



In-Office Dispensing
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Specialty Networks
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Reimbursement




Specialty Networks

Q2 2024

MEDICARE PLANS: Profit Margin					
Express Scripts (SSI, Medco, Prime Ther, Horizon, Cigna)			CVS Caremark		
Orgovyx	3%	\$65	Orgovyx	9-17%	\$237-484 (avg \$420)
Xtandi	3-6%	\$350-849	Xtandi	9-16%	\$1262-2293 (avg \$1954)
Erleada	3%	\$364	Erleada	13-16%	\$1849-2386 (avg \$2233)
Nubeqa	0.5%	\$60	Nubeqa	13%	\$1816
OptumRx (CTRX/MEDCO, 9999)			Humana		
Orgovyx	11-14%	\$285-390	Orgovyx	9%	\$215
Xtandi	12-14%	\$1606-2079	Xtandi	9%	\$1147
Erleada	12-14%	\$1671-2163	Erleada	9%	\$1193
Nubeqa	11%	\$1543	Nubeqa	6%	\$814

Orgovyx Commercial Plans: Average Profit Margin	
Express Scripts	\$131-300
OptumRx	\$107-577
CVS Caremark	\$199-281

Reimbursement may vary slightly among plans. Preliminary data sourced from 2000 claims at 13 practices across the country between 4/1/24-4/15/24. This data does not include rebates.

Successful IODs

- > Someone committed to overseeing implementation
- > Physician commitment / champion
- > Establish & adhere to APC care pathways & protocols
- > Look at EMR data to identify patients
- > Dedicated resource to managing the day-to-day workflow



Advocacy Updates

- > Educated Congress on Prescription Benefit Managers (PBMs) and how as middlemen they impact patients and the cost of medications
- > Every committee focused on, or with jurisdiction over healthcare has now passed proposals to increase oversight of PBMs and curb their most egregious practices. Thus, some legislation related to PBMs should get across the finish line!
- > 30+ bipartisan PBM reform bills before the House and Senate
 - > Lower Costs, More Transparency Act (H.R. 5378)
 - > Ensuring PBM Accountability Act (S. 2973)
 - > Neighborhood Options for Patients Buying Medicines (NO PBMs) Act (H.R. 5400, S. 2436)

Advocacy Updates (cont.)

- > Fight continues against CMS Restrictions of Drug Delivery
 - > Seniors' Access to Critical Medications Act of 2024 – passed the House Energy and Commerce Committee unanimously (43-0)
- > DC Judge ruled with CMS on Stark interpretation, small setback

Part D & Dispensing Industry Updates

2024

- ✓ No more DIR Fees
- ✓ Patient's copays capped (~\$3,400)
- ✓ Funding available
- ✓ More education on enrolling patients early in PAP and YOU listened!

2025

- ✓ \$2,000 maximum OOP
- ✓ Patient can choose "smoothing option" (Medicare Prescription Payment Plan (MPPP or M3P) where they pay zero at the pharmacy and are billed by their Medicare plan (great option for urology)
- ✓ Copay assistance funds may all direct reimbursement when providing proof of pymt
- ✓ Must opt in during Open Enrollment (



Prepare NOW for Dispensing in 2025

- > Get patients enrolled in copay assistance programs by the end of the year
 1. Identify who is in PAP (free drug) and eligible for grants
 - > Contact drug manufacturer program for a list
 2. Collect financial info needed for enrollment from the patient
 3. Put patients on waitlists and alerts
 4. When funds open, enroll the patients
 5. Keep funds for the first fill in January
 6. Funds have auto-term periods (see table)

Foundation	Auto-termination for Non-use
PAN Foundation	• 120 Days
PAF Co-Pay Relief	• 120 Days
HealthWell	• 120 Days
Cancer Care	• 90 Days
Good Days	• 90 Days

Reminder: Sign up for notifications directly with each fund!



Aetna

- > Sent out Term Letters to those that did NOT renew the 2025 agreement
- > You can request a new Agreement
- > Email PharmNetwrkSrcv@aetna.com to receive a new agreement
- > Already had 1 practice successfully complete the process

Can You Dispense Injectables to Yourself?

- > Entirely up to the patient's insurance plan
- > Prior Authorization: Part B vs. D Determination (Medical vs. Pharmacy)
 - o CAUTION: Be sure you answer these questions ACCURATELY
- > Most of you are not a separate specialty pharmacy entity
- > CMS **will** audit the PBMs on B vs D claims
- > Do NOT bill the drug to the medical benefit, only administration
- > Workflow: same as oral medication


