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by Mark Longley, chief strategy and business development officer at Parata Systems.

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Volume 41, No. 4
July/August 2021

ComputerTalk (ISSN 0736-3893) is published bimonthly by ComputerTalk Associates, Inc. Please address all correspondence to ComputerTalk Associates, Inc., 492 Norristown Road, Suite 160, Blue Bell, PA 19422-2339. Phone: 610/825-7686. Fax: 610/825-7641.

 Annual subscription in U.S. and territories, $50; in Canada, $75; overseas, $95. Buyers Guide issue only: $25. Printed by Cummings Printing.

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The Internet: Friend or Foe?

THE INTERNET IS SOMETHING WE CANNOT LIVE WITHOUT these days. In that sense it is our friend. On the other hand, it is becoming our foe as well. Here I am referring to cybercrime, which is increasingly becoming a real threat to all of us.

Health systems in particular have been the target of cybercrime and ransom demands, the latter paid in order to reclaim data files. The point is that there is vulnerability in the data stored in servers. The hackers are having a good time of it and raking in some large sums in the process. Bitcoin is the currency required, since it is difficult to trace.

There was an interesting article in the June 7 issue of *The New Yorker* about cybercrime and the use of negotiators to reduce the amount of the ransom demand. No one is immune. Vaccine manufacturers, research labs, and hospitals have all had their computer systems compromised.

The FBI advises not to negotiate, but the fact is that this just isn't practical. The alternative is to rebuild, a costly undertaking by itself. The big "hits" make the news, but small companies are being hacked as well, which we don't hear about. My message to pharmacy is to be on the alert. That's all your pharmacy needs is a cyber attack. It might pay to look into cyber insurance as a safety net.

DarkSide, the group behind the hacking of Colonial Pipeline's system, has since showed a benevolent streak in saying it would not attack schools, hospitals, funeral homes, or nonprofit organizations, according to *The New Yorker* article. That's nice of them. I guess they figured these prospects don't have the deep pockets to pay an outrageous ransom demand.

A June 9 special report in *The Wall Street Journal* on cybersecurity stated that hackers use AI to scan social media accounts. What you post to Facebook can increase your vulnerability as well as your company's. The report's advice is to stop posting private information such as details about family members or news about a work project on public platforms. One of the easiest ways for hackers to invade your company's network is to compromise your email account. Beware of phishing messages. The article also states that not everyone who reaches out with a friend request or invite on social media is whom they claim to be. It just pays to keep your guard up.

The cybercriminals have found a way to monetize the internet in a big way. This is something to take seriously. Do what is necessary to avoid being a victim. **CT**

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Addressing the DIR (direct and indirect remuneration) problem pharmacies face, **Micro Merchant Systems** has added a planning tool to its PrimeRx system to allow pharmacies to anticipate DIR fees based on historical averages for a particular plan. With this planning tool, pharmacies get help with profit and cash management. The company published a white paper, "PBM Fees and the Pharmacy: Using Technology to Document and Analyze Bottom-line Impact." This is available by going to micromerchantsystems.com.

The company has also added integration with the Aries8 Pro SmartTablet by PAX to its PrimePOS system. This is the PAX PX7 replacement for Heartland Payment Systems. It enables highly secured payments that are processed within PrimePOS. The SmartTablet is encased within a durable exterior that can withstand high-traffic retail use.

Among the features are: Powered by Android 7.1; Wi-Fi, Bluetooth enabled; hybrid and contactless readers; HD 8-inch IPS touch-screen display; 2MP camera for QR and barcode scanning; optional swivel stand with integrated printer for standalone functionality; professional scanner and signature capture.

Adherence packaging can improve a pharmacy's financial health, according to Ken Patel, R.Ph., owner of Rightway Pharmacy in Sun City, Ariz. He has found using the **RxSafe** RapidPakRx multidose adherence strip packaging is having a positive financial impact.

"When our patients are more adherent," explains Patel, "and we're using automation to achieve this, it actually ends up having quite a positive impact in a variety of ways."

Patel has found the RapidPakRx can lower DIR fees, support long-term care claims, increase fills, save time, and generate strong ROI and tax savings. **Read more at wp.me/p9LtTd-4hc.**

SoftWriters has announced that it will host a FrameworkLTC Executive Forum on Sept. 22 and 23 in Las Vegas. This forum will take the place of its 2021 FrameworkLTC User Conference, which was cancelled due to Covid-19.

"This will be a limited in-person event," says Jackie Maitland, VP of customer success. "We're hosting a more intimate gathering in place of the large conference to enable pharmacy leaders to exchange insights with peers on challenges and opportunities in the long-tem care sector."

The company has also announced a new application for communication between pharmacies and facilities called FrameworkVision. This is a web-based application that is scalable to improve medication management and reporting. Leveraging the same tried and tested capabilities of FrameworkLink, FrameworkVision elevates those capabilities using next-generation technology with a modernized look and additional functionality and security.

Parata Systems has announced the acquisition of Synergy Medical. According to Parata, this acquisition adds SynMed's blister automation technology to Parata's vial fill and pouch automation, allowing the company to meet the needs of its customers, no matter the dispensing format.

Synergy Medical will continue to operate in Longueuil, Quebec, along with its 150 full-time employees and Jean Boutin, founder of Synergy Medical, continuing to serve as president.

The combined companies have over 6,000 systems installed in 4,000 pharmacies.

DrFirst's SmartSuite has won the Artificial Intelligence Innovation Award in the 2021 MedTech Breakthrough Awards program. MedTech Breakthrough is an independent market intelligence organization that recognizes the top companies, technologies, and products in the global health and medical technology market.

DrFirst's SmartSuite makes data functional within electronic health records and pharmacy management systems. SmartSuite converts free text from external systems into a user system's unique terminology and presents the data discretely into appropriate fields. The AI also codifies prescriptions and refill requests and reconciles medication histories when exchanged between EHR (electronic health record) systems, payers, pharmacies, and health information exchanges. SmartSuite also translates medication data from multiple sources into consistent terms to trigger allergy and drug reaction alerts, and safely infers missing prescriptions instructions to avoid manual entry.

SmartSuite also earned honorable mentions for improving patient care in the AI and data health categories of *Fast Company*'s 2021 World Changing Ideas Awards. **CT**

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Two Goals for Any Pharmacy

by Bruce Kneeland

IF, AS A PHARMACY MANAGER OR OWNER, you spend any time on social media, you are likely to see posts that discuss ways to become a better leader. Questions are asked, opinions expressed, and leadership "nuggets" shared.

Many of the comments suggest that some of the critical leadership traits are being a good listener, providing clear direction, treating people fairly, and clearly communicating the benefits of your pharmacy to patients, prescribers, and team members. This is all good advice, but I'd like to bring up two other leadership traits I haven't seen addressed in these posts.

DEVELOP THE RIGHT CULTURE

First, in my opinion a pharmacy's corporate culture is its most important competitive advantage. One definition of corporate culture I have heard is, the unwritten social structure that influences how employees will act when problems or opportunities arise. The point being that the products, prices, or services a pharmacy provides can all be duplicated. But the way you train and handle your employees and the way they treat people, handle problems, or pursue opportunities is unique to your pharmacy and cannot be easily duplicated. In my experience, establishing a positive corporate culture is job number one for any pharmacy owner or manager.

Second, a good leader is able to instill pharmacy employees with the sense that what they do serves a noble cause. That means that they believe what they do is important and serves a genuine social need. Having employees embrace the pharmacy's noble cause will incentivize team members to work harder, smarter, and longer.

If you have any doubt about the power of a noble cause, reflect on what pharmacies have done during the COVID-19 pandemic. Thousands of extra hours have been worked. Staff members have figured out new ways to handle temperature-sensitive product, find volunteers to help with clinics, and even find ways to placate angry customers or calm the nerves of anxious ones. This is a groundswell of extra effort put in by people even though none of these things were listed in their job description. Such is the power of a noble cause.

The good news is that serving a noble cause is part and parcel of what every pharmacy does. Perhaps now, as the pandemic appears to be diminishing, would be a good time to reflect on the importance of what your pharmacy does. It might be a good idea to involve your staff in a special meeting to help identify, articulate, write down, and celebrate the remarkable things you do for your community.

Pharmacy is about helping people live healthier and more productive lives. Everything you do is designed to make sure people get, take, and actually benefit from the medicines and personal care you provide. It has been my good fortune to visit many pharmacies where it is clear the owner and the staff believe, and have good reason to believe, that the people they serve get better care in their pharmacy than they would at any other.

Hundreds of thousands of patients suffer from complications as a result of some medication error, side effect, or mishap. Helping prevent these problems is both possible and important. Yes, it is also expensive, and adequate reimbursement for these services is not yet common. That is a subject for another day. In any case, to accomplish any of this you need to build a team. Developing the right culture and making sure your team knows that what they do is important will help you run a better pharmacy and build a better future. **CT**

Bruce Kneeland is an independent pharmacy veteran, author, and podcaster. He can be reached at BFKneeland@gmail.com and listened to at www.pharmacycrossroads.com.

Expanding COVID-19 Vaccine Support Services

by Sandra Leal, Pharm.D.

Endorsed as critical providers in the national COVID-19 vaccination response, pharmacies can meaningfully impact vaccine uptake and help eradicate the pandemic — with the right support.

AS THE COMMUNITY'S MOST ACCESSIBLE

and trusted healthcare providers, pharmacists are uniquely positioned to educate patients and improve outcomes. Why? Well, in short, it's simple geography — according to a study published in the National Center for Biotechnology Information, nearly 90% of Americans live within five miles of one of the nation's 88,000 pharmacies. No longer seen exclusively as dispensing centers, pharmacies have transitioned into something more: healthcare destinations. From medication safety to immunizations, pharmacies now play an integral role in maintaining and improving community health by providing education and clinical services that help patients live longer, healthier, and more fulfilling lives.

For proof, look no further than the ongoing COVID-19 pandemic — and, specifically, the national vaccine response. The Federal Retail Pharmacy Program for COVID-19 Vaccination recently endorsed pharmacists as critical administrators of the COVID-19 vaccine to communities, including to many of the country's most vulnerable and medically underserved patients. The message is clear: Pharmacies positively impact vaccine uptake to mitigate the risks of contracting COVID-19.

Having undertaken the additional responsibilities of helping to combat COVID-19, many pharmacies now face unprecedented workflow and operational challenges, along with the economic challenges of vaccine-related reimbursement. Thus, it is critical that pharmacies are equipped with proper support and services.

For PrescribeWellness, provider of patient-centric pharmacy solutions and services, these new demands and challenges were an opportunity to provide resources for community pharmacists and to further collaborate with its pharmacy partners. Most recently, it partnered with Kinney Drugs, a division of KPH Healthcare Services, Inc., to provide telephonic patient engagement services in support of the Kinney Drugs network of local pharmacies. While serving on the frontlines of COVID-19 vaccine administration and education, Kinney Drugs experienced an unprecedented increase in calls from patients seeking information on COVID-19 vaccinations and vaccine availability. "We needed a solution to take pressure away from our pharmacy staff so they could focus on patient care. MedWiseRx clinical contact centers have provided this solution and have been critical to educating and supporting our patients," says Rebecca Bubel, R.Ph., president of Kinney Drug Stores.

TELEPHONIC PATIENT ENGAGEMENT SERVICES WITH MEDWISERX

Outreach is conducted through eight nationwide MedWiseRx clinical contact centers staffed by more than 800 pharmacists, technicians, and pharmacy students. Telephonic patient engagement services — powered by proprietary HITRUST CSF-certified technology — include direct patient outreach, appointment setting, data entry, and more.

Acting as an extension of the pharmacy, MedWiseRx services and pharmacy staff help to alleviate the administrative burden resulting from the COVID-19 vaccine demand. They offer patients a much-needed source of truth that can help to overcome vaccine hesitancy and improve patient engagement. In fact, "The Role of the Pharmacist in Overcoming Vaccine Hesitancy," an article by Yvette C. Terrie, R.Ph., that appeared in *U.S. Pharmacist* in April of this year, shows that many patients will consider vaccination after a recommendation from a pharmacist or other healthcare provider. Addressing concerns, explaining vaccine

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Additional Resources

The Availability of Pharmacies in the United States 2007–2015: www.ncbi.nlm.nih.gov/pmc/articles/PMC5559230/

Federal Retail Pharmacy Program www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html

The Role of the Pharmacist in Overcoming Vaccine Hesitancy www.uspharmacist.com/article/the-role-of-the-pharmacist-in-overcoming-vaccine-hesitancy

safety and efficacy data, and dispelling common myths and misconceptions about vaccine-related adverse effects help patients to make better, informed decisions about their health. "With the federal government's endorsement of community pharmacists as critical providers of the COVID-19 vaccine, pharmacies now face unprecedented operational hurdles. These new challenges bring new opportunities for pharmacies to serve patients through innovative means such as telephonic engagement delivered through MedWiseRx clinical contact centers," says Farah Madhat, Pharm.D., M.A., executive vice president of PrescribeWellness.

Pharmacists continue to lead the way in the national effort to achieve herd immunity and help further establish the pharmacy as a key provider of immunizations and an array of other clinical services.

The collaborative partnership between PrescribeWellness and Kinney Drugs illustrates the importance and impact of telehealth and clinical contact services. When paired with local, frontline pharmacy providers, this comprehensive model for patient care can reach far and wide during the pandemic — and beyond. **CT**

Sandra Leal, Pharm.D., is an executive vice president at Tabula Rasa HealthCare (TRHC) and the president of the American Pharmacists Association (APhA). For more information on TRHC's comprehensive COVID-19 vaccine solutions and services, visit https://www.tabularasahealthcare.com/covid-19-resource-center/covid-19-vaccine-patient-support/.

Content courtesy of Tabula Rasa HealthCare.

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- Leverage our clinical contact centers to support patients with vaccination registration, scheduling, and more

Pharmacies vaccinating for COVID-19 can also learn more here:
blog.prescribewellness.com/covid-19-vaccine-resource-center-ct

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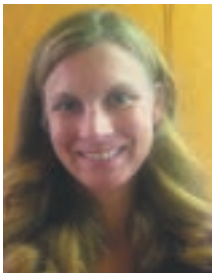

by
Maggie Lockwood

An interface between DrFirst and Speed Script has given one pharmacist more time to do what he loves: care for his patients and his community.

THIS PAST JANUARY, Scott Caravello, R.Ph., owner of Galva Pharmacy in Northwestern Illinois, got a call from his software vendor, Speed Script. Would he be willing to implement a new feature called SmartSuite from DrFirst?

For 30-plus years, Caravello has always embraced the call from Speed Script to try something new. Caravello has been impressed that they listened to his feedback, and while he's not a "tech guy," he's open to implementing new features. "I get things first, and we'll test it out for several months and give feedback," he says.

In this case, Galva Pharmacy was the first pharmacy in the United States to implement SmartSuite. Now available to pharmacies, SmartSuite has been used by hospitals and health systems since 2015 to enhance the quality of more than 6 million prescriptions per day. The technology accurately translates 93% of patient directions, helping avoid medication errors and saving 10 seconds or more of work for each drug entered. The program uses artificial intelligence (AI) to aggregate data to eliminate the routine task of translating e-prescriptions. While standard pharmacy system algorithms have about a 40% accuracy rate translating e-prescriptions, DrFirst says the SmartSuite's algorithms come in at more than 90% accuracy. The AI searches for patterns and missing information, substituting the pharmacy's NDCs based on what's in its inventory, as well as translating doctor directions. This saves time with prescriptions, says Caravello.

"The AI automatically formulates the system fields for all the directions in the proper way. It actually finds the drug out of my drug file. It finds my directions. It does all these functions seamlessly in one step."

– Scott Caravello, R.Ph.

A study at the University of Michigan, where researchers analyzed more than 500,000 e-prescriptions, documents the benefit of AI. Researchers found 84% of sigs needed to be edited to improve readability. This translates into pharmacy staff putting a significant effort into transcribing directions.

"The AI automatically formulates the system fields for all the directions in the proper way. It actually finds the drug out of my drug file. It finds my directions. It does all these functions seamlessly in one step," explains Caravello.

SAVING SECONDS AND STAYING INDEPENDENT

Like his peers, Caravello got started in pharmacy at a young age and liked the concept of being a small business owner. Operating the lone pharmacy in

the small city of Galva, Caravello prides himself for building a pharmacy that serves the community. He and his staff know everyone on a first-name basis, and his pharmacy has a front end that carries, in addition to standbys like cards and candy, items that residents might have to drive elsewhere to get if he didn't carry them, such as accessories that fit the American Doll brand dolls , music items (since there is not a music store nearby), and craft supplies.

"My philosophy is, if I can keep people in town, it helps everyone in the community," he says.

Fundamentally, Caravello believes that what sets Galva Pharmacy apart as an independent is providing individualized attention to his patients. He also values the autonomy of being his own boss, something he wanted when he first got into pharmacy at 16. The owners of the pharmacy where Caravello worked modeled the benefits of owning the pharmacy.

"I realized how much fun they were having owning their own store," he says.

He relies on his Speed Script system to handle the nuts and bolts of running the pharmacy, and the addition of a service like DrFirst means he can spend more time with his patients.

At Galva Pharmacy, Scott Caravello, R.Ph., has tailored the pharmacy to serve the needs of the community so they can shop locally and rely on Caravello and his staff for first-stop clinical advice.

"I'd rather just continue doing the services that I do and being that friendly pharmacist that people love," he says. "As the local pharmacist, I'm also the first line for healthcare. People will call the pharmacy first, and we give them the best answers we can to help them along the way."

Caravello says that both Speed Script and DrFirst were quick to handle any issues. These vendors have nailed it, says Caravello. "Every day it just gets better. I would say we're probably at about 95% accuracy," he says. The biggest change for Galva Pharmacy staff was to remember they no longer had to override incorrect data or translate an NDC the doctor used for a drug in the pharmacy's inventory. In the rare instances when it is not safe for the AI to decipher a doctor's instructions, it won't do so, and Caravello will make the manual updates. He points out this is an exception, not the rule.

"It's a huge timesaver, eliminating the need to punch in the drug to search the drug file to see which one is in inventory, how much we have. It just automatically does that for you," he says. "I mean, when you talk about it, seconds are seconds, but at the same time, those seconds just make the workflow that much quicker and easier."

"Number one in my eyes has always been the personal touch," says Caravello. "I don't care if I'm really busy, I still think the personal touch is what a small community pharmacy can offer." **CT**

Maggie Lockwood is VP, Director of Production at ComputerTalk. *You can reach her at maggie@computertalk.com.*

Quantifying the SmartSuite Value for Galva Pharmacy:*

- Improved data entry quality for 93% of prescriptions.
- Decreased time for sig entry by 59%.
- Decreased time for overall prescription entry by 45%.

*Statistics provided by DrFirst.

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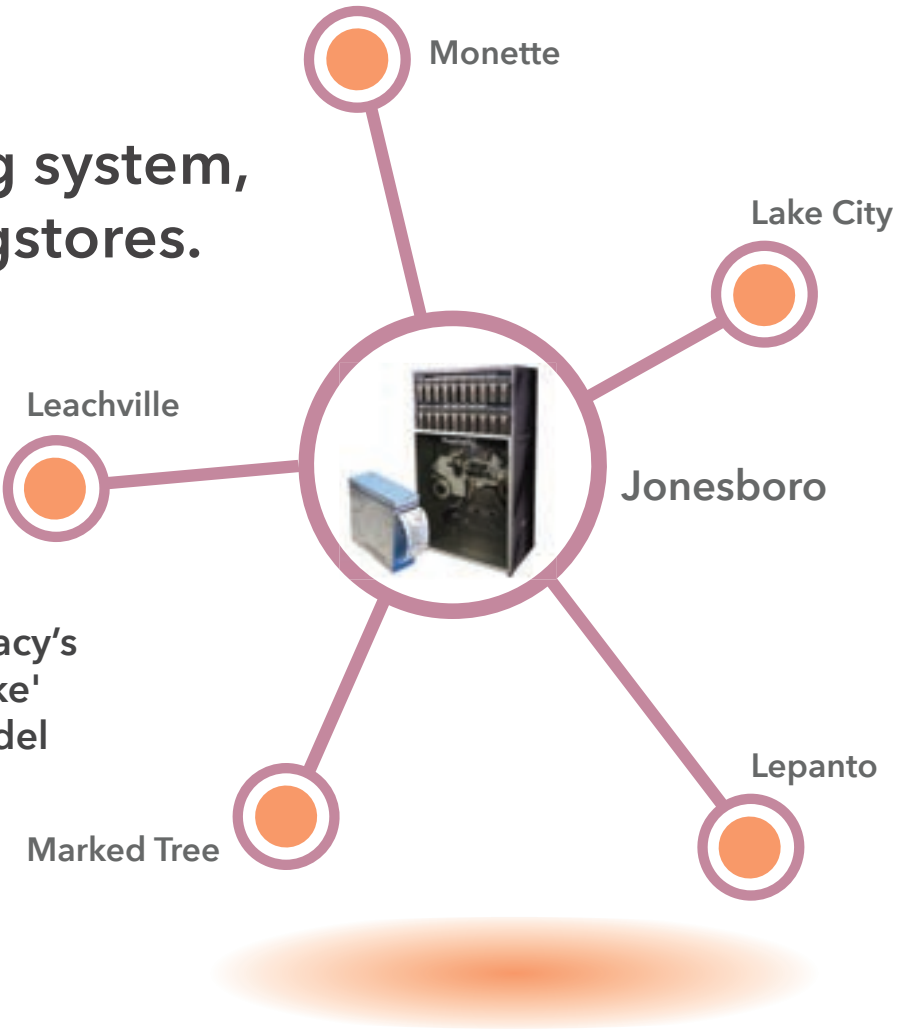

Southern Pharmacy's
'Hub-and-Spoke'
Central Fill Model

Finally, a 'hub-and-spoke' central fill model that actually works.

"*With the introduction of the RapidPakRx, we can expand adherence packaging to all of our patients in all of our pharmacies, where before, with the card-based system, we were limited because of the inefficiencies of that system.*

– Kyle Lomax, Owner, Southern Pharmacy

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CHAIN MARKET REPORT

Our annual survey dives into the chain technology priorities

By Will Lockwood
VP | Senior Editor
Will can be reached at
will@computertalk.com

Chain pharmacies have a significant footprint in the market, even after consolidation in recent years. Whether these are national, regional, or multiple-location independent groups, they are working their hardest to reach new service levels and roll out offerings that will have a positive impact on patient care and increase revenue.

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THIS MARKET SEGMENT CERTAINLY PLAYED A STRONG ROLE in the COVID-19 response as well. Here we take our annual look at the top technology, patient care, and operational challenges and priorities for chains, diving into the details with several to find out what they are doing not just to stay afloat, but to thrive.

MED SYNC: STANDARD OF PRACTICE

Med sync has been a major component of pharmacy practice for some years now, and it's truly become the standard of practice in the chain market. All the chains we spoke to have med sync as part of their patient care strategies, with one chain reporting using med sync for up to 70% of prescriptions and offering an example of the success that is possible. This strong program enrollment makes a significant contribution to the chain staff's ability to manage high prescription volumes. However, not every chain has ramped the program up fully. One chain reported that between 25% and 30% of prescriptions are in the sync program, and that it is actively working to improve this number by increasing outreach to patients, incentivizing staff to enroll patients, and streamlining med sync workflows.

Other benefits of an efficient med sync program, as outlined by a third chain, include time savings and better inventory management, for example making it so that the chain is ordering high-dollar items for just-in-time delivery based on sync calendars, rather than having that inventory sitting on the shelves.

NEED FOR MORE BUILT-IN FEATURES

In a competitive market such as pharmacy, you don't want to get caught flat-footed. This certainly applies to the demands that chains place on their pharmacy management systems. While this software has been evolving rapidly to incorporate new features, chains continue to find areas for improvement.

Documentation of clinical encounters is one such area, according to one chain. Here there's a need for an ability to use the pharmacy management system to simplify and standardize the questions in a clinical encounter, and provide an in-workflow, structured way to document the responses. This might be accomplished using drop-down menus. This chain offered its med sync workflow as an example of an area that would benefit from better-structured documentation. In this case, the pharmacy makes a regularly scheduled call to the patient, and staff are supposed to ask the same set of questions each time, such as: Have any of your medications changed? Have you visited your doctor recently? Have you been hospitalized? Right now there's no prompt for these questions within the pharmacy software, and the answers are recorded in a text field. The lack of structure here increases the burden for the staff, and in this chain's view reduces staff acceptance of the sync program, leading to lower enrollments.

Another good example of the significance of structured clinical documentation within the workflow opportunity are various programs that pharmacies can participate in with Medicare MCOs (managed care organizations) to manage patients with, for example, COPD (chronic obstructive pulmonary disease). In this case, there's a standard questionnaire, the COPD assessment test (CAT), that pharmacy staff need to complete. A pharmacy would benefit from being able to build out a structured version of the CAT within the pharmacy system.

This chain notes that it would also be helpful to ensure that patients are easily flagged within the system when they need a clinical interaction such as a CAT. This would go a long way to ensuring that pharmacy staff don't miss an opportunity to perform this task and that the chain can generate revenue from the interaction.

Another chain sees point of sale (POS) as an area that needs improvement. In this case, the chain is looking for its pharmacy system vendor to provide a robust, tablet-based mobile POS that will allow the staff to ring people up without being tied to a workstation. While these systems are out there, for example from vendors that specialize in POS, they aren't necessarily part of the offering from pharmacy management system vendors that also offer POS systems.

Another area of need mentioned when it comes to POS is an enhanced loyalty point system, so that a chain can provide incentives for customers that are competitive with other retailers.

Chains are seeing a growing need for Medicare Part B billing capabilities as well, and again this functionality would be best if built right into the pharmacy management system rather than being a bolt-on service. The need for this has become more acute as chains have responded to the COVID-19 pandemic by administering high volumes of tests and vaccines, both of which are billed to the medical benefit. And as we see a little later on, chains have plans to build out the work they've done with COVID-19 testing and vaccination programs to ramp up other vaccine and point-of-care testing programs. So the demand will remain for strong medical billing tools that are built right into the pharmacy system workflows.

Next on the list of needs is a way to manage inventory chain-wide that's built right into the pharmacy software. For example, one chain mentioned that the staff should be able to review 20 NDCs every day for the amount on hand and dispensing history. If they find slow movers, then they should be presented with the option to return the stock or to transfer it to another location where the medications are in demand. As this chain notes, there are add-on services out there that do this, but the data itself is right there in the pharmacy system, and all that's lacking is an inventory management feature within the pharmacy software itself.

Finally, there's another idea that came up, which would address the high cost of processing credit-card transactions. Businesses pay more than 3% of revenue when customers choose the convenience of using a credit card, which many pharmacies may simply accept as the cost of doing business. But as one chain notes, payment processors do offer solutions that allow for a so-called cash discount program. This means that transactions paid by credit card are grossed up to reflect the fee, effectively passing the cost on to the customer. But there's work that has to be done by a pharmacy system vendor to implement this for a chain. In at least one case, the chain we spoke with is still waiting for this to happen, and paying the cost with every transaction.

DIGGING INTO DATA

One area that is paying big dividends for chains is data mining. One chain, for example, reported that it has made successful efforts through data mining to eliminate low-margin diabetic testing supplies. This pharmacy has used the tools within its pharmacy software to identify the products that generate strong margins, and has been able to use this data to drive a shift to dispensing 90% private-label products. This has led to generating an extra $30 or $40 each time it dispenses these supplies.

Another chain has created a process in which a remote worker mines dispensing data accessible within the pharmacy system to show the most-profitable products based on BIN and PCN. Again, the idea here is to identify where the margin dollars are and ensure that the chain understands the dynamics driving these prescriptions and makes the data available to all locations within a chain.

Being able to mine data from within the pharmacy system also impacts clinical programs, since it allows chains to take a list of patients from a payer or provider group and easily pull reporting on their medication histories, disease states, and clinical interac-

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tions with them. This data can create a list of action items for each patient and qualify the pharmacy for a clinical services bonus payment, according to one chain.

What you want, this chain reports, is a ready way to apply categories to your data, and then sort by these categories. So you may want to group patients or prescribers by category, or even inventory. Then you can set parameters for reporting, ideally automatically by time and date or other triggers. Notably this last detail, automating report generation, isn't always a feature in existing pharmacy systems. There remains a need for pharmacy staff to initiate the reporting event.

DIR FEES: A LOSING BATTLE?

Given the significant burden that direct and indirect remuneration (DIR) fees have placed on pharmacies in recent years, it's unfortunate to hear from the chains we surveyed that they are only getting worse. Several of the chains we spoke to reported paying on average $1.50 or more in DIR fees on every prescription dispensed, with clawbacks amounting to around 8% of the ingredient cost.

Chains are taking actions to mitigate the risk of these fees by putting efforts into meeting or exceeding the thresholds on the metrics that can trigger them, for example measures of adherence or generic dispensing rates. And they are having some success. We'll get into the technology and tools that can help create this success a little later, but first it's important to outline just how strong of a headwind DIR fees are creating for pharmacies.

This is because payers have been ratcheting up the requirements, creating ever-higher thresholds for escaping the fees, and are now setting metrics at levels that may well be unachievable, according to one chain. For example, even just three years ago a payer required a 90% medication possession ratio for diabetes and cholesterol. But for the coming year that ratio has been raised to between 91% and 93.5% in order for the pharmacy to avoid a clawback.

The generic dispense rates required are also creeping up. For example, one plan is requiring a 95% or greater generic dispense rate for a pharmacy to be in tier one. One chain said very plainly

Central Fill: A Solution to Lasting Pandemic Trends

THE COVID-19 PANDEMIC RESULTED in a whirlwind of activity for multistore pharmacies. With more than 90% of Americans living within two miles of a pharmacy, patients looked to pharmacies and pharmacists as an alternative to their primary care provider while the pandemic raged through doctor's offices and hospitals. Throughout the last 15 months, pharmacies adapted to these needs, investing in medication delivery for those patients wary of in-person visits, and spearheading COVID-19 testing, education, and immunizations.

by Mark Longley, Chief Strategy and Business Development Officer at Parata

As a result of the influx of patients, these multistore pharmacies saw a sharp increase in revenue. However, with many states opening back up again, this trend will not last, and with reimbursement continuing to remain flat, pharmacies must once again innovate to support their bottom line and patient care. The changes from the pandemic have been recognized as beneficial, and the expectation is that pharmacies can thrive if they keep meeting the needs of customers in this manner — there can't be any reverting back to January 2020. The solution is a trend we are seeing across the pharmacy industry — innovate with automation — especially in centralized services.

Making the Most of Labor

Coming out of the pandemic, there is a dramatic change in entry-level wage growth, creating a challenge for both pharmacy staff and owners. The ability to hire and retain staff is proving to be difficult as the industry works to keep pharmacy teams in elevated roles of patient care, while ensuring business success.

It is more important than ever to be doing more with pharmacy staff. Instead of keeping pharmacists behind the counter filling medications across stores, they must be front of house. Cue central-fill technology. Instead of having every pharmacy fill its own medications, taking up valuable time, these efforts can be consolidated in one location. A small number of pharmacists in one location can perform a variety of key clinical activities, including verifications of medications for several stores. This frees up onsite labor — avoiding the need for additional staff — and creates the ability to focus on other streams of income.

Similarly, centralizing filling in one location can create a calmer behind-the-counter environment for pharmacies, promote social distancing, and allow the staff to provide value-added services, resulting in patient loyalty, retention of staff, and decreased burnout.

Strategic Inventory Control

As labor costs continue to climb and reimbursement from payers remains flat or on the decline, the profitability of the pharmacy continues to shrink. Consolidating the higher-cost medication inventory is a driver of improved cash flow and reduced waste. Central-fill technology can be a key to inventory reduction and provide the opportunity for strategic business initiatives such as medication delivery with the current stock — one trend that will undoubtedly stick around.

Moving the Industry Forward

During the pandemic, pharmacists became frontline care providers — testing patients for COVID-19, counseling and administering the vaccine, and expanding upon health hubs within the pharmacy. With this existing leverage, now is the time to take steps to reinvent pharmacy as a healthcare center and expand on these care services. The ability for patients to make an appointment at the pharmacy the same day instead of waiting for a primary care appointment to open is a trend that is here to stay. Having these services boosts profitability for the pharmacy, as well as recommits the focus to patient care.

With automation and a central-fill location, pharmacists can be performing consultations with patients, or performing these virtually via telehealth. The value of the pharmacist is in patient health and medication knowledge. Additionally, the staff can be out on the floor helping customers — building business relationships and revenue.

Innovation for Continued Success

The pandemic has created an immense opportunity to adapt to trends that will dramatically benefit the future of pharmacy, but only if we can get ahead of the curve. The industry must learn from the last 15 months, and adapt to the ever-changing landscape of healthcare delivery. Pharmacy leadership teams need to be asking themselves: Can I implement centralized services for all of my locations? The answer will be yes — there has never been a better time to commit to change or expand upon your existing value. While preconceived notions may involve too much time or money, these services are customizable for the unique needs of each pharmacy. The time is now to invest in success. **CT**

Learn more at wp.me/s9LtTd-parata.

Content courtesy of Parata.

that this is a rate a pharmacy is never going to achieve. And here's why: Consider a chain's patient population of insulin-dependent diabetics. There are a lot of branded insulin products out there, with heavy advertising behind many that causes prescribing for them to explode. This creates a situation in which a chain is never going to reach the 95% generic dispense rate for this class of products, and the DIR fee rules don't reflect the reality of the market.

THE COMBO SHOP ADVANTAGE

That's a tough situation for pharmacies, but there are areas in which chains report being able to take action to ameliorate some

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of the damage DIR fees cause. One chain noted that it is in the process of establishing all its locations as retail/long-term care (LTC) combo shops, which will mean being able to submit claims to Medicare Part D plans at preferential rates while also purchasing inventory at lower cost and with extended payment dating. All of this has a positive impact on cash flow.

This process requires applying for a separate NPI (national provider identifier) number for the LTC side of the business, as well as being able to show that you offer services such as home delivery, med sync, and adherence packaging. In the case of this chain, it also means partnering with an LTC-focused pharmacy purchasing group, which offers a range of services to support combo shops.

Achieving combo shop status can also make your pharmacy more competitive by allowing you to dispense tier-one generics at a $0 copay. One chain notes that it lost a number of patients to competitors, including to a local health system, because it still had to take copays, which could amount to close to $1,000 for a typical household over 12 months. Moving to combo shop status with the opportunity for $0 copays will level the playing field and allow the chain to try to win patients back.

FINDING NEW REVENUE OPPORTUNITIES

Chains also report looking for revenue opportunities that aren't subject to DIR fees. The pharmacy response to the COVID-19 pandemic has proven just how valuable it is to have pharmacies providing clinical services, and it's also improved pharmacy finances. One chain is eager to find further opportunities to demonstrate value to payers. This means, for example, taking what they've learned from COVID-19 testing and vaccination programs and the workflows built up to run these, and applying this to flu, strep, and other programs. Another chain reported that, in addition to ramping up point-of-care testing and vaccination programs, it's also looking to generate revenue not directly tied to PBMs (pharmacy benefit managers) through increased cash prescriptions, such as through compounding. A third noted that there's an opportunity to regain margin lost to DIR fees by using order optimization that ensures compliance with the primary wholesaler contracts while also maximizing savings on cost of goods.

One chain made an interesting comment about the need to incentivize the staff when rolling out new services. This chain noted that it's not always easy to get the staff to make the effort to engage with a new revenue opportunity or communicate a new service to patients. One solution is to offer bonuses for reaching important milestones, for example enrolling a certain number of patients in med sync or performing and documenting a certain number of clinical interactions. These bonuses don't have to be large to be useful.

EFFICIENCY THROUGH REMOTE WORK AND AUTOMATION

Finally, another response to ongoing pressures on margins is to look for gains in efficiency. As one chain noted, it's all about trying to get the cost of dispensing down into the single digits as quickly as possible. This chain has had success in this area by installing a server that's dedicated to allowing remote workers to connect to and use the pharmacy system via a VPN (virtual private network) at the same speeds possible on-site at the chain's locations.

This allows off-site staff to manage remotely the prescriptions processing for 80% of the chain's volume, including the queues for phoned-in prescriptions, e-prescribing, faxes, and refills. A staff member generates regular reporting on dispensing and operations off-site as well. And all phones are answered off-site. That allows on-site pharmacy staff to focus on a sharply defined set of tasks. The return on investment on setting up such a robust remote work platform is very strong, according to this chain.

Dispensing automation is also driving efficiency, with the focus strongly on adherence packaging among the chains we spoke with. This connects to the importance of improving metrics such as medication possession ratios and offering the services required to achieve combo shop status, mentioned earlier. Adherence packaging can also serve to boost med sync programs, as noted by one chain.

One trend to watch for appears to be establishing a centralized adherence packaging location serving several chain locations, when possible. This strategy was mentioned by two chains as either deployed or in the planning stage.

SWIMMING, NOT SINKING

Chain pharmacy has plenty on its plate right now. As we've seen, many are looking to build on the value pharmacy has demonstrated through a successful pandemic response. They are also making key decisions impacting operating efficiency. There's also a need to focus on rolling out and gaining staff buy-in for programs that win and retain patients and establish service levels that can yield improved reimbursements, such as med sync and adherence packaging. And as always, they will be looking to stay out ahead in the face of aggressive tactics from payers and stiff competition from within the pharmacy market. **CT**

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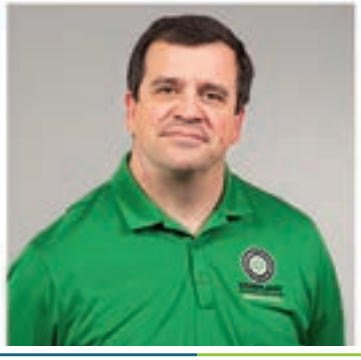

Kyle McHugh, Gaston Family Pharmacy
"There is no other way to survive in this industry without CPA."

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A New Pharmacy System Leads to New Initiatives

MAKING THE SWITCH TO A NEW PHARMACY SYSTEM is a big step for a pharmacy, and to do this during the COVID-19 pandemic had additional considerations. One health center aspired to improve its reporting and discovered that a new workflow module offered functionality and more services to customers.

Health Care Partners of South Carolina, a federally qualified health center with locations in Conway and Marion S.C., found its pharmacy reporting was slow and clunky, with limited options. This consumed valuable time for the busy pharmacy staff.

Favorite Features

- Customized workflow
- Windows-based
- User-friendly
- Easy-to-learn
- Expert product support

There was frustration across the organization, including administration and accounting, says Director of Pharmacy Joseph Odom, R.Ph. It was difficult to share vital business information. In looking at new systems, the administration found that Computer-Rx's variety of reports met all their needs. Filters gave the staff the ability to view data at any level. Accounting and administrative teams could easily review important business and operational details.

"The system can fill prescriptions and refills as quickly as anything else, but having the ability to generate reports in an instant and change demographics is unreal," says Odom.

Joseph Odom, R.Ph.,
Director of Pharmacy
Health Care Partners of South Carolina

"The system can fill prescriptions and refills as quickly as anything else, but having the ability to generate reports in an instant and change demographics is unreal."

The switch to Computer-Rx allowed the pharmacy to add a walk-up service window, providing another level of safety for staff and patients during the Covid-19 pandemic.

Once the main challenges of reporting were resolved, the pharmacy quickly found several other benefits of Computer-Rx, such as custom workflows that allowed Health Care Partners to add an additional walk-up window with a workstation during COVID-19. This helped protect patients and staff, while improving operations and alleviating bottlenecks during curbside pickup.

"We found we could add a walk-up window, and now we have no congestion out front at all," says Odom. "Our process is now super quick, and there's no physical contact between the patient and the pharmacy staff."

While improved reporting was the impetus for switching systems, there were a number of features that provide operational benefits, including custom prescription labels. The pharmacy now plans to implement a medication therapy management (MTM) program and other clinical services.

"We know that if patients are prodded a little bit more, they'll get their refills on time, which helps with compliance and outcomes," says Odom. "Medication synchronization is not a hard process with Computer-Rx. I don't have to recreate the wheel to do it, it's in there already. The system is so user-friendly." **CT**

To learn more visit wp.me/p9LtTd-2N9.

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COVID-19: Addressing Vaccine Hesitancy

Joshua C. Hollingsworth, Pharm.D., Ph.D.

Brent I. Fox, Pharm.D., Ph.D.

WE ARE MORE THAN HALFWAY THROUGH 2021, and the COVID-19 pandemic is still dominating the news, unfortunately. Primary talking points include the impact and potential impact of new variants; vaccination rates and boosting vaccination rates by addressing vaccine hesitancy; and regulation regarding proof of vaccination. Recently, the United States set a goal of getting 70% of Americans vaccinated by July 4. Although efforts have been truly impressive, we have fallen short of this goal. There is still significant work to be done in terms of vaccinating our population. As vaccination efforts continue, major barriers must be addressed in order for these efforts to be effective. Here we will discuss vaccine hesitancy — a barrier for many in terms of getting vaccinated — as well as technology you can use when creating messaging campaigns to promote incentives, assistance programs, and pertinent information to prompt patients to get vaccinated.

Vaccine hesitancy is defined by the World Health Organization (WHO) as a "delay in acceptance or refusal of vaccination despite availability of vaccine services." Further, the WHO states that vaccine hesitancy is "complex and context specific, varying across time, place and vaccines," and that it is "influenced by factors such as complacency, convenience and confidence." Studies assessing hesitancy regarding COVID-19 vaccines have found lack of confidence to be the biggest driver of vaccination hesitation. If you think about it, this makes sense. Given the negative impact that the pandemic has had thus far (and continues to have), combined with the positive impact that widespread vaccine adoption will have, and the extensive media coverage that the pandemic and vaccination efforts have garnished, complacency is relatively low. People generally want to do their part to protect themselves and others (as long as they are confident that the vaccine is safe and effective). And with nearly every healthcare institution, including most retail pharmacies, offering free vaccinations, getting vaccinated is pretty convenient, all things considered. (In fact, a quick search at www.vaccines.gov reveals there are 24 COVID-19 vaccine providers within 5 miles of Auburn, Ala., 22 of which are pharmacies). That said, efforts should still focus on decreasing complacency and increasing convenience in order to maximize vaccination rates, and addressing vaccine confidence should be included in the process.

Vaccine confidence refers to an individual's trust in 1) the vaccine development, testing, authorization, and manufacturing processes, 2) the safety and effectiveness of the resulting vaccine, and 3) the providers administering the vaccine. Vaccine confidence varies widely across communities and populations. One major factor that leads to low confidence in the COVID-19 vaccines is concern regarding adverse effects, both in the short and long term, known and unknown. But this is only one of many potential factors that can lead to low vaccine confidence, and it is pertinent that the concerns of the individual patient are addressed. Thus, pharmacists and other healthcare providers should take a patient-centered approach when providing evidence-based information to boost vaccine confidence. To maximally boost vaccination rates, efforts should simultaneously strive to make getting vaccinated as convenient as possible, provide incentives to diminish complacency, and address concerns to boost confidence in the vaccines. Such synergistic efforts will no doubt translate into more people getting vaccinated. Given this, let us consider some specific approaches that could be used to address vaccine hesitancy by decreasing complacency and increasing convenience and confidence.

Financial incentives, such as gift cards, discounts, freebies, and lotteries, can increase motivation and thus decrease complacency. Such financial incentives are being offered from individual businesses up to the state level, and we know that they are effective at decreasing complacency, especially with one- or two-time behaviors such as vaccination.

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What financial incentive(s) can you offer to boost your patients' motivation for vaccination? Discounts on front-of-store merchandise? In addition to your offering, you can also increase awareness of incentives that others are offering. For example, the National Football League (NFL) is offering to vaccinated persons a 25% discount on merchandise and a drawing for a chance to win 50 tickets to Super Bowl LVI. And city leaders in Memphis, Tenn., began a sweepstakes for a free car to any resident who was vaccinated. For more incentives, visit the sites in the box.

VACCINE INCENTIVE RESOURCES:

www.nga.org/center/publications/covid-19-vaccine-incentives/

www.vaccines.gov/incentives.html

Then there are assistance programs designed to make getting vaccinated more convenient. These programs make getting vaccinated easier by decreasing the time, money, and/or effort involved. For instance, both Lyft and Uber are offering free rides to vaccine appointments. And the YMCA and Bright Horizons are offering free childcare during vaccine appointments. If these services are available in your area, consider mentioning them in your messaging campaign regarding COVID-19 vaccination. Further, be sure to check with your state and county departments of health to see if there are additional programs in your area to which you could direct patients.

Increasing vaccine confidence can be more challenging. Generally, you want to address the individual's thoughts and concerns regarding the impact of getting vaccinated versus not getting vaccinated. And you want to take a balanced and evidence-based approach without pressuring patients. You must acknowledge that it is their right to choose whether or not to get vaccinated. Given that you have the requisite training, motivational interviewing is a powerful approach that can be utilized when discussing vaccination with a patient. But what about general messaging to increase vaccine confidence? The CDC has six ways that you can help build COVID-19 vaccine confidence. These include encouraging community and organizational leaders to be vaccine champions, sharing key messages regarding safety and effectiveness, and providing education regarding vaccine development and safety monitoring, among other strategies. These are all things that you can include in your messaging meant to prompt patients to get vaccinated.

So, we have discussed general approaches to address complacency, convenience, and confidence regarding COVID-19 vaccines. But how do you systematically alert patients to the incentives, assistance programs, and information available that will facilitate their getting vaccinated? This is where your pharmacy technology comes in. There are many approaches that you can use. Here are a few. Post information regarding the incentives and assistance programs available to your patients on your website, along with key information regarding the safety and effectiveness of the vaccines. Create a QR code that links to this information on your website and that you can print and attach to prescriptions for patients to scan upon pickup. If you are on social media (e.g., Facebook, Instagram), consider posting incentives, assistance programs, and information there too. You can also use these platforms to publicly engage with and promote community leaders who are serving as advocates for vaccination. Set up your interactive voice response (IVR) system to mention promotions and assistance programs regarding vaccination when patients call your pharmacy. If your IVR supports outbound calls, create a campaign that reaches out to your patients. Create an email and/or text messaging campaign that covers the incentives, assistance programs, and information pertinent to prompting your patients to get vaccinated.

There you have it. A few technology-based strategies that you can use to provide information, alert your patients to the incentives and assistance programs available to them and, ultimately, prompt more of your patients to get vaccinated. As always, we want to hear from you. What strategies have you found to be effective for facilitating COVID-19 vaccination? And what other approaches do you plan to try? Let us know. We welcome your comments. **CT**

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How Should Pharmacies Handle Unbranded Biologics?

Melissa Sherer Krause, Pharm.D.

Emmanuel Anderson, Pharm.D. Candidate

THE TERM "UNBRANDED BIOLOGIC" HAS RISEN in significance over the past couple of years. On March 23, 2020, the "deemed to be a license" provision of the Biologics Price Competition and Innovation Act of 2009 (BPCI Act) shifted many products previously approved via new drug applications (NDAs) to be deemed biologic license applications (BLAs). For many of these products, the change in license type has had minimal impact; however, for products that were previously viewed as having pharmaceutical equivalence, there can be an impact on drug product selection at the pharmacy. Namely, this impacts NDA-to-BLA products that were previously considered "authorized generics" as NDA drugs and are now BLA "unbranded biologics."

Pharmacists often think of the terms "brand" and "generic" as dichotomous and mutually exclusive, so it is not surprising that unbranded biologics, such as insulin and human growth hormone, among others, seem to be causing confusion for pharmacies when it comes to product selection. We will address how unbranded biologics are being displayed in pharmacy management systems and what pharmacists need to do to make sure they are being reimbursed appropriately.

Unbranded biologics are essentially identical to their branded counterparts, like an authorized generic for small-molecule drugs. As such, unbranded biologics should be therapeutically equivalent and therefore substitutable for the innovator biologic, since they are the same drug. The explanation for this reasoning is similar to this statement that the FDA (Food and Drug Administration) previously issued about authorized generics for small molecules:

"An authorized generic is considered to be therapeutically equivalent to its brand-name drug because it is the same drug. This is true even if the brand-name drug is 'single source,' meaning there are no ANDAs [abbreviated new drug applications] approved for that product, or coded as non-equivalent (e.g., BN) by the FDA in the *Orange Book*. While a separate NDA is not required for marketing an authorized generic, FDA requires that the NDA holder notify the FDA if it markets an authorized generic. The NDA holder may market both the authorized generic and the brand-name product at the same time."

However, the FDA has not issued this same type of statement for unbranded biologics. Since there are only biosimilars and no interchangeable biologics on the market today, confusion exists about when an unbranded biologic may be substituted for the originally prescribed brand biologic.

Where we see this impact occur is in the pharmacy. We conducted a convenience sample of Walgreens, CVS, Rite Aid, and Walmart pharmacies to understand how their pharmacy management systems display information for unbranded biologics. We talked to pharmacists in a few different states to help account for potential variability based on state pharmacy laws and regulations. While this is a small sample, we found some interesting differences among the major chains. We asked whether substitution options were presented when they entered a prescription for:

- Lantus Solostar, which has branded alternatives of Basaglar KwikPen and Semglee pen.
- NovoLog FlexPen, which has an unbranded biologic of insulin aspart.
- Humalog KwikPen, which has an unbranded biologic of insulin lispro.

Among the CVS pharmacies we spoke to, no substitution options were presented for Lantus SoloStar, NovoLog FlexPen, or Humalog KwikPen. At the Walmart pharmacies, there were not substitution options presented for Lantus SoloStar, but insulin aspart was presented as a substitution option for NovoLog FlexPen, and insulin lispro was presented as a substitution option for Humalog KwikPen. At the Walgreens pharmacies both Lantus SoloStar and NovoLog FlexPen had substitution options presented, but Humalog KwikPen did not. At the Rite Aid pharmacies substitution options were presented for all three, Lantus, NovoLog, and Humalog. This brief exercise illustrated that pharmacies are taking different approaches to substitution options for unbranded biologics. Because this is a small sample size, we cannot guarantee that every store within a chain would display information in this same manner. The authors caution that just because a pharmacy system may display a product as a substitution option, that does not necessarily mean the chain is indicating the product can be legally substituted. Among the

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comments we heard when making these calls, some pharmacists noted that the insulin products may only be substituted if the prescription notes "substitution allowed." Similar sentiments included the belief that the products are "not interchangeable without talking to the doctor." Other pharmacists mentioned that the decision to substitute really depends on the patient's insurance and which product it will cover.

This variability is likely the result of good intentions to ensure patient safety, preventing nonequivalent products from displaying as substitution options. But an unintended consequence could result in patients not being offered potentially cost-saving alternatives that bear the same active ingredient, strength, route of administration, and dosage form as the original brand product.

FDA PERSPECTIVE: When the FDA recategorized biologicals approved with an NDA or ANDA, it did not create a corresponding term or category akin to authorized generics for small molecules. What makes this even more confusing is that the FDA has specific assignments — biosimilar and interchangeable — in the *Purple Book*. However, in this question addressing unbranded biologics, the FDA uses the word "equivalent" in its response (purplebook search.fda.gov/faqs#9).

"Q9: How are 'unbranded biologics' displayed in the *Purple Book*?

A9: The term 'unbranded biologic' or 'unbranded biological product' generally describes an approved brand name biological product that is marketed under its approved BLA without its brand name (proprietary name) on its label. Because an unbranded biologic is marketed under the brand name biological product's BLA and is not different in strength, dosage form, route of administration, or presentation, it is not separately identified in the *Purple Book*. An 'unbranded biologic' is not an 'interchangeable biosimilar.' However, an unbranded biologic is considered by the FDA to be equivalent to its brand name biological product because it is the same product as the brand name biological product under the same BLA."

The FDA does not define "equivalent" in this response, but states it is not an interchangeable biosimilar. Unbranded biologic products typically bear the same chemical/generic name as the innovator biologic, since the FDA (as of today) has not moved forward with its biological naming guidelines, which would require a suffix on all the biologicals previously approved under NDA and ANDA status. This is yet another area where these products differ from traditional biosimilars.

State pharmacy laws and regulations may also have an impact on pharmacists' authority to substitute these products. In some states, pharmacists may be allowed to exercise professional judgment and document the decision accordingly. In addition to substitution decisions, some states have specific notification requirements around switching biologic products, and notifying the prescriber and/or the patient. If you are unsure what is allowed in your state, consult state pharmacy laws/regulations and/or your pharmacy employer.

COMPENDIA PERSPECTIVE: Each compendium will have its own approach to identifying and grouping biologic products, including the unbranded biologics. For example, Medi-Span lists all BLA-approved products as "single source." That policy existed long before the March 23, 2020, shift to biologic status for many previously NDA-approved drugs. Medi-Span did announce they would be moving all NDCs that received a BLA assignment to the *Purple Book* as single source ("N" drugs in Medi-Span terms). As a result, unbranded biologics that were previously authorized generics had been designated as "M" drugs in Medi-Span and had to be changed to "N" drugs in 2020.They still share the same GPI (generic product identifier) as the original brand because they are the same product.

At First Databank, they have renamed the "Authorized Generic Indicator" field to now read "Authorized Generic or Unbranded Biologic," so that it can be used to identify whether an NDC is either a BLA unbranded biologic or an NDA-authorized generic.

Other compendia may take different approaches to the identification and grouping of unbranded biologics.

POTENTIAL SOLUTIONS: For pharmacists, it is important to be familiar with unbranded biologics and to understand that although they may not be interchangeable biologics, they are equivalent. Some payers may continue to prefer the original brand on their formularies, due to existing agreements, while others may want to encourage their members to switch to an unbranded biologic to save costs.

Pharmacists must be diligent in accurately dispensing the prescribed product to pass retrospective third-party claims audits and use the appropriate dispense-as-written (DAW) code if applicable. If a payer performs an audit comparing the dispensed product to the prescribed product and there is not a match, the payer could void or recoup the reimbursement from the pharmacy. Pharmacists who have been "dinged" on previous audits will know that a call back to the prescriber is a must to avoid future financial penalties.

Until there is more clarity around the interchangeability of unbranded biologics, pharmacies should document when they have contacted a prescriber to authorize dispensing a product, as in the case of an unbranded biologic substituted for the original branded product, and document which product the prescriber intended for the patient to receive. **CT**

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Americans Want Access to Their Healthcare Data

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MY LAST COLUMN FOCUSED on the sunsetting of the Office of the National Coordinator for Health Information Technology's (ONC) Shared Nationwide Interoperability Roadmap because of successes in meeting milestones within the roadmap. Federal health IT efforts will now be guided by regulations implementing technology components of the 21st Century Cures Act and the 2020-2025 Federal Health IT Strategic Plan. That plan was released with little fanfare in October of 2020 during the COVID-19 pandemic. According to then national coordinator, Donald Rucker, M.D., the plan's aim is to outline concrete steps that federal partners can take to improve health through health IT. The plan's goals, objectives, and strategies highlight how important electronic health information is, including how it is enabled by public health surveillance, telehealth, and remote monitoring. He notes that while gains have been made, much work remains to ensure patients and caregivers have access to "valuable, usable information."

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That is an important aim and one that aligns with public opinion, according to a recent survey by the University of Chicago's AmeriSpeak Panel of the U.S. household population commissioned by the Pew Charitable Trusts. A representative sample of 1,213 adults ages 18 and older was queried both by phone and online about sharing their electronic healthcare data. The majority of those surveyed support efforts that improve how their health data is shared among their physicians and other care providers, and they want better access to their own healthcare data, including X-rays, CT scans, and other imaging. Fully 81% said they would support enabling different healthcare providers to share patient health record information between their EHR systems when they are caring for the same patient. More than 67% of those surveyed want their doctors, hospitals, and other health providers to share advanced care plans, end-of-life preferences, images, and family medical histories. A majority also would like the capability to download their healthcare data to applications on mobile devices, especially if the apps were preapproved by doctors, hospitals, or independent boards. The COVID-19 pandemic made respondents more likely to support provider data sharing, although the pandemic did not influence their opinions on downloading data to apps or whether there should be government standards to improve data matching between providers.

The new federal health IT five-year strategic plan supports easier data sharing. It is an outcomes-driven plan designed to meet the needs of patients, caregivers, health providers, payers, researchers, developers, and innovators. The federal HIT vision remains the same: a health system that uses information to engage individuals, lower costs, deliver high-quality care, and improve individual and population health. Its mission is

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to "Improve the health and well-being of individuals and communities using technology and health information that is accessible when and where it matters most." Sounds like a great match between the plan and public opinion.

The plan consists of six federal health principles:

- Put individuals first. This means embracing patient-centered care that values the whole individual, including the patient's goals, values, culture, and privacy.
- Focus on value. This is promoting and pursuing activities that improve health and care quality, efficiency, safety, affordability, equity, effectiveness, and access.
- Build a culture of secure access to health information. This is supporting secure health information access, exchange, and use by individuals, caregivers, providers, public health professionals, and other stakeholders.
- Put research into action. This is strengthening feedback loops between scientific, public health, and healthcare communities to efficiently translate evidence into clinical practice and improvement.
- Encourage innovation and competition. This is supporting and protecting innovation and competition in health IT that result in new solutions and business models for better care and improved outcomes.
- Be a responsible steward. This is developing health IT policies though open, transparent, and accountable processes that use federal resources judiciously while leveraging private sector expertise to provide technology and services to execute on the policies.

The plan also outlines opportunities that exist within a digital health system, including:

Empowering patients.

Moving to value-based care.

Advancing interoperability.

Promoting new technologies.

Reducing regulatory and administrative burdens.

Protecting health information privacy and security.

The plan's four major goals embody these principles and include promoting health and wellness; enhancing care delivery and experience; building a secure, data-driven ecosystem to accelerate research and innovation; and connecting healthcare with health data. The 14 specific objectives associated with each goal may be found within the plan, accessible at: https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan.

Patient empowerment will be aided by 21st Century Cures Act regulations about standards-based application programming interfaces (APIs), which I talked about in my last two columns related to the roadmap sunsetting and the FDA's Digital Health Center of Excellence. Continued emphasis on the government's health program incentives will move the needle forward toward value-based care, including driving interoperability by using Health Level Seven's Fast Healthcare Interoperability Resources (FHIR) for APIs. Improved broadband access is noted as another driver of new and expanded technologies, including telehealth.

Importantly, the plan was developed in coordination across 25 federal organization that are involved in health IT. Authors note that their work in developing the plan was motivated by the constant evolution of mobile and web apps and medical devices, as well as the increased reliance by both the public and private sectors on interoperable health IT and information. The report's architects would like it used to prioritize resources; align and coordinate efforts; signal priorities to the private sector; and allow for benchmarking and program assessment. I encourage all *ComputerTalk* readers to download the plan and scan its goals, objectives, and strategies to see how they may help drive innovation in their companies and organizations. **CT**

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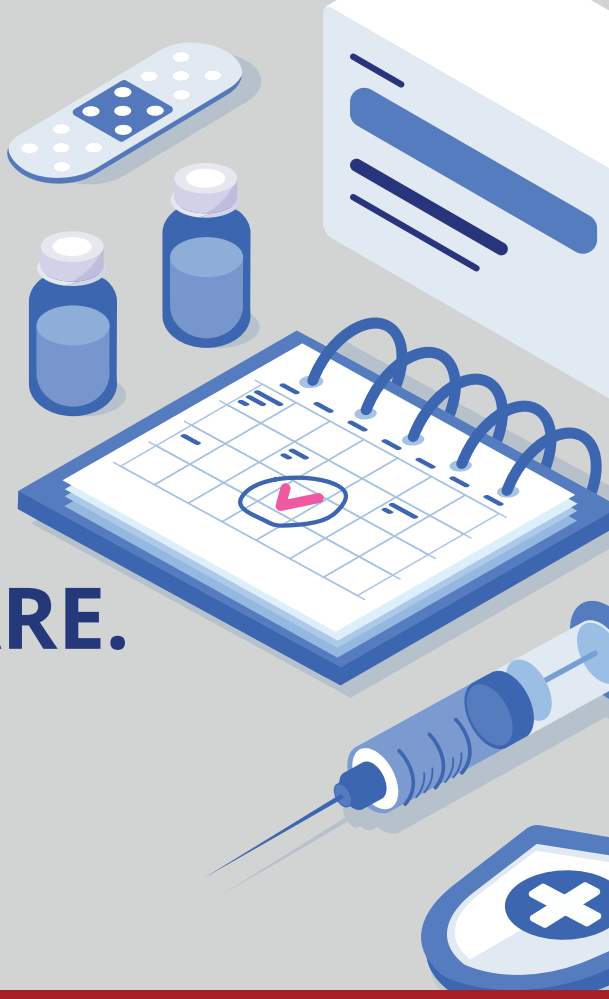

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