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SPECIALTY PHARMACY PRACTICE STANDARDS
Version II, December 20, 2016

Introduction
The Center for Pharmacy Practice Accreditation (CPPA) recognizes the public’s need for specific predictable and measurable pharmacist’s clinical services. To meet this need, CPPA gathered expert stakeholders to develop consensus-based specialty pharmacy practice standards. The resulting voluntary accreditation process is offered to those specialty pharmacy practices with an interest in improving patient care by differentiating their practices as exemplary through this formal recognition program.

CPPA creates, manages, and maintains the process that leads to the use of standards for pharmacy practice accreditation. CPPA implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development, and maintenance of principles, policies, and standards. The mission of CPPA is to serve the public health by raising the level of pharmacy-delivered patient care services through accreditation of the pharmacy practice.

Purpose of the Specialty Pharmacy Practice Standards
Specialty pharmacy generally revolves around the provision of 1) high cost medications with 2) special handling procedures and 3) requiring complex patient care. 1

- Typically high in cost ($600 or more per month)
- Involve complex treatment regimens that require ongoing clinical monitoring and patient education
- Have special handling, storage, or delivery requirements
- Are generally biologically derived and available in injectable, infusible, or oral form
- Are dispensed to treat individuals with chronic and/or rare diseases
- Frequently have limited or exclusive product availability and distribution
- Treat therapeutic categories such as oncology, autoimmune/immune, or inflammatory conditions marked by long-term or severe symptoms, side effects, or increased fatality

Specialty medication costs are expected to reach $192B in 2016 and quadruple to over $400B by 2020. 3

Under the pharmacy and medical benefits, the 3.6% of members who use specialty medications account for 25% of healthcare costs. 4 Given these factors, it is imperative that pharmacy practices help optimize the clinically appropriate use of specialty medications.

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CPPA Specialty Pharmacy Practice Standards are designed to create a consensus around the practice of specialty pharmacy and guide the accreditation process. CPPA defines specialty pharmacy practice as a pharmacy practice created

1. to manage the medication access and handling requirements of specialty pharmaceuticals, including dispensing and distribution, and

2. to provide clinical management services for patients with chronic, serious, life-threatening and/or rare disease or conditions\(^5\) receiving specialty medications aimed toward achieving the desired patient therapeutic and economic outcomes.

While specialty pharmacy practice continues to evolve, best practices inclusive of patient management and support, product management, medication therapy management, healthcare provider relationships, manufacturer relationships, and continuous quality improvement should remain contiguous and be readily supported by its practitioners. Established standards help to guide, describe, and gain recognition for innovative, high quality, safe and effective specialty pharmacy practices. The development of a standards-based accreditation process is critical for continuous quality improvement, consistency, and “to ensure medication safety and effectiveness, and quality of medication use for desired health outcomes.”\(^6\) These standards seek to provide clarity to the key metrics that effectively support patients, healthcare providers, manufacturers, payers, and peers engaged in the specialty pharmacy practice.

Scope of Standards: The CPPA Specialty Pharmacy Standards address four primary areas of specialty pharmacy practice, which encompass the overall provision of pharmacy care for patients receiving pharmaceuticals. These areas of focus include the organizational infrastructure to support the provision of specialty pharmacy care, patient access to medications via manufacturer requirements and benefits investigation (BI), clinical management of the patient, and quality. Specifically, the standards are organized under the following Standard Domains:

1.0 Organizational Infrastructure
2.0 Access to Medications
3.0 Clinical Management Services
4.0 Quality Improvement

Within each Standard Domain are key standards that demonstrate competency in the identified area of specialty pharmacy practice. These standards represent the specific criteria for CPPA evaluation of the specialty pharmacy practice to determine consistency with the standards for accreditation within the overall management of specialty pharmaceuticals and clinical pharmacy management of patients.

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\(^5\) http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief%20id=103

It is expected for accreditation that the patient care, dispensing services, and support services provided by the specialty pharmacy practice and as described in their Scope of Services demonstrate compliance with applicable state and national regulatory requirements and/or standards established by a recognized organization appropriate for the services provided.

All standards are required for accreditation except those designated as “Goal.” Accredited practices will be expected to be working toward these “Goals.” As best practices evolve and become more prevalent, “Goal” standards will eventually be required for accreditation.
**Domain 1.0: Organizational infrastructure**
The specialty pharmacy practice has an organizational infrastructure to support the provision of specialty pharmacy care.

1.1  **The specialty pharmacy practice has appropriate documents and current licensure required of the specialty pharmacy practice.**

**NARRATIVE:**
It is expected for accreditation that the patient care, dispensing services, and support services provided by the specialty pharmacy practice and as described in their Scope of Services demonstrate compliance with applicable state and national regulatory requirements and/or standards established by a recognized organization appropriate for the services provided. The specialty pharmacy practice may or may not have a legal department, a designated compliance officer, or outside legal counsel to ensure necessary legal and regulatory compliance.

In order to provide pharmacy services beyond the borders of a pharmacy’s home state, out-of-state licensure and additional documentation may be applicable. Dispensing, wholesaling, infusion service provision and nursing services require individualized licensure with practice-specific oversight guiding individual practice authority.

Regarding the staff of the specialty pharmacy practice, all pharmacists are licensed or registered and all technicians are licensed, registered, and/or certified, as required by state regulations. The specialty pharmacy practice has mechanisms for ensuring that all pharmacists and technicians are in good standing in all states where they are licensed/registered/certified through verification of licensure, registration, certifications and continuing education requirements.

1.1.1  **The pharmacy practice has a written code of conduct demonstrating the practice’s commitment to provision of ethical care and services.**

**NARRATIVE:**
- The specialty pharmacy practice has a written code of conduct that articulates the practice’s commitment to the provision of ethical care and services. The written code of conduct articulates the practice’s commitment to comply with all applicable statutory and regulatory requirements and includes expectations of its staff and professional pharmacy partners to act in an ethical and compliant manner and ramifications of failure to comply with these expectations i.e. disciplinary actions.
- The code of conduct should encourage employees, management, and board members or other governing body members to report violations of law and policy to the specialty pharmacy practice and/or to the board of pharmacy of the state and/or to law enforcement.
- The code of conduct is approved and reviewed periodically by the specialty pharmacy practice board of directors and senior management.
1.2 The specialty pharmacy practice has a) a clear organizational structure including a mission statement, b) a policy and procedure process, and c) a process for the delegation of organizational oversight and leadership to allow for safe and effective delivery of services.

NARRATIVE:
Specialty pharmacy practice requires a clear understanding of business relationships, internal reporting, and documented organizational structure. This organizational structure includes the direct and indirect reporting relationships within the organization and with service providers to whom specialty pharmacy practice roles are contractually delegated. Organizational structure documentation is inclusive of pharmacy ownership, management, reporting structure, and delegated authority to outside entities.

A patient-centered mission statement that reflects the services provided to the patient is an essential guide for the specialty pharmacy practice and is posted in the practice setting to serve as a reminder to the staff of the focus of the practice. The mission statement is reviewed by leadership and staff regularly for necessary modifications based on scope of practice and is included in the patient enrollment materials.

The specialty pharmacy practice has current policies and procedures that are readily available and followed by appropriate pharmacy staff in everyday practice. Specialty pharmacy practices have a documented process to develop, maintain, review, and update policy and procedure documents, including the documentation of ownership, leadership responsibility and formal approval of policies and procedures. This process also occurs when required, such as the enactment of a new regulation or a change in practice. Policies and procedures should be documented in a consistent format and should include dates of creation, reviews, revisions and approvals. New and revised policies and procedures are provided to the pharmacy staff on an ongoing basis in a readily-retrievable format, such as online or an easily accessed binder in each facility and, when necessary, staff is provided training and education related to policies and procedures.

The specialty pharmacy practice has a clearly defined organizational leadership structure that encourages the reporting of safety risks. The specialty pharmacy practice establishes a process appropriate to the size of the organization for escalating safety concerns or information that warrants management’s attention. The specialty pharmacy practice may include, as part of the escalation plan, access to a means of anonymous reporting of concerns, such as a compliance hotline.

1.3 The specialty pharmacy practice describes the scope of specialty pharmacy services offered.

NARRATIVE:
The scope of services provided by the specialty pharmacy practice may be determined by the specialty medication provided, the specific patient population served, disease state(s), or specialty provider referrals. The scope includes the population(s) served, the specialty medications dispensed and related
protocols, the clinical management of specialty medications, and patient care services provided (including methodology and evidence-based guidelines used), patient support services (e.g., financial assistance information, patient education), the desired therapeutic goals (e.g., disease cure, quality of life, symptom reduction), and other information as appropriate. Many specialty medications have restricted distribution networks and limited patient populations, and defining the scope of specialty services at the pharmacy is important to ensure consistency and competency in the skills and ability of staff. In addition, specialty pharmaceuticals are typically ordered by medical specialists whose geographical location of the specialty pharmacy practices and this may be a driving force behind patient referrals to the specialty pharmacy practice. These and other considerations, such as the methodology/guidelines used for patient services, communications with patients and healthcare providers, patient records and other documentation should be factored into the description of the scope of services.

Example areas of specialty pharmacy practice or specialty pharmaceuticals/medications dispensed:
1. Alpha-1 antitrypsin deficiency
2. Bone marrow transplantation
3. Dermatology
4. Gastroenterology
5. Growth disorders
6. Hematology
7. Hemophilia
8. Hepatology
9. Hereditary angioedema (HAE)
10. HIV
11. Immune globulin (IV or subcutaneous)
12. Infertility
13. Infusible oncology
14. Neurology
15. Oral oncology
16. Pulmonary disorders (cystic fibrosis, pulmonary arterial hypertension)
17. Renal failure
18. Restricted distribution or orphan pharmaceutical-specific support programs
19. Rheumatology
20. Solid organ transplantation

1.4 The specialty pharmacy practice defines and manages internal and external delegated services.

NARRATIVE:
Delegated services may be provided by contracted internal organizational staff or by external contracted healthcare providers whose activities are under the control of the specialty pharmacy practice. These delegated roles do not supplant the requirement that specialty pharmacy practice staff be able to provide these delegated services when needed at the point of patient contact. Delegated roles are clearly defined, contractually documented, and of appropriate scope. The specialty pharmacy practice is responsible for all aspects of delegated services.
Delegated services, which may be services traditionally provided by a specialty pharmacy, are documented and integrated into the specialty pharmacy practice’s patient record. Contracts or service agreements for the delegated services and the performance of the delegated services are reviewed by the specialty pharmacy practice on regular intervals to ensure that services are appropriately provided and to ensure that delegation contract and service agreements are current and accurate. Significant changes to delegated services contracts or agreements should be reported to CPPA.

1.5 The specialty pharmacy practice has appropriate professional and support staff to deliver services.

**NARRATIVE:**
The specialty pharmacy practice has appropriate staff management procedures to support overall operations and patient care. Effective staff management also aligns the roles of employees within the overall specialty pharmacy practice and assist in maintaining the integrity and consistency of the operations and patient care services.

The specialty pharmacy practice has the following elements for effective staff management:

1. **Job descriptions** for each category of staff that outline duties, functions, and responsibilities so that each employee understands precisely and in sufficient detail the tasks and functions that are expected and permitted by regulation in the course of performing his or her job. The categories may include the pharmacist-in-charge, the pharmacy manager, the staff pharmacist, the pharmacy graduate intern, the pharmacy resident, the student pharmacist, the pharmacy technician, ancillary pharmacy staff, nurses, and other healthcare providers where applicable. The specialty pharmacy practice ensures that all employees are vigilant about performing only those tasks permitted by their category, are competent in their role, understand the practice’s policies and procedures, and know who to contact with concerns about their scope of practice.

2. **Hiring procedures** that include initial review of credentials. These procedures are standardized and documented in order to assess and maintain competent staff. Necessary education and training required for each position are documented and reviewed as part of the hiring process. Such practices include those related to ensuring all staff is compliant with the continuing education requirements of the relevant licensing or credentialing board. Other elements that should be included and documented as part of the hiring process are employee background checks, review of OIG Medicare and Medicaid fraud registry, malpractice insurance carriage for applicable positions, and applicable health factors for staff in direct patient contact (e.g., TB and other screenings; hepatitis B and other vaccinations).

3. **Staff training** as part of initial orientation as well as ongoing training to maintain job competency. This training will vary by job or profession but should include what staff needs to know to perform job duties and to have the most current knowledge required for job competency on an ongoing basis. Training also includes confidentiality of personal health information and organizational proprietary information, conflict of interest disclosures, and code of conduct policies.

4. **A performance appraisal system** that includes an annual performance review aligned to the duties, responsibilities, and roles required for each staff member and defined measures of success. The specialty pharmacy practices recognize the power of performance evaluations and ensure that these
evaluations are crafted to incentivize staff to support and promote positive patient outcomes and compliance with policy and rules, rather than primarily focusing on volume or financials.

5. A process to evaluate the effectiveness of the staffing model by collecting, evaluating, and documenting pharmacy workload and performance data and utilizing these data to improve operations and patient safety. The pharmacy annually establishes metrics to measure the effectiveness of the staffing model, taking into account the appropriate workload or financial expectations of the pharmacy staff without compromising patient safety. The specialty pharmacy practice has a mechanism to gather staff input on staffing effectiveness and validate and address any concerns.

6. Sufficient professional, technical, and support staff resources to fulfill the mission of the specialty pharmacy practice, deliver patient care services, and ensure quality and patient safety. The specialty pharmacy practice evaluates staffing model necessary for effective and safe organizational performance.

GOAL:

1. Documentation of annual influenza vaccination requirements for employees with direct patient contact
2. The specialty pharmacy practice has a defined scope of practice for pharmacists. The pharmacist scope of practice is obtained through careful review of a pharmacist qualifications, training, and demonstration of skills and allows for collaborative medication management. The scope defines the necessary credentials and skill level for the specialty pharmacy practice.7

1.6 The specialty pharmacy practice maintains a structure to ensure appropriate fiscal management.

NARRATIVE:
Access and timely provision of specialty medications for patients is a critical element of care entrusted to the specialty pharmacy practices. The specialty pharmacy practice has a significant investment in the medication inventory required to provide specialty pharmacy services. The specialty pharmacy practice has established procedures surrounding the fiscal management of pharmacy operations and inventory and has procedures for management of third-party plan reimbursement, patient collections and accounting, billing units associated with specialty medications, and third-party audits to ensure financial integrity and timely access of medications for patients.

1.7 The specialty pharmacy practice has protocols for medication procurement, storage, preparation, and distribution for medication integrity and safe and timely delivery.

NARRATIVE:

Specialty pharmaceuticals routinely have specific handling requirements necessary for medication potency and integrity at the point of administration by the patient. Even in the absence of these special handling requirements, the significant costs associated with specialty medications require the specialty pharmacy practice to have the ability to reconcile delivery of medication to the patient. Because of the high percentage of specialty medication delivered via mail or courier service, diligence is exercised by the specialty pharmacy practice to protect and ensure safe delivery of medications to the patient. These policies and procedures include supply chain, storage, medication preparation, inventory control and delivery. The specific areas are the following:

**Supply chain:**
Due to the costs associated with specialty pharmacy therapy and the increasing risks associated with tertiary or “grey” market suppliers, specialty and non-specialty pharmaceuticals are sourced from licensed (minimum) and accredited (desired) distributor, wholesaler or manufacturer in order to ensure patient safety. This includes all branded and generic medications provided to patients under the care of the pharmacy provider. It is the responsibility of the applicant pharmacy to ensure that the specialty pharmacy practice stays current with established regulatory requirements governing supply chain and medication provision. The specialty pharmacy should ensure having processes to prevent the dispensing of medications that have been adulterated, misbranded, are/or suspected of being counterfeit or fraud. Medication products should be visually inspected upon receipt and put into inventory. Additionally, inventory control should detect theft or diversion, and include investigating and reporting suspicious events to the appropriate agency, if warranted.

**Storage:**
Specialty pharmaceuticals have specific storage requirements and frequent requirements for inventory reporting. The specialty pharmacy practice ensures that medications are stored appropriately and pursuant to manufacturer requirements. The specialty pharmacy practice also demonstrated ability to identify storage temperatures, humidity conditions and have procedures for continuous temperature and humidity monitoring and detection of variances and excursions, as well as addressing ambient refrigerator or freezer storage conditions.

*Storage* refers to both the act of medication storage and the ability to accurately reconcile medication inventory stored within the pharmacy location. The specialty pharmacy practice has mechanisms to track inventory levels and provide reporting via a reliable inventory tracking tool for internal auditing and reporting requirements. Appropriate physical storage conditions are ensured from the point of receipt from the medication source, storage at the pharmacy level, medication preparation at the site of dispensing, and throughout the delivery process of providing medication to the patient.

**Medication recalls, outdated and returned medications:**
The specialty pharmacy practice has systems, policies, and procedures in place to appropriately manage medication recalls, outdated drugs, and returned medications. If the specialty pharmacy practice participates in a drug take-back program, it complies with applicable regulations as well as established policy and protocol.
Medication preparation:
During the process of medication preparation, storage and labeling, refrigerated medications can be exposed to excessive temperatures if safeguards are not established to prevent the risk. Generally, refrigerated medications should be at room temperature for a limited time, consistent with good handling practices, during medication preparation and labeling procedures. Pharmacy staff is protected from exposure to hazardous medications and other materials used in the preparation of the specialty medications.

Medication delivery:
Medication delivery represents the largest threat to overall medication stability as temperatures can vary widely based on different courier options. The threat of temperature fluctuation is greater for refrigerated medications but also exists for non-refrigerated medications. The specialty pharmacy practice ensures that medications are shipped by the most appropriate method to accommodate the storage requirements of the therapeutic agent being provided to the patient. While disposable temperature sensors and nonpharmacy based packaging suppliers exist, it is the responsibility of the pharmacy to ensure that internal procedures are developed and appropriate for medication delivery. The specialty pharmacy practice has internal policies and procedures to ensure that internal packaging protocols are appropriate for temperature integrity of packaged medications. Medications are packaged and shipped by an appropriate courier to ensure that the pharmacy does not affect the overall expiration on receipt by the patient (e.g., medications with both refrigerated and room temperature stability such as insulin, NuvaRing, Genotropin, and Norditropin).

Hazardous Medications:
The practice has procedures for handling, storage, preparation, and delivery of hazardous medications, including other hazardous materials.

1.8 The specialty pharmacy practice has an appropriate environment to maintain patient privacy and deliver patient care services.

NARRATIVE:
Specialty pharmacy practice provides patient care services in a setting that maintains privacy and confidentiality. The specialty pharmacy practice has a procedure to make pharmacy staff members aware of privacy requirements and takes measures to secure patient information and protect patient privacy and confidentiality. The specialty pharmacy practice ensures that patients receive services in a space, including services delivered telephonically, that provides the level of privacy required by state and federal law. In addition, privacy accommodations are considered in response to patient requests and feedback received by patients.

The specialty pharmacy practice has adequate space and workflow design to conduct its operations and deliver patient care services and is in compliance with state and federal laws regarding access, privacy and safety. Environments have been created to minimize interruptions and allow staff to concentrate on their assigned duties. The specialty pharmacy practice site is neat, clean, and organized to maintain and project a professional appearance. Patient care services are delivered in an environment that provides
comfort to the patient and ensures patient health information is protected. Where appropriate, the environment allows for conducting point-of-care testing and immunization services.

1.9 The specialty pharmacy practice uses systems and technology that support safe medication distribution processes and facilitate patient safety.

NARRATIVE:
The specialty pharmacy practice has implemented technology and/or uses other tools that limit the opportunity for misfills. Examples of this technology may include, but are not limited to, barcode verification of ordered drug and stock bottle and the presentation of an image of the intended medication for the pharmacists at verification. Other tools and technology include biometric verification and photo image verification of tablet/capsule descriptions, automated counting and dispensing devices or equipment. Equipment cleaning, calibration and maintenance should also be addressed.

1.10 The specialty pharmacy practice uses information systems and technology for documentation and support of the delivery of patient care services.

NARRATIVE:
The specialty pharmacy practice ensures that pharmacy information systems are utilized to document all clinically relevant patient information in one location at the point of care. This documentation includes all clinically relevant patient information including patient demographics, patient allergies, over-the-counter medications, dietary habits and supplements, clinically relevant laboratory values when available, and patient diagnosis information when available. Patient information may be obtained from the patient’s physician, patient care discharge documentation, or by patient self-reporting and other sources as needed. All information is stored and accessible in a manner that facilitates effective pharmacist communication with patients, caregivers, prescribers, other appropriate healthcare providers, other pharmacists in the specialty pharmacy practice, or external care organizations. Pharmacy information systems are appropriate for the scope of service and size of practice.

The specialty pharmacy practice information systems support the pharmacist performing effective prospective and retrospective Drug Utilization Review (DUR).

GOAL:
The specialty pharmacy practice implements an electronic pharmacy information system that facilitates access to clinically relevant patient information.

1.11 Specialty pharmacy practice information systems provide access to appropriate evidence-based references and clinical decision support programs that facilitate the delivery of patient care services.
NARRATIVE:
Pharmacy information systems provide access to clinical decision support programs that include current drug interaction and adherence screening methodologies for guidance in up-to-date clinical decision-making efforts. The specialty pharmacy practice ensures that the software is readily available and routinely updated to assist the pharmacy staff in effective clinical decision-making. The specialty pharmacy practice establishes expectations for utilization of the most current references and the primary literature in the provision of patient care services.

GOAL:
The specialty pharmacy practice provides access to clinical decision support programs, as described by the Agency for Healthcare Research and Quality (AHRQ), that aid in guiding evidence-based decision-making.

1.12 The specialty pharmacy practice supports the interoperability of information systems.

NARRATIVE:
Patient care is improved through the sharing of patient information among the patient care providers. The specialty pharmacy practice implements strategies to facilitate the foundational exchange of medical and medication information. The exchange or transmission of data occurs via fax or telephone or other appropriate method and the practice is able to accept e-prescribing transmissions. This exchange is primarily for the purpose of sharing information between and among appropriate healthcare providers.

GOAL:
The specialty pharmacy practice explores strategies for and takes steps to implement technology to electronically interface with other healthcare entities to exchange information by means of electronic health records (EHR).

1.13 The specialty pharmacy practice ensures the integrity, security, and privacy of patient information and other data.

NARRATIVE
1. The specialty pharmacy practice has policies and procedures to ensure information systems and technology are tested, validated, and updated on a routine basis.
2. The specialty pharmacy practice information system utilizes the most recent National Council for Prescription Drug Programs standards or other appropriate standard(s), and the specialty pharmacy practice routinely receives updates to ensure use of current standards.
3. Specialty pharmacy practice information systems have routine maintenance, validation, update, backup, cyber security, and data-retrieval systems.
4. Specialty pharmacy practice has quality assurance mechanisms to monitor and respond to concerns with performance of pharmacy information systems and technology.
5. Specialty pharmacy practice data are secure and protected from unauthorized access. The specialty pharmacy practice protects and secures the integrity and confidentiality of patient and transactional data. The specialty pharmacy practice has protocols to establish (provision) access to sensitive information including patient and human resource information, to revoke (deprovision) access when appropriate, and to periodically evaluate employee lists for properly continuing access at existing level. The specialty pharmacy practice ensures that the pharmacy information systems containing patient information to meet or exceed security requirements of the Health Insurance Portability Accountability Act (HIPAA), the Payment Card Industry Data Security Standard, and other industry standards governing the protection of electronic protected health information. The specialty pharmacy practice ensures the maintenance of standard operating procedures including documentation of all staff with access to patient information.

1.14 The specialty pharmacy practice maintains policies and procedures to ensure compliance with HIPAA and HITECH regulations.

NARRATIVE:
Because data reporting and fee-for-service agreements are commonplace within the specialty pharmacy marketplace, it is imperative that specialty pharmacy practices ensure compliance with regulations protecting patient confidentiality. This preservation of patient confidentiality includes all aspects of predispensing BI services, prior authorization (PA) services, dispensing services, and data reporting services. Specifically within fee-for-service data reporting (nonmandated by payer or manufacturer agreement) patients must be given the opportunity to opt-out of data reporting streams.

With any revisions to regulations governing privacy, such as the HITECH Act provisions and HIPAA requirements, specialty pharmacy practices continue to provide outbound phone calls and patient assessments to drive overall compliance rates and improve the outcomes of medication therapy. Equivalent services are provided to all patients as a standard of care service irrespective of fee-for-service agreements tied to particular medications within a therapeutic class.

1.15 The specialty pharmacy practice has a contingency plan in order to maintain patient care services during unplanned events.

NARRATIVE:
As a critical component of the patient’s care team, 24/7 pharmacist access and timely medication delivery are integral in the successful outcome of specialty therapy. Contingency planning for interruption in operations is required in order to maintain service to patients and healthcare providers during unplanned events. Examples include power failure, telephonic failure, pharmacy software downtime, affecting pharmacy contracts and suppliers, courier service interruption, and other system failure/event leading to operational interruption. The specialty pharmacy practice has a comprehensive contingency plan in order to provide continuity of service in the event that information systems fail as a critical component of patient and healthcare provider support. This may include access to other healthcare providers necessary for provision of care (e.g., nursing). The contingency plan is reviewed at least annually as well as updated based on actual events.
Domain 2.0: Access to Medications
The specialty pharmacy practice provides services that enable patient access to medications.

2.1 The specialty pharmacy practice provides comprehensive benefits investigation, prior authorization assistance, and benefits coordination on behalf of the patients it serves.

NARRATIVE:
Specialty pharmacy practice is well-positioned to provide a variety of services that enable the patient to access specialty pharmaceuticals in an appropriate and affordable manner. The specialty pharmacy practice completely and accurately provides benefits investigation (BI), prior authorization (PA), and benefits coordination services to patients in a consistent manner. These services enable access to specialty pharmaceuticals, proper patient education, patient acceptance of medication therapy, and formulary and benefits coverage compliance.

BI services may include complete insurance review (medical and/or pharmacy benefit), formulary status assessment, financial assistance enrollment, payment clearance, selection of appropriate specialty pharmacy practice, selection of appropriate route of delivery of the specialty pharmaceutical medication, and patient advisement related to all of these services. The ability of specialty pharmacy practices to assist prescribers in the management of PA for specialty pharmaceuticals is an evolving standard of care.

The specialty pharmacy practice has a consistent process for providing PA services which may include complete insurance coverage review, clinical information assessment, and prospective reauthorization management. When this role has been delegated by the prescriber to the specialty pharmacy practice, it is supported by delegation documentation from the prescriber authorizing the practice to provide the PA service on the prescriber’s behalf and is in accordance with any HIPAA/HITECH requirements. BI and PA services are provided either internally within the specialty pharmacy practice or delegated externally to a third party. As with other delegated functions, delegation documentation is regularly reviewed for compliance and delegation relationships are fully disclosed, as needed.

The specialty pharmacy practice conducts benefits coordination when providing BI and PA assistance services by coordinating information and involvement of the prescriber, other healthcare providers, and other sources of assistance, whenever possible. A major benefits coordination service provided by the specialty pharmacy practice to patients is identifying various sources of financial assistance (manufacturer-sponsored copay cards, manufacturer product assistance, and foundational assistance) and enrolling patients on their behalf after they authorize the service.

The outcome of BI and PA services and benefits coordination (especially patient financial assistance) is communicated to the prescriber by an appropriate method of communication as a means of fostering collaborative patient management.
2.2 The specialty pharmacy practice implements mechanisms to support patient safety and compliance with manufacturer and payer requirements.

NARRATIVE:
Specialty pharmacy practice represents an area of pharmacy practice in which establishing relationships with pharmaceutical manufacturers and payers are integral for gaining/retaining access to specialty pharmaceuticals and providing care to patients, and facilitating patient safety from the time an order is initiated and for the duration of therapy. Specialty medications frequently have restricted distribution networks and require data reporting to manufacturers on dispensing volumes, inventory levels, and patient load. Payer reporting may include call center metrics, formulary and pharmacist interventions, copay compliance, patient adherence and persistence rates, plan cost avoidance, and other dispensing metrics.

Manufacturers provide patient support services through reimbursement HUBS. The registration of patients with these HUB services and the integration of specialty pharmacy practice services with existing HUB services, when appropriate, are frequently required to ensure patient access to manufacturer-sponsored medication financial assistance. In addition, Risk Evaluation and Mitigation Systems (REMS) requirements are integrated into the specialty pharmacy practice in order to support manufacturers in maximizing patient medication safety.

Data reporting is a critical component of specialty pharmacy. Data reporting is frequently required pursuant to inclusion in third-party payer contracts as a mechanism to support quality metrics, cost avoidance, and other measures to support specialty pharmacy network inclusion. Data reporting to pharmaceutical manufacturers is often required in order to gain access to limited distribution pharmaceuticals. Specialty pharmacy practices may be compensated for this and other non-dispensing-related activities as part of product/manufacturer-specific fee-for-service agreements. Specialty pharmacy practices can best meet these reporting requirements by having data/information systems with the capabilities and capacity to generate and support such reporting.

2.3 The specialty pharmacy practice facilitates patient access to care through the transparent provision of financial information to the patient and prescriber.

NARRATIVE:
Patient acceptance of and long-term compliance with therapeutic regimens are critical for positive therapeutic outcomes from specialty medication therapies. Through a collaborative, patient-centric approach to patient enrollment and financial assessment and education, specialty pharmacists are uniquely qualified to enhance patient adherence and drive improved overall outcomes.

As in Standard 2.1, prescribers are increasingly dependent on specialty pharmacy practices to provide support for their patients through benefits investigation (BI) and prior authorization (PA) services.
Through these arrangements, the prescriber is often insulated from the true cost of therapy at the patient level and may be unaware of the overall cost of therapy when alternate therapy exists. Enrollment of patients in manufacturer-sponsored copay assistance programs and the selection of a preferred pharmacy provider shields patients from the true cost of care and patients are often undereducated about the financial implications of therapy initiation. Manufacturer-sponsored programs often reduce or eliminate deductible phases of coverage, significant coinsurance, and specialty tier copay structures. These programs also protect the patient from adverse formulary agent selection, which could potentially lead to higher out-of-pocket costs if the patient were fully responsible for the costs of therapy.

The collaborative approach to patient access to care through the transparent provision of financial information is multi-factorial and includes the following:

1. Financial assessment and patient education: Through the BI and PA process, specialty pharmacy practice staff is able to fully understand the financial implications of therapy. Staff is fully able to manage patient assistance programs. Prior to enrolling patients in these programs, pharmacy staff will provide full information to patients about the sources of funding and any long-term implications of programmatic changes.

2. Manufacturer-sponsored programs: These programs provide a clear financial benefit to patients, but patients must be made fully aware of the true cost of therapy if the program were to change fundamentally or cease to exist. This information is also provided to prescribers as a means of keeping them abreast of patient therapy initiation and the financial responsibility of their patients when making therapy choices. Enrollment in these programs is not used as a means of shifting patients away from appropriate generic substitution without substantive reason that the generic medication cannot be used. In addition, specialty pharmacy staff ensures compliance with manufacturer-based patient financial support systems (copay cards, etc.). Acquisition cost of the pharmaceutical to the specialty pharmacy practice does not adversely influence patient utilization of nonpreferred/nonformulary options, which increase the cost of care to payers unless it can be documented that the patient has exhausted formulary options.

3. Transparency in pharmacy choice: If, during the course of BI or PA, it is determined that the patient’s insurance mandates care through another pharmacy provider, it is an obligation of specialty pharmacy practice to assist the patient with navigating the care system to establish care with the preferred pharmacy, if desired. In addition, if there is a financial disincentive to the patient for use of the specialty pharmacy providing BI service, this information is provided to the patient in a nonbiased way to avoid influencing patient pharmacy selection or restricting pharmacy choice. This process is seamless from the patient’s perspective.

4. Appropriateness of route of medication administration/delivery based on patient characteristics or preference: Specialty pharmacy practices are in an ideal position to assist prescribers to identify patients who may be appropriate for transition to alternate medication/alternate route of administration based on patient characteristics. Specialty pharmacy staff is also uniquely positioned to complete a BI of the alternate therapy to assess formulary placement and streamline the conversion process. This interaction and all discussions with the patient, including financial information, are fully transparent with the intent of preserving patient choice and encouraging adherence to third-party payer formulary.
GOAL:
The specialty pharmacy practice maintains internal policies to provide disclosure of manufacturer-based financial agreements and financial assistance provided to patients. Transparency in services must be provided to the patient and a commensurate level of service is provided to all patients, irrespective of financial incentives to provide differentiation.
Domain 3.0: Clinical and Patient Management Services

The specialty pharmacy practice provides clinical management services

3.1 The specialty pharmacy practice facilitates coordinated patient management through enrollment communications to patients and prescribers

NARRATIVE:
The specialty pharmacy practice provides patients with an enrollment or welcome packet inclusive of pharmacy mission statement, pharmacy location(s) and contact information, hours of operation, organizational goals, expectations of therapy and patient care goals, and the complaint process. The patient information is written in language easily understood. The welcome packet includes contact information for 24-hour pharmacist support and emergency services offered by the specialty pharmacy provider if appropriate for the scope of practice. The specialty pharmacy practice provides prescribers with a copy of their welcome packet as information about the pharmacy services.

3.2 The specialty pharmacy practice communicates with healthcare providers to facilitate coordination of patient care.

NARRATIVE:
Communication between pharmacy, patient, healthcare providers, and care settings is integral in patient management. It is critical for the specialty pharmacy practice to support prescribers and other healthcare providers in therapy coordination, from the initiation of therapy, to the delivery of medications, and through all other points along the continuum of care. In addition, the ability to assist with the timing of refills to coordinate with key treatment intervals (provider teaching appointments, chemotherapy cycling, patient follow-up appointments, etc.) is essential to managing the overall patient experience and enabling patient acceptance of therapy. By virtue of their integral role in care delivery, the specialty pharmacy practice is directly involved in the timely provision of medication to avoid delays in key treatment milestones and is directly involved in the timing of therapy initiation and the continuation of therapy.

Relationships with prescribers are also important in supporting them in patient care, in general, and in complying with and maximizing patient medication safety regarding REMS requirements.

GOAL:
Identify ways the specialty pharmacy practice is utilizing collaborative practice agreements to facilitate patient management
3.3 The specialty pharmacy practice maintains internal policies and procedures for collaboration with other pharmacy providers included in the patient’s care.

NARRATIVE:
The cornerstone of specialty pharmacy care is the patient-centric focus of the care model. Collaboration between specialty pharmacy and traditional pharmacy providers is critical to managing the overall care of the patient to decrease the fragmentation of specialty medication dispensing from non-specialty medication dispensing. Increased focus on narrow pharmacy networks and limited medication distribution raises potential challenges (e.g., increases the likelihood of polypharmacy of the most complex patients).

Specialty pharmacy practices are uniquely positioned in the care team and have a responsibility to collaborate with providers of traditional pharmacy care (as well as prescribers and all other stakeholders of patient care). This collaboration begins at the point of patient intake, through BI, dispensing, and to the achievement of therapeutic endpoint or active transfer to the next provider of specialty pharmacy care.

3.4 The specialty pharmacy practice maintains a comprehensive patient profile for all patients.

NARRATIVE:
In order to provide comprehensive clinical management services to specialty pharmacy patients, a specialty pharmacy practice needs as much patient information as possible, and so maintains a complete patient profile inclusive of all medications (specialty and non-specialty, prescription, OTC, and herbal), social information pertinent to patient care, emergency contact information, allergies, adverse drug reactions, REMS adherence, MedGuides, health literacy, and any other information necessary to provide care. The specialty pharmacy practice collects necessary subjective and objective information about the patient including the patient’s medical history, medications, lab results, socio-economic factors, health literacy, cultural issues and other relevant patient data. Prior to each dispense and during each patient contact, staff review the information contained within this profile and make a concerted effort to update pertinent information contained herein, including information from other healthcare providers. As a provider on the healthcare team and the medication use expert, specialty pharmacists are able to use the comprehensive patient profile to properly evaluate patients for clinical appropriateness of targeted therapies prior to therapy initiation or refill including the review of companion diagnostic and pertinent lab data results. It is important that the patient profile include documentation of patient consultations and education provided by specialty pharmacy staff.

3.5 The specialty pharmacy practice provides patient-centered consultation and education regarding expectations of therapy.

NARRATIVE:
Through review of social and patient medical information, pharmacy staff provides medication consultation and patient education in a patient-centered fashion. Information is provided at a literacy, health literacy and education level appropriate for the patient based on staff assessment, and addresses the communication needs of the patient or caregiver, including languages and cultural influences, and disabilities, such as blindness or deafness. In addition to specialty pharmacy staff, other patient education resources are available including websites (links to medication information, for example), email, print, text messaging, live web chats, etc.). References or medication information are available to the patient or caregiver during business hours and after hours (include website information or links).

The patient consultation and education is patient-centered and focuses on patient engagement and encompasses expectations of therapy which includes: anticipated duration of treatment, expected outcome of treatment, anticipated time to benefit, and the importance of adherence and persistence with therapy, managing adverse events, and other therapeutic and clinical goals. This education can be combined with first-dose patient teaching, patient therapy case management, or can be provided as a stand-alone service at patient intake. It is critical that this process establish a realistic baseline of therapy expectation in order to maximize patient adherence and persistence with therapy.

Documentation of patient consultation and education services is required as part of patient profile maintenance and is applicable based on identified specialty pharmacy practice scope of services. The specialty pharmacy practice proactively provides counseling to patients regarding medications and related products and has a defined process for patient counseling. The specialty pharmacy practice obtains, records, and maintains at least the following information required by OBRA 90\(^8\) before a prescription is filled and delivered to a patient:

- Name address, telephone number, date of birth (or age) and gender
- Individual history where significant, including disease state or states, known allergies and drug reactions, and a comprehensive list of medications and relevant devices
- Pharmacist comments relevant to the individual’s drug therapy

The specialty pharmacy practice follows OBRA 90 in conducting prospective DUR before a prescription is filled and delivered to a patient. DUR includes screening for potential drug therapy problems due to the following:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions (including serious interactions with nonprescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

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The specialty pharmacy practice follows OBRA 90 requirements when conducting patient counseling pursuant to a specialty prescription order including the following:

- Name and description of the medication
- Route, dosage form, dosage, route of administration, and duration of drug therapy
- Special directions and precautions for preparation, administration, and use by the patient
- Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur
- Techniques for self-monitoring drug therapy
- Proper storage
- Prescription refill information
- Action to be taken in the event of a missed dose

3.6 The specialty pharmacy practice provides and monitors pharmacy patient case management services.

NARRATIVE:
Given the complexity of therapy and the significant financial obligations, the patient needs require that specialty pharmacy practice provides clinical management services in a consistent fashion for optimal patient care. Based on identified scope of pharmacy services, the specialty pharmacy provides pharmacy patient case management services consistent with a diagnosis, or by drug therapeutic category or specific drug. Patient specific documentation of the elements of pharmacy patient case management is required and can be proprietary or a commercially-available documentation system.

The specialty pharmacy practice offers clinical management services, and specifically pharmacy patient case management services, that align as appropriate with patient-centered medication therapy management services, and are conducted using disease-specific patient-case management protocols. The delivery of medication therapy management services by the specialty pharmacy practices falls within the pharmacy case management services and includes a comprehensive approach to identifying and resolving medication therapy problems. Pharmacy practice staff also evaluates gaps in care, medication history, lab results, medication adherence and other factors to identify patient medication, therapeutic and consultation needs related to patient care services. Pharmacy patient case management requires a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services for patients, and should include coordination and collaboration with other pharmacy providers and other healthcare providers. Pharmacy patient case management includes the following activities:
1. a comprehensive review of the patient’s medication history
2. the use and maintenance of a patient’s personal medication list
3. a care plan or action plan that includes all action items for the patient to achieve the desired medication therapy outcomes
4. pharmacist interventions as needed to address potential problems or issues
5. referrals to other healthcare providers and services
6. ongoing patient monitoring, including lab results when available, and follow-up
7. documentation of all pharmacy case management activities

Pharmacy patient case management is offered to all patients, and includes the following patient-specific assessments and information which should be obtained, incorporated and documented as part of the patient case management process. (See Appendices for specific protocols):
1. At initiation of specialty therapy, assessment of current and prior medication therapy
2. Pertinent vaccination status assessment at initiation and annually
3. Patient assessment, education, and documentation of all patient parameters needed to determine appropriate medication therapy
4. Patient-reported side effects to any medications
5. Date of previous refill and adherence assessment
6. Drug-specific assessment and/or disease state-specific assessment (inclusive of pertinent lab testing and reporting, pregnancy testing, symptom assessment)
7. REMS and MedGuide accommodation and documentation

In addition, the ability of the specialty pharmacy practice to quantify and readily identify patients with specific diagnoses or on specific therapies is important to ensure compliance with patient pharmacy case management and consistency of patient management with increasing patient volumes.

3.7 The specialty pharmacy practice modifies patient case management based on patient-specific factors when needed.

NARRATIVE:
Specialty pharmacy care is dynamic and is inclusive of patient-centric assessment. Specialty pharmacy practices have the ability to take an individualized approach to every patient and assess the patient-specific metrics, which increase the likelihood of non-adherence, lack of follow-up, or drug interactions. However, pharmacy staff must be able to make modifications to the standardized patient management protocol pursuant to patient assessment. These modifications may drive more frequent follow-up or patient assessment if a reason exists to do so.

3.8 The specialty pharmacy practice evaluates and documents competency and facilitates continuing professional development of staff involved in patient care service delivery based on the complexity of services and needs of patients.

NARRATIVE:
The specialty pharmacy practice has implemented clear program requirements for evaluating and documenting the competency and educating staff involved in patient care delivery. The specialty pharmacy practice has a process to evaluate pharmacy staff for areas of aptitude and will provide or facilitate opportunities for continuing professional development of skills and competencies required to provide safe, high quality patient care. The specialty pharmacy practice also facilitates staff development by provided access to appropriate evidence-based materials and primary literature. The
specific competencies are based on factors such as patient population needs and the patient care services provided. Continuing education and professional development should also ensure compliance with appropriate licensures and other credentials.

3.9 The specialty pharmacy practice maintains consistent procedures for patient notification of interventions and delays in therapy.

NARRATIVE:
The ultimate stakeholder in the provision of specialty pharmacy care is the patient, and it is the responsibility of the specialty pharmacy provider to keep the patient informed of any situations that have the potential to delay or interrupt therapy. Secondary to delays in treatment is the importance of notifying patients when interventions have been made on their behalf and why those interventions were made. This further supports the role of the pharmacist in the care team and reinforces the collaboration between pharmacy staff and the patient. Interventions are documented in the patient’s pharmacy profile and are communicated directly to the patient and physician by appropriate medium for the clinical scenario.

3.10 The specialty pharmacy practice prohibits the use of refill protocols whereby specialty medications are filled without direct patient contact.

NARRATIVE:
A cornerstone of specialty pharmacy practice is the ability to provide patient-centered care services to ensure that patients have an appropriate response to therapy in order to guide continuation or modification to their therapeutic regimen. Refill mechanisms that bypass specialty patient care programs represent a gap in the safety and effectiveness of medication management and should not be a part of standard specialty pharmacy care protocols.
Domain 4.0: Quality Improvement
The specialty pharmacy practice implements a continuous quality improvement program.

4.1 The specialty pharmacy practice reports and evaluates quality outcomes and quality metrics to assess the effectiveness of patient care services and promote continuous quality improvement.

NARRATIVE:
A key component of specialty pharmacy care is the ability to routinely intervene early and often with patients and their medications in order to ensure appropriateness of therapy and perform medication interventions. The specialty pharmacy practice maintains internal procedures for ongoing surveillance and reporting to assess overall appropriateness of therapy and implement quality improvements as needed to integrate quality and outcomes metrics to drive quality improvement and refocus efforts on areas of need. The ability to directly integrate data into practice to influence patient behaviors and drive patient outcomes is a major specialty pharmacy practice core responsibility.

Data reporting on quality metrics and quality outcomes represents a critical component of a comprehensive quality improvement program, allowing patient identification and pharmacy patient case management improvement based on established metrics. Various metrics are important for optimizing patient management and for driving improved outcomes at neutral or reduced cost.

Minimum requirements for specialty pharmacy reporting include the ability to document the following:
1. Adherence rates, Percentage of Days Covered (PDC), preferred, Medication Possession Ratio (MPR), based on consensus guidelines for therapeutic class
2. Persistence on therapy and persistence metrics
3. Pharmacist interventions
4. Call center performance
5. Patient and healthcare provider satisfaction
6. Procedure for patient, healthcare provider and employee complaints about any specialty pharmacy practice’s services provided internally or delegated contract partner services
7. Quality-related events and medication errors
8. Active patient volume being maintained on pharmacy patient case management protocols, by disease state

DESCRIPTION:
Adherence metrics: The ability to influence patient behavior through patient-centered education and interventions is a critical component of patient care for specialty pharmacy practices. Adherence rates as measured by standard metrics of adherence such as PDC or MPR can be used as readily reportable benchmarks for adherence. With increasing maturity within Health Economic and Outcomes Research, this differential can also be used to estimate the medical cost savings through the incremental
improvement in overall adherence rate and maintaining disease control. In order to adequately estimate compliance rates to allow for benchmarking within the industry, specialty pharmacy practices should follow a standardized approach to calculation of PDC, preferred/MPR rates and ensure that calculation procedures for any payer-based data reporting are consistent with the requirements contained within those agreements.

**Patient persistence on therapy:** Patient persistence is an important measure to demonstrate specialty pharmacy practice influence on patient behavior through improved patient education. The ability to maintain a patient on preferred formulary therapy and offer incidental cost avoidance related to non-formulary use, further reinforces the ability of the provider to drive patient behaviors and acceptance of therapy. This measure is provided as a metric of the percentage of patients maintained on originally prescribed therapy over a defined period of time applicable to the therapy.

**Pharmacist interventions:** The number and type of pharmacist interventions completed by a specialty pharmacy provider represents a highly tangible metric of quality improvement. Interventions in specialty pharmacy practice may be globally divided into patient education, drug interaction intervention, medication side effect mitigation, adherence intervention, vaccination and vaccination screening, laboratory monitoring recommendation, and other interventions that benefit patient medication therapy. Accurately quantifying the type and quality of interventions by specialty pharmacy practices supports the contribution of specialty pharmacy practice. When possible, intervention tracking is included in pharmacy patient case management in order to fully integrate data for reporting. Additionally, regarding pharmacist interventions and patient management through pharmacy patient case management, it is important for the specialty pharmacy practice to be able to identify, document and quantify the volume of active patients on patient case management protocols, by disease state.

**Call center performance:** Many, and in some practices, most patient and prescriber interactions with the specialty pharmacy practice are conducted telephonically. Tracking call center performance is part of the continuous quality improvement process. Call center performance tracking is conducted continually and trended and reviewed at least quarterly. Performance trends are integrated to improve the overall care of patients enrolled in the applicant specialty pharmacy practice.

**Patient and healthcare provider satisfaction:** Patient and healthcare provider satisfaction surveys are part of the continuous quality improvement process and are conducted at least annually. Feedback from these surveys, as well as any internal staff surveys, is integrated to improve the overall care of patients enrolled in the applicant specialty pharmacy practice.

Complaints from patients, healthcare providers and internal staff regarding any of the services provided by the specialty pharmacy practice or delegated to an external entity provide important information for quality management and continuous quality improvement. The specialty pharmacy practice should have mechanisms for recording, analyzing and addressing complaints.
**Quality related events:** Specialty pharmacy practice staff documents quality-related events\(^9\) (QREs) and conducts periodic audits of medication errors and QREs. Prescription error rates and error tracking is a critical part of continuous quality improvement and directly drives patient and healthcare provider satisfaction. By investigating the root cause of medication errors and influencing practice to reduce the likelihood of reoccurrence, the overall specialty pharmacy practice is improved.

The specialty pharmacy practice has created a definition for a patient medication event that causes death or serious injury and a process to identify and immediately respond to such an event. The specialty pharmacy practice utilizes root cause analysis to determine the cause(s), develops and implements a plan to reduce the likelihood of reoccurrence, and monitors effectiveness of those of the improvements.

Secondary to the role of the specialty pharmacy provider in patient adherence and persistence monitoring, pharmacy providers should also take a proactive role in assuring adherence with manufacturer, payer, and legal requirements associated with the provision of care. Core areas of pharmacy compliance should include the following:

**Adverse event reporting:**
Due to the complexity of therapy provided to specialty patients and the role of specialty pharmacy in post-marketing surveillance, it is imperative that the specialty pharmacy provide adverse event reporting on behalf of both the industry-based partnerships that are commonplace within the industry, but also to ensure patient safety. Many specialty medications are used in highly niche populations and do not have studies prior to approval to provide adequate vetting of side effects within a scalable population. Specialty pharmacy practices are frequently the first point of contact for patients experiencing adverse events and as such must have procedures to ensure compliance with MedWatch and other industry-based adverse event reporting programs, as well as reporting to other patient safety organizations as appropriate. Adverse events that potentially jeopardize patient’s ability to continue therapy should be reported to the physician and be addressed in a collaborative manner.

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\(^9\)The NABP Model State Pharmacy Act and Model Rules define *Quality-Related Event* as any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication. The term *Quality-Related Event* includes the following:

1. A variation from the prescriber’s prescription drug order, including, but not limited to
   - incorrect drug;
   - incorrect drug strength;
   - incorrect dosage form;
   - incorrect patient; or
   - inadequate or incorrect packaging, labeling, or directions.
2. A failure to identify and manage
   - over-utilization or under-utilization;
   - therapeutic duplication;
   - drug-disease contraindications;
   - drug-drug interactions;
   - incorrect drug dosage or duration of drug treatment;
   - drug-allergy interactions; or
   - clinical abuse/misuse.
3. The term also includes packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient and the failure to detect and appropriately manage a significant actual or potential problem with a patient’s drug therapy.
Compliance with REMS requirements:
With the increasing implementation of REMS requirements on pharmaceutical manufacturers, REMS management responsibility is increasingly being shifted to pharmacy providers. The number and complexity of REMS programs associated with specialty medications adds to the importance of having internal procedures to ensure compliance with REMS mandates in order to ensure patient safety.

Medication cost avoidance tracking and reporting:
Medication cost avoidance tracking represents a tangible metric. Cost avoidance in specialty pharmacy practice can be globally divided into medication discontinuation (when inappropriate or lack of therapeutic response), conversion to formulary alternative, and split regimen dispensing. Patient financial assistance sourcing represents an opportunity for medication cost avoidance when it would lead to patient discontinuation or transitioning to nonformulary/nonpreferred therapy. Whenever possible, these metrics of intervention tracking is included in pharmacy patient case management in order to integrate data reporting ability.

Adverse third-party audit findings:
Adverse findings of third-party audits represent a significant financial risk to specialty pharmacy practices. In order to mitigate the financial risks of audits, specialty pharmacy practices have a standardized approach to replying to third-party audits and incorporate the findings of those audits into continuous quality improvement and staff training procedures to ensure contractual and procedural compliance.

GOAL:
Documentation of first fill drop-off rates and continuous quality improvement measures to ensure patient continuation with therapy.

4.2 The specialty pharmacy practice implements continuous quality improvement projects based on quality metric reports.

NARRATIVE:
The use of data from data reporting and quality metrics to directly influence and improve overall specialty pharmacy practice is critical to improving patient care. Because continuous quality improvement is a fluid and evolving process, staff receives initial and ongoing education on the need for improvements so that a culture is established to integrate recommendations into practice. Pharmacy staff is actively engaged in quality improvement projects and initiatives derived from quality reports and other data and participate in identifying opportunities for improvement and in driving positive patient outcomes.

4.3 The specialty pharmacy practice provides accurate data reports.

NARRATIVE:
The specialty pharmacy practice ensures that data reports are reliable and accurate when provided to stakeholders. Data for required data reports may originate from several disparate systems and have
variable format. The value of data is significantly reduced with aberrations in the reliability, accuracy and timeliness of reporting, and warrants additional scrutiny to ensure that reports are correct based on the intended audience and agreement.

Data reconciliation is completed prior to the submission of any specific data file or report, but broad-scale quality assurance is conducted to reconcile any gaps in reporting or aberrations in data. Reconciliation occurs more frequently pursuant to any changes to data agreements or with any identified inconsistencies within the specialty pharmacy reporting infrastructure. A complete review of the data management system occurs at least annually.
Appendix A: Minimum Requirements for Patient Case Management Protocols

Rheumatoid Arthritis:
Rheumatoid arthritis is largely driven by pre-initiation screening protocols and post-initiation compliance and adverse effect monitoring.

**Required at initiation:**
- Current and prior medication therapy assessment at initiation
- **Concurrent non-biologic DMARD with biologic DMARD is a HEDIS measure**
- Prior biologic DMARD therapy assessment at initiation
- Vaccination status assessment at initiation and annual
- TB status at initiation of therapy
- Patient device teaching (in person or virtual)
- Verification of patient acceptance and understanding of injection technique (for injectable meds)

**Required with each refill:**
- Concurrent DMARD screening
- Compliance rate assessment
- Assessment of injection issues
- Screening for infection
- Adverse reactions and mitigation

**Best practices:**
- Annual influenza vaccination reminder
- COPD monitoring (Orencia)
- Sun precaution recommendations (increased BCC risk)
- Referral procedures to MD for evaluation for patients with MPR<80% **Goal MPR > 80%***
- Hepatitis screening prior to therapy initiation
- Missed doses in the past 30 days

Multiple Sclerosis:
Multiple Sclerosis patient management is largely driven by pre-initiation patient education, compliance management, and adverse effect mitigation.

**Required at initiation:**
- Current and prior medication therapy assessment at initiation
- Patient device teaching (in person or virtual)
- Verification of patient acceptance and understanding of injection technique (for injectable meds)
- Vaccination status assessment at initiation and annual
- Baseline lab assessment: TSH, LFTs, CBC

**Required with each refill:**
- Compliance rate assessment
- Assessment of injection issues or necrosis at injection sites
- Screening for infection
- Adverse reactions and mitigation (including liver injury assessment)
Best practices:
- Annual influenza vaccination reminder
- Referral procedures to MD for evaluation for patients with MPR<80% **Goal MPR > 80%***
- Missed doses in the past 30 days
- S/Sx of relapse
- S/Sx of progression to secondary progressive disease
- Assessment of disease effect on daily activities (urinary, fatigue, etc.)

Gastroenterology:
Gastroenterology is largely driven by compliance rates and routine symptom assessment to determine effectiveness of treatment and the need for dose modification or therapy change.

Required at initiation:
- Current and prior medication therapy assessment at initiation
- Prior biologic DMARD therapy assessment at initiation
- Vaccination status assessment at initiation and annual
- TB status at initiation of therapy
- Patient device teaching (in person or virtual)
- Verification of patient acceptance and understanding of injection technique (for injectable meds)

Required with each refill:
- Concurrent medication therapy screening
- Compliance rate assessment
- Assessment of injection issues
- Screening for infection
- Adverse reactions and mitigation

Best practices:
- Annual influenza vaccination reminder
- Sun precaution recommendations (increased BCC risk)
- Referral procedures to MD for evaluation for patients with MPR<80% **Goal MPR > 80%***
- Hepatitis screening prior to therapy initiation
- Missed doses in the past 30 days
- Frequency of bowel movements in the past 7-10 days (assess for changes to disease activity)
- Steroid courses and dosing in past 30 days

Hepatology:
With the evolution of drug therapy options for Hepatitis B and C treatment, patient management is largely passed on compliance monitoring and side effect mitigation to ensure positive overall outcomes.

Required at initiation:
- Prior and current medication therapy assessment at initiation
- Vaccination status assessment at initiation and annual
- Patient device teaching (in person or virtual)
- Verification of patient acceptance and understanding of injection technique (for injectable meds)
- Hepatitis C genotype
- Hepatitis C RNA level
- HIV status and screening results
Required with each refill:
Concurrent medication therapy screening
Compliance rate assessment
Assessment of injection issues
Adverse reactions and mitigation

Best practices:
Referral procedures to MD for evaluation for patients with MPR<95% **Goal MPR > 95%***
Missed doses in the past 30 days
Q80K polymorphism (Olysio therapy)
Hepatitis C RNA level (week 4, 12, and 24 for Olysio, Week 12 and 24 for Sovaldi)

HIV:
Required at initiation:
Prior and current medication therapy assessment at initiation
Comprehensive drug interaction screening for all medications (specialty and non-specialty)
Vaccination status assessment at initiation and annual
Hepatitis C testing and results
HIV viral load
CD-4 count
Depression screening

Required with each refill:
Concurrent medication therapy screening
Compliance rate assessment
Adverse reactions and mitigation

Best practices:
Referral procedures to MD for evaluation for patients with MPR<90% **Goal MPR > 90%***
Missed doses in the past 30 days
Bi-annual depression screening

Immune Globulin Therapy:
Immune Globulin therapy is largely driven by pre-initiation screening and patient education protocols, infusion monitoring, and adverse effect mitigation and monitoring.

Required at initiation:
Current and prior medication therapy assessment is performed at initiation
Patient assessment for understanding of route of administration and plan of care
Infusions
• Complete set of vital signs should be taken before initiation of any intravenous IG infusion
• Initial infusion of immune globulin, as well as the first dose of a new immune globulin product, to be given in a controlled or monitored setting.
• Infusions are administered at rates following the manufacturer’s recommendations, identified risk factors, and patient tolerability
• Use of an infusion pump is recommended
Subcutaneous route

- Patient device teaching and verification of patient acceptance and understanding for subcutaneous administration
- Patient education regarding need for documentation log including dates, total time of infusion, lot numbers of products, location and number of sites, and reactions.

**Required with each refill:**
Medication profile update and screening for changes in health status, and tolerability of product
Assessment of infusion or subcutaneous injection issues and adjustment of administration supplies (i.e. changing needle length for subcutaneous administration)
Infusion rate monitoring
Supplied dose is within 10% of physician ordered dose
Adverse reaction monitoring and mitigation
Referral procedures to MD for immune deficient patients with breakthrough infections

**Best practices:**
Nurse present for entire duration of any intravenous immune globulin intravenous infusion
Notification to prescriber and patient when the product being administered is a different brand from previous IG medication
Monitoring compliance for missed doses

**Solid Organ Transplantation**

**Required at initiation:**
Current and prior medication therapy assessment at initiation
Comprehensive drug interaction assessment
Vaccination status assessment at initiation and annual
Pertinent drug levels and therapeutic drug monitoring target
Swallow dosage forms whole

**Required with each refill:**
Compliance rate assessment
Screening for infection
Adverse reactions and mitigation
Medication changes and interaction assessment

**Best practices:**
Annual influenza vaccination reminder
Sun precaution recommendations (increased BCC risk)
Referral procedures to MD for evaluation for patients with MPR<90% **Goal MPR > 90%***
Missed doses in the past 30 days
CBC, CMP, renal function assessment
Assessment of continued need for prophylactic medications at regular intervals

**Bone Marrow Transplantation**

**Required at initiation:**
Current and prior medication therapy assessment at initiation
Comprehensive drug interaction assessment
Vaccination status assessment at initiation and annual
Pertinent drug levels and therapeutic drug monitoring target
Swallow dosage forms whole

Required with each refill:
Compliance rate assessment
Screening for infection
Adverse reactions and mitigation
Medication changes and interaction assessment

Best practices:
Annual influenza vaccination reminder
Sun precaution recommendations (increased BCC risk)
Referral procedures to MD for evaluation for patients with MPR<90% **Goal MPR > 90%***
Missed doses in the past 30 days
CBC, CMP, renal function assessment
Monitoring for GVH (allogeneic SCT)
Assessment of continued need for prophylactic medications at regular intervals

Growth Disorders
Required at initiation:
Current and prior medication therapy assessment at initiation
Patient device teaching (in person or virtual)
Verification of patient acceptance and understanding of injection technique (for injectable meds)
Patient appropriateness of indication and use of growth hormone product

Required with each refill:
Compliance rate assessment
Assessment of injection issues
Adverse reactions and mitigation (focus on headache, blurry vision, injection site reactions)

Best practices:
Annual influenza vaccination reminder
Referral procedures to MD for evaluation for patients with MPR<80% **Goal MPR > 80%***
Missed doses in the past 30 days

Oral Oncology/Hematology
Required at initiation:
Current and prior medication therapy assessment at initiation
Comprehensive drug interaction assessment
Vaccination status assessment at initiation and annual
Swallow dosage forms whole
Counseling on intended outcome of therapy (palliative vs. therapeutic intent)
Intended chemotherapy cycling and dosing regimen

Required with each refill:
Compliance rate assessment
Screening for infection
Adverse reactions and mitigation
Medication changes and interaction assessment

**Best practices:**
Annual influenza vaccination reminder
Referral procedures to MD for evaluation for patients with MPR<95% **Goal MPR > 95%***
Missed doses in the past 30 days
Assessment of continued need for prophylactic medications at regular intervals
Radiology procedure timing to assess for disease progression
Scheduled future appointments

**Infusible Oncology/Hematology**

**Required at initiation:**
Current and prior medication therapy assessment at initiation
Comprehensive drug interaction assessment
Vaccination status assessment at initiation and annual
Supportive care medication appropriateness based on emetogenic risk of therapy
Counseling on intended outcome of therapy (palliative vs. therapeutic intent)
Intended chemotherapy cycling and dosing regimen

**Required with each refill:**
Lab monitoring inclusive of CBC, Chem-7, and other labs as pertinent for therapy
Infusion base solution appropriateness and expiration dating
Chemo cycle timing assessment
Screening for infection
Adverse reactions and mitigation
Medication changes and interaction assessment

**Best practices:**
Annual influenza vaccination reminder
Referral procedures to MD for evaluation of patients inappropriate for continuation of therapy or demonstrating significant side effects
Assessment of continued need for prophylactic or additional medications for symptom mitigation
Radiology procedure scheduling (to assess disease progression)
Future appointment schedules

**Bleeding Disorders:**

**Required at initiation:**
Current and prior medication therapy assessment at initiation
Patient education on ancillary treatments including adverse reaction medications such as diphenhydramine or epinephrine
Assessment of ordered dose, product, and stocked product assay
Prescription order turn-around of <48 hours
Supplied dose is within 5-10% of ordered dose
Lot number tracking
Pharmacy participation in the National Patient Notification System for product recalls
Minimum of 6 months expiration dating remaining on product
Patient assessment for understanding of route of administration and IV access
Procedure for patient referral to prescriber for bleeding disorder related emergency department visits

Required with each refill:
- Prescription order turn-around of <48 hours
- Patient body weight assessed at time of dispensing
- Supplied dose is within 5-10% of ordered dose
- Minimum of 6 months expiration dating remaining on product
- Assessment of bleed and dispensing history
- Procedure for patient referral to prescriber for bleeding disorder related emergency department visits
- Lot number tracking

Best Practices:
- Physicians and patients have access to all US FDA approved manufactured products
- Track patient’s doses on hand before dispensing

Renal Failure
Required at initiation:
- Current and prior medication therapy assessment at initiation
- Comprehensive drug interaction assessment
- Vaccination status assessment at initiation and annual
- Dosage form administration and timing of dosing
- Renal function and appropriateness of all medications for current renal function
- Pertinent lab data (CBC, electrolytes, renal function assessment)
- Currently receiving dialysis (dialysis type and schedule)

Required with each refill:
- Compliance assessment (rate and timing of administration)
- Adverse reactions and mitigation
- Medication changes and interaction assessment
- Fluid retention, weight gain

Best practices:
- Annual influenza vaccination reminder
- Referral procedures to MD for evaluation for patients with MPR<90%
- Missed doses in the past 30 days
- Bi-annual CBC, CMP, renal function assessment

Pulmonary Disorders (Cystic Fibrosis, Pulmonary Arterial Hypertension)
Required at initiation:
- Current and prior medication therapy assessment at initiation
- Comprehensive drug interaction assessment
- Vaccination status assessment at initiation and annual
- Pertinent drug levels and therapeutic drug monitoring target
- Prophylactic therapy
Baseline symptomology assessment
Compliance assessment with all routes of therapy (nebulized, oral, inhaled, etc.)

Required with each refill:
Compliance rate assessment
Screening for infection, worsening of symptoms
Adverse reactions and mitigation
Medication changes and interaction assessment

Best practices:
Annual influenza vaccination reminder
Referral procedures to MD for evaluation for patients with MPR<90%
Missed doses in the past 30 days
PFT assessment at baseline and at regular intervals
Changes to daily activities indexes
Assessment of continued need for prophylactic medications at regular intervals
## CPPA Glossary

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
<th>CITED IN STANDARDS</th>
<th>REFERENCES</th>
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<tr>
<td>Access to medication; Access to care</td>
<td>Specialty pharmacy services and support activities which result in the ability of the patient/consumer to obtain the specialty medications necessary to meet the therapeutic goals. These include:</td>
<td>SP Domain 2.0, Standards 2.1, 2.2, 2.3</td>
<td>Adapted from Joint Commission of Pharmacy Practitioners (JCCP). Pharmacists’ Patient Care Process. May 29, 2014.</td>
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<tr>
<td><strong>Access to medication</strong></td>
<td><strong>Access to care</strong></td>
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<td><strong>Assess</strong></td>
<td>The process by which the pharmacist reviews the relevant subjective and objective medical/medication history and clinical status information collected about the patient and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.</td>
<td>Used throughout CP and SP Standards</td>
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<td>Benefit coordination</td>
<td>The service conducted by the specialty pharmacy practice providing benefits investigation and prior authorization assistance, by coordinating information and involvement of the prescriber, other health care providers, and other sources of assistance, whenever possible. A common specialty pharmacy practice example includes identifying sources of financial assistance (e.g. manufacturer-sponsored copay cards, manufacturer product assistance, and foundational assistance) and enrolling authorized patients.</td>
<td>SP Standard 2.1</td>
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<tr>
<td>Benefits investigation (BI); comprehensive benefits investigation; benefits assistance; benefits validation</td>
<td>BI services may include complete insurance review (medical and/or pharmacy benefit), formulary status assessment, financial assistance enrollment, payment clearance, selection of appropriate specialty pharmacy practice, selection of appropriate route of delivery of the specialty pharmaceutical medication, and patient advisement related to all of these services. See also ‘benefits coordination’, and ‘access to medications/access to care’.</td>
<td>SP Standard 2.1 Narrative</td>
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<td>Case management; pharmacy patient case management; specialty pharmacy practice patient case</td>
<td>(CMSA definition) Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.</td>
<td>SP Purpose, Standard 1.3, Domain 3.0, Standards 3.1, 3.4, 3.5, 3.6, 3.7, 4.1, Appendix A</td>
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<td>CMSA Available at: <a href="http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx">http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx</a>. Accessed on June 8,</td>
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Pharmacy patient case management requires a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services for patients, and should include coordination and collaboration with other pharmacy providers and other healthcare providers.

Pharmacy patient case management includes the following activities:

1. a comprehensive review of the patient’s medication history
2. the use and maintenance of a patient’s personal medication list
3. a care plan or action plan that includes all action items for the patient to achieve the desired medication therapy outcomes
4. pharmacist interventions as needed to address potential problems or issues
5. referrals to other health care providers and services
6. ongoing patient monitoring, including lab results when available, and follow-up
7. documentation of all pharmacy case management activities
8. transfer and discharge coordination when applicable.

Specialty pharmacy practice patient case management (and/or care coordination)
can involve directly coordinating on behalf of or working with the patient to communicate with any or all of the following: the prescriber, any additional caregivers, the payer, and the pharmaceutical company—to establish a care plan, gain access to limited or restricted supply medications, and/or facilitate compliance with outcome reporting requirements. These services align as appropriate with patient-centered medication therapy management services, and are conducted using disease-specific patient-case management protocols. The delivery of medication therapy management services by the specialty pharmacy practices falls within the pharmacy case management services and includes a comprehensive approach to identifying and resolving medication therapy problems.

Clinical decision support (CDS)  
“CDS is broadly defined as: a process for enhancing health-related decisions and actions with pertinent, organized clinical knowledge and patient information to improve health and healthcare delivery. CDS should be intelligently-filtered and presented at the appropriate times to the appropriate people. With the growing use of technology in healthcare, CDS tools are often included within the electronic health record. These tools include alerts, reminders and documentation templates aimed improve clinical processes and outcomes.”

Examples of CDS in community pharmacy practice include, but are not limited to information technology and other tools

| CP Standards 1.4.2, 1.4.3 |
| SP Standards 1.10, 1.11 |

HealthIT.gov  
Available at: http://www.healthit.gov/policy-researchers-implementers/clinical-decision-support-cds.  
Accessed on June 8, 2015.

which facilitate systematic and automated screening/identification/documentation of drug interactions, therapeutic duplications, patient adherence, utilization, and therapy-specific protocols. Some automated CDS programs include prompting and alert systems which clinicians and other staff use in the care process.

Examples of CDS in specialty pharmacy practice include, but are not limited to information technology and/or non-automated tools which facilitate systematic and timely screening/identification/documentation of drug interactions, therapeutic duplications, patient adherence, utilization, and therapy-specific protocols. Some automated CDS programs include prompting and alert systems which clinicians and other staff use in the care process, and for tailoring, monitoring and documenting patient progress in a uniform, standardized method specific to an evidence-based therapy protocol, standardized order set, and/or a patient treatment plan.

Collaborative pharmacy practice; collaborative approach; collaboration; care coordination (NABP) “Collaborative Pharmacy Practice” is that Practice of Pharmacy whereby one or more Pharmacists have jointly agreed, on a voluntary basis, to work in conjunction with one or more Practitioners under protocol and in collaboration with Practitioner(s) to provide patient care services to achieve optimal medication use and desired patient outcomes.

CP Standard 2.1.2
SP Standards 2.1, 2.3, 3.3, 3.6, 3.7, 4.1

NABP Model Act

Accessed on June 8, 2015.
As a team-oriented approach to the patient care process, collaboration or a collaborative approach implies dynamic, interactive, interdisciplinary communication focused on common or mutually supporting goals centered on the patient. The collaboration occurs between staff, with delegated services, and with other providers and prescribers involved in patient care and support relative to the scope of services provided.

**Collaborative practice agreement (CPA)**

(CDC) A formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions.

(APhA Foundation) CPAs are used to create formal relationships between pharmacists and physicians or other providers that allow for expanded services the pharmacist can provide to patients and the healthcare team. CPAs define certain patient care functions that a pharmacist can autonomously provide under specified situations and conditions. Of important note, CPAs are not required for pharmacists to perform many patient care services (e.g., medication reviews, patient education and counseling, disease screening, referral).

(NABP Model Act) “Collaborative Pharmacy Practice Agreement” is a written and signed agreement between one or more Pharmacists and one or more Practitioners that provides for Collaborative Pharmacy Practice as defined by the law and the Rules of the

| Continuous quality improvement (CQI) | CQI is a systematic, data-driven approach to monitoring, evaluating, and improving the processes and outcomes of care and services provided consistent with internal/company quality standards, external service benchmarks (including regulatory and payer expectations), and clinical standards of practice. The IOM suggests efforts for CQI should focus on the core areas for health care services: safety, effectiveness, personalized/patient-centered, timely, efficient, and equitable. | Continuous Quality Improvement Program “Continuous Quality Improvement Program” means a system of standards and procedures to identify and evaluate quality-related events, and to constantly enhance the efficiency and effectiveness of the structures and processes. | NABP Model Act
Accessed on June 8, 2015. |
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<tr>
<td>Specific areas for CQI monitoring and efforts in specialty pharmacy practice are listed in the narrative and description of SP Standard 4.1. <em>See also “Metrics.”</em></td>
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<tr>
<td><strong>Continuing Professional Development</strong></td>
<td><strong>(ACPE) Continuing Professional Development, commonly referred to as CPD, is a self-directed ongoing, systematic and outcomes-focused approach to lifelong learning that is applied to practice. It involves the process of active participation in formal and informal learning activities that assists individuals in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.</strong></td>
</tr>
<tr>
<td><strong>Contract; contracted service; contractual agreement; service agreement</strong></td>
<td>Any formalized arrangement, documented in writing, which specifies the scope, service performance expectations and monitoring methods, as well as the business and financial arrangement for the provision of delegated services on behalf of the specialty pharmacy practice seeking accreditation under these standards. <em>See also delegated service.</em></td>
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<tr>
<td><strong>Contracted health care providers</strong></td>
<td>A health care provider who is contracted through a formalized arrangement to deliver health care services on behalf of the community pharmacy practice. The formalized arrangement, documented in writing, specifies the scope of services, service performance expectations and monitoring methods, as well as the business and financial arrangement for the provision of delegated services on behalf of the community pharmacy practice.</td>
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<td><strong>Delegated service (see also contract)</strong></td>
<td>Any components of the scope of services subject to this accreditation which are outsourced either externally or to another division of the company. Examples of delegated services for specialty pharmacy practice include, but are not limited to: benefits coordination, clinical and/or financial case management support, call center management, billing/insurance processing, data tracking and reporting, and information systems management.</td>
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<tr>
<td><strong>Delegation of authority; delegation of organizational oversight and leadership; organizational structure</strong></td>
<td>The official legal structure as well as the chain of command of the specialty pharmacy practice under which the scope of services subject to this accreditation are managed. Per the standard, this must be in writing, and must clearly delineate the management and staff responsible for scope of services, including any which are supported as delegated services.</td>
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</table>
| **Direct patient care** | (CDC) Hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring. |  | The National Healthcare Safety Network (NHSN) Manual Available at:
Examples of direct patient care may include patient education/counseling for a new device (e.g., blood glucose monitor), vaccine administration, point-of-care testing.


| HUB services | Programs with centralized (or regionalized) operations which register potential patients and enroll patients to facilitate patient access to medication financial assistance programs when required, and in certain cases, provide product access for medications in limited supply or with contractual data reporting requirements (e.g. REMS, safety, clinical outcomes.) | SP Standard 2.2 |
| Information system | The electronic and/or paper driven systems and resources available to the pharmacist at the point of care which support the applicable scope of services, including, but not limited to:  
  - the documentation of all clinically relevant patient information necessary for the scope and size of the practice  
  - effective prospective and retrospective Drug Utilization Review (DUR);  
  - relevant clinical decision support;  
  - safety and efficiency in the care process;  
  - sharing of relevant patient information among the patient care providers; | CP Standards 1.4, 1.5, 1.6  
SP Standards 1.10, 1.11, 1.12, 1.13, 1.15, 2.2 |
- ensuring the integrity, security, and privacy of patient information and other data;
- timely and accurate data reporting requirements; and
- accurate, timely, and complete billing, reimbursement, and fiscal management.

| Intervention; Pharmacist intervention | An action or measure recommended and/or undertaken for the purpose of changing the course of events for a patient; an intercession made by a pharmacist with the goal of improving the patient’s care and/or preventing an adverse outcome. | CP Standard 2.1.2  
SP Standards 2.1, 2.2, 3.4, 3.6, 3.9, 4.1 | Available at: http://medical-dictionary.thefreedictionary.com/intervention.  
Accessed on June 8, 2015. |
| Manufacturer, Pharmaceutical manufacturer | The developers, producers, and marketers of drugs and pharmaceuticals that are licensed by the U.S. Food and Drug Administration for use as medications. In some cases these companies directly distribute their products to pharmacies; they typically work with drug wholesalers or other licensed distributors to bring these products securely and safely through the supply chain to authorized inpatient and outpatient providers. | SP Purpose, Standards 1.6, 1.7, 1.14, 2.1, 2.2, 2.3, 3.5, 4.1, 4.3 | Available at: http://www.phrma.org/about.  
Accessed on June 8, 2015. |
| Medication therapy management (MTM) | (APhA/NACDSF) Medication therapy management (MTM) services are patient-centered, based on individual patient need, and use a standard patient care process. MTM services are delivered by a pharmacist and focused on improving a patient’s therapeutic outcomes. Delivery of MTM services includes a comprehensive approach to identifying and resolving medication therapy problems in collaboration with other health care providers during the time period the patient is under the pharmacist’s care. The service design empowers patients to take an active role in managing their medications.  

The MTM service design follows the model, Medication Therapy Management In Pharmacy Practice: Core Elements of an MTM Service Model.  

The Core Elements service model includes:  

- Medication Therapy Reviews, both comprehensive and targeted, whereby the pharmacist identifies and resolves the patient’s medication therapy problems  
medications. The list is updated during follow-up monitoring.

- Medication Action Plan for the patient that includes action items for the patient to improve medication therapy outcomes. The plan is updated during follow-up monitoring.

- Intervention/Referral whereby the pharmacist intervenes with the patient, prescriber, or appropriate provider to address potential problems/issues identified during medication reviews. As appropriate, the pharmacist refers the patient to other providers/services based on information discussed in the medication therapy review.

- Documentation/Follow-up whereby pharmacist documents the MTM visit in the patient’s chart, including the patient’s goals of therapy, care plan, interventions and referrals made, communication with the prescriber, etc. The pharmacist will document this episode in a retrievable format that is accessible to all pharmacy staff, real time, at the point of care. A follow-up visit is scheduled for the patient for ongoing monitoring as appropriate.

In specialty pharmacy practices, the delivery of medication therapy management services falls within pharmacy case management services and includes a comprehensive approach to identifying and resolving medication therapy problems.

See “case management; pharmacy patient case management”.

<table>
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<tr>
<th>Metrics</th>
<th>Metrics are standardized measures (quantitative) or performance thresholds used to monitor quality, efficiency, outcomes, and other key parameters of a pharmacy practice and its operation. Specialty pharmacy metrics include, but are not limited to, tracking, compilation, analysis, and reporting of standardized/accepted measures for service volumes, dispensing, pharmacist interventions, adherence and persistence, call center performance, satisfaction and complaints, quality related events, adverse drug events, cost avoidance, and external audit findings.</th>
<th>CP Standard 1.1, 2.4 (goal) SP Purpose, 2.2, 3.7, 4.1</th>
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<tr>
<td>Organizational structure, organizational infrastructure</td>
<td>This is the official legal structure, and the chain of command of the pharmacy practice under which the scope of services subject to this accreditation are managed. This must be spelled out in writing, and must clearly delineate the management and staff responsible for the scope of services. A specialty pharmacy infrastructure also includes any delegated services.</td>
<td>CP Standard 1.1, 1.1.4 SP Domain 1.0, 1.2</td>
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- Collect the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient
- Assess the information collected and analyze the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care
- Develop an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective
- Implement the care plan in collaboration with other health care professionals and the patient or caregiver
- Monitor and evaluate the effectiveness of the care plan and modify the plan in collaboration with other health care professionals and the patient or caregiver as needed.”

See “Case management; pharmacy patient case management”

| Point of care | The location and timing in the care process where the pharmacy practice interacts directly with the patient or caregiver. | CP Standards 1.4.1, 1.4.2, 2.1.2
SP Standard 1.10 |
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<td>Examples for pharmacy practice include patient counseling, dispensing and/or administration of the medication. This interaction may be face to face or via</td>
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| **Prescriber** | A provider legally authorized to prescribe a medication, treatment, protocol, and/or care monitoring plan. | CP Standards 1.4.1, 2.1.1.3, 2.1.1.5, 2.1.2, 2.1.2.2  
Appears throughout the SP Standards |
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<tr>
<td><strong>Provider</strong></td>
<td>A health care provider refers to any health care professional, health care organization and its staff. Examples of health care providers may include pharmacists, nurses, physicians, physician assistants and other healthcare practitioners, community pharmacies, home health agencies, inpatient and outpatient facilities, and clinical laboratories.</td>
<td>Appears throughout the CP and SP standards; used in the overall general sense.</td>
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</table>
| **Quality related events (QRE)** | (NABP) Any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication. The term Quality-Related Event includes the following:  
(1) a variation from the prescriber’s prescription drug order, including, but not limited to  
(i) incorrect drug;  
(ii) incorrect drug strength;  
(iii) incorrect dosage form;  
(iv) incorrect patient; or  
(v) inadequate or incorrect packaging, labeling, or directions.  
(2) a failure to identify and manage  
(i) over-utilization or under-utilization; | CP Standard 3.1.1, 3.1.2, 3.1.3, 3.1.5  
SP Standard 4.1  
NABP Model Act  
Accessed on June 8, 2015. |
| Referral; patient referral | A request for the transfer of patient care from one provider or clinical setting (e.g., clinic, hospital, prescriber) to another provider. A referral may or may not include orders or prescriptions required to initiate care or services; it initiates the process for the provider(s) and prescriber(s) to confer, transfer information, and take the required steps to provide care and services requested.

In specialty pharmacy practice, the referral is typically a request to the specialty provider to initiate a therapy for a patient with a chronic disease; the pharmacy then follows established procedures to review the referral, obtain all necessary information including specific medication and therapy orders, |

| (ii) therapeutic duplication; |
| (iii) drug-disease contraindications; |
| (iv) drug-drug interactions; |
| (v) incorrect drug dosage or duration of drug treatment; |
| (vi) drug-allergy interactions; or |
| (vii) clinical abuse/misuse. |

(3) The term also includes packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient and the failure to detect and appropriately manage a significant actual or potential problem with a patient’s drug therapy. |

| CP Standard 2.1.1.3 (goal) |
| Standard 2.1.2 |
| SP Standard 1.3, 2.1, 3.6 |
and verify/facilitate steps for reimbursement. The referral then converts to an active case once therapy is initiated.

| Root cause analysis | (AHRQ) Root cause analysis (RCA) is a structured method used to analyze serious adverse events. RCA uses the systems approach to identify both active errors (errors occurring at the point of interface between humans and a complex system) and latent errors (the hidden problems within health care systems that contribute to adverse events). | CP Standard 3.1.3 (goal)  
SP Standard 4.1 | AHRQ  
Available at:  
Accessed on June 8, 2015. |
| Safety Data Sheet – SDS (formerly Material Safety Data Sheet) | (OSHA) The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), revised in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) (formerly MSDSs or Material Safety Data Sheets) for each hazardous chemical to | | OSHA  
Available at:  
downstream users to communicate information on these hazards. The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.

| Scope of practice document | A written description of all the services provided by the specialty pharmacy practice, including population served, specialty medications dispensed, clinical management and patient care services (including methodology or evidence-based guidelines used), therapeutic goals, and patient support services, communications with patients and providers, and related patient record and other documentation. | SP Standard 1.3 |

| Specialty pharmaceuticals | Medications with at least four of the following characteristics:  
  - Typically high in cost ($600 or more per month)  
  - Involve complex treatment regimens that require ongoing clinical monitoring and patient education  
  - Have special handling, storage, or delivery requirements  
  - Are generally biologically derived and available in injectable, infusible, or oral form  
  - Are dispensed to treat individuals with chronic and/or rare diseases  
  - Frequently have limited or exclusive product availability and distribution  
  - Treat therapeutic categories such as oncology, autoimmune/immune, or inflammatory conditions marked | SP Purpose, Standard 1.3, 1.7, 2.1, 2.2 |

Accessed on June 8, 2015.
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<td>Specialty pharmacy services; specialty pharmacy programs</td>
<td>Specialty pharmacy services and programs involve the provision of 1) high cost medications with 2) special handling procedures and 3) requiring complex patient care. The term ‘specialty pharmacy’ is clarified in the Purpose section of the SP standards and includes additional criteria for the characteristics of these services.</td>
<td>SP Purpose, used throughout the standards</td>
<td>HRSA Available at: <a href="http://www.hrsa.gov/ruralhealth/about/telehealth/">http://www.hrsa.gov/ruralhealth/about/telehealth/</a>. Accessed on June 8, 2015.</td>
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<tr>
<td>Telehealth</td>
<td>Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.</td>
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| Transition | The point in the patient care process that involves hand-off of responsibility for the continuation of patient services to another provider. | CP Standard 2.1.3  
SP Standard 3.3 |