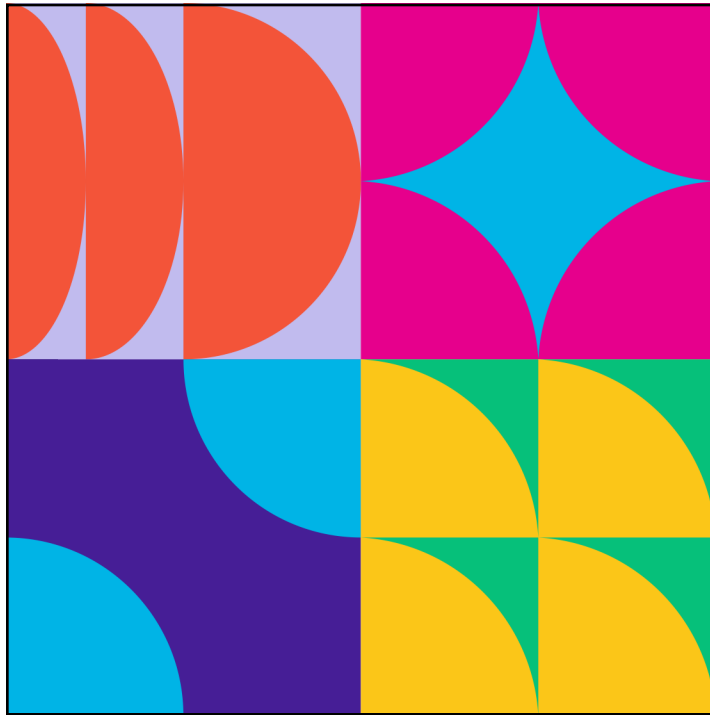




# Building a Specialty Edge in Independent Pharmacies

Mei Tang, PharmD, MBA

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## Description

Complex, high-touch therapies are becoming a larger part of everyday community pharmacy practice. Identify practical ways to support specialty therapies through care coordination, adherence monitoring, payer navigation, and emerging models. Evaluate opportunities to incorporate these therapies into workflow and strengthen your role in complex patient care.

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## Meet the Faculty



### Mei Tang, PharmD, MBA

CEO/Founder  
Two Trees Consulting, Inc.

## Mei Tang

Mei Tang, PharmD, MBA, is the Founder and CEO of Two Trees Consulting, bringing extensive experience across retail, specialty, and mail-order pharmacy, managed care, and PBM operations. She has held senior leadership roles within Fortune 500 organizations and specialty pharmacy startups, including Vice President of Operations at Modern Health Specialty Pharmacy (now Kroger Specialty Pharmacy) and Director of Pharmacy and Formulary Management roles at Anthem Blue Cross, OptumRx, and MedImpact. Mei leads Two Trees Consulting in partnering with healthcare organizations on pharmacy and AIC startups, accreditation and compliance strategy, operational optimization, and infrastructure development.

## Disclosures

- Mei Tang has no relevant financial relationships with ineligible companies to disclose.
- Mei Tang discloses that AI tools were utilized to generate content included in this presentation.

Funding for this course was provided by Cencora.

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## Learning Objectives

*Upon completion of this activity, learners should be able to:*

- Recognize key characteristics of high-touch therapies that require enhanced pharmacy support.
- Compare workflow and care coordination strategies for therapies involving injections, monitoring, or reimbursement complexity.
- Assess workflow adjustments required to support biologics, long-acting injectables, and other complex treatments.
- Apply care coordination approaches that strengthen collaboration with prescribers and care teams.
- Evaluate one specialty-adjacent service opportunity based on workflow capacity, patient population, and revenue potential.

## A Real-World Scenario

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### A Real-World Scenario

A long-time patient who fills his antihypertensive and diabetes medications with you hands you a new prescription for adalimumab for rheumatoid arthritis. You begin processing the prescription, and one of three scenarios happens.

Scenario 1: Prior authorization (PA) required. Product/service not covered without PA.

Scenario 2: PA approved. Copay is \$2,850.

Scenario 3: Product not covered at this pharmacy. Must fill through a plan-designated specialty pharmacy.

## What Makes a Therapy High-Touch?

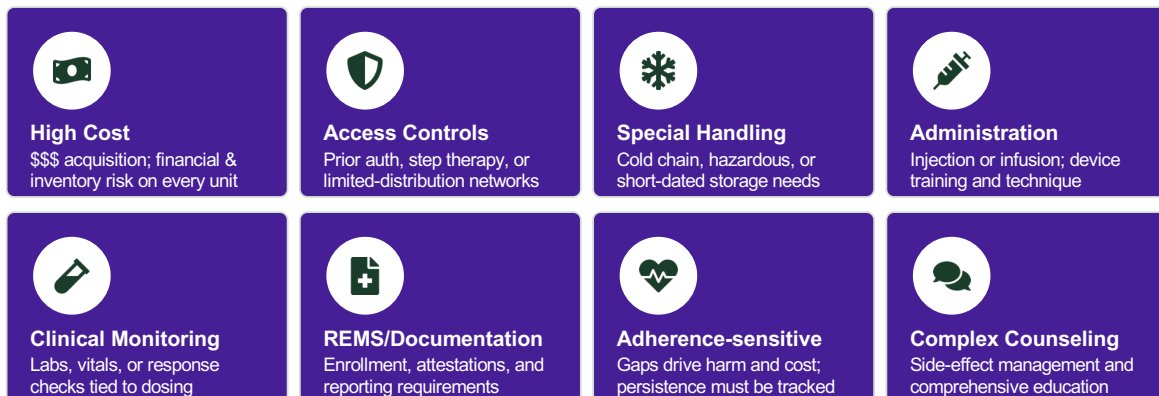
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### What Is a Specialty-Adjacent Service?

- Specialty-adjacent services are practical, community pharmacy-based services that help patients start, manage, and stay on complex therapies that require more support than a routine fill.
- These services often involve:
  - Benefit investigation
  - Prior authorization
  - Copay assistance
  - Patient education/administration training
  - Adherence monitoring
  - Care coordination with prescribers, nurses, and caregivers
  - Additional storage and handling procedures
  - Follow-up/need for lab or clinical monitoring
- These services go beyond routine dispensing by adding structured support for access, affordability, patient education, adherence, coordination, monitoring, or administration-related needs.

## What Makes a Therapy “High-Touch”?

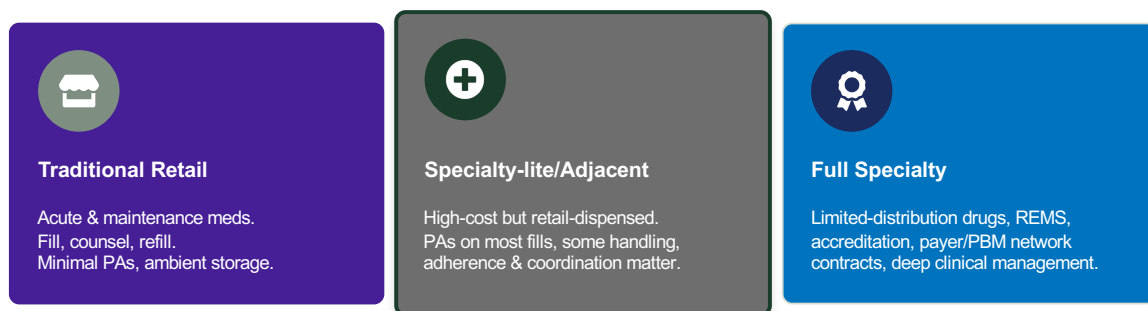
If a drug carries even one of these flags, it needs more than a standard transactional workflow.



REMS: Risk Evaluation and Mitigation Strategy

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## Specialty-Lite: The Space Between Retail and Specialty



Increasing cost, handling, coordination, & oversight

Your edge lives here.  
Grow into the middle on purpose.

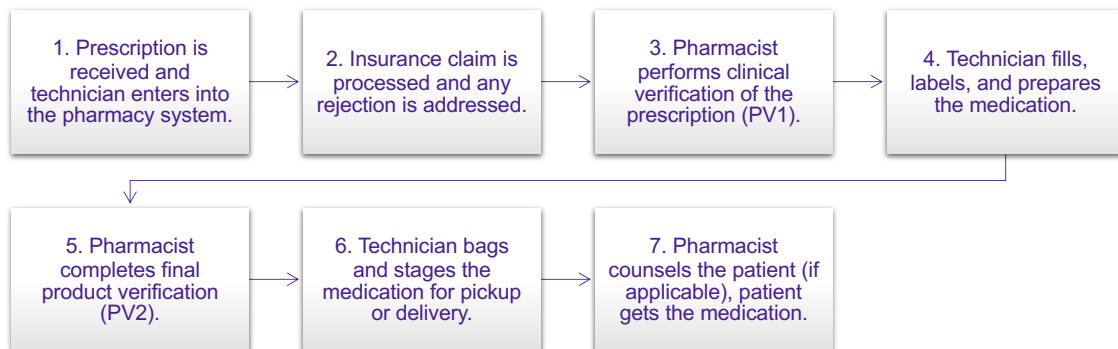
Deloitte, 2024; Managed Healthcare Executive/Assembia, 2024.

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## Building the Workflow

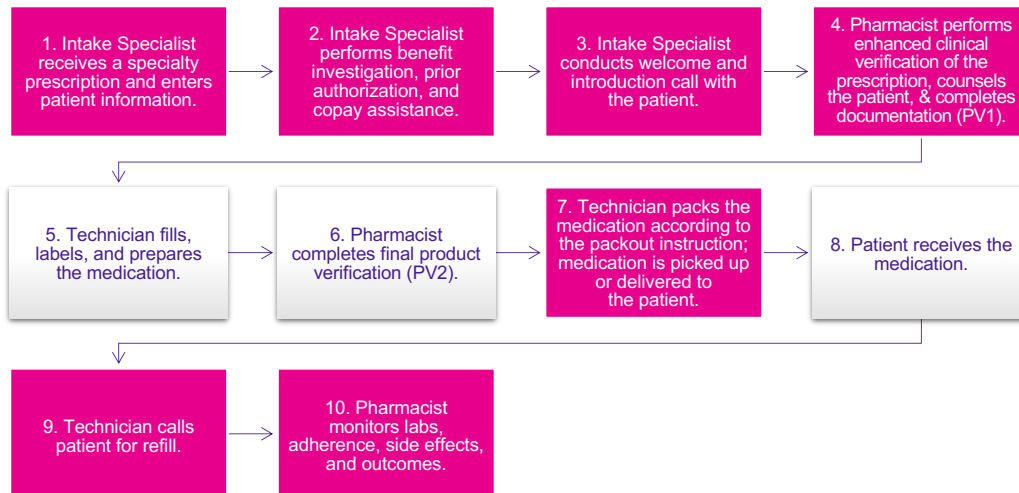
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### Workflow – Retail Pharmacy

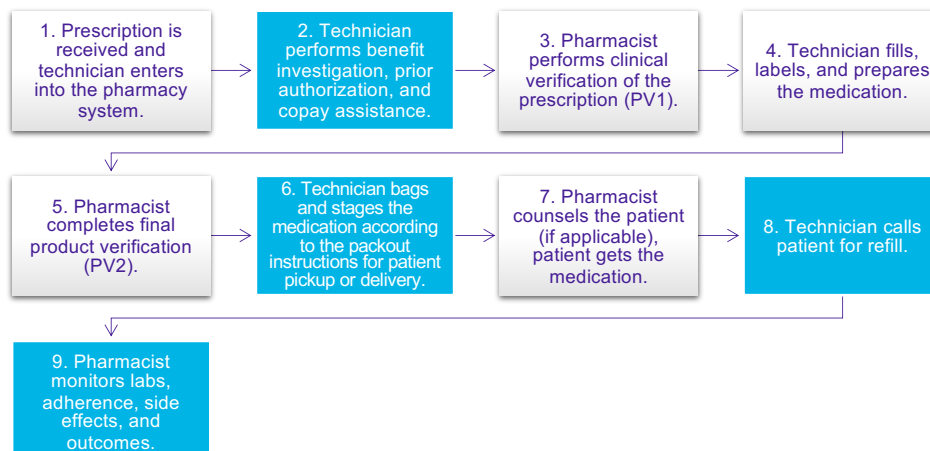


PV: Pharmacist Verification

## Workflow – Specialty Pharmacy



## Workflow – Specialty-Lite Pharmacy



## Workflow Considerations by Therapy Type

| Therapy Type                                                | Workflow Demand                                                                                                                                                                       | Care Coordination                                                                                                                                                      | Watch Out                                                                                                                                         |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Injectable/<br/>self-administered<br/>(GLP-1s, LAIs)</b> | <ul style="list-style-type: none"> <li>• Device &amp; technique training</li> <li>• Sharps &amp; storage</li> <li>• For in-pharmacy LAIs, scheduling &amp; a private space</li> </ul> | <ul style="list-style-type: none"> <li>• Confirm administration plan with prescriber</li> <li>• Report missed doses</li> <li>• Sync injection-day reminders</li> </ul> | <ul style="list-style-type: none"> <li>• Missed-dose drop-off</li> <li>• Cold-chain breaks</li> <li>• Site/technique errors</li> </ul>            |
| <b>Monitoring-intensive<br/>(biologics)</b>                 | <ul style="list-style-type: none"> <li>• Track required labs/vitals before refills</li> <li>• Document response</li> <li>• Manage refrigerated inventory</li> </ul>                   | <ul style="list-style-type: none"> <li>• Close the loop with the clinic on lab results &amp; dose changes</li> <li>• Flag holds</li> </ul>                             | <ul style="list-style-type: none"> <li>• Refilling without current labs</li> <li>• Toxicity going unnoticed</li> </ul>                            |
| <b>Reimbursement-complex<br/>(PA-heavy)</b>                 | <ul style="list-style-type: none"> <li>• Benefits investigation</li> <li>• PA submission &amp; tracking</li> <li>• Copay assistance</li> <li>• Appeals</li> </ul>                     | <ul style="list-style-type: none"> <li>• Submit the PA for prescriber offices</li> <li>• Status updates with patient and prescriber</li> </ul>                         | <ul style="list-style-type: none"> <li>• Abandonment at the counter</li> <li>• Days-to-fill turnaround time</li> <li>• Revenue leakage</li> </ul> |

GLP-1: Glucagon-Like Peptide-1  
LAI: Long-Acting Injectable

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## Workflow Build-Out for LAIs, Biologics, and Complex Meds



### Storage

Validated refrigeration, temperature logging, excursion procedures, segregated stock.



### Benefits & PA Management

Standard intake, ePA tools, copay-assistance enrollment, appeal templates, status tracking.



### Scheduling & Administration

For in-pharmacy injectables: appointment flow, private area, sharps/waste handling.



### Clinical Assessment & Documentation

Baseline & follow-up checks, lab-before-refill rules, documented counseling.



### REMS & Regulatory Handling

Enrollment, attestations, reporting, and audit-ready recordkeeping.



### Financial & Inventory Risk

Just-in-time ordering, returns/short-date control, reimbursement reconciliation.

ePA: electronic prior authorization

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## Coordinating Care and Navigating Access

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### The Operating Model

1



#### Care Coordination

Shared referral pathways and a tight loop with prescribers and care teams.

2



#### Adherence Monitoring

Proactive refill sync, gap detection, and persistence tracking that you act on.

3



#### Payer Navigation

Benefits investigation, PA, copay assistance, and appeals, handled in-house rather than outsourced by default.

4



#### Emerging Models

Medically integrated dispensing (MID), hub-lite services, and digital tools that scale high-touch support affordably.

## Be the Partner the Prescriber's Office Wishes It Had

Specialty-lite scripts often come from primary care, where PA fluency is thin.  
The pharmacy that closes loops and removes friction becomes the default referral.



### Standard & Efficient Intake Process

A standard referral & intake pathway so clinics know exactly what to send and how.



### Two-Way Status Loop

Proactively report PA status, approvals, denials, and fill progress back to the office.



### Close the Clinical Loop

Flag missing labs, surface adherence gaps, and confirm dose changes with the team.



### Own the PA Process

Run benefits investigation, submit PAs, manage copay help and appeals on their behalf.



### Document For the Record

Share concise clinical notes that fit the chart and support continuity of care.



### Formalize the Relationship

Where allowed, use collaborative practice agreements/protocols to act faster.

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## Emerging Models Lowering the Cost of High-Touch Care



### Medically Integrated Dispensing (MID)

Dispensing tied directly to a clinic/practice – a fast-growing path for keeping complex scripts in-house with the care team.



### Hub-Lite & Digital Support

Lower-cost alternatives to traditional hub services: electronic PA, digitized benefits verification, and scalable digital adherence outreach.

The four levers behind these models:



**ePA**  
streamlined prior  
auth



**e-BV**  
digital benefit  
verification



**Digital**  
scalable adherence  
outreach



**Dedicated hubs**  
low-cost  
coordination

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# Choosing Your Specialty-Adjacent Opportunity

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## Choose One Opportunity Through Three Lenses

Before you build anything, pressure-test a candidate service against the three questions that decide whether it will actually work in your pharmacy.



### Workflow Capacity

Do you have the staff time, space, storage, and systems, or a realistic plan to add them, without disrupting core operations?

**Put a number on it:** 8-10 open staff-hours per week, cold-chain storage, ePA access, and a private counseling space.



### Patient Population

Is there real, recurring demand in your book of business? Enough volume of the right scripts to justify the build?

**Put a number on it:** 25 or more eligible patients, or 15+ qualifying fills per month in your dispensing data.



### Revenue Potential

Net margin after PA labor and inventory risk, plus any service revenue. Does the math clear your minimum?

**Put a number on it:** \$50-\$100+ net per fill after PA labor and carrying cost; \$25K+ in annual contribution.

Thresholds are illustrative planning benchmarks; set your minimums from your own labor cost and margin data.  
Deloitte, 2024; Managed Healthcare Executive/Asembia, 2024; Pharmacy Times; Specialty Pharmacy Continuum.

## Choose One Opportunity – Then Score It



**Workflow Capacity 5 = 10+**  
staff-hrs/wk, cold chain, ePA



**Patient Population 5 = 25+**  
patients or 15+ fills/month



**Revenue Potential 5 =**  
\$100+ net/fill, \$25K+/yr

Score each lens 1 to 5 against the anchors above; the highest total is your first move (example shown).

| Candidate Service                   | Capacity | Population | Revenue | Total/15 | Action |
|-------------------------------------|----------|------------|---------|----------|--------|
| GLP-1 adherence & PA support        | 4        | 5          | 4       | 13       | Build  |
| In-pharmacy long-acting injectables | 2        | 3          | 4       | 9        | Pilot  |
| Biologic refill + lab monitoring    | 3        | 3          | 3       | 9        | Pilot  |
| Hub-lite benefits/PA service line   | 4        | 4          | 3       | 11       | Build  |
| Limited-distribution specialty drug | 2        | 2          | 2       | 6        | Refer  |

Anchors are illustrative. Set your own minimums first (for example, at least \$50 net per fill and 2x your PA labor cost), then decide with your own data and commit to one.

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Deloitte, 2024; Managed Healthcare Executive/Asembia, 2024; Pharmacy Times; Specialty Pharmacy Continuum.

## Pick Your Path: Build, Partner, or Refer – All Three Are Wins



**Build In-house**

- Strong demand + capacity to absorb the work
- Margin clears PA labor & inventory risk
- You can own clinical follow-up and documentation



**Partner**

- Demand is real but infrastructure is the gap
- Use a hub-lite, wholesaler, or specialty partner
- Share workload while you build capability



**Refer Out**

- Limited-distribution/ accreditation barriers
- Volume too low to justify the build
- Refer, but keep the patient relationship warm

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## Mind the Line: When Specialty-Adjacent Becomes “Specialty”

Most specialty-lite services do not need accreditation. But certain moves cross a regulatory and contracting line – know the triggers before you commit.



### Payer/PBM Network Access

Joining specialty networks typically requires accreditation and credentialing.



### Accreditation (ACHC/URAC)

Limited-distribution access and many contracts are gated by formal accreditation.



### Limited-distribution Drugs (LDD)

Manufacturer LDD access has defined criteria – not open to every pharmacy.



### Reporting & Data Obligations

Specialty contracts add patient-management metrics and reporting duties.



Plan the line early: build specialty-lite now, and sequence accreditation when a specific contract or LDD makes the case.

Accreditation Commission for Health Care (ACHC)  
Utilization Review Accreditation Commission (URAC)

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## From Insight to Action

A 90-Day Start: One Service, Done Well



### Assess

Weeks 1-3

- Pull your data: which high-touch scripts already flow through you
- Score 2-3 candidates with the opportunity scorecard
- Pick **one** to pilot



### Design

Weeks 4-7

- Map the workflow: intake, PA, storage, administration, follow-up
- Assign roles; set the documentation & monitoring standard
- Line up partners/tools (e.g., ePA, e-BV, copay help)



### Pilot

Weeks 8-12

- Launch with a defined patient cohort
- Track days-to-fill, PA approval rate, adherence, margin
- Review, fix, and decide: scale, adjust, or stop

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## Summary

- 1 The growth is in the middle. “Specialty-lite” therapies already flow through your pharmacy – you can support them without becoming a full specialty pharmacy.
- 2 Cost, prior auth, handling, administration, monitoring, and adherence-sensitivity tell you what support a drug needs.
- 3 Match the upgrade to the archetype. Injectable, monitoring-intensive, and reimbursement-complex therapies demand different workflows.
- 4 Coordination is the differentiator. Owning PA and closing loops with prescribers turns you into the default referral.
- 5 Choose one, then commit. Score opportunities on capacity, population, and revenue – then build, partner, or refer with intent.



# Questions?

## References

1. Deloitte. "Growth of specialty lite may create challenges for Rx stakeholders." (2024)
2. Managed Healthcare Executive. "Defining 'Specialty Lite';" Asembia 2024. (2024)
3. Pharmacy Times. Specialty pharmacy/clinical-role coverage.
4. Specialty Pharmacy Continuum. Ongoing specialty practice reporting.