Target Audience: Pharmacists
ACPE#: 0202-0000-18-034-L04-P
Activity Type: Knowledge-based
Disclosures

Melissa Duke: nothing to disclose
John Musil: nothing to disclose

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Learning Objectives

1. Describe strategies for patient management in specialty pharmacy, including financial support, patient education, training, and monitoring.
2. Discuss examples of specialty pharmacy care plan implementation strategies.
3. Explain strategies for collecting, synthesizing, and managing patient data required for specialty pharmacy reporting requirements along with communicating these data to stakeholders, including providers, insurers, and pharmaceutical manufacturers.
1. Assessment Question

1. All of the following are important strategies in specialty pharmacy except

A. Proactive refill reminders
B. Establishing patient-specific goals
C. Addressing financial needs
D. Controlling the delivery process
E. A through D are important strategies
1. True or False: Medication reconciliation is important only at the initiation of specialty medications
   A. True  
   B. False
3. Assessment Question

Specialty pharmacy data collection and reporting require significant investments in which resource(s)?
A. Inventory
B. Personnel and information technology
C. Space
D. Telemedicine and telepharmacy
What are specialty medications?

Community Practice: You are presented with a prescription for a medication that:
(A) You can’t get covered due to narrow specialty network
(B) You can’t purchase due to limited distribution
(C) The patient can’t afford
(D) You’ve never heard of and are not sure how to pronounce
### Why are specialty medications so special?

<table>
<thead>
<tr>
<th>CMS, Medicare Part D</th>
<th>NASP (1)</th>
<th>AMCP (2)</th>
<th>Payors</th>
<th>Manufacturers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600 for the smallest unit that includes 30-day supply</td>
<td>Complex due to drug characteristics, administration, side effects, or payer policies</td>
<td>Requires a difficult or unusual process of delivery to the patient (preparation, handling, storage, inventory, distribution, Risk Evaluation and Mitigation Strategy (REMS) programs, data collection, or administration)</td>
<td>Cost</td>
<td>FDA Restrictions (ex. REMS)</td>
</tr>
<tr>
<td>Special administration, storage or delivery requirements</td>
<td>Special administration, storage or delivery requirements</td>
<td>Patient management prior to or following administration (monitoring, disease or therapeutic support systems)</td>
<td>Complexity</td>
<td>Complexity</td>
</tr>
<tr>
<td>Require comprehensive patient care, clinical management, and product support services</td>
<td>Patient management prior to or following administration (monitoring, disease or therapeutic support systems)</td>
<td>Plan Sponsor preferences</td>
<td>Plan Sponsor preferences</td>
<td>Ownership of outcomes and patient experience</td>
</tr>
<tr>
<td>Cannot be routinely dispensed at a typical retail community pharmacy because special handling and education requirements</td>
<td>Cannot be routinely dispensed at a typical retail community pharmacy because special handling and education requirements</td>
<td>Payors</td>
<td>Payors</td>
<td>Supply restrictions</td>
</tr>
</tbody>
</table>


Why are specialty medications so special?

Q: On a scale of 1-5, where 1 = no impact at all and 5 = extreme impact, please rate the impact each factor has in determining whether a therapy category is classified as “specialty pharmacy.”

<table>
<thead>
<tr>
<th>Factor</th>
<th>% of plans rating 4 or 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cost</td>
<td>84%</td>
</tr>
<tr>
<td>Requires special handling</td>
<td>68%</td>
</tr>
<tr>
<td>Treats rare disease</td>
<td>63%</td>
</tr>
<tr>
<td>Requires ongoing assessment of response</td>
<td>47%</td>
</tr>
<tr>
<td>Requires patient administration training</td>
<td>38%</td>
</tr>
<tr>
<td>Requires monitoring of side effects</td>
<td>32%</td>
</tr>
<tr>
<td>Drug has FDA-mandated REMS</td>
<td>29%</td>
</tr>
</tbody>
</table>

Source: EMD SeronoInjectables Digest, 8th edition, 2012
Published on Drug Channels (http://www.DrugChannels.net) on February 5, 2012.
Why are specialty medications so special?

What we can agree on…

✓ Specialty medications are special
✓ Patients who need them deserve comprehensive support services
✓ Pharmacists / pharmacies must invest in support services to deliver requisite care for patient success
Banner Health Specialty Pharmacy

Staffing Model
Director of Pharmacy (PIC)
Clinical Pharmacy Manager
Clinical Pharmacists (5)
Pharmacy Patient Advocate Spvr (1)
Pharmacy Patient Advocates (9)
Fulfillment Pharmacist (1)
Fulfillment Pharmacy Technicians (5)
Data Analyst (1, with team support)
Attorney, Contracts Specialist (0.1)
Business Development (0.5)
Banner Health Specialty Pharmacy
Banner Health Specialty Pharmacy
Patient Management Strategies in Specialty Pharmacy

- Manage Utilization
- Establish Patient-Specific Goals
- Patient Management Strategy
- Manage Clinical Response
- Address Financial Barriers
- Control Delivery and Logistics
- Track and Report Value
Manage Utilization

**Goal**
- Verify that patient is a good candidate for specialty therapy
- Protect the value of the drug
- Avoid poor experience or outcome for patient

**Process**
- Medication reconciliation
- Review of clinical history (diagnoses, laboratory data, disease progression)
  - Patient interviews
  - Provider referral notes
  - Electronic health record or information exchange
- Research benefit design

**Outcome**
- Successful prior authorization
- Avoid duplicative or unnecessary treatment
- Tailor patient education strategies
Establish Patient-Specific Goals

**Goal**
- Manage patient expectations
- Empower patients and facilitate patient decision-making

**Process**
- Interview patient to ascertain comfort level with diagnosis and treatment plan
- Review specialty drug mechanism of action & expected outcomes/toxicities with patient
- Align patient expectations with treatment

**Outcome**
- Creates baseline from which patient can self-monitor
- Guide decision making about therapy escalation
- Manage toxicities to avoid discontinuation of therapy
Manage Clinical Response

Initial Counseling (Prior to Therapy)

- Establish goals of therapy
- Review baseline clinical data
- Educate patient to self-administer and self-monitor

Initial Follow-Up (One to Thirty Days)

- Screen for signs of toxicity/intolerance/non-adherence
- Reinforce counseling points
- Assess clinical response, if appropriate
Manage Clinical Response

Ongoing Assessment (Every 30 to 90 Days)
- Screen for signs of toxicity/intolerance/non-adherence
- Reinforce counseling points
- Assess clinical response against patient-specific goals
- Reconcile new medications or changes to other medications

Termination (Upon Discontinuation or Transfer)
- Review therapeutic goals and reasons for discontinuation
- Refer patient to another level of care, if appropriate
- Share clinical history with new provider(s), if appropriate
Promote Medication Adherence

**Proactive Refill Reminders**
- Call patient in advance of each refill
- Contact prescriber after three failed attempts

**Doses Remaining**
- Assess number of doses remaining
- If adherence issue, assess barriers to adherence and redesign care plans to address
- Adjust dispense date to avoid accumulation

**Adherence Promotion Tools**
- Leverage adherence promotion tools wherever possible
Manage Clinical Response

Factors for Success

- Invest in patient management program to provide clinical decision support and documentation.
- Collaborate with referring providers and health-systems to identify “red flags” and design patient referral pathways.
- Create repository of patient education collateral.
- Leverage drug manufacturer patient management tools.
- Collaborate with other specialty pharmacies as needed.
- Focus on the “whole patient”. Consider all pharmacy needs to provide best care experience.
Addressing Financial Barriers

**Coordinate Benefits**
- Research eligibility and coverage
- Coordinate with multiple payers
- Facilitate and expedite prior authorization

**Leverage Financial Assistance**
- Manufacturer copay assistance
- Manufacturer drug replacement programs
- Foundation resources

**Collaborate with Pharmacy Benefit**
- Work with prescriber to maximize formulary compliance
Control Delivery and Logistics

**Goal**
- Ensure temperature stability & handling requirements are met
- Confirm delivery (traceable patient signature may be required)

**Process**
- Contract with local couriers and/or national carrier service
- Determine rules/standards for requiring signature on delivery
- Validate cold chain packaging & shipping supplies protect product during all reasonable (and unreasonable) delivery conditions

**Outcome**
- Patient convenience
- Audit defense
- Medication safety and efficacy
Track and Report Value

- Essential for specialty pharmacy contracting opportunities
- Facilitates provider engagement and referrals
- Drives business development strategies
### Specialty Care Plan Implementation

A 34-year old female is referred to your pharmacy with a prescription for etanercept.

<table>
<thead>
<tr>
<th>Immediate</th>
<th>Pharmacy Pt Advocate</th>
<th>Contact patient</th>
<th>MB, 34 year old female, lives in Phoenix AZ.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Welcome</td>
<td>She has commercial insurance with pharmacy coverage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verify demographic data</td>
<td>Test claim informs you that a prior authorization is needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collect financial information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide orientation to SP care plan and review next steps</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perform test claim and review results and next steps with patient</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immediate</th>
<th>Clinical Pharmacist</th>
<th>Review referral</th>
<th>Etanercept 50mg once weekly auto-injector, given subcutaneously.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Indication, dose, dosage form, route, frequency, and place in therapy (new, maintenance, etc.)</td>
<td>No evidence of previous use.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review results of test claim when available</td>
<td>Health record indicates 6-month history of MTX monotherapy with worsening of symptoms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confirm patient is candidate for prescribed therapy</td>
<td>TB test is negative.</td>
</tr>
</tbody>
</table>
### Specialty Care Plan Implementation

A 34-year old female is referred to your pharmacy with a prescription for etanercept.

<table>
<thead>
<tr>
<th>Following initial contact</th>
<th>Pharmacy Pt Advocate</th>
<th>• Complete prior authorization application (may require prescriber signature or data)</th>
<th>• Prior authorization requires evidence of negative TB test and Hep A/B vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Apply for financial assistance (with patient authorization).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Address outstanding items in prior authorization process as needed. Contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>patient to review status.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Following prior authorization review</th>
<th>Clinical Pharmacist</th>
<th>Perform initial counseling with patient</th>
<th>• Health record indicates 6-month history of MTX monotherapy with worsening of symptoms.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Review/verify medical history</td>
<td>• Patient takes MTX, oral contraceptive, and occasionally uses cetirizine for allergies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review indications</td>
<td>• Patient’s goals are to reduce pain in elbow and ankle, and is worried about long-term effects of her RA, but is also worried about pain associated with her injections.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Set goals of treatment</td>
<td>• RAPID-3 test indicates High Activity for her disease.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Obtain baseline clinical and QOL data</td>
<td>• QOL assessment indicates that she rarely misses work due to her symptoms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perform medication reconciliation &amp; review for drug-drug interactions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perform counseling on administration &amp; what to expect</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss side effects (common and serious)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Set plan to address side effects</td>
<td></td>
</tr>
</tbody>
</table>
### Specialty Care Plan Implementation

A 34-year old female is referred to your pharmacy with a prescription for etanercept.

<table>
<thead>
<tr>
<th>One week prior to 2nd dispense</th>
<th>Pharmacy Pt Advocate</th>
<th>Clinical Pharmacist</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contacts patient to set up next delivery</td>
<td>Perform first follow-up assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inquires about remaining doses</td>
<td>• Assess tolerability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reinforces administration technique</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assesses efficacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assesses any new medication changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inquires about new conditions, recent infections, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient has not missed any doses.</td>
<td>Patient reports mild pain and redness at injection site</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient feels discouraged because she is not seeing significant symptom relief after 3rd dose</td>
<td></td>
</tr>
</tbody>
</table>
A 34-year old female is referred to your pharmacy with a prescription for etanercept.

<table>
<thead>
<tr>
<th>Prior to 4\textsuperscript{th} dispense</th>
<th>Clinical Pharmacist</th>
<th>Perform first follow-up assessment</th>
<th>Patient reports no side effects or infections but is worried because her spouse has an upper respiratory infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Assesses tolerability</td>
<td>• Patient reports significant reduction of pain and inflammation in elbows and ankles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reinforces administration technique</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assesses efficacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assesses any new medication changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inquires about new conditions, recent infections, etc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ongoing</th>
<th>Clinical Pharmacist</th>
<th>• RAPID\textsubscript{3} assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Symptom control</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New medications (reconcile)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tolerability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Immunization issues (no live vaccine)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adherence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Infection prevention &amp; dose interruption if infectious disease present</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality of life</td>
<td></td>
</tr>
</tbody>
</table>
Specialty Care Plan Implementation

1. Prescription for ledipasvir 90mg / sofosbuvir 400mg
   - Hepatitis C Infection

2. Pharmacist reviews medication history
   - Patient has a seizure disorder; on medication that induces P-gp
   - Risk of treatment failure high with co-administration

3. Pharmacist convenes hepatologist and neurologist to review recommendations
   - Transitioned seizure medication to non-interacting alternative
   - Delayed hepatitis C treatment until seizure medication stabilized

4. Therapy is adjusted through collaborative decision-making
   - Potential savings = ~$100K
1. Assessment Question

1. All of the following are important strategies in specialty pharmacy except

A. Proactive refill reminders
B. Establishing patient-specific goals
C. Addressing financial needs
D. Controlling the delivery process
E. A through D are important strategies
2. Assessment Question

1. True or False: Medication reconciliation is important only at the initiation of specialty medications
   A. True
   B. False
The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Ponder this...

- If a manufacturer approached you today asking for a breakdown of all of your rheumatoid arthritis patients, based on market share, could quickly could you give an accurate representation of your patient population?

- Could you be able to provide an accurate accounting of all patients who had a greater than 90% adherence, over the past 12 months, to their HIV medication within 24 hours?

- A manufacturer approaches you and would like to pay for a bona-fide service of managing GI related symptoms for the new medication they launched. Could you report that data to them once weekly?
Collecting Data – Where do I begin?

• What data is currently available to you that is readily retrievable?
  
  • Pharmacy management software (Dispensing, Payer information)
  • Clinical information
  • Prescription Status
  • Prior-Authorization information
  • Patient foundation/co-pay assistance
  • Adverse Drug Event reporting
  • Inventory reporting
  • Telephonic systems
Data Collection – How deep do I want to go?

- General retail/specialty pharmacy
  - What you have today for data collection, should be sufficient
  - Accreditation agencies will require more robust data collection/analytics

- Limited distribution drugs
  - You will need to invest significantly in IT
  - You will need to have robust access to payer networks
  - Frequent loading of data to third party aggregators

- Ultra-limited distribution drugs
  - Rarified air, usually limited to 4 or fewer pharmacies
  - Constant communication with manufacturers
  - Strict adherence to performance metrics, potential removal from network
Communicating data to providers

- Specialty providers tend to want information given to them that is relevant. Like all of us, time is the most precious commodity we have.
  - Be creative in how you approach them with information. Infographics are great tools.
  - They want to know how working with you gives them time back in their day.

- Provider Portal
  - A fantastic tool that allows staff at an office to quickly access information.
    - When did the pharmacy receive the prescription?
    - Where is the patient’s order?
    - Is there additional documentation necessary for a prior authorization request?
    - Did the patient decline the medication? What was the reason?

- You have to be visible to the office in order to be important
## Provider Portal

<table>
<thead>
<tr>
<th>Avella's Assets: Historical Rx Data</th>
<th>Avella's Relationships: Technology Partners</th>
<th>Avella's Opportunity: Marketplace Demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data assets that go beyond retail pharmacies and other traditional sources for Rx data</td>
<td>In-house IT resource and third parties like Proteus, etc. partner to develop and launch solutions that differentiate Avella and its partners from industry status quo</td>
<td>Innovations that create strong tailwind and leverage existing data, client and patient relationships, Enable user-relevant data and information to be transferred through novel portal technology</td>
</tr>
</tbody>
</table>

**Avella has seen significant ROI from its investment in Provider Portal**
It’s Not Just About the Physician
Communicating with Payers

• This can be very difficult to achieve. PBM have disintermediated the relationship between pharmacy and the payer.
  • The cycle of having a payer rely on pharmacy to be a good steward is a long one. It takes time to continue showing up and providing data on patients that is relevant to them. What are you doing to show that you bring value into the system and not just fill prescriptions?

• What exactly do Payers want to know?
  • How are you helping achieve our goals? This is hard because many times it is only about lowering costs. Can you provide data to show that you helped manage through a common side effect that kept patients out of the ED or unnecessary office visits?

• Demonstrating care metrics
  • Provide them with key metrics you use in the pharmacy to manage patients. Provide them with care management plans, data collection of the plan, and ultimate outcomes (MPR, adherence, and etc.)
Clinical Opportunities – Publishing Clinical Data Validation of Methodology

**Significant Improvement in Patient Outcome Through Mobile Engagement**

**HIV Patients Achieving Viral Suppression - Patients with PDC: 90%**

- Medication adherence is essential to the efficacy of HIV treatment
- 90% adherence required to achieve significant improvement in viral suppression
- Avella study measured Proportion of Days Covered (PDC) to assess the adherence rate of HIV patients who were taking both single and multi-source medications

<table>
<thead>
<tr>
<th></th>
<th>Avella HIV Mobile Patients</th>
<th>Avella HIV Non-Mobile Patients</th>
<th>US HIV Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>49%</td>
<td>65.3%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Percentage</td>
<td>79.0%</td>
<td>65.3%</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

APhA2018
Annual Meeting & Exposition
Nashville, TN | March 16-19
Communicating with Pharma

- They want to know that you can collect data, report it timely and accurately, and have access to patients and physicians.
- Want to be seen as partners and not as a vendor.
- Need to be presented to regarding the full capabilities the pharmacy is able to offer.
- If you have specialized in a specific therapeutic category and have regularly visited every practice within a geography for a year, you will gain the notice of the manufacturers.
Pharmacovigilence

**Overview**
- 3 technicians with pharmacist oversight
- Centralization of all AE’s through internal database
- Avella utilizes CTCAE scoring system to grade all AE’s
- Tracking and trending in Tableau allows Clinical Team to deploy interventions (starter kits, educational materials, etc)
- Detailed SOP on AE management
- Yearly training for staff

**Key Performance Indicators**
- Mean of 30 AE’s managed daily
- Reporting to Medwatch and/or manufacturers within 1 business day; internal goal of 98% compliance
- Reconciliation reports performed
- Internal audits on compliance performed
- Data since 2012
- Avella data demonstrating a greater than 3x lower incidence of adverse events than reported in package inserts

ADE Dashboard Enables Real Time Monitoring of Drug Safety

---

APhA 2018
Annual Meeting & Exposition
Nashville, TN | March 16-19
# Importance of Data Collection (example)

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Code</th>
<th>Status Reason</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENDING</td>
<td>P01</td>
<td>PENDING – NEW REFERRAL</td>
<td>Confirmation of receipt of referral from Prescriber/hub/Other SP but no further action has occurred</td>
</tr>
<tr>
<td></td>
<td>P02</td>
<td>PENDING – BENEFIT VERIFICATION</td>
<td>SP has begun to identify patient’s benefits. Status date (field 18) should be the date the benefits verification was initiated.</td>
</tr>
<tr>
<td></td>
<td>P03</td>
<td>PENDING – BENEFIT VERIFICATION COMPLETE</td>
<td>SP has finished verifying patient’s benefits. Status date (field 18) should be the date the benefits verification was completed.</td>
</tr>
<tr>
<td></td>
<td>P04</td>
<td>PENDING – PRIOR AUTHORIZATION</td>
<td>Patient case has initiated prior authorization. Status date (field 18) should be the date the prior authorization process started.</td>
</tr>
<tr>
<td></td>
<td>P05</td>
<td>PENDING – APPEAL</td>
<td>Prior authorization was denied and SP is processing appeal. Status date (field 18) should be date appeal was initiated.</td>
</tr>
<tr>
<td></td>
<td>P06</td>
<td>PENDING – PATIENT CONTACT</td>
<td>Used when voicemail or other communication is sent to patient and awaiting call back</td>
</tr>
<tr>
<td></td>
<td>P07</td>
<td>PENDING - WAITING ON PRESCRIPTION</td>
<td>Healthcare provider needs to submit final or updated prescription</td>
</tr>
<tr>
<td></td>
<td>P08</td>
<td>PENDING – PRESCRIBER RESPONSE</td>
<td>Only used when fulfillment is on hold due to HCP reason not reflected by another pending code. Do not use if patient is pending because of prior authorization.</td>
</tr>
<tr>
<td></td>
<td>P09</td>
<td>PENDING – PATIENT HOSPITALIZED</td>
<td>Patient has been hospitalized but is still expected to fulfill the prescription</td>
</tr>
<tr>
<td></td>
<td>P10</td>
<td>PENDING - SP-PAYER CONTRACT REQUIRED</td>
<td>Letter of Agreement needed before proceeding</td>
</tr>
<tr>
<td></td>
<td>P11</td>
<td>PENDING – FINANCIAL ASSISTANCE</td>
<td>Should only be used for financial assistance other than commercial copay card assistance</td>
</tr>
<tr>
<td></td>
<td>P12</td>
<td>PENDING – COMMERCIAL COPAY CARD</td>
<td>Should be used when patient is in process of confirming eligibility and/or receipt of commercial copay card. Status date (field 18) should be the day patient was referred to copay card vendor.</td>
</tr>
<tr>
<td></td>
<td>P13</td>
<td>PENDING - SHIPMENT SCHEDULED</td>
<td>Shipment has been scheduled but has not left the warehouse</td>
</tr>
<tr>
<td></td>
<td>P99</td>
<td>OTHER</td>
<td>Used only if other PENDING status codes do not apply</td>
</tr>
</tbody>
</table>
3. Assessment Question

Specialty pharmacy data collection and reporting require significant investments in which resource(s)?

A. Inventory
B. Personnel and information technology
C. Space
D. Telemedicine and telepharmacy
Questions?

Melissa.duke@bannerhealth.com
John.musil@Avella.com