



**BlueCross BlueShield
of Alabama**

Provider-Administered Drug Review (PAD) Program Overview



The Provider-Administered Drug Review (PAD) Program is the foundation of drug management under the medical benefit. High-cost drug claims are better managed for your group as more of these therapies continue to enter the market. By electing the PAD program, the below programs will ensure that drugs not only meet medical necessity criteria, but also these high-cost drugs are managed with additional value add strategies to ensure your member is receiving the right drug, at the right place, at the right time in their treatment journey. By not electing the PAD program, these drugs will process under your group's medical benefit plan without being subject to the utilization management programs below.

*The following Medical Drug Management Programs are included in the PAD program at no additional cost (~ \$7.00 PMPM savings *):*

Prior Authorization (PA) Program: Ensures certain medications are medically necessary and cost-effective before they are prescribed and administered

PD-1 Weight Based Dosing: Maximizes efficiency by selection of appropriate dosing, with comparable efficacy and safety, using analytics data to support either flat dosing or weight-based dosing for Keytruda, Opdivo, Bavencio, and Imfinzi

IV Immune Globulin (IVIG) Adjusted Body Weight (ABW) Dose Optimization: Dose is adjusted based on body weight to ensure appropriate dosing and reduce cost while maintaining quality of care

Mandatory Drug Waste Reduction and Vial Rounding: Aims to limit drug wastage for weight based drugs due to limited vial sizes available from drug manufacturers

Dosing Differential: Reviews the drug dosage requested and makes recommendations for more appropriate dosing if requested dosage is too high

Voluntary Site of Service Program: Guides the administration of select drug infusions to the most economic and clinically appropriate place of treatment as an option for members and providers

Post Service Claim Edits: Ensures medical benefit drugs are paid correctly through dose and frequency-specific claim to authorization matching with additional application for certain drugs not in scope for prior authorization

Gene Therapy Management: Reviews and manages coverage and appropriate care for Gene Therapy and Cellular Immunotherapy (GT/CI) treatment for our members without unnecessary and preventable delays or obstacles in coverage and includes a stop loss product specific to GT/CI

High Cost Therapy Program: This program combines clinical evaluation of prior authorization requests with medical record submission and independent specialty-matched physicians, but also allows the plan pharmacist to be directly involved in member management and care

* Savings based on impact to overall book of business

(continued) Medical Drug Management Programs included in the PAD program at no additional cost:

Preferred Product Strategies: New to market and existing products are continuously monitored and reviewed to ensure optimal drug treatments are available to our members and strategies are put in place to maximize savings for our customers, through lower claims costs and product discounts

Strategy examples include (but are not limited to):

- ▶ Ocular Angiogenesis
- ▶ IV Iron
- ▶ Biosimilars
- ▶ Myasthenia Gravis
- ▶ Multiple Sclerosis
- ▶ Asthma/Allergy
- ▶ IVIG

Pharmacy Engagement Specialist (PES): Clinical pharmacist who focuses on member-level interventions and high cost specialty drug member management

HighTouchRx® Program: Full-service program that identifies member specific actionable savings opportunities by applying analytics to integrated medical claims data; pharmacy claims data and case outcomes

New-to-Market Drug Coverage Delay: Coverage for new to market drugs is delayed until a thorough review can be completed by the Pharmacy and Therapeutics



(P&T) Committee and a medical policy can be developed for prior authorization reviews

Medical and Pharmacy Specialty Pipeline Forecast:

Prime Therapeutics continuously monitors the specialty pipeline, staying abreast of current medical literature to make policy recommendations through our National P&T

Medical Drug Rebates: Access market leading rebates through the Synergie Medication Collective that are passed back to groups to decrease overall medical drug spend

The following opt-in programs have an additional cost:

Mandatory Site of Service:

- ▶ Requires transition for select drug infusions to the most economically and clinically appropriate place of treatment for members
- ▶ \$0.25 PCPM fee
- ▶ Savings vary depending on utilization

HelpScript Program:

- ▶ Offers savings through copay assistance for eligible members who are prescribed specific provider-administered specialty drugs
- ▶ 27.5% shared savings fee
- ▶ 10-15% reduction in medical drug spend

Contact your Blue Cross Marketing Representative to learn more about your medical drug benefit options.



BlueCross BlueShield of Alabama

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