ThoughtSpot | CEimpact PHARMACY EDUCATION

July 28 - August 1, 2026 | Orlando World Center Marriott

Specialty-Adjacent Service Opportunity Guide

Building a Specialty Edge in Independent Pharmacies

Specialty-adjacent services help patients start, manage, and stay on complex therapies that need more support than routine dispensing. Use this guide to identify one practical opportunity, pressure-test the workflow, and decide whether to build, partner, or refer.

Start with one potential service.

Select a therapy or service already showing up in your pharmacy, such as:

- GLP-1 support
- Long-acting injectables (LAIs)
- Biologics
- Refill monitoring and reminder outreach
- Benefits investigation/prior authorization support and copay assistance

Candidate service: _____

When does a therapy need more support?

- High cost, limited distribution, or inventory risk
- Prior authorization (PA), step therapy, or payer access controls
- Cold chain, hazardous, or short-dated handling
- Injection, infusion, device training, or administration support
- Labs, clinical parameters, response checks, side effects, or refill monitoring
- REMS, enrollment, attestations, or audit-ready records
- Adherence-sensitive therapy or complex counseling needs

What workflow pieces need to be in place?

- Standard intake, benefits investigation, PA tracking, appeals, and copay assistance
- Storage standards, temperature logging, and excursion procedures
- Scheduling flow, private administration space, and sharps/waste handling when applicable
- Baseline/follow-up monitoring and lab-before-refill rules
- Concise documentation shared with prescribers or care teams
- Reimbursement reconciliation and short-date/return controls

Injectable or self-administered

Plan: Plan for medication and device training and teach back, sharps container provision and disposal instructions, storage, reminders, private administration space, and refill reminder/adherence outreach.

Watch for: Technique errors, missed doses, cold-chain breaks, or drop-off after the first or second fill.

Requires lab or clinical monitoring

Plan: Define required monitoring parameters and intervals by therapy. Verify labs/clinical parameters before refills, document clinical response, and close the loop on dose changes, holds, or missed labs.

Watch for: Refills without current labs or out of range results, safety issues, or unsolved prescriber follow up requests.

Reimbursement-complex

Plan: Own benefits investigation, PA submission and status tracking, copay assistance/foundation enrollment, appeals through final determination, and proactive status updates to the patient and the prescriber office.

Watch for: Abandonment at the point of sale, extended days-to-fill, PAs and appeals that stall without a next action, or revenue leakage from underpayments or missed reversals.

Choose One Opportunity, Then Score It

Rate each candidate 1 (low) to 5 (high) across three lenses. Use the score to choose a first move: build, pilot, partner, or refer.

Candidate service	Capacity Staff/space/systems	Population Recurring demand	Revenue Margin after risk	Action
Candidate 1: _____	___	___	___	Build / Pilot / Partner / Refer
Candidate 2: _____	___	___	___	Build / Pilot / Partner / Refer
Candidate 3: _____	___	___	___	Build / Pilot / Partner / Refer
Highest score/first move: _____	___	___	___	Build / Pilot / Partner / Refer

Build in-house

Demand is strong, capacity is realistic, margin clears PA labor and inventory risk, and your team can own follow-up and documentation.

Pilot

Demand is promising, but capacity, volume, or workflow risk needs testing. Start with a defined patient cohort, track results, and decide whether to scale, adjust, or stop.

Partner

Demand is real, but infrastructure is the gap. Share workload through hub-lite, wholesaler, or specialty support while you build capability.

Refer out

Limited-distribution, accreditation, or low-volume barriers make the service impractical. Refer, but keep the patient relationship warm.

90-day start: one service, done well

Weeks 1-3: Assess: Pull data on high-touch scripts, score 2-3 candidates, and pick one to pilot.

Weeks 4-7: Design: Map intake, PA, storage, administration, follow-up, documentation, and monitoring roles.

Weeks 8-12: Pilot: Launch with a defined cohort. Track days-to-fill, PA approval rate, adherence, margin, and what to fix.

Take back to your pharmacy:

One service to score:

_____

One workflow gap to fix:

_____

Build, partner, or refer:

_____

First metric to track:

_____

Bottom line: The specialty edge lives in the middle. Choose one specialty-adjacent opportunity, match the workflow to the therapy, close the loop with prescribers, and build, pilot, partner, or refer with intent.