



ENCOMPASS
ON DEMAND

EXPLORE ENCOMPASS ON DEMAND FOR MARKET ACCESS

Navigating the Market Access Landscape

The right medicines are critical and lifesaving for patients. However, the ability to access them can be complicated. The pharmaceutical marketplace involves many decision makers—drug companies who develop and commercialize brands, distributors and pharmacies who get them on the shelf, providers who decide which drugs to prescribe, and payers or pharmacy benefit managers who choose which drugs to cover. These stakeholders are not always aligned, and each of them greatly affects patient access. That's why even when your customers prescribe the products you represent, their patients may end up with different ones—or *significant delays in acquiring yours*. By understanding the factors that impact your products' accessibility, you'll be better prepared to educate your customers, helping ensure that their patients receive the medicines prescribed for them.

The **Encompass On Demand for Market Access** library provides information to support your market access learning journey. Think of this library as your market access GPS. The resources within the library provide you with invaluable insights regarding must-know information about the **who, what, where, and how** of patient access to prescribed medicines.

About This Guide

This guide includes a directory of the **Encompass On Demand for Market Access** library, including each resource's learning objectives and approximate time to complete.

Encompass On Demand for Market Access Library

Drug Access and
Acquisition Stakeholders

Medical Billing and Coding

Government and Commercial
Health Benefits

The Extraordinary World of Specialty
Drugs and Pharmacies

Prescription Drug Coverage

Gold Carding Programs

Health Benefits for Military Personnel

Glossary of Pharmaceutical and
Market Access Terms

Snapshot of Resources

DRUG ACCESS AND ACQUISITION STAKEHOLDERS



 **Time Commitment:** 20 minutes

Overview: US healthcare is highly complex, with many stakeholders involved in prescription access. The Drug Access and Acquisition Stakeholders guide is the first in a 3-part series on the US healthcare system. It examines the perspectives, challenges, and trends impacting key stakeholders such as patients, providers, pharmacies, health insurers, and wholesale drug distributors.

Learning Objectives:

- Describe the main stakeholders besides pharmaceutical companies involved in drug access
- Recognize the effects of each stakeholder on patient drug access
- Explain some top trends that affect healthcare stakeholders

GOVERNMENT AND COMMERCIAL HEALTH BENEFITS



 **Time Commitment:** 20 minutes

Overview: The second installment in the 3-part series on the US healthcare system, this resource provides a primer on health insurance. It explores the major types of health insurance and coverage—both private and public—as well as recent trends in healthcare delivery and payment.

Learning Objectives:

- Define the main sources of health insurance in the US
- Explain the differences between commercial and government coverage
- Understand how health coverage is accessed, how it works, and what it covers
- Discuss the trends and outlook for the US healthcare delivery system

PRESCRIPTION DRUG COVERAGE



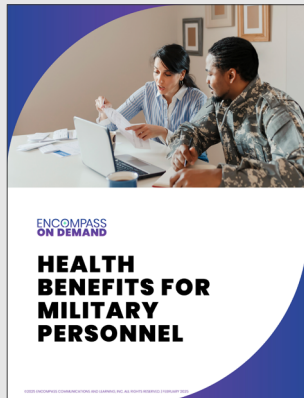
 **Time Commitment:** 20 minutes

Overview: This guide completes the 3-part series on the US healthcare system by explaining prescription drug coverage and all its nuances.

Learning Objectives:

- Grasp the cost pressures driving payer strategies
- Describe how pharmacy benefits work in the US
- Compare medical and pharmacy benefits
- Discuss the impact of formulary utilization management tools
- Recognize the dominant role of pharmacy benefit managers

HEALTH BENEFITS FOR MILITARY PERSONNEL



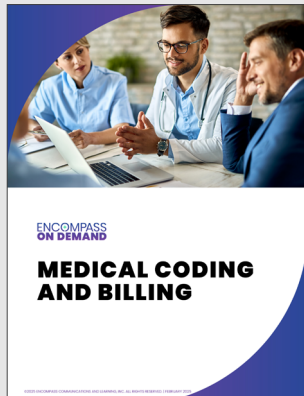
 **Time Commitment:** 20 minutes

Overview: The military healthcare system, which is comprised of the Defense Health Agency and the Veterans Health Administration (VHA), provides benefits to almost 19 million active and retired military personnel, their families, and veterans. This guide explores how healthcare is provided to these important groups and their beneficiaries.

Learning Objectives:

- Discuss the differences between TRICARE and VHA benefits
- Explain the eligibility requirements for TRICARE and VHA benefits
- Describe the National Formulary and how it functions

MEDICAL BILLING AND CODING



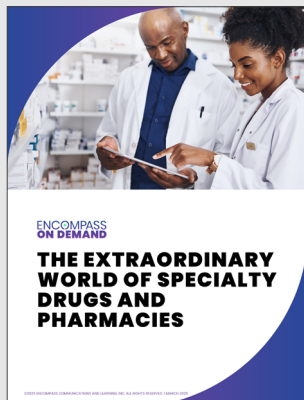
 **Time Commitment:** 15 minutes

Overview: The Medical Billing and Coding resource deciphers the language of codes spoken between US payers and providers. This guide explains how coding systems are used in connection to payer benefits and includes an explanation of code sets, such as the International Classification of Diseases, Current Procedural Terminology, Healthcare Common Procedural Coding System, and Place of Service.

Learning Objectives:

- Discuss the role medical codes play in medical billing
- Recognize the different code sets and systems for each classification of diagnosis and treatment
- Explain the anatomy of a medical billing code

THE EXTRAORDINARY WORLD OF SPECIALTY DRUGS AND PHARMACIES



 **Time Commitment:** 10 minutes

Overview: This guide introduces you to the US specialty drug market and specialty pharmacies. As the overall healthcare landscape continues to shift toward value-based, outcome-focused models and the need for and development of specialty drugs simultaneously grow, specialty drugs and specialty pharmacists will remain vital to patient care.

Learning Objectives:

- Define specialty drugs and identify their top therapeutic areas
- Explain the nuances of specialty drug coverage
- Discuss the role of specialty pharmacies and services they may provide
- Recognize how the services specialty pharmacies provide are imperative to patient adherence

GOLD CARDING PROGRAMS



 **Time Commitment:** 5 minutes

Overview: Prior authorization is a notable barrier to accessing medications. This guide explains how gold carding can potentially streamline the prior authorization process for certain healthcare providers. It also reviews gold carding legislation and programs by state, trends, and payers.

Learning Objectives:

- Describe what gold carding programs are
- Discuss how gold carding can support patients and healthcare providers
- List which states have passed gold carding programs or similar legislation
- Discover how to determine whether gold carding is an option for providers in your region

GLOSSARY OF PHARMACEUTICAL AND MARKET ACCESS TERMS

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Glossary of Pharmaceutical Market Access Terms

This glossary defines pharmaceutical market access terms and their 50 terms related to access to medicines. You will find a list of common acronyms at the end of the guide.

340B Drug Pricing Program: A federal drug pricing program established under section 340B of the Public Health Service Act requiring pharmaceutical manufacturers to enter into pricing agreements that allow eligible hospitals to obtain lower prices for certain drugs. The program is designed to reduce the financial burden on hospitals for their drugs in the community health care system. The program is part of the federal effort to reduce the financial burden on hospitals for their drugs in the community health care system. The program is part of the federal effort to reduce the financial burden on hospitals for their drugs in the community health care system.

Accountable Care Organization (ACO): An organization formed by healthcare providers who agree to care for a population of patients as part of an ACO contract with a payer. The ACO contract includes a capitated payment for the quality of care provided.

Administrative Costs: The costs of the services such as scheduling, medical billing and coding, responding to payer requests, such as for prior authorization and performing "doctor work."

Affordable Care Act (ACA): The comprehensive healthcare reform legislation enacted in 2010, officially known as the Patient Protection and Affordable Care Act (ACA), and commonly known as "Obamacare." The act aims to increase the number of people with health insurance, reduce the costs of healthcare, and improve the quality of care.

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340B Drug Pricing Program (340B): A program that provides low-income individuals who have limited or no health insurance coverage with access to 340B and Drug Administration (FDA) approved off-inventories and generic drugs to apply to health insurance and services that improve access to drug treatment and outcomes.

Average Manufacturer Price (AMP): The average price paid to the manufacturer by wholesalers and retail community pharmacies that purchase drugs directly from the manufacturer, not including discounts and rebates. AMP is used to calculate drug rebates under the Medicaid Drug Rebate Program (MDR).

Average sales price (ASP): A calculated value that all manufacturers must report for drugs that are covered under Medicare Part B (typically physician-administered drugs and injectables). The weighted average price paid to manufacturers by all commercial entities (non-government), including retailers and wholesalers.

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 **Time Commitment:** 15 minutes

Overview: This vital resource defines more than 100 terms related to access to medicines. It also includes a list of common acronyms. This handy, comprehensive glossary provides you with a go-to resource that can help expand your market access vocabulary.

Learning Objectives:

- Explore the meaning of common market access terms
- Expand your current level of understanding of related terms
- Prepare for more advanced concepts by learning unfamiliar terms

Want to Learn More?



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