

In-Office Dispensing
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Specialty Networks
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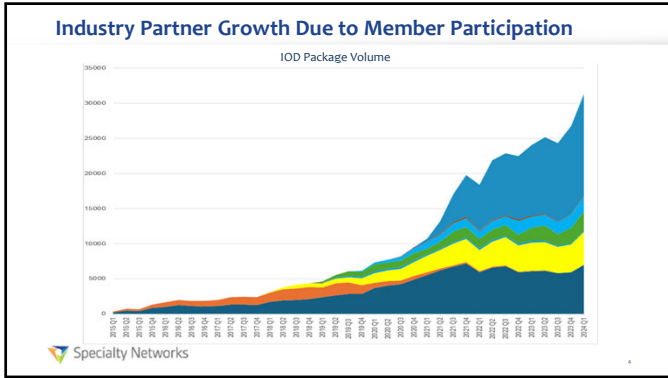
What is an In-Office Dispensary?

- Computer, printer, dispensing software, lockable storage
- Medical Benefit vs. Pharmacy Benefit
 - Medical Benefit: drug administered in the office by a healthcare provider (Day & Lab)
 - Pharmacy Benefit: self-administered drug usually dispensed by a pharmacy provider

Benefits of an IOD

- Efficiency of prescription fulfillment
- Increased **continuity of care** for high-risk, vulnerable, or chronic disease patients
- Added level of patient care by the provider
- Drug adherence, persistence and tolerability are more efficiently monitored**
- Eliminates specialty pharmacy "horror stories"
- New **ancillary revenue** stream for the practice

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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)
- ✓ Copay assistance funds may all direct reimbursement when providing proof of pymt
- ✓ Must opt in during Open Enrollment (Oct 15 - Dec 7)

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!

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2024 Reimbursement

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The Good, the Bad, and the Express Scripts Contract

2024

- ✓ No more DIR Fees
- ✓ Lowest Possible Reimbursement at POS
- ✓ ESI tried to include a performance pool fee; got scolded by CMS, had to pay back pharmacies
- ✓ CVS Caremark done collecting last trimester of 2024
- ✓ Don't forget about your rebates when looking at your financials

2025

✓ CVS Caremark	AWP – 15% up to 25%
✓ Humana	WAC – 6%
✓ OptumRx	AWP – -12 to 15%
✓ Express Scripts	WAC – 11.5%

✓ 3 of the 4 have massive networks with different reimbursement models

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

Advocacy Updates



H.R. 5526 – Seniors’ Access to Critical Medications Act of 2024

- Sponsored by Diana Harshbarger (R-TN)
- In General “With respect to services... consisting of covered Part D drugs furnished to an individual during the period beginning January 1, 2025 and ending on December 31, 2029, such drugs shall be treated as having been furnished in accordance with subparagraph (A)(ii) if such drugs are picked up... by individual, or a family member or caregiver on behalf of such individual, or delivered to such individual by a mail, delivery, or courier service, but only if, during the 1-year period ending on the date such drugs were so furnished, such individual had a face-to-face encounter with the prescriber of such drugs...”
- Passed with bipartisan support in the House
- Received in the Senate and Read twice and referred to the Committee on Finance on 9/24/24

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

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



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QUESTIONS?