



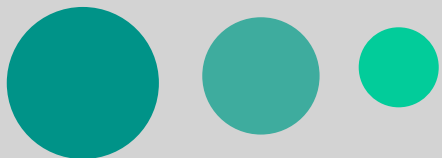
# Pivoting with Health Plans to Elevate Oncology and Infusion Pharmacy

Philip Schwieterman, PharmD, MHA

Director of Oncology and Pediatric Pharmacy

UK HealthCare

Lexington, Kentucky



*"I, Philip Schwieterman, disclose that I have no unresolved employment or other financial relationship with any company(ies) that may present a conflict of interest with regard to this presentation".*



# Objectives and Outcomes

Upon completion of this educational activity, you will be able to:

- Review oncology and infusion drug cost trends and the impact on pharmacy practices
- Discuss how health plan strategies can impact clinical, operational, and financial aspect of infusion services
- Identify pharmacy roles to improve margin and efficiency within oncology and infusion care

Following completion of this presentation, pharmacy employees should be familiar with contemporary access opportunities associated with high risk and high cost cancer and infusion therapies.



## To cover the cost of infusion therapy, an uninsured patient may:

1. Use a manufacturer Copay Card

0%

2. Enroll in a charity to offset the cost of the copay

0%

3. Pursue a Free Drug Program to cover the entire drug cost of the therapy

0%

4. Pay for the infusion out of pocket

0%

5. Both 3 and 4

0%

## The most expensive locations to receive infusion therapies are generally considered to be:

1. Inpatient hospital and outpatient hospital infusion department

0%

2. Physicians office and home infusion

0%

3. Ambulatory infusion center owned by a specialty pharmacy

0%

4. They all have the same costs to patients and health plans

0%

## White bagging refers to:

1. The patient buying an infusion therapy at a retail pharmacy and bringing it to an infusion center for administration

0%

2. A patient bringing their oral chemo during an inpatient admission to continue therapy

0%

3. A health plans' cost containment strategy to have an specialty pharmacy bill through Rx benefits and mail to the infusion pharmacy for compounding and administration

0%

4. An infusion center buying their own therapy and billing medical benefits

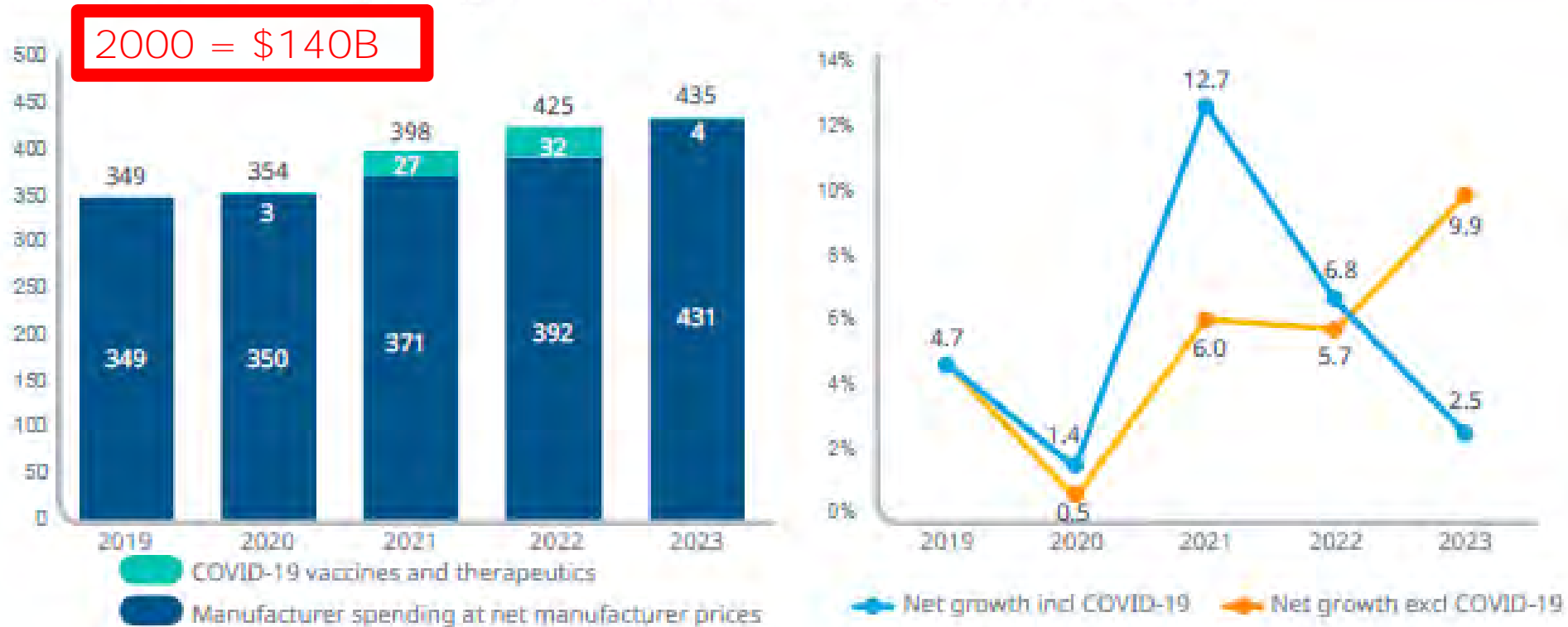
0%

# Oncology and Infusion Market Dynamics



# The U.S. net market grew by 9.9% in 2023 — excluding the impact of COVID-19 vaccines and therapeutics which declined by \$28Bn

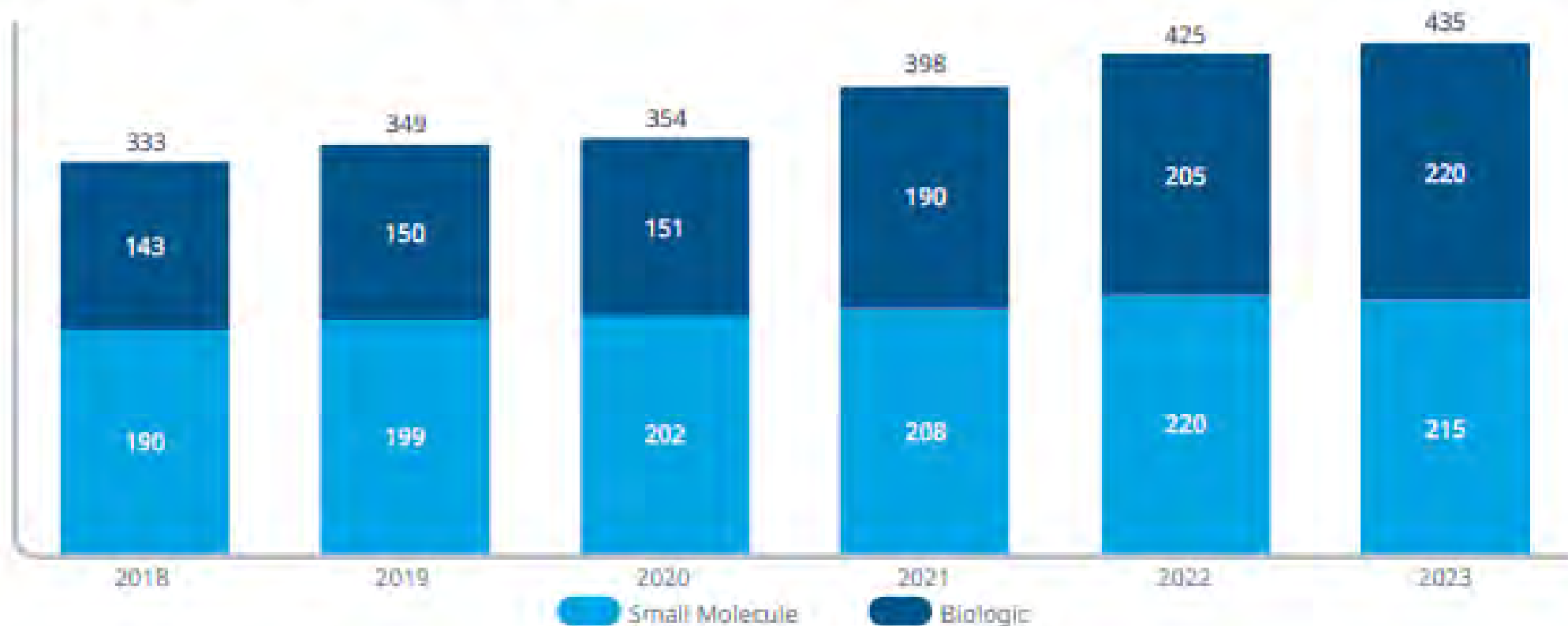
Exhibit 34: U.S. medicine spending at estimated net manufacturer prices, 2018–2023, US\$Bn



Source: IQVIA Institute, Mar 2024.

## Net manufacturer revenue for biologics offset declining small molecules and now exceeds 50% of spending

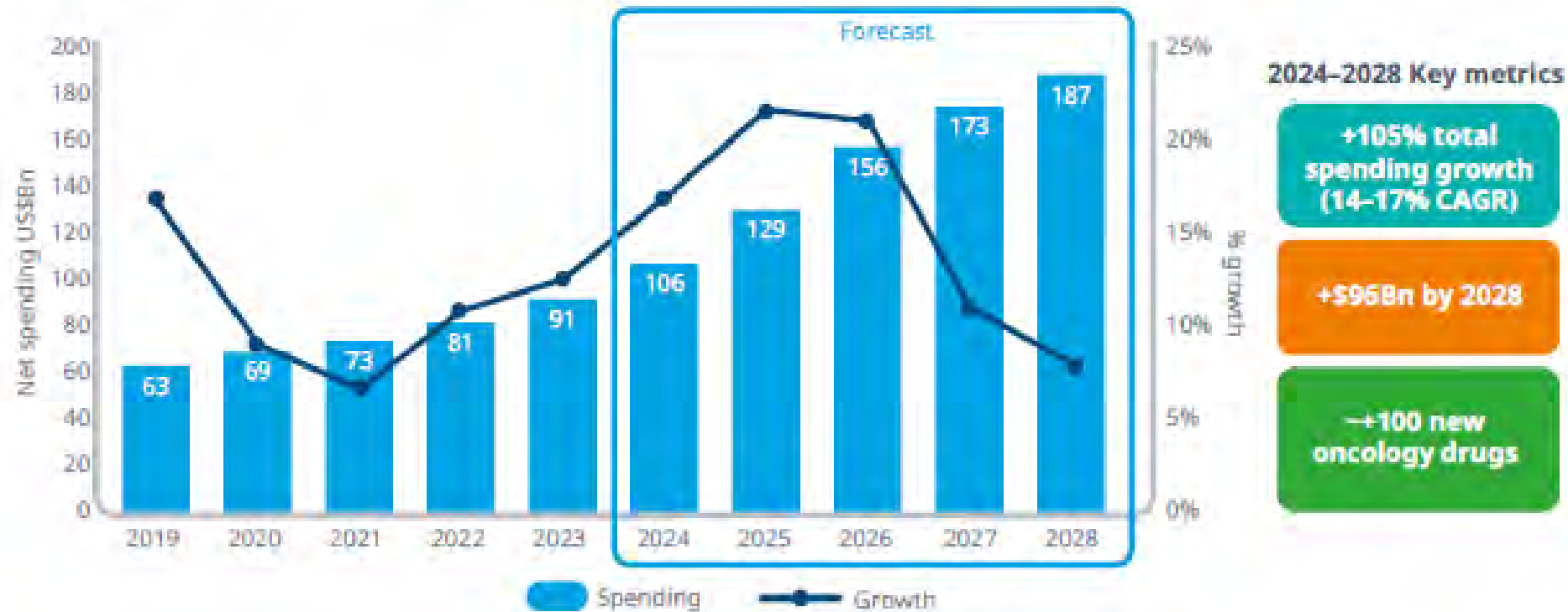
Exhibit 38: U.S. medicine spending at estimated net manufacturer prices, 2014-2023, US\$Bn



Source: IQVIA Institute, Mar 2024.

# U.S. oncology spending to reach \$187Bn by 2028, with growth slowing to 8% from biosimilar savings late in the forecast

Exhibit 55: Oncology spending at estimated manufacturer net prices, US\$Bn



Source: IQVIA Institute, Mar 2024.

# There were 18 new cancer medicines launched in the U.S. in 2023, with 11 that were orphan designated

Exhibit 30: Oncology novel active substances (NASs) launched in 2023 in the United States

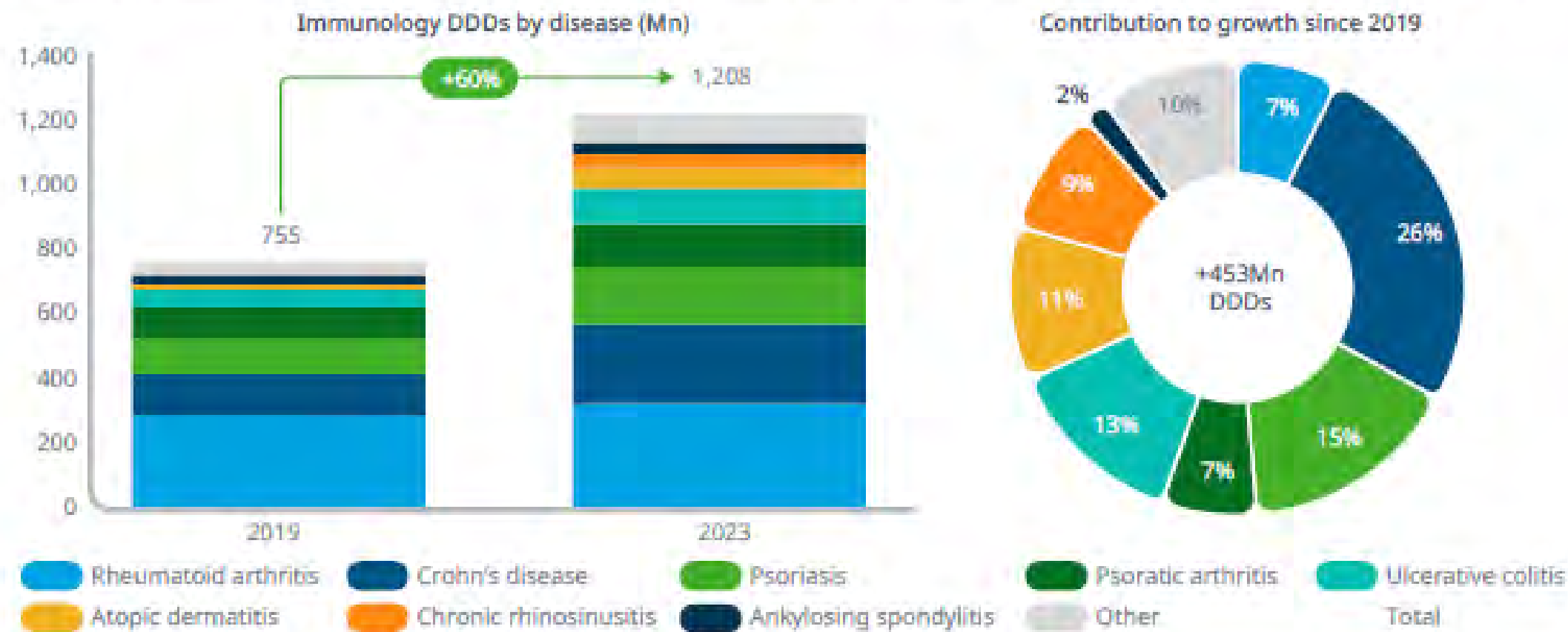
\*ATTRIBUTES KEY: ① = Oral, ② = Biologic, ③ = Next-gen biotherapeutic, ④ = Orphan, ⑤ = First-in-class, ⑥ = Expedited review, ⑦ = U.S. Patent to launch ≤5 years, ⑧ = EBP originated, ⑨ = EBP launched.

TYPE	INDICATION	MOLECULE	BRAND	ATTRIBUTES*										
				1	2	3	4	5	6	7	8	9		
Hematological cancers	Acute myeloid leukemia (AML)	quizartinib	Vanflyta	●			●		●					
	Hematologic malignancies planned for umbilical cord blood transplantation	omidubicel	Omisirge		●	●	●	●	●	●		●	●	
	Myelofibrosis with anemia	momelotinib	Ojjaara	●			●					●		
	Relapsed or refractory diffuse large B-cell lymphoma	epcoritamab	Epkinly		●					●	●	●	●	
	Relapsed or refractory follicular lymphoma	mosunetuzumab	Lunsumio		●		●	●	●					
	Relapsed or refractory large B-cell lymphomas	glofitamab	Columvi		●				●					
	Relapsed or refractory mantle cell lymphoma (MCL)	pirtobrutinib	Jaypirca	●			●		●			●		
	Relapsed or refractory multiple myeloma	elranatamab talquetamab	Elrexflor Talvey		●		●		●				●	
Solid Tumors	Bacillus Calmette-Guérin (BCG)-unresponsive non-muscle-invasive bladder cancer (NMIBC)	nadofaragene firadenovec	Adstiladrin		●	●		●	●					
	Desmoid tumors	nirogacestat	Ogsiveo	●			●	●	●				●	
	ER+, HER2-, ESR1-mutated breast cancer	elacestrant	Orserdu	●					●				●	
	HR+, HER2- breast cancer with one or more PIK3CA/AKT1/PTEN-alterations	capivasertib	Truqap	●				●	●			●		
	Intrahepatic cholangiocarcinoma with FGFR2 fusions or rearrangements	futibatinib	Lytgobi	●			●		●			●	●	
	Merkel cell carcinoma	retifanlimab	Zynyz		●		●		●			●	●	
	Prostate cancer	flotufolastat F 18	Posluma								●	●	●	
	Refractory metastatic colorectal cancer ROS1-positive non-small cell lung cancer	fruquintinib repotrectinib	Fruzaqla Augtyro	●					●			●		
<b>Totals</b>				<b>9</b>	<b>8</b>	<b>2</b>	<b>11</b>	<b>6</b>	<b>16</b>	<b>2</b>	<b>11</b>	<b>7</b>		

Source: IQVIA Institute, Apr 2024.

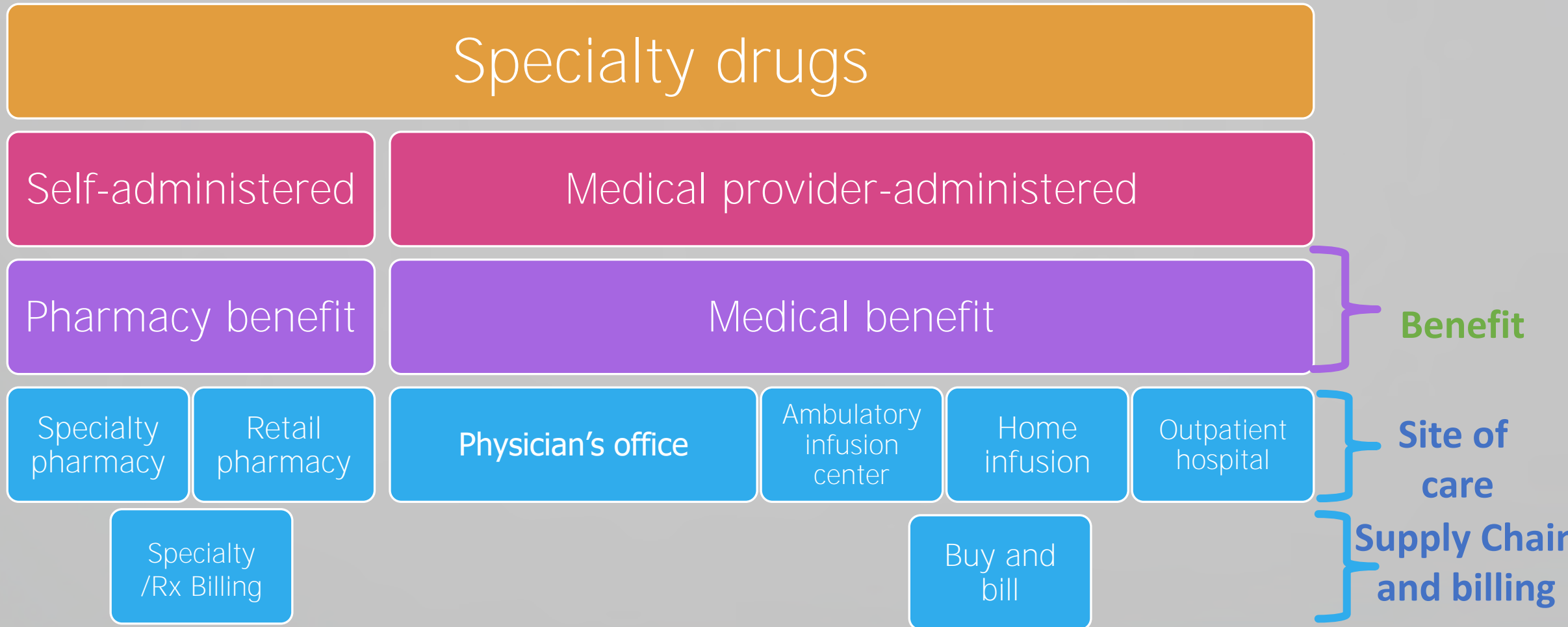
# Use of medicines is growing across all autoimmune diseases, with Crohn's disease and psoriasis contributing most to growth

Exhibit 14: Immunology defined daily doses (DDD)(Mn) and contribution to growth by disease, 2019 vs. 2023



Source: IQVIA National Sales Perspective, IQVIA MIDAS Disease, Dec 2023; IQVIA Institute, Mar 2024.

# Specialty Drugs: How Are They *Covered*?



# Novel Payer Market Dynamics

Infusion  
Reimbursement  
Methodologies

Prior Auths and  
Medical Necessity

Formulary  
Alignment,  
Biosimilars, and  
505b2

Managing Copays  
and Financial  
Toxicity

Site of Care

Brown, White,  
and Clear  
Bagging

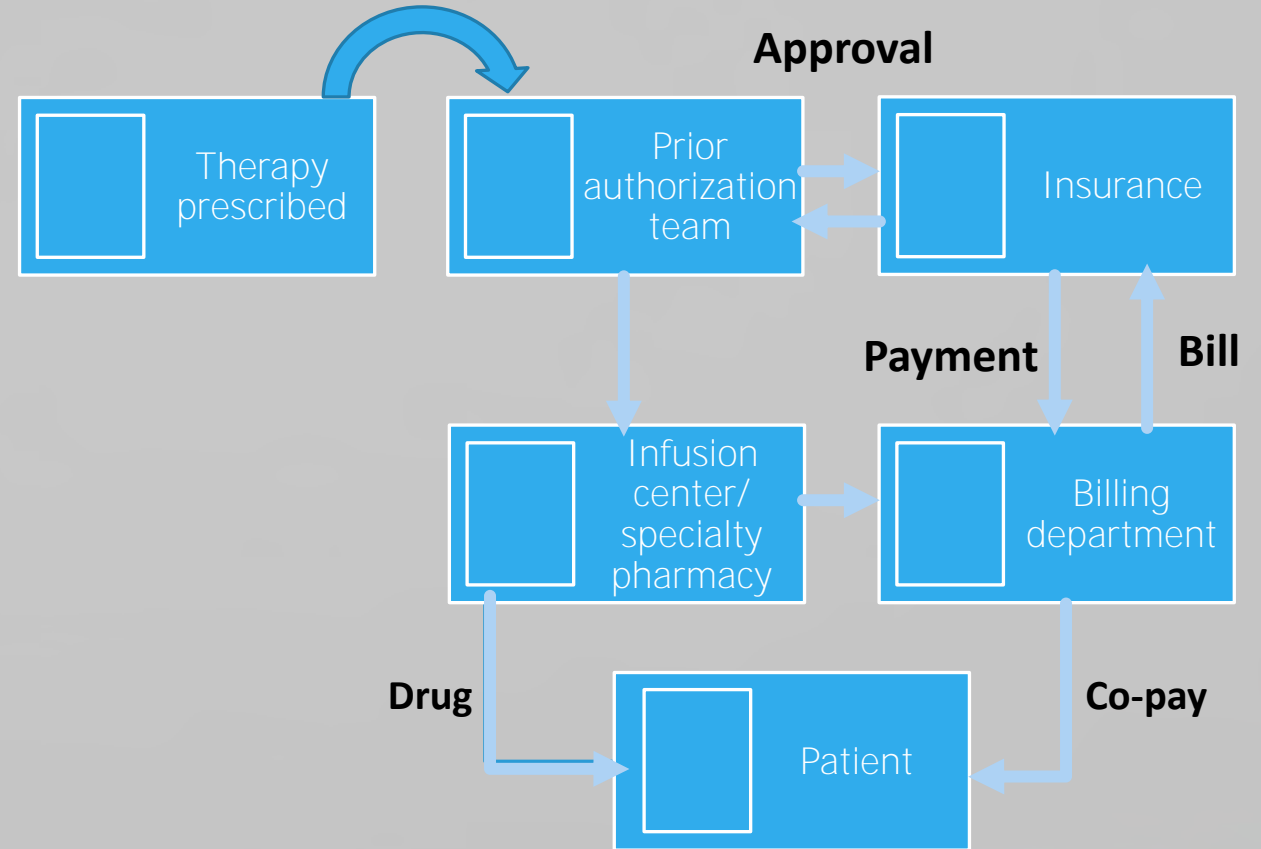
Value Based Care

Copay  
Accumulators and  
Maximizers

# Infusion Revenue Cycle Integrity: Hospital Outpatient Pharmacy

## Hurdles

- Coding
- CDM upkeep
- Extraction from EHR
- Denials/appeals
- Charging for waste
- Uninsured
- Underinsured
- Changing insurance
- Prior authorization windows
- Third party vendors
- Specialty pharmacy
- White bagging
- Time lags

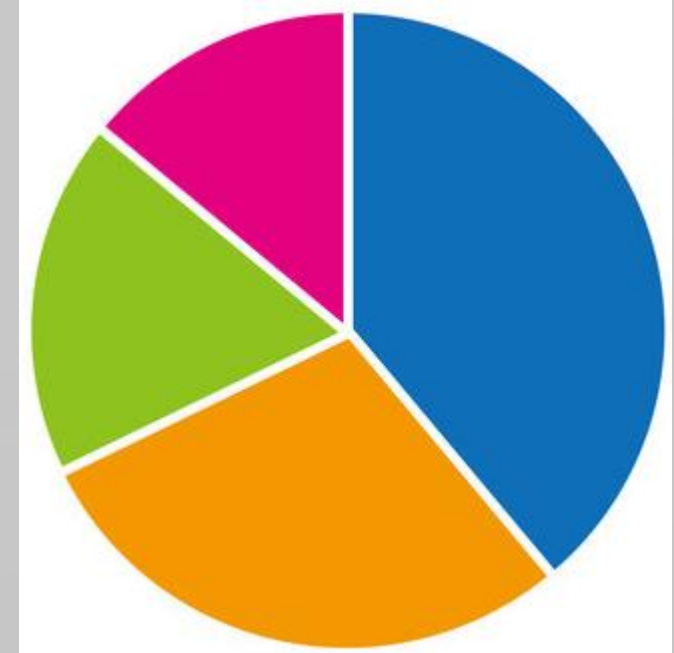


EHR = electronic health record.  
CDM = Charge Data Master

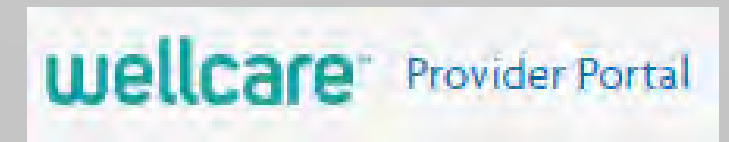
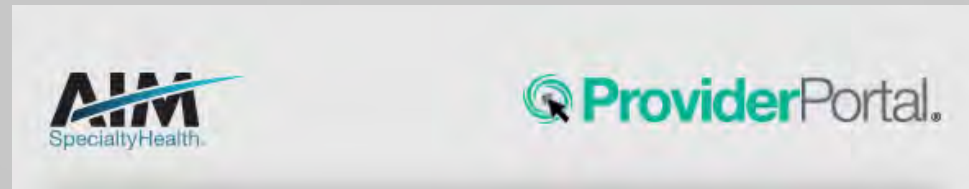


# Reimbursement Models

- Different payers reimburse differently
  - Capitated Market
  - Bundled Model
  - Self insured with a Third Party Administrator
  - Contractual Allowance
  - Medicare Allowable: ASP +6% (usually)
  - Others
- After an infusion is dispensed, *someone* should review Accounts Payable, Contract Compliance, denied claims, Medicare held claims and others



# Prior Authorization Portals

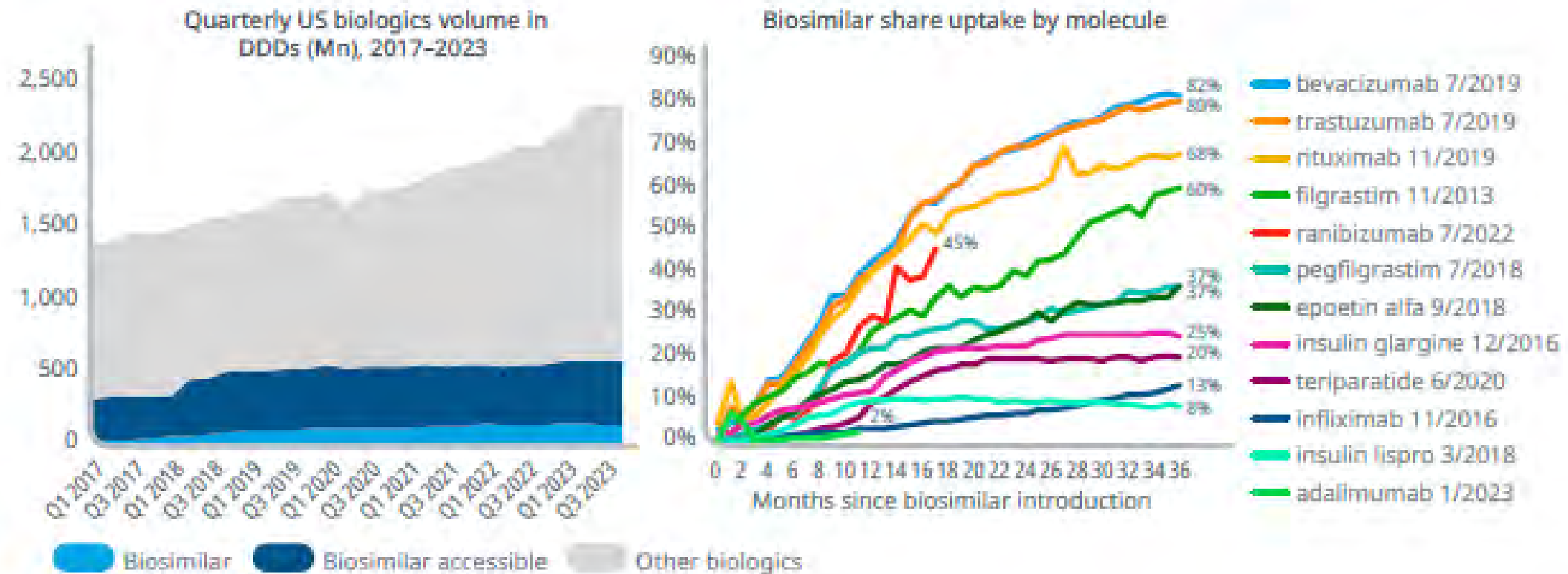




# Formulary Alignment

## Biosimilars launched to date account for 23% of competitive molecule volume with wide variation in uptake across molecules

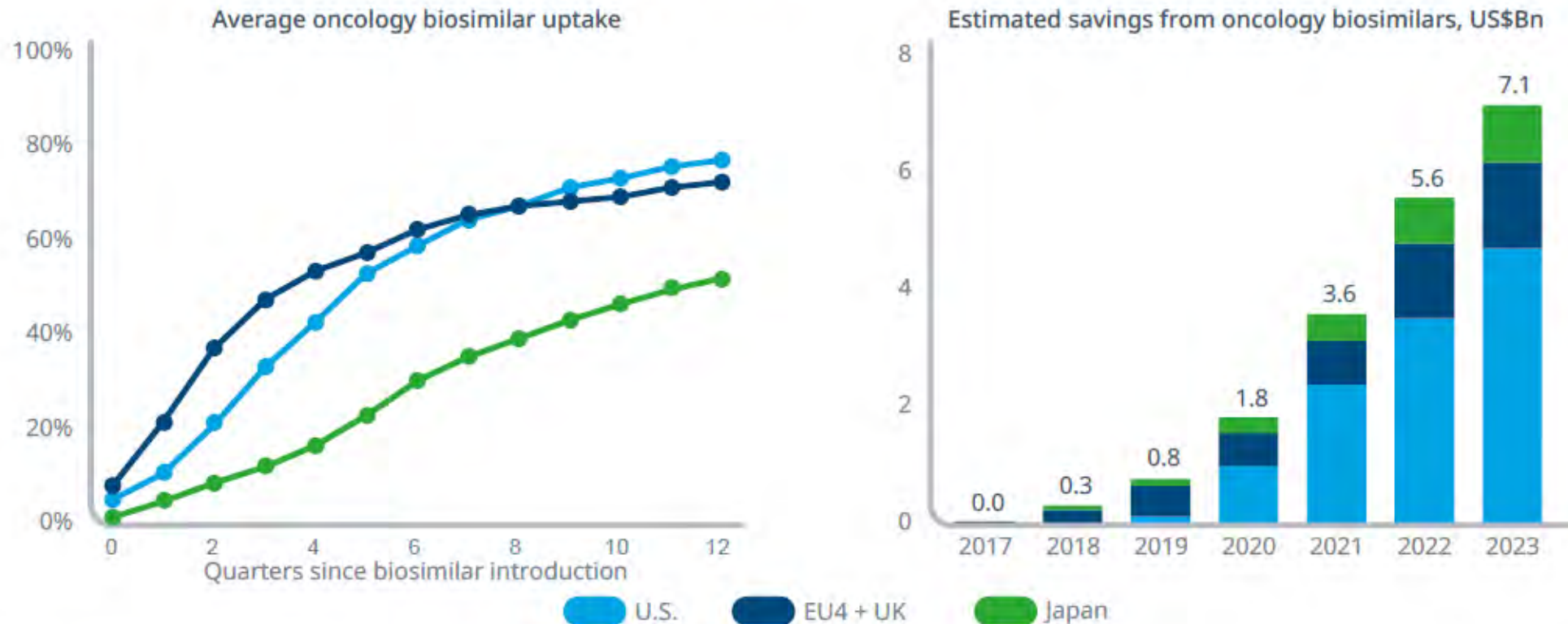
Exhibit 49: Biologics market volume and biosimilar uptake by molecule in Defined Daily Doses (DDDs)



# Formulary Alignment

## Oncology biosimilar uptake has been greater than 50% across major markets and biosimilars saved payers over \$7Bn in 2023

Exhibit 53: Average oncology biosimilar uptake and estimated biosimilar savings in U.S., EU4+UK, and Japan, US\$Bn



Source: IQVIA MIDAS, Dec 2023; IQVIA Institute, Apr 2024.

# Formulary Alignment: Biosimilar Navigation

- Assure prior auth aligns with the dispense
- Assure order and IV bag labels clearly express the biosim-abcd to administer
- Assure HCPCS codes and billing units are correct
- Consider reviewing ASP rates for Part B (no prior auth needed!)

	UK Preferred	Anthem	Humana	United	Cigna	Aetna/CVS Health	WellCare	Passport
<b>Rituximab Products</b>	<u>Riabni</u>	<u>Riabni</u>	<b>Commercial /Medicare Advantage plans:</b> Rituxan or <u>Ruxience</u> preferred  <b>Off-label:</b> Rituxan preferred	UHC Commercial: <u>Ruxience</u> or <u>Truxima</u>	<u>Truxima</u> and <u>Ruxience</u>	<b>Commercial ONLY:</b> Rituxan or <u>Ruxience</u> preferred	MCO prefers <u>Truxima</u> and <u>Ruxience</u>	
<b>Bevacizumab Products</b>	<u>Mvasi</u>	<u>Mvasi</u>	<u>Mvasi</u> and <u>Zirabev</u>	<b>Commercial &amp; MCO (not Medicare Advantage plans):</b> <u>Mvasi</u> preferred	<u>Mvasi</u> and <u>Zirabev</u>		MCO prefers <u>Mvasi</u> and <u>Zirabev</u>	
<b>Trastuzumab Products</b>	<u>Kanjinti</u>	Herceptin is <b>NON-Preferred</b> for Medicaid	Herceptin, <u>Trazimera</u> , and <u>Kanjinti</u>	<b>Commercial &amp; MCO (not Medicare Advantage plans):</b> <u>Kanjinti</u> preferred	<u>Kanjinti</u> , <u>Ogivri</u> or <u>Trazimera</u> preferred [including over <u>Hylecta</u> ]	Commercial & MCO prefer Herceptin, <u>Kanjinti</u> , and <u>Trazimera</u>	MCO <u>Kanjinti</u> , <u>Ogivri</u> , or <u>Trazimera</u>	

# Formulary Alignment – 505b2s

- The 505(b)(2) New Drug Application (NDA) approval pathway enables pharmaceutical manufacturers to expedite drug development by leveraging existing research, reducing the need for duplicative studies compared to the 505(b)(1) pathway.
- The manufacturer requesting approval via the 505(b)(2) pathway is allowed to submit data originally collected by another researcher or manufacturer.
- These are not generics, and can have different dosage forms, strengths, route of administration, formulation, salt-forms, and clinical effects. Are not reviewed for Therapeutic Equivalence (TE), and typically have different (HCPCS) billing codes
- 2023 = 58 drugs approved by this pathway
- Vizient Focus Group: 505[b][2] Approved Medications. February 2025
- Abbreviated Approval Pathways for Drug Product: 505(b)(2) or ANDA? Accessed January 10, 2025. <https://www.fda.gov/drugs/cder-small-business-industry-assistance-sbia/abbreviated-approval-pathways-drug-product-505b2-or-anda>

# Formulary Alignment – 505b2s



Reference product	Specific formulations with unique billing codes (NOT interchangeable)	Billing code
Bendamustine	Bendamustine NOS or Bendeka formulation	J9034
	Belrapzo formulation	J9036
	Treanda formulation	J9033
	Vivimusta formulation	J9056
	Apotex mfgr	J9058
	Baxter mfgr	J9059
Bortezomib	Bortezomib NOS or Avastin formulation	J9041
	<b>Dr. Reddy's mfgr</b>	J9046
	Fresenius Kabi mfgr	J9048
	Hospira mfgr	J9049
	Maia mfgr	J9051
Carmustine	Carmustine NOS or BiCNU formulation	J9050
	Accord mfgr	J9052
Cyclophosphamide	Cyclophosphamide NOS or Cytoxan formulation	J9075
	Auromedics mfgr	J9071
	<b>Dr. Reddy's mfgr</b>	J9072
	Ingenus mfgr	J9073
	Sandoz mfgr	J9074
	Docetaxel	Docetaxel NOS or Taxotere formulation
	Ingenus mfgr	J9172



NDC 0781-3531-91 Rx Only

**Paclitaxel Protein-Bound Particles for Injectable Suspension (Albumin-Bound)**

100 mg per vial

FOR INTRAVENOUS USE ONLY  
Single-Dose Vial  
Discard Unused Portion

Functional properties differ from other paclitaxel products. DO NOT SUBSTITUTE.

**SANDOZ**

CYTOTOXIC AGENT. Sterile, Lyophilized.  
Each vial contains: 100 mg paclitaxel and approximately 900 mg human albumin. Reconstitute with 20 mL of 0.9% Sodium Chloride Injection, USP resulting in a suspension containing 5 mg per mL of paclitaxel.  
Store reconstituted suspension in the original carton at 2° to 8°C (36° to 46°F) to protect from bright light. Use reconstituted suspension within 24 hours.  
USUAL DOSAGE: See package insert. Rev. 01/2024

STOP: Verify dosage and infusion rate.  
Manufactured by Jiangsu Hengra Pharmaceuticals Co., Ltd., Lianyungang, Jiangsu 222047, China for Sandoz Inc., Princeton, NJ 08540 25(A)(1)

Unvarnish Area (24 mm x 16 mm)  
Overcoding Lot and EXP.



# Novel Payer Market Dynamics

Infusion  
Reimbursement  
Methodologies

Prior Auths and  
Medical Necessity

Formulary  
Alignment  
Biosimilars, and  
505b2s

Managing Copays  
and Financial  
Toxicity

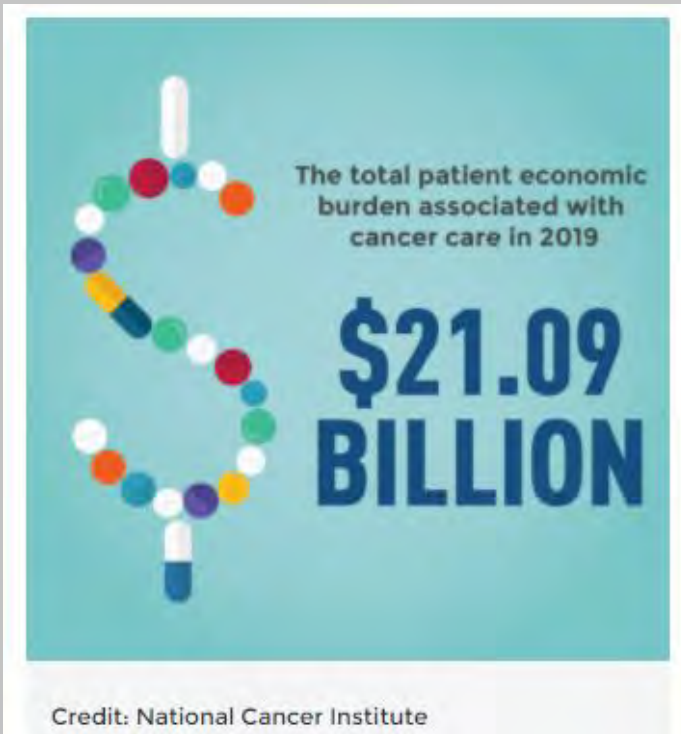
Copay  
Accumulators and  
Maximizers

Site of Care

Brown, White,  
and Clear  
Bagging

Value Based Care

# Copays and Financial Toxicities

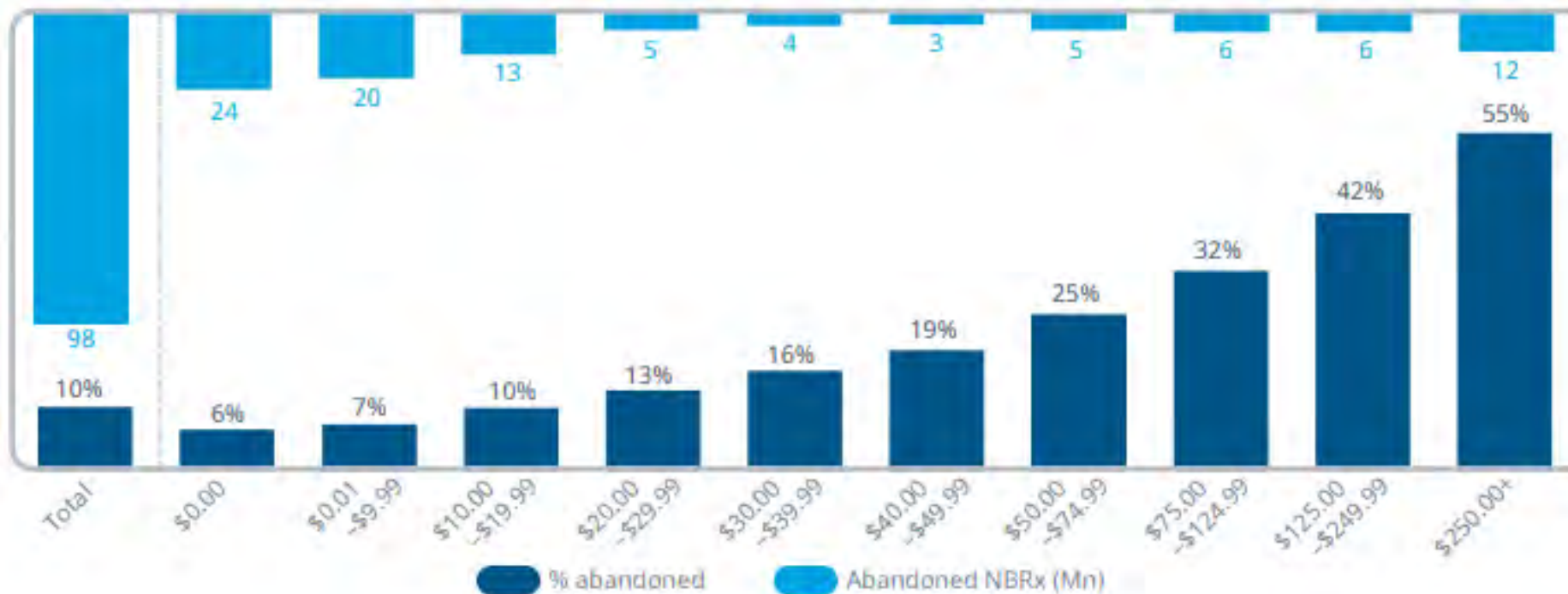


*“In the modern era of cancer research, we have to think about treatment costs and how they impact our patients. As exciting and promising as cancer research is, we are keenly aware of the issue of financial toxicity for these patients. Therapies that are highly effective are no doubt good news, but if they are unaffordable, it is not the total kind of progress we would like to see,”* said Norman E. “Ned” Sharpless, MD, Director of the National Cancer Institute, of the National Institutes of Health. *“Finding ways to ensure that not just some, but all patients get access to therapies that are beneficial to them is an important goal we must continue to strive for in the cancer community. This report will help guide us toward achieving that goal.”*

# Copays and Financial Toxicities

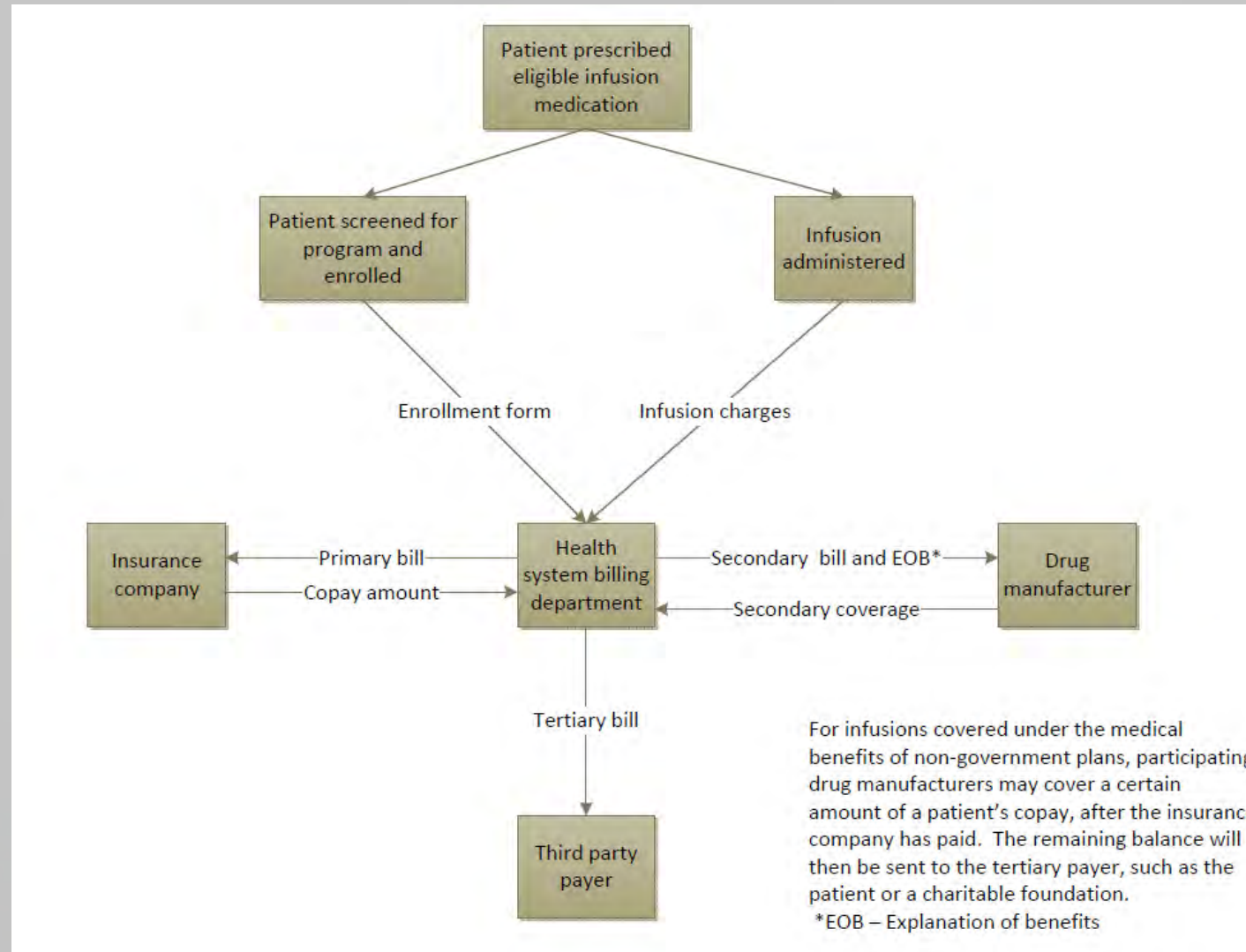
## Patients starting new therapy abandoned 98Mn prescriptions at pharmacies in 2023 with increasing frequency as costs rise

Exhibit 26: 14-day abandonment share of new-to-product prescriptions by final out-of-pocket cost in 2023, all payers, all products



Source: IQVIA National Prescription Audit: New to Brand, LAAD Sample Claims Data, Dec 2023; IQVIA Institute, Mar 2024.

# Copays and Financial Toxicities

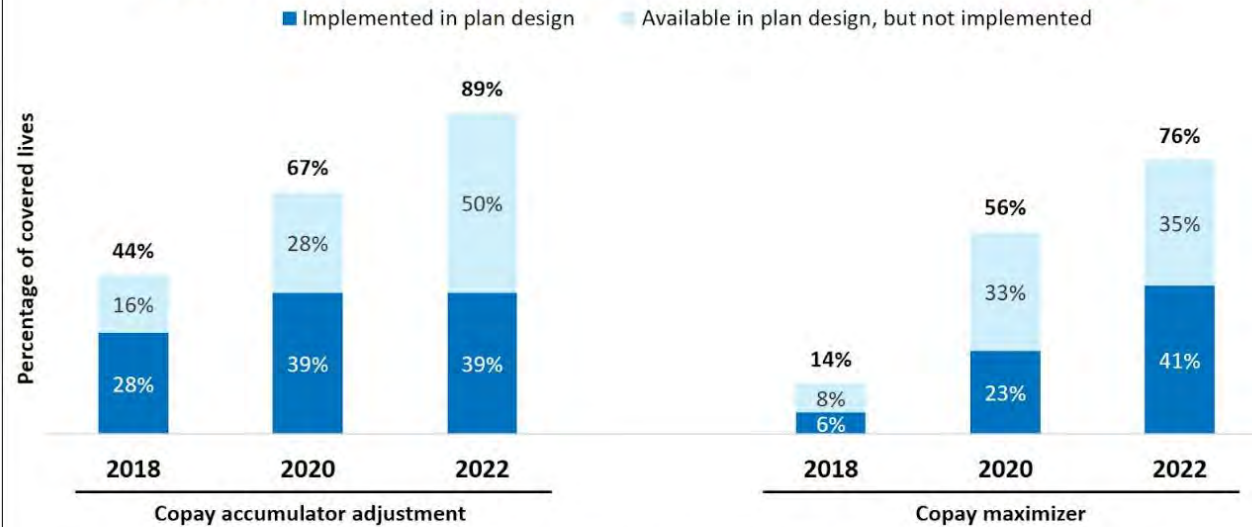


# Copay Accumulators and Maximizers

I prohibit the copay card funds from going towards the deductible

I change the patients copay to maximize the use of the copay card

**Copay Accumulator Adjustment and Copay Maximizers, Prevalence and Use in Commercial Insurance, 2018 to 2022**

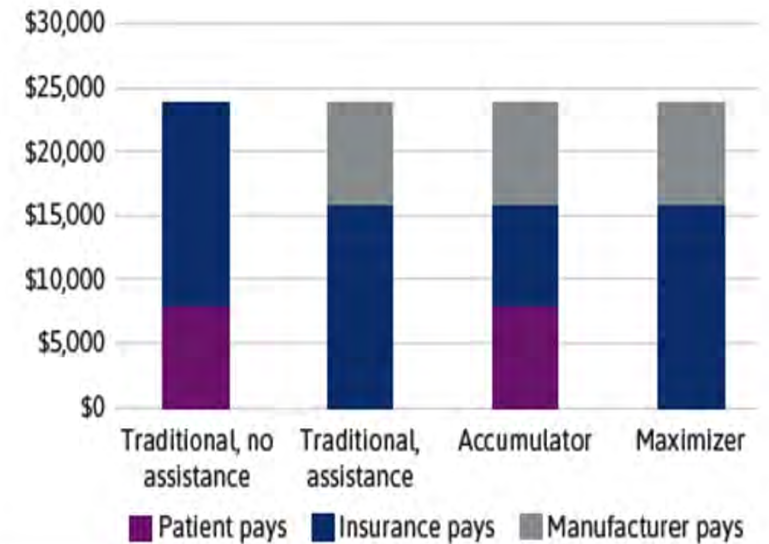


Source: Drug Channels Institute analysis of MMIT data; Drug Channels Institute estimates. Sample for 2018 includes 49 PBMs and payers representing 147 million commercially insured covered lives. Sample for 2020 includes 50 PBMs and payers representing 127.5 million commercially insured covered lives. Sample for 2022 includes 35 PBMs and payers representing 121.5 million commercially insured covered lives.

Published on Drug Channels ([www.DrugChannels.net](http://www.DrugChannels.net)) on February 22, 2023. This chart appears as Exhibit 132 in *The 2023 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers*.



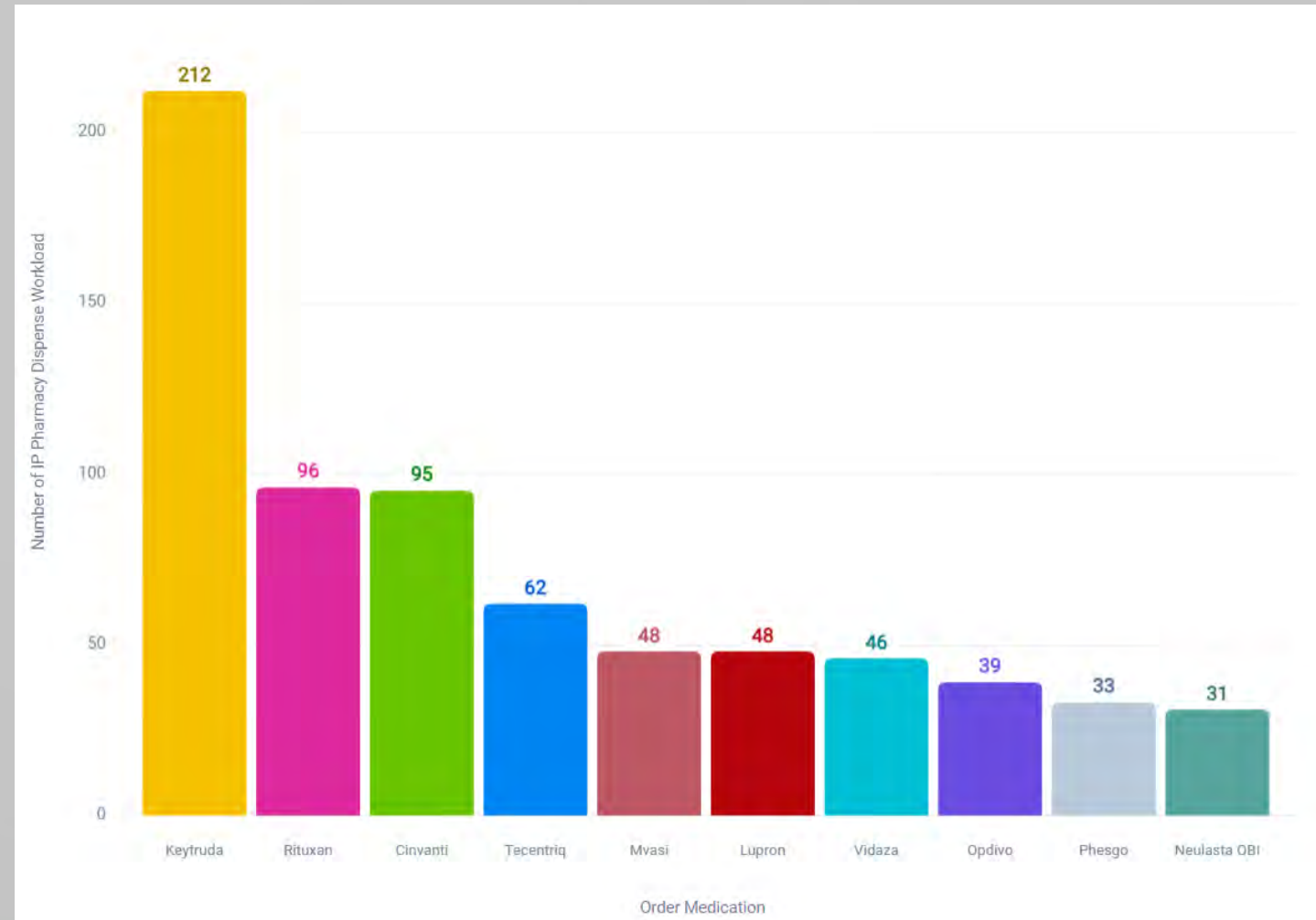
**Amount Paid by Each Entity**



Choi et al. J Manag Care Spec Pharm. 2024; 30(8):883-96

# Financial Toxicity – Free Drug Programs

- FREE INFUSION DRUG PROGRAMS EXIST. HAVE A PROCESS TO BOTH AVOID THEIR USE, AND WHEN NEEDED, IMPLEMENT THEM COMPLIANTLY.



# Pharmaceutical Manufacturers Ability to Assist Patients Varies Depending on Their Insurance

Insurance	Free Drug "PAP"	Co-pay Assistance "Coupons"	Donations to 501(c)3 independent charities
Un-insured	✓	✗	✓
Commercial	✓	✓	✓
Medicare/Govt	✓	✗	✓

# Novel Payer Market Dynamics

Infusion  
Reimbursement  
Methodologies

Prior Auths and  
Medical Necessity

Formulary  
Alignment  
Biosimilars, and  
505b2s

Managing Copays  
and Financial  
Toxicity

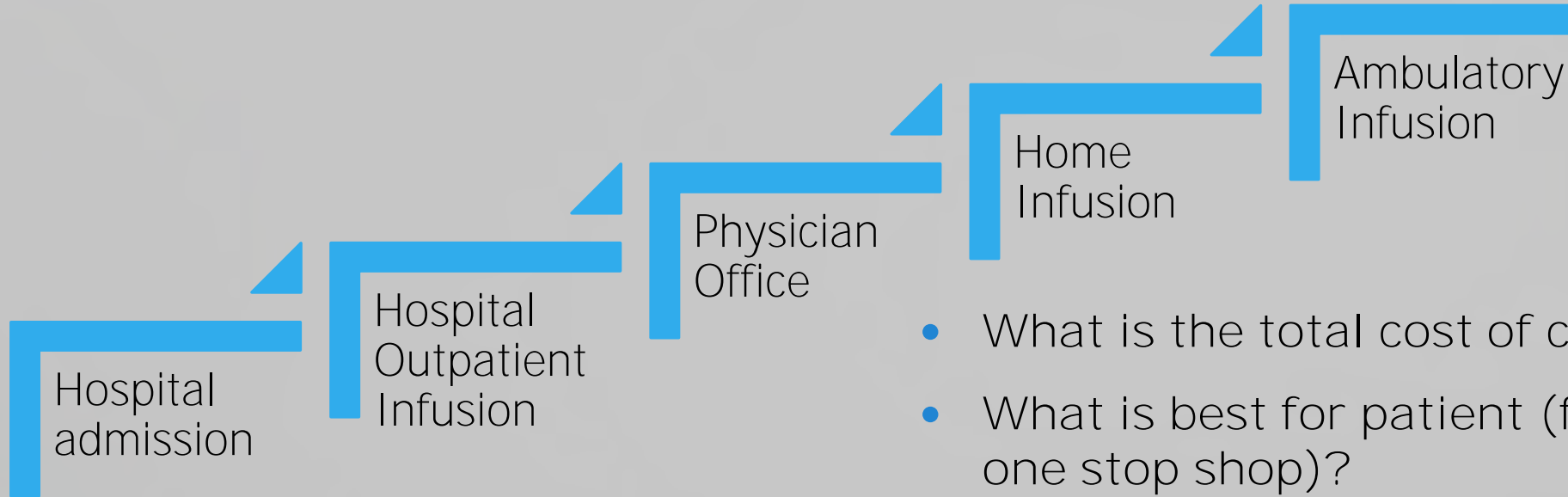
Copay  
Accumulators and  
Maximizers

Site of Care

Brown, White,  
and Clear  
Bagging

Value Based Care

# Site of Care Shift



- What is the total cost of care?
- What is best for patient (fragmented care vs. one stop shop)?
- Is your contracting team engaged?
- Buy and Bill vs. Prescription
- Infusion Reaction Management
- Regional staffing variability

# Site of Care Shift

## Cigna Pathwell Specialty Drug List

All of the medications listed here must be administered by a Cigna Pathwell Specialty participating provider.<sup>3</sup> To a provider near you, go to [Cigna.com/pathwellspecialty](https://cigna.com/pathwellspecialty).

### Medication name

#### A

ABRAXANE  
ACTEMRA  
ADAKVEO  
ADCETRIS  
ADVATE  
ADYNOVATE  
AFSTYLA  
ALDURAZYME

BENEFIX  
BENLYSTA  
BERINERT  
BIVIGAM  
BLINCYTO  
BORTEZOMIB  
BRINEURA  
BRIUMVI

#### C

DARZALEX FASPRO  
decitabine  
DOXIL  
doxorubicin hcl liposome

#### E

ELAHERE  
ELAPRASE  
ELELYSO  
ELFABRIO

FASLODEX  
FEIBA NF  
FENSOLVI  
FIRMAGON  
FLEBOGAMMA DIF  
FOLOTYN  
FULPHILA  
fulvestrant  
FYARRO  
FYLNETRA

## Specialty pharmacy site of care

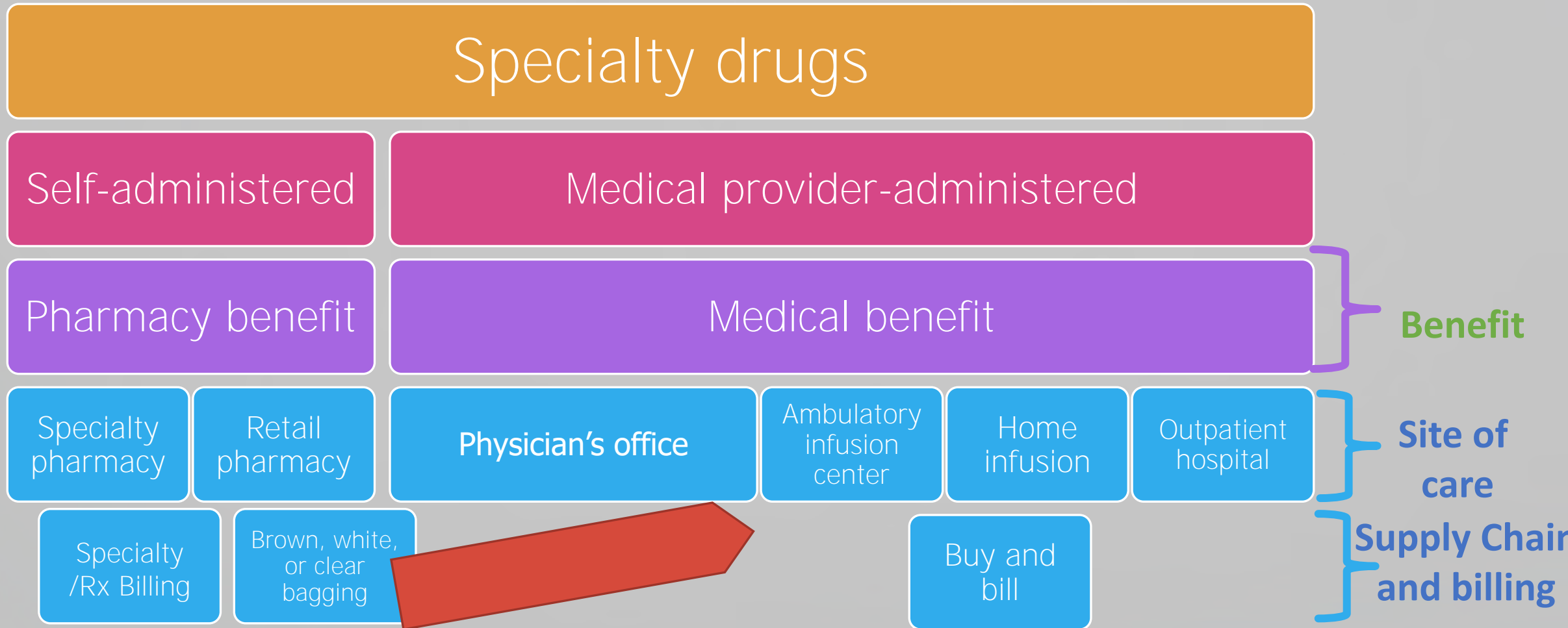
To better serve the members of Anthem Blue Cross and Blue Shield (Anthem) and to assure members are receiving services at the most appropriate site of care, the member's home, an infusion center, or the provider office will be the preferred sites of care for administration of the medications below for **dates of service August 1, 2022, and beyond**.

HCPCS or CPT* code(s)	Drug
J3262	Actemra
J0791	Adakveo
J1931	Aldurazyme
J1599	Asceniv
Q5121	Avsola
J0490	Benlysta
J1556	Bivigam
J1566	Carimune NF
J1786	Cerezyme
J2786	Cinqair
J1743	Elaprase
J3060	Elelyso
J3380	Entyvio

<https://pathwellspecialty.sites.cigna.com/static/pathwellspecialty-sites-cigna-com/docs/pathwell-specialty-pdl-2025.pdf> accessed 3/21/25

[https://providers.anthem.com/docs/gpp/WI\\_CAID\\_SpecialtyPharmacySiteOfCare.pdf?v=202206301511](https://providers.anthem.com/docs/gpp/WI_CAID_SpecialtyPharmacySiteOfCare.pdf?v=202206301511) accessed 3/21/25

# "Site of Care Shifts" – Bagging Options



# White, Brown and Clear Bagging

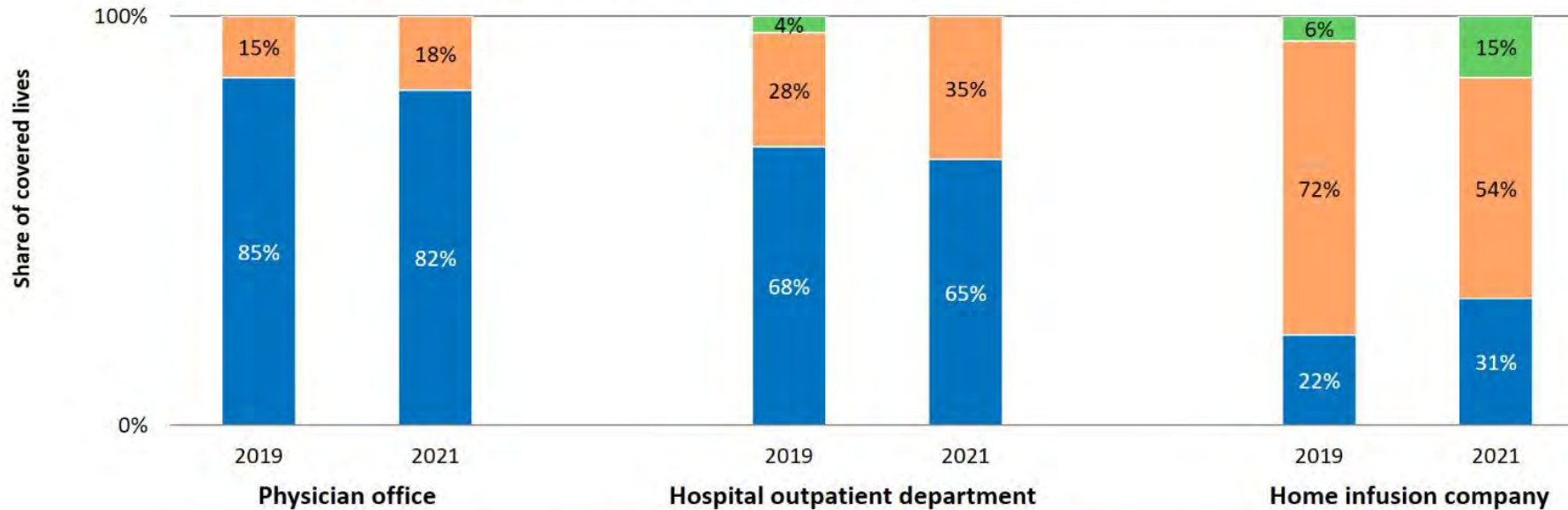


When facilitating any drug **your infusion center didn't purchase**, maintain compliance by generating a \$0.01 charge, allowing the nursing CPT codes to flow through.

PS – Ditto for Free Drug

### Drug Sourcing for Infused Oncology Therapies, by Practice Type and Source, 2019 vs. 2021

- **Buy-and-bill:** Practice purchases drug from distributor
- **White bagging:** Specialty pharmacy supplies drug to practice
- **Brown bagging:** Specialty pharmacy dispenses drug to patient, who transports it to practice

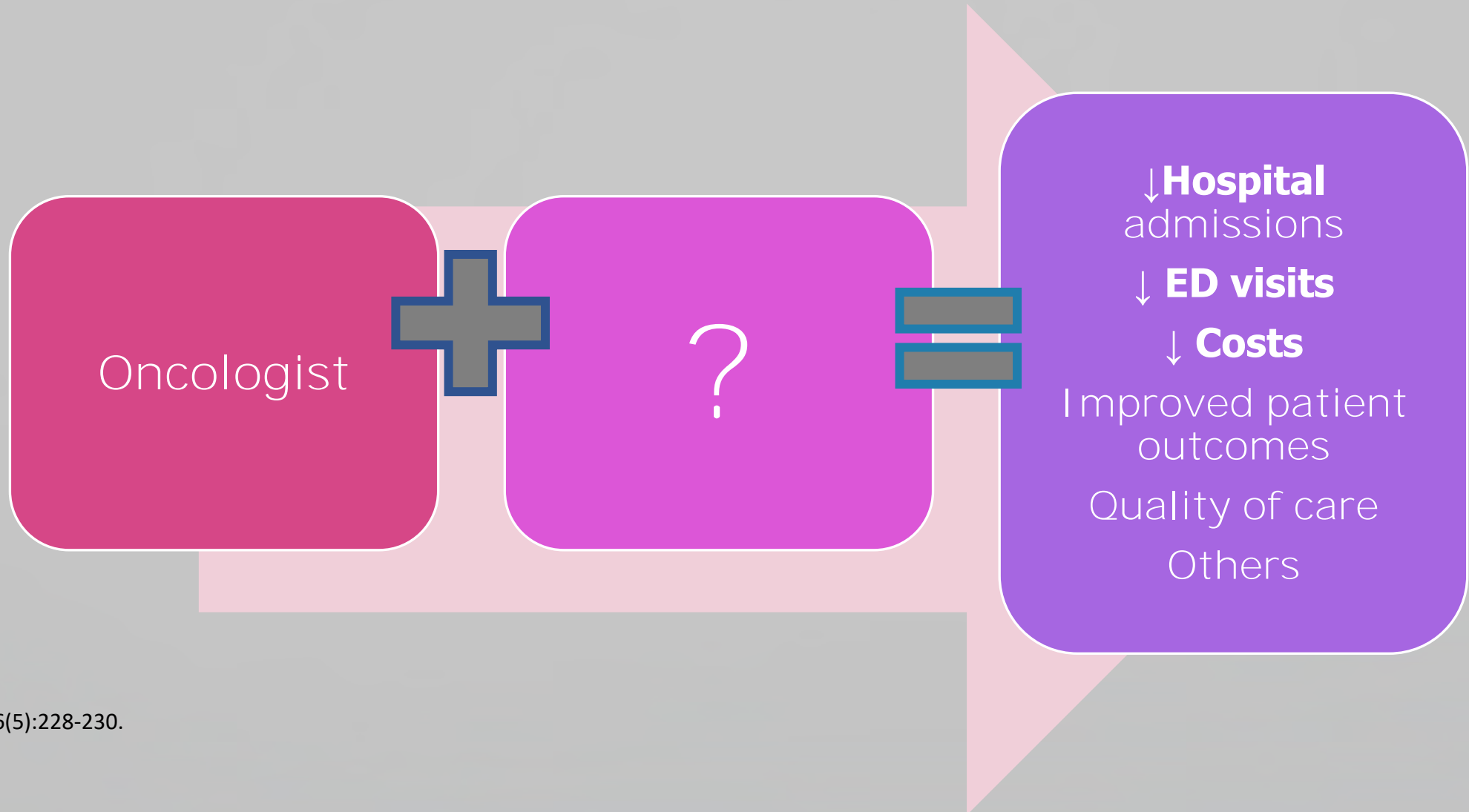


Source: Drug Channels Institute analysis of MMIT Oncology Index data. Figures for 2019 based on 48 commercial plans representing 126.6 million covered lives. Figures for 2021 based on 51 commercial plans representing 124.9 million covered lives. See *The 2021-22 Economic Report on Pharmaceutical Wholesalers and Specialty Distributors*, Exhibit 42.

Published on *Drug Channels* ([www.DrugChannels.net](http://www.DrugChannels.net)) on October 12, 2021.

# Value Based Care

- **Fee-for-service**
- **Alternative payment models**
- **Value-based contracts**
- **(Enhanced) Oncology Care Model**

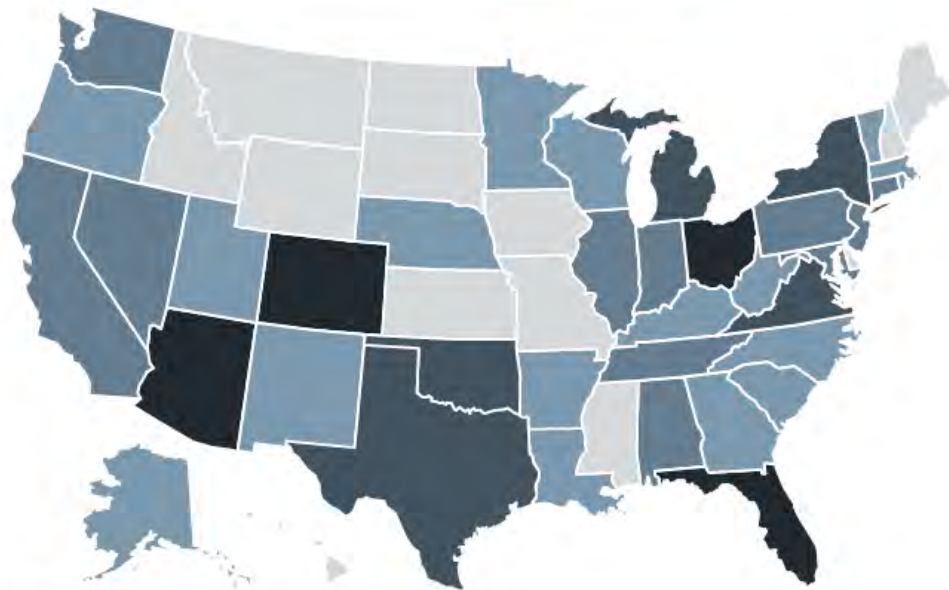
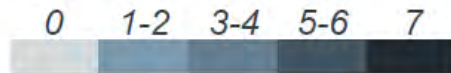


# Value Based Care Programs

## Ongoing oncology payment reform models

October 2020

Models in each state



1. Value-based payment.  
2. Advisory Board is a subsidiary of UnitedHealth Group. All Advisory Board research, expert perspectives, and recommendations remain independent.

Source: "2020 Community Oncology Alliance Payment Reform Model Brief," Community Oncology Alliance, October 2020, [https://communityoncology.org/wp-content/uploads/2020/10/COA-2020\\_Payment\\_Reform\\_Brief-FINAL.pdf](https://communityoncology.org/wp-content/uploads/2020/10/COA-2020_Payment_Reform_Brief-FINAL.pdf).

## Select commercial payment models started since 2019

### Oncology medical homes

- BlueCross BlueShield of Tennessee and Tennessee Oncology's Oncology Medical Home
- ASCO Patient-Centered Cancer Care Certification pilot
- Anthem's oncology medical home
- Cigna Oncology Focus Program

### Bundled payment programs

- UnitedHealthcare's<sup>2</sup> Cancer Episode Program
- Horizon Blue Cross Blue Shield of New Jersey's Episodes of Care program with Astera Cancer Care and OneOncology
- Memorial Sloan Kettering and Carrum Health's comprehensive cancer care bundles for employers
- UnitedHealthcare's radiation oncology bundle program (pending)

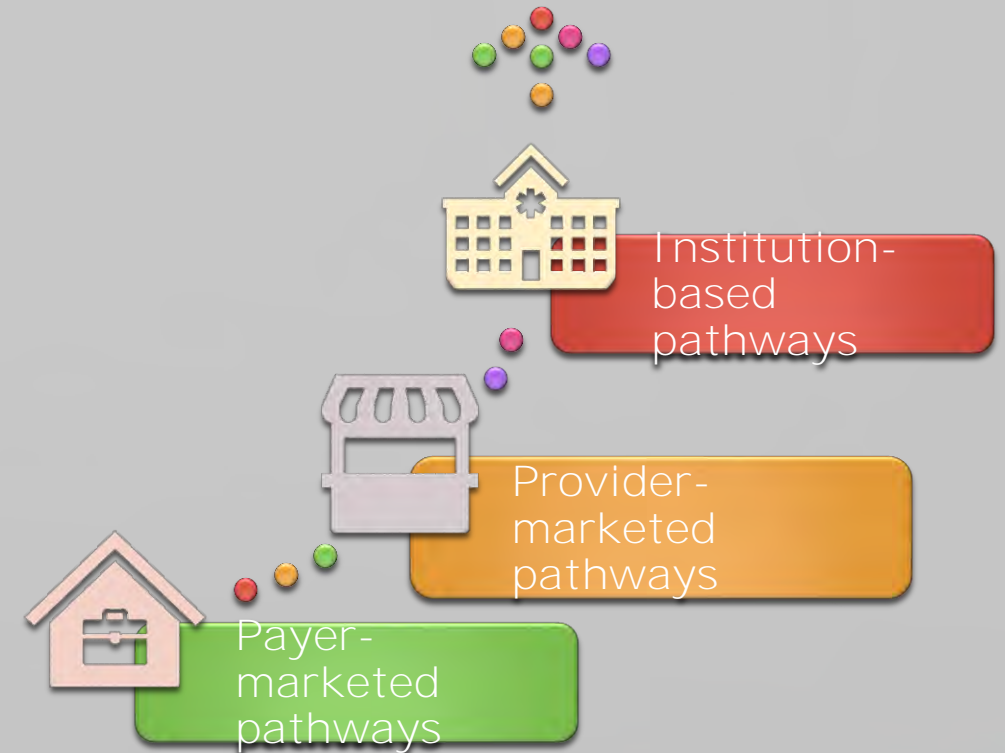
### Pathway programs

- UnitedHealthcare's Cancer Therapy Pathways Program
- Cigna's oncology clinical pathways program

# Oncology Clinical Pathways (OCP)

OCP: Evidence based treatment protocol paths

- Reduces variations in care
- Reduces total cost of care
- Reduces use of unsupported therapy
- Can support value-based payment programs
- Can support prior authorization for pharmacy benefits
- Improves outcomes and quality of care



# Value Based Care Programs

## Quarterly Practice Performance Scorecard Q4 2024

### Medical Oncology

#### Performance Metrics Quarterly Scorecard

Domain	Category	Target Threshold	Peer Performance	Current Quarter	Prior Quarter	Notes
Clinical & Quality Metrics	Level 1 Pathway	≥ 70%	70%	<b>71%</b> (193/271)	<b>73%</b> (216/297)	
	Dose Rounding	≥ 80%	65%	<b>69%</b> (33/48)	<b>51%</b> (28/55)	See Appendix C for detail
	Anti Cancer Re-Auths with F/U Scan	≥ 90%	92%	<b>94%</b> (183/195)	<b>95%</b> (208/218)	
	Checkpoint Inhibitor Re-Auths with F/U Scan	≥ 90%	88%	<b>92%</b> (94/102)	<b>92%</b> (96/104)	
	Low Value Regimens	0	726 (12/K)	<b>5</b> (of 391)	<b>2</b> (of 428)	See Appendix A for detail
	Peer-to-Peer Engagement	100%	33%	<b>54%</b> (13/24)	<b>41%</b> (7/17)	
Operational Metrics	Portal Adherence	≥ 90%	95%	<b>98%</b> (497/507)	<b>99%</b> (534/540)	See Appendix B for detail
	Expedited Rates	≤ 15%	9%	<b>2%</b> (9/507)	<b>2%</b> (12/540)	See Appendix B for detail
	Customized Regimens	≤ 30%	44%	<b>45%</b> (175/391)	<b>42%</b> (178/428)	See Appendix B for detail

Infusion  
Reimbursement  
Methodologies

Prior Auths and  
Medical  
Necessity

Formulary  
Alignment  
Biosimilars, and  
505b2s

Managing  
Copays and  
Financial Toxicity

Copay  
Accumulators  
and Maximizers

Site of Care

Brown, White,  
and Clear  
Bagging

Value Based  
Care

Payer Contracting



Coding, Billing, Charging, Modifiers



Prior Auths NCD/LCDs



Free Drug



Copay Support



Site of Care



**"Bagged"** Drugs



Drug Pricing and ASP



Formulary Alignment



Denial Management



# Summary

- Drug costs now exceed \$440,000,000 annually, with monoclonals accounting for over half of that expense.
- Navigating through payer requirements such as site of care, reimbursement rates, coverage criteria, unaffordable copays, and other hurdles can be complicated
- Value-based care arrangements continue, but have yet to dampen the expense
- Pharmacy is crucial to overall health of an infusion service line and should be closely integrated into revenue cycle, prior auth, supply chain, and financial toxicity activities

## To cover the cost of infusion therapy, an uninsured patient may:

1. Use a manufacturer Copay Card

0%

2. Enroll in a charity to offset the cost of the copay

0%

3. Pursue a Free Drug Program to cover the entire drug cost of the therapy

0%

4. Pay for the infusion out of pocket

0%

5. Both 3 and 4

0%

## The most expensive locations to receive infusion therapies are generally considered to be:

1. Inpatient hospital and outpatient hospital infusion department

0%

2. Physicians office and home infusion

0%

3. Ambulatory infusion center owned by a specialty pharmacy

0%

4. They all have the same costs to patients and health plans

0%

## White bagging refers to:

1. The patient buying an infusion therapy at a retail pharmacy and bringing it to an infusion center for administration

0%

2. A patient bringing their oral chemo during an inpatient admission to continue therapy

0%

3. A health plans' cost containment strategy to have an specialty pharmacy bill through Rx benefits and mail to the infusion pharmacy for compounding and administration

0%

4. An infusion center buying their own therapy and billing medical benefits

0%



# Questions?

