



Take These Steps with Vendor Partners

Use these steps to evaluate your current benefits strategies, track prevalence and identify and reduce wasteful spending. Even if all the steps cannot be completed, there is value in doing as many as possible.

Step 1: Evaluate your current benefit plan design to:

- ☐ Determine which specialty pharmacy network strategy is in place (exclusive, open).
- ☐ Ensure contracted in-network specialty pharmacies adhere to [MASAC #188 guidelines](#).
- ☐ Verify at least one Hemophilia Treatment Center and one specialty pharmacy are in-network.
- ☐ Confirm members have access to more than one type of health plan (e.g. PPO, EPO, HDHP, etc.); educate them around the different levels of financial responsibility for each.
- ☐ Ensure appropriate case management and care coordination is evidence-based using an integrated multi-disciplinary team approach (see Hemophilia Treatment Centers).
- ☐ Identify what utilization management strategies are in place (e.g. prior authorization, step therapy, preferred drug list, etc.); make certain criteria is not overly restrictive and patients have timely access to care without unintended or negative consequences (e.g. severe patient needs to demonstrate a certain number of bleeds in order to get access to particular therapies or is limited to one type of prophylaxis – one bad bleed can lead to permanent joint damage or even death).
- ☐ Determine if co-pay accumulator adjustment program is being used; they are not recommended for use with high-cost, high-value drugs that have no generic equivalent.

Step 2: Determine the number of individuals with hemophilia and the current cost to your plan.

- ☐ The following links will allow you cross reference both your pharmacy and medical claims data to identify claimants and analyze opportunities for savings.
 - [ICD-9 or ICD-10 codes](#) will include costs on the medical side like hospital and ER visits.
 - [J-codes and/or NDC numbers](#) will include costs related to hemophilia specialty drugs.
- ☐ Ask your carrier/claims administrator to pull ER and hospital claims data with hemophilia as the primary diagnosis code.
- ☐ If hemophilia drugs are linked to a carve-out approach, a larger component of the drug cost will show up in prescription drug benefit claims.

Step 3: Hold your vendor partners accountable.

- Work with a neutral third-party to conduct a retrospective claims audit that can be used as the baseline for driving prospective strategies and to ensure your vendors are doing what is required through quarterly reporting.
- Develop prospective data sharing requirements such as this [sample data collection template](#) which includes:
 - Assay management performance reviews:
 - Identify target dose as written compared to actual dispensed dose.
 - Identify current contracted allowable +/- over target.
 - Dose management performance reviews:
 - Ordered versus shipped – oversight/reporting to confirm dispensations match shipments.
 - Patient bleed logs (collected and reviewed) to determine medication adherence and inventory on hand at patient's home.
- Ensure your in-network specialty pharmacy providers:
 - Are required to follow the MASAC 188 guidelines.
 - Do not auto ship medications.
 - Require monthly communications with the patient.
 - Identify current inventory on hand before sending additional doses.
- Consider integrating performance guarantees into your PBM contract.

Step 4: Check stop-loss policy (if utilized) and claims to confirm:

- Whether medical and/or prescription drug claims are covered in combination or as separate stop-loss thresholds.
- Amount of coverage and qualifying thresholds for stop-loss coverage to begin.
- Types of claims covered and timeframe for coverage.
- Number of treatment episodes reaching payment thresholds over three individual, but consecutive, plan years.
- Total amount of coverage provided for each.