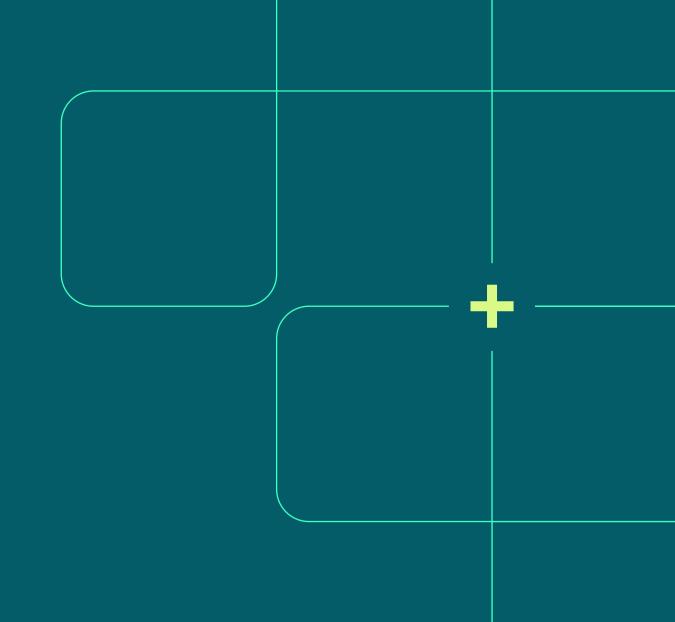
Pharmacy Benefit Management 101

Continuing Education Webinar January 21, 2025 3:00 PM ET

All attendees are in listen-only mode.





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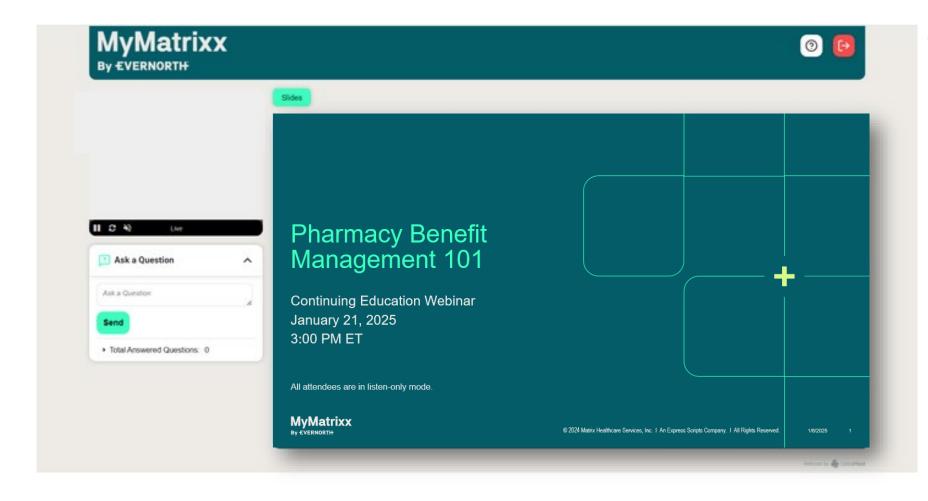
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Today's presenter



JULIE BLACK, RPH
Senior Clinical Account Executive



Agenda



What is a PBM and why you use one



Prescription Processing



Pharmacy Networks



Prescription
Utilization
Mgmt. Toolbox



What is a PBM and why do you use one?







Why use a PBM

- + First fill medication management
- + No out-of-pocket medication cost for claimant
- + Easier process to fill prescriptions
- + Fill prescriptions locally or through mail order
- + Pharmacist oversight and support
- + Availability of specialty pharmacy
- + Paper bill processing

A PBM ensures
the use of medications
is safer for patients
and more affordable
for payers





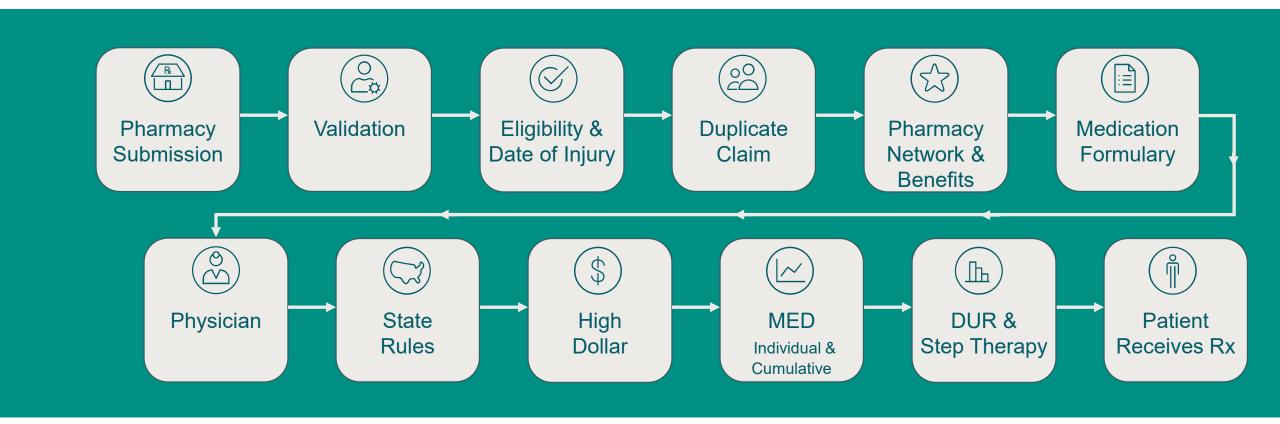


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Prescription Processing



Prescriber to Patient Prescription Processing









Pharmacy Network



Pharmacy Networks Typically Include

- + Large chain pharmacies
- + Independent pharmacies
- + Long-term care pharmacies
- + Outpatient/acute care pharmacies
- + Mail Order pharmacies





Why a pharmacy network is important

- + Broad list of pharmacies where patients may fill their prescriptions at no cost
- + Patient safety through clinical supervision of prescription utilization
- + Savings to payers through contract pricing rather than fee schedule or usual and customary (U&C)
- + Mail order pharmacies provide 90-day supplies of medications and may be advantageous to patients:
 - Who live in rural/hard to reach areas
 - Who have transportation/mobility challenges
 - Who have issues finding medications locally



Prescription Utilization Management Toolbox



Prescription Utilization Management Toolbox



Medication Formulary



Prescriber Management



Claim Jurisdiction Rules



Medication Management



Opioid Rules



DUR/Step Therapy



Post-fill Clinical Intervention



What is a medication formulary?

A formulary is a set of pre-approved medications that do not require authorization to be processed by the pharmacy.

Flat	A list of drugs that are available without pre-approval independent of the date of injury
Phase of Care	+ A broader list of pre-approved medications is available at the onset of the claim, typically up to 30 days from date of injury
	+ After the initial injury period, the list of pre-approved medications is pared down and only those medications typically used for treatment of chronic work-related injured are allowed
Injury Specific	Diagnosis codes are used to assign a specific set of pre-approved medications to the patient

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Prescribers may be blocked to:

- + Ensure the safety of the claimant
- + Follow a court or other mandate
- + Other scenarios requiring prescriber management









Formulary Rules

- + The state where the claimant was injured (the juris) may have rules governing not only the filling of prescriptions both in and out of workers' comp
- + Rules include formulary, opioid management, and pharmacy network

Examples:

- + CA/NY formulary
- + ODG formulary, state vs. WC opioid rules





Medication Management

Drug Quantity

Limits the quantity of medication that may be dispensed at any one time

Daily Dose

Limits the quantity of medication that may be dispensed based on the number of units (tablets, capsules, etc.) that may be consumed in one day

Days of Supply

Limits the quantity of medication that may be dispensed based on the days supply that may be dispensed

+ For example, if the medication has a 5-day supply limit and the dose is 2 tablets per day, then only 10 tablets may be dispensed





Opioid Rules

- + Opioids are typically limited at point-of-sale by using drug management rules like quantity or days supply
- + Opioids may also be limited by morphine equivalent dose (MED) per state regulations or treatment guidelines published by the Centers for Disease Control (CDC) and other clinical resources
- + Prescriptions that exceed the MED limitations are typically reviewed by a clinician and outreach made to the prescriber, if necessary

Opioids remain a concern for workers' compensation payers even as utilization continues to decline due to the ongoing treatment of chronic claims with opioids



Drug Utilization Review (DUR)

Concurrent DUR edits include, but are not limited to:

- + Drug-drug interactions
- + Drug-age interactions
- + Drug-disease interactions
- + Overutilization/underutilization
- + Drug allergies
- + Inappropriate duration of treatment
- + Pregnancy contraindications
- + Formulary substitutions (generic, therapeutic alternatives)

Concurrent DUR within the point-of-sale system ensure that the dispensing pharmacist is notified of any interactions that may occur as a result of filling the prescription.



Step Therapy

Notifies the dispensing pharmacist of the existence of a preferred therapeutic alternative; pharmacist is directed to contact the prescriber for approval





Post-fill Clinical Intervention

- + Prescriber Letters (Notification to the prescriber of safety or other utilization concerns)
- Patient Education Letters
- Letters of Medical Necessity
- + One Drug Reviews
- Full Medication Reviews





PBM 101 Takeaways



Medication utilization oversight for safe and effective therapy



Lower-cost alternative therapies where appropriate



Process ensures the right drug to the right patient at the right time



Formulary of covered medications and dispensing rules



Interventions to educate on prescribing and utilization



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Opioid Management

April 22, 2025



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