



Employer Checklist

Designing Specialty Drug Benefits

Use this checklist to gather all of the information you need to design your specialty drug benefits.

DEMOGRAPHICS

- ☐ Total number of active employees
- ☐ Total number of retirees (pre- and post-65)
- ☐ Total number of active covered lives
- ☐ Locations of largest sites based on employee populations (city/state and number of employees)

FUNDING & PLAN DESIGN

Which of the following represents your defined benefit plan?

Medical plan

- ☐ Fully-funded
- ☐ Self-funded

Pharmacy plan

- ☐ Fully-funded
- ☐ Self-funded

How are pharmacy benefits managed?

- ☐ Pharmacy carve-out (PBM)
- ☐ Pharmacy carve-in/integrated program (health plan)
- ☐ Pharmacy/medical claims are combined for out of pocket maximums
- ☐ Pharmacy/medical claims have separate out of pocket maximums

Which of the following elements are part of your benefit design?

- ☐ Co-insurance
- ☐ Flat dollar copay
- ☐ Deductible
- ☐ Medical parity

Which of the following represents your plan offerings/plan designs?

- ☐ High Deductible Health Plan with savings account (HSA, HRA or choice)
- ☐ High Deductible Health Plan with no funding
- ☐ PPO, POS or HMO
- ☐ PPO with deductibles, copays, coinsurance and HCFSA
- ☐ Other

Which of the following is part of your pharmacy plan design?

- ☐ Pharmacy carve-out (PBM)
- ☐ Pharmacy carve-in/integrated program (health plan)

Does your pharmacy benefit plan provide incentives (premium differentials, reduced or waived copays) to drive patient behavior or engagement? If so, which ones?

- ☐ Adherence to medication
- ☐ Compliance to treatment therapy
- ☐ Use of formulary
- ☐ Mail order or home delivery
- ☐ Use of a specialty pharmacy
- ☐ Other

- ☐ What is your total medical spend?
- ☐ What is your total pharmacy spend?
- ☐ What is your total specialty spend before rebates or discounts?
- ☐ What is your total spend after rebates or discounts?
- ☐ What percentage of your specialty spend is in the pharmacy benefit?
- ☐ What percentage of your specialty spend is in the medical benefit?

EXISTING BENEFIT/VENDOR TACTICS

Which of the following elements are part of your general pharmacy management?

- ☐ Value-based formulary
- ☐ Fully subsidized preventive medication list in your HDHP
- ☐ Open formulary
- ☐ Closed formulary
- ☐ Mandatory mail order/home delivery for maintenance drugs

- ☐ Generics first
- ☐ Market determined reference price
- ☐ Utilization management (drug conflicts/overuse/underuse)
- ☐ Step therapy
- ☐ Prior authorization
- ☐ Multi-source brand penalty
- ☐ Multi-tier formulary determined by PBM

Which of the following elements are part of your specialty drug management?

- ☐ Prior authorization
- ☐ Preferred formulary
- ☐ Starter dose (i.e. up to 14 days to acclimate to new therapy)
- ☐ Utilization/case management
- ☐ Step therapy edits (to drive lower cost standard therapy first)
- ☐ Quantity limits
- ☐ Channel management (mandatory specialty pharmacy use)
- ☐ Site of care management

Which of the following elements are part of your prescription benefit design?

- ☐ Co-insurance
- ☐ Flat dollar copay
- ☐ Deductible
- ☐ Medical parity with pharmacy coverage
- ☐ Maximum member payment per Rx claim
- ☐ Minimum member payment per Rx claim
- ☐ Maximum out-of-pocket separated from medical
- ☐ Maximum OOP blended with medical

- ☐ Specialty tier
- ☐ Mandatory specialty provider for self-injectable drugs in pharmacy benefit

Which of the following elements are part of your disease management platform?

- ☐ Specialty pharmacy vendor
- ☐ Disease management programs/vendor for services that target drug use in disease states like RA, MS, Hep C
- ☐ Special high-touch or care programs for oncology, orphan/rare diseases (e.g. Hemophilia)

Which of the following do you use for adherence management:

- ☐ Reminders and alert programs to patients and/or providers
- ☐ Case management (outreach, medication therapy management (MTM))

Which delivery methods are part of your adherence program:

- ☐ Live
- ☐ Phone-based
- ☐ Telehealth
- ☐ Mail/Email
- ☐ Other

DATA AVAILABILITY FOR FORMULARY ADHERENCE & CLINICAL PROGRAMS

Do you work with a data aggregator or aggregate data internally?

- ☐ Yes
- ☐ No (if no skip to last section, Rebate Provisions)

If pharmacy data is integrated with the medical, do you have:

- ☐ Real-time transfers of data back and forth between medical carrier and PBM?
- ☐ Batch transfers of claims back and forth between medical carrier and PBM?

Indicate the frequency for batch:

- ☐ Weekly
- ☐ Monthly

For information transfer to the medical plan vendor:

- ☐ Utilization, cost
- ☐ Co-pay
- ☐ Billing or paid claims data
- ☐ Adherence data

For information transfer from the medical plan vendor:

- ☐ Eligibility
- ☐ Adds/deletes/terms
- ☐ Coverage information
- ☐ Full medical claims

Audit Provisions:

- ☐ Ability to audit without restrictions
- ☐ Audit frequency

Changes to plan design mid-year:

- ☐ Ability to change design
- ☐ If yes, what is the frequency with which you can change the design per year or contract life

REBATE PROVISIONS

Reporting and reconciliation:

- ☐ Monthly
- ☐ Quarterly
- ☐ Annual
- ☐ Minimum Rebate Guarantee
- ☐ Drugs excluded from rebates