

# The Problems with SPs and PBMs! War Stories from the Front Line

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# Learning Objectives

- Understanding underhanded tactics PBMs use to direct prescriptions to their owned SPs
- Discuss techniques to mitigate prescription “highjacks” from our clinic dispensaries
- Discuss Payer strategies to end run PBM network restrictions
- Describe methods and systems to manage referrals to outside SPs to improve patient access
- Outline metrics to use in grading efficiency of SPs for payer directed prescriptions.
- Give examples of and discuss how our patients “fall through the cracks” when referrals are made to “big box” SPs
- Outline other challenges with referrals to outside SPs



# PBMs and their Dirty Tricks

- Prior Authorizations initiations will generate scripts that will be auto faxed to your doctors—intercept them!
- Confusing and deceitful letters sent to the patients
- Computer generated scripts will continue to go to your practice even after you have filled the original script
- Some PBM pharmacies will even call patients and confuse them or threaten them with higher copays if they do not switch
- PBM Pharmacies have called our patients and told them they will have high “doughnut” copays if they use our pharmacy but no copay if they switch to them
- Understand these tricks and make sure you communicate effectively with your prescribers, patients and caregivers



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**Revlimid®/Thalomid®**  
Prescription and supply request form



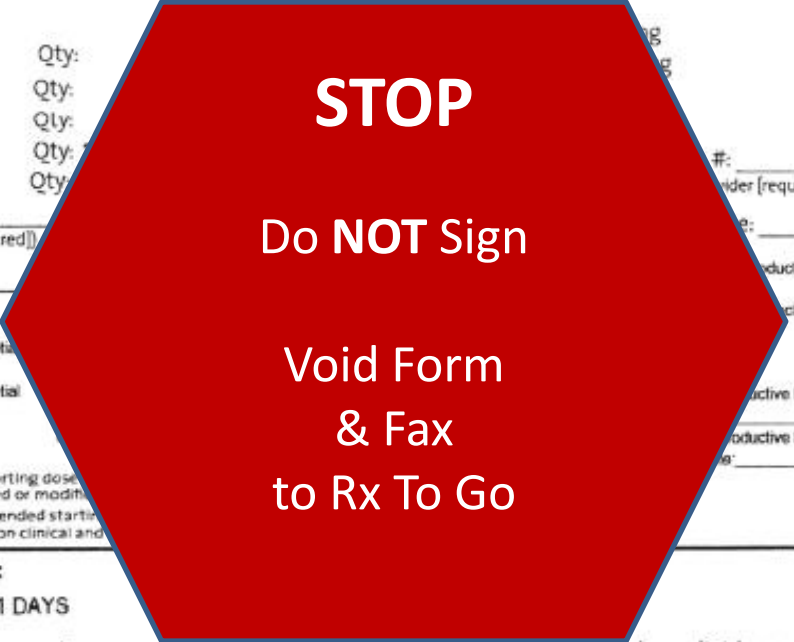
To: Accredo Health Group, Inc.  
1620 Century Center Parkway, Memphis, TN 38134  
Phone: 1 877 732-3431  
Fax: 1 800 391-9707

Prescriber: PATEL, PARESHKUMAR  
Address: 1600 Pillips Rd Ste 300,  
Tallahssee, FL, 32308  
Phone: (850) 877-8166  
Fax: (239) 461-6945

Faxed by: Re'Mel Shobe Please fill out form completely and fax back to 1 800 391-9707.

Patient ID#: [redacted] Patient name: [redacted] Allergies:  
Phone: [redacted] Active address: [redacted] **Diagnosis:**  
Date of birth: [redacted] Last fill date: 03/26/2013  
**Patient Weight (kg):** [redacted] **Patient Height:** [redacted] Date measured:

**Revlimid**  **Thalomid**  
Strength:  2.5mg Qty: \_\_\_\_\_ mg Qty: \_\_\_\_\_  
 5 mg Qty: \_\_\_\_\_ mg Qty: \_\_\_\_\_  
 10 mg Qty: \_\_\_\_\_ mg Qty: \_\_\_\_\_  
 15 mg Qty: \_\_\_\_\_ mg Qty: \_\_\_\_\_  
 25mg Qty: \_\_\_\_\_ mg Qty: \_\_\_\_\_  
Revlimid Authorization #: \_\_\_\_\_ #:  
(to be filled in by healthcare provider [required]) Provider (required): \_\_\_\_\_  
Date obtained from Celgene: \_\_\_\_\_ e:  
Revlimid: Patient type from PPAF: \_\_\_\_\_  
 Adult Female Not of Reproductive Potential (AFNRP) \_\_\_\_\_  
 Female Child Not of Reproductive Potential (FCNRP) \_\_\_\_\_  
 Adult Male (AM) \_\_\_\_\_  
Revlimid recommended starting dose: \_\_\_\_\_  
Multiple myeloma: The recommended starting dose is \_\_\_\_\_  
repeated 28-day cycles. Dosing is continued or modified \_\_\_\_\_  
Myelodysplastic syndromes: The recommended starting dose is \_\_\_\_\_  
Dosing is continued or modified based upon clinical and \_\_\_\_\_



**Directions (required field):**  
TAKE 1 CAPSULE DAILY FOR 21 DAYS  
Directions above are based on previous prescriptions on file. If directions have changed, please list here.  
 \_\_\_\_\_  
 If patient is no longer on medication, please check here.



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# Challenges of referrals to outside SPs

- The 800 number and call center merry-go-round
- Big Box versus personalized care
- Which Pharmacy and where fills which drug?
- Can medication arrive before IV Chemo or Radiation is scheduled?
- Can medication arrive before the patient progresses?
- Will the SPs offer financial assistance or free drug to the patient?
- Will the SPs aggressively seek a prior authorization and how much disruption will they cause our prescribers?



# War Stories from the Front Line

Specific examples of our struggles to help our patients gain access



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# Managing Outside SPs

- Dedicating a team to manage outside referrals to ensure patient access
- Tracking system to measure days to ship for outside SPs
- Implement Rapid referral programs to expedite patient access
- Measure efficiency by SP and prefer one over another when the choice is yours
- Centralized Celgene Authorization process to double check each month if you can fill
- Use the NCODA Patient Survey to show the value of our model



# Questions?

## Thank You



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