

CASE STUDY

ACCESS TO LIMITED DISTRIBUTION MEDICATIONS

LifeBridge Health is one of the largest and most comprehensive providers of health-related services to the people of Greater Baltimore.



Client Overview

LifeBridge Health consists of Sinai Hospital of Baltimore, Northwest Hospital, Carroll Hospital, Levindale Hebrew Geriatric Center & Hospital and Grace Medical Center, as well as LifeBridge Health & Fitness and LifeBridge Medical Care Centers in Eldersburg, Mays Chapel and Reisterstown.

LifeBridge Health also manages two outpatient pharmacies: one at Sinai Hospital, which also contains a specialty pharmacy, the another at Northwest Hospital.

LifeBridge is a growing organization with a mission to provide holistic wellness in the community they serve. They have many key specialties that are seeing growth in specialty medications, particularly a large Oncology practice across multiple campuses and a Neurology practice with MS specialists.

Project Background

The specialty pharmacy was a large operation at LifeBridge Health. The pharmacy staff worked alongside the LifeBridge physicians and clinical staff in managing the complex needs of patients on specialty medication.

The Specialty Pharmacy at LifeBridge was constrained in its ability to dispense certain Oncology medications because of their Limited Distribution status. This lack of access to medication was restricting their ability to offer complete and high-quality care to their patients as they needed to transfer these prescriptions to external specialty pharmacies, which fragmented patient care, often during the most difficult periods of treatment.

Improving Patient Care with Integrated Specialty Pharmacy

- Health systems are uniquely positioned to change the specialty pharmacy experience for patients.
- Studies indicate that health system specialty pharmacy services drive better results and deliver significant clinical and financial benefit to their organizations. For example, in 2016 The Vanderbilt Specialty Pharmacy (VSP) at Vanderbilt University Medical Center (VUMC) achieved 96 percent medication adherence for patients with chronic inflammatory disease, achieved high patient satisfaction rates (4.93 out of 5 & Net Promoter Score of 93%), and assisted patients in saving over five million dollars through various copay or other patient assistance programs, helping to dispense 14,068 prescriptions that may not otherwise have been obtained.
- Health systems that own specialty pharmacies argue they can do a better job overseeing the use of the drugs they dispense. This is because their pharmacies can easily access medical records, laboratory results and physician notes, allowing pharmacists to closely monitor the effectiveness of the drugs prescribed and react quickly when something goes wrong or patients need help.

Why they engaged Q Consulting

Q Consulting services has shown success in navigating the process of limited distribution networks for their clients.

Project Goals

To obtain access to Limited Distribution Medications so that LifeBridge Health could better care for their patients

Overview of Limited Distribution Drugs

- Many of the specialty medications used to treat complex, chronic conditions are delivered through limited distribution channels.
 - Limited Distribution Drugs (LDD) are therapies only made available to a small number of pharmacies, and though there are reasons for these limitations, they sometimes make it difficult for patients to access medications when needed.
 - LDDs are exactly as they sound — manufacturers restrict distribution to only a small number of pharmacies. They are almost always specialty medications with an average annual cost of over \$78,000, that treat complex, chronic conditions such as multiple sclerosis and cancer. How LDDs differ from other specialty medications is that they typically require complex treatment regimens that can be difficult to manage.
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Challenges

1. Accessing limited distribution medication is different for each manufacturer and they constantly change the rules, which means you need to be up to date with each requirement for each supplier.
2. Some manufacturers require accreditation by bodies like URAC or ACHC, before they will provide access, and LifeBridge Specialty Pharmacy did not hold any of these accreditations.
3. Manufacturers have different enrollment periods; some enroll annually, some quarterly and some at more random times, which means pharmacies must stay aware of enrolment periods and stay in touch with the manufacturer to ensure their application is submitted when the enrolment period opens.
4. These enrollment periods are not usually advertised, so the applicant must stay informed with regular calls to the manufacturer.

Outcomes

Within 6-months Q Consulting had established access to nine LDDs, that included:

BESPONSA® (inotuzumab ozogamicin)

BOSULIF® (bosutinib)

BRAFTOVI® (encorafenib)

DAURISMO™ (glasdegib)

IBRANCE® (palbociclib)

INLYTA® (axitinib)

LORBRENA® (lorlatinib)

MEKTOVI® (binimetinib)

MYLOTARG™ (gemtuzumab ozogamicin)

SUTENT® (sunitinib malate)

TALZENNA® (talazoparib)

VIZIMPRO® (dacomitinib)

XALKORI® (crizotinib)

We implemented the accreditation procedures for ACHC to begin approval process for other specialty medications.

URAC accreditation was tabled for a later date because it was more expensive than ACHC, took much longer to achieve, and required significantly more internal resources. URAC accreditation will only open access for a single medication, so it was felt that the return on investment was not beneficial at this time.

Next steps

- Periodically investigate the URAC accreditation process to evaluate when the opportunities outweigh the costs.
- Begin the ACHC Specialty Pharmacy accreditation process.



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