
- Biotech/ Specialty products may have a shorter shelf life than traditional products.
- Smaller manufacturers do not always have the infrastructure to adequately launch a product.
- Biotech products are often refrigerated.

Manufacturer Product Service Needs/Requirements

EVERY PRODUCT IS UNIQUE & HAS DIFFERENT NEEDS

Biotech/Some Pharma Companies are often “Virtual” in nature lacking operational and financial infrastructure.

Therefore they often look to outsource:

- Logistics
- Packaging and Labeling
- Customer Service
- Account Management (AP/AR)
- Reimbursement Support
- Registry Programs
- Product Allocation Programs
- Patient Assistance Programs
- Sampling
- Field Sales
- Clinical Support to Patient
- Medical Affairs
- Marketing Development
- Literature Fulfillment
- Contract Sales and Marketing
- Other

★ = LDN of SP(s) can provide assistance or manage.
Limited Distribution Networks: why? Manufacturers need support & cost savings

Control Inventory
- Channel, Returns, Lot #s
- Proper Forecasting
- Protect from SPEC Buying/IMA Agreements

Managed Care Access
- Quick Backdoor Contracting/ Product Specific

Case Management Support
- Patient Advocacy
- PA Processing
- Clinical Appeals
- Financial Appeals (100% Copay, 50% Deductible, etc.)

Disease State Management
- Programs
- Track Pharmacy and Medical for ROI Story
- Manage “Global” Patient Costs

FDA Clinical Programs
- FDA Mandated Process or Data Capture
- High Side Effect Product Profi/ Process and Data Capture/ Risk Avoidance

Consistent Patient Services
- Reimbursement Support, Payment Plan Options
- 24/7/365 Services
- Refill/Reminders/ Compliance & Persistence
- ICD-9, PA, etc.
- Nursing Coordination
- Ancillary Supplies

Allow Multiple Billing Options
- Medical, Pharmacy or Variation

Common Model # 1: Contained Access

Pros
- Quickest Access To Lives
- All Perform Consistent Services
- Payors Have Options for Coverage
- Pts Have Greater Choice: Rx vs MM

Cons
- More Accounts to Manage
- More Data to Aggregate
- More Complexity to Contracting
- Inconsistent Data from SP’s
- More A/R to Manage
- More Inventory to Manage
- Low Focus from SP if Low Margin

• One-Off Drop Shipments can be made to “exceptions” as needed
• One Specialty Distributor/Wholesaler will lower costs globally
• MD’s can send to HUB or SP’s/ Data will be aggregated
• MD’s could acquire products and buy and bill or get product from SP via Rx
Common Model # 2: Limited Access

**PROS**
- Access to 75% of Lives
- Smaller Act Mgmt Needed
- Easier Inventory Mgmt
- Consistent Services
- Moderate Cost Savings
- Moderate Financial Responsibility

**CONS**
- Irritation to SP’s not in Network
- Irritation to Payors/SP not in Network
- Must be High Margin to get Attention

- One-Off Drop Shipments can be made to “exceptions” as needed
- One Specialty Distributor/Wholesaler will lower costs globally
- MD’s can send to HUB or SP’s Data will be aggregated
- MD’s could acquire products and buy and bill or get product from SP via Rx

Common Model # 3: Controlled Access

**PROS**
- Easy Inventory Control
- Least Overhead Act Mgmt
- Best Data
- Orphan Story: High Cost, Low Pt Pop
- Easiest Contracting
- Highest Level of Control

**CONS**
- Initial Perception/ Closed
- Payor Contracting/ LOA Variability
- Service Issues/ Resolution Needed
- Eggs in One Basket

- One-Off Drop Shipments can be made to “exceptions” as needed
- One Specialty Distributor/Wholesaler will lower costs globally
- MD’s can send to HUB or SP (could be same entity)
- MD’s could acquire products and buy and bill or get product from SP via Rx
Fair Market Value and Evaluation

- **Contracting Practices**
  - **Fair Market Value** is crucial and part of the normal process of Manufacturer negotiations.
  - Payment must be for bona fide services (there is a commercially reasonable need for the service).
  - Fees cannot be for referrals or marketing/promoting the product.
  - “Fair market value” means value in arms length transactions, consistent with general market value.
  - Comparables and objective benchmarks (e.g., standard rates in industry for similar services, what we have customarily charged for such services) are useful in establishing fair market value. Arbitrary determinations by the interested parties is not appropriate.
  - Fair market value should be documented.
  - The fee should be established prior to commencing services.
  - An important principle under federal law is that the fees charged should not be based on the volume or value of business generated by the Specialty Organization. As such, the service fees should not be structured as % of WAC service fees, but rather should be a stated dollar amount per service. Also, the fee amount allocated to the service should not be based on the actual revenue the Specialty Organization expects to derive from the manufacturer’s product. If, however, there is a legitimate reason that the service fee should be structured on a per prescription processed basis or per patient processed basis because it is a reasonable (or the only) way to measure all the various services we perform when processing a prescription, then this should be documented below as the basis for this pricing methodology.

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### Realities of Entering the Specialty Space: Candid Realities

- There are Many Many Forces Working Against Community Pharmacy in the SP Space
- Barriers to Entry Become More Difficult Each Month
- Most Pharma Manufacturers see “Retail” as a “Black Hole”
- Most Payors See Value in “Retail” but perceive “Gaps” and can not easily obtain “Enhanced Data”
- MD’s are trained by PBM’s, Pharma, Payors, Case Managers, to use SP Channel
- “Spread is Dead… or dying” …. Moving towards Fee For Service at a SP Class of Trade
- FDA Requiring Post Surveillance / Registries Programs that “Retail” finds Challenging
- “Lock-Outs” are Increasing and it is VITAL to Fully Understand the Dynamics
- Most Pipeline Pharma Companies do not even think of “Retail” as an Option for Distribution
- Pharma is Requiring many new Services to be part of their “Network”
  - Electronic Hook-up to Reimbursement/ HUB
  - Collection of Very Detailed Data/ Product Specific
  - Wholesale Capabilities/ 3PL Capabilities

### How Does this Affect Community Practice?

- What does this mean for me?
- Where do I go from here?
- How do I move forward?
- When do I start?
- What is the best opportunity for me globally?
- How can I be better prepared to meet future needs?........
Let’s Start.....

- Do I want to be in this space?
  - You must do it full heartedly or it will cost you $$$
- You will need to develop a full work plan including:
  - Research:
    - Existing Patients
    - MD Information
  - How to work with Manufacturers
    - Today vs Future
    - Data
  - How to work with Payors
    - Today vs Future
    - Data
  - Monitoring of Reimbursement
    - Pharmacy and Major Medical/ Paper Billing
  - Education/ Disease Knowledge
    - Today vs Future Pipeline
    - Resources available

How to Work with Manufacturers

- Today:
  - Data typically provided/sold to IMS but takes 30-90 days to get to reps
  - Data is not longitudinal
  - Manufacturer reps drive business to where they think pts get best compliance levels and where they can get data
- It will be important to engage Pharma
  - You will need to track SP product data moving forward (elec, manual)
  - HIPAA compliant information exchange
  - Proof of compliance/ refills
  - This data or other services can help rep “sell” the pharmacy to the office
  - Manufacturers also help Payors know who does a good job in particular disease categories
  - Invite them to train you Pharmacy Staff
  - You must make time for them and embrace their ideas
How to Work with Manufacturers

- Manufacturer Websites offer a lot of good information
  - Drug Info
  - Links to valid Organizations
  - Patient Assistance Programs Information
  - Co-Pay Assistance Program Information
  - Frequent Q & A’s/ Tips
  - Often have a Reimbursement HUB to assist you
  - May have Patient Opt-In “Education/Compliance Programs”

- Local Manufacturer Reps
  - May provide Drug Info Brochures, Videos etc
  - Although this may take up space, a fax form/email process to the rep can help eliminate stocking large amounts
  - Work with your local rep to have “Community Education Forums”

How to Work with MD’s

- Have a “Story” to tell the office
- Have testimonials from some of their patients
- Ask the staff how you can make their lives easier/more efficient
- Set up a meeting between the office, manufacturer rep, and yourself
- Set up a direct link (fax, phone number) for the
- Provide compliance info to the office
- Set up an emergency protocol between office and pharmacy
- Establish an on-call process and provide info to office staff
- Invite them to all educational sessions
- Visit the office in person 2 times a month… take the staff to lunch to discuss how things are going and patient care
How to Work with Payors

- **Today:**
  - Payors ultimately “pay the bills”
  - Usually involves a network contract
  - Specialty Products are usually updated Qtrly, so important to stay current
  - Policies are created for each specialty product and disease category
  - These are made public by almost all organizations and can be found on the Payor website

- **It will be important to engage Payors**
  - Can you provide data that shows that if patients come to your pharmacy that they are more compliant, are happy, do not get hospitalized…a better ROI vs the next pharmacy?
  - Attending local Payor activities/Forums is important
  - Visit Payor/Pharmacy Director and discuss your “Story”
  - Is the Payor Case Management team willing to work with you? How?

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Operations and Reimbursement

- Put a process in place to collect data
- Make sure patients get all refills
- Monitor reimb rates
- Monitor medical pymts
- Document payer PA requi & policies
- Have info on manufacturer programs
- Get nursing agency info and process
- Educate team & that mistakes are costly
Education and Disease Knowledge

- **Advocacy Groups:**
  - Patients with chronic diseases go to people who care about them
  - Learn about each organization, when they meet, what you can do to help
  - Provide a sponsorship to a dinner or meeting
  - Let your store be utilized as a meeting space (if available)
  - Advocacy groups will let Payors know that you do a good job and can provide letters to them saying such.

- Make sure the entire pharmacy team is involved in the education process as every member has a part

- See what national conventions there are on a particular disease category and make sure to attend if possible

- Ask every Pharma company that has a product in the disease category to contact you if they have any dinner programs. This will be a great way to meet MD’s that prescribe the product.

- Have a refill reminder program in place for disease category

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### Condition/Therapy | Approximate U.S. Population Affected
---|---
**Allergies** | 10 million
**Biologic response modifiers** | Inflammatory bowel disease: 1 million
| Crohn’s disease: 500,000
| Ulcerative colitis: 500,000
| Juvenile rheumatoid arthritis: 50,000
| Psoriasis: 5 million
| Psoriatic arthritis: 500,000
| Rheumatoid arthritis: 2.1 million

**Bleeding Disorders**
- Hemophilia A: 1 in 5,000 male births
- Hemophilia B: 3,300
- von Willebrand disease: 1% to 2%

**Enzyme replacement**
- Fabry disease: 1 in 117,000
- Gaucher disease: Less than 10,000 people worldwide
- Hunter syndrome: 1 in 85,000 births
- Pompe disease: 1 in 40,000 births

**Growth hormone (GH)**
- Pediatric GH deficiency: 6,000 new cases per year
- Adult GH deficiency: 50,000

**Hepatitis C**
- 4 million infected

**HIV/AIDS**
- 1.2 million

**Infertility**
- 2.1 million females

**Multiple sclerosis**
- 450,000

**Oral oncology**
- Varies by type

**Osteoporosis**
- 15 million

**Primary immunodeficiency**
- 30,000

**Primary arterial hypertension**
- 170,000

**Respiratory syncytial virus**
- 125,000 infants hospitalized a year

**Transplant**
- 17,000 transplants per year

**Wet age-related macular degeneration**
- 1.6 million
Some Other Items

- **Staffing**
  - Are there hours of operation that your “Expert” will be there?

- **Store Design**
  - A very very private counseling area is vital

- **Information Technology and Data Services**
  - Do you have a web portal for patients to look up info?

- **Product Procurement**
  - How long does it take you to get product in stock?
  - A day without drug could mean life, death, exacerbation
  - Must be proactive

- **Are there any new drugs coming on the market?**
  - Have information ready for your patients

In Summary

- The time is now
- There is great opportunity out there
- Do the research!!!!!
- Develop a work plan
- Engage all the stakeholders: MD, Pharma, Payor, Patients, Advocacy Groups/Orgs, Your Staff, Yourself
- Start slow & in a controlled manner to mitigate risk
- Keep current on Pipeline
- Monitor what NCPA is doing now and in the future
NCPA Participation

- NCPA as always is here to help you
- A specialty program is currently being developed
- Will allow members to participate based upon their individual interest in the space (Opt-In)
- Different levels of opportunity will be offered to Members Only

→MORE TO COME LATER
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Lisa Hohn, RPh

- Name of Company
  Prosperity Specialty Pharmacy
- Location(s), Size (# of employees)
  Fairfax, VA
  28 employees
- Company Focus/Disease States/Products
  Hepatitis C/Crohn’s Disease, Infertility, Compounding
- Top 3 Philosophies/Things that Drove Success
  1. Building relationships with physician
  2. Narrow focus on disease states
  3. Prior authorization expertise
- Top 3 Challenges Your Pharmacy Faces
  1. Locked out of payor contracts
  2. Competition in local area
  3. Technology/system challenges
## Tom Westrich, RPh

- **Name of Company**
  Centric Health Resources, Inc
- **Location(s), Size (# of employees)**
  Chesterfield, MO
  72 direct employees & 240 + contracted clinicians
- **Company Focus/Disease States/Products**
  Health management including specialty pharmaceutical services for orphan and ultra-orphan products
- **Top 3 Philosophies/Things that Drove Success**
  1. Philosophy that quality of life of individuals with rare and chronic conditions can be improved through coordinated approach to care
  2. Focus on the four P’s of service community (patients, prescribers, pharmaceutical companies, payers)
  3. Commitment to use of informatics and data to improve outcomes and efficiencies
- **Top 3 Challenges Your Pharmacy Faces**
  1. FDA approval of products
  2. Payor appreciation of orphan/ultra-orphan healthcare management model
  3. High out-of-pocket costs for patients

## Dan Blakeley, RPh

- **Name of Company**
  Foundation Care
- **Location(s), Size (# of employees)**
  St. Louis, MO
  20 employees
- **Company Focus/Disease States/Products**
  High touch pharmacy services to patients and physicians, with a focus on cystic fibrosis
- **Top 3 Philosophies/Things that Drove Success**
  1. Disease management and expertise in niche therapeutic markets
  2. Focus on the patients and caregivers
  3. SOP’s to drive consistent behavior from 100% of the Foundation Care team
- **Top 3 Challenges Your Pharmacy Faces**
  1. Changes in pharmaceutical benefit structure, access to patients and reduction in reimbursement
  2. Growth while maintaining customer focused quality
  3. Hiring, training and retaining quality employees to add to the team
QUESTIONS FROM THE AUDIENCE

Question #1

- How can you purchase specialty medications at the same rate as mail order companies?
- Where is the greatest opportunity for infusion in the specialty market?
Thank you for your participation!