

TP Form 4-D - CASE STUDY - CONSULTANT SERVICES

Experience with the specific role of your firm in the development, implementation and operation of Consultant Services:

1. State Maximum Allowable Cost Schedule:

- a. Name, address and reference contact information (name, phone and e-mail address).**
- b. Date Implemented.**
- c. Describe how the State MAC operates.**
- d. Describe your firm's specific role in the development, implementation and operation of the State MAC.**
- e. What specific types of updates are provided to this client, and how frequently?**

2. Analysis of Over-the-Counter Drug Coverage:

- a. Name, address and reference contact information (name, phone and e-mail address).**
- b. Date Implemented.**
- c. Describe your firm's specific role in evaluation and review of an over-the counter drug program.**
- d. Describe your firm's recommendations to other clients regarding the use of over the counter drugs in relationship to prescription drugs and the basis for these recommendations.**
- e. Describe any reimbursement methodology developed to accurately reflect the cost of OTC products.**
- f. Describe how the utilization of cost effective OTC products has been enhanced.**

3. Monitoring/Altering of Prescribing Practices:

- a. Name, address and reference contact information (name, phone and e-mail address).**
- b. Date Implemented.**
- c. Describe the various mechanisms your firm used to monitor and alter prescribing practices (i.e., academic detailing, written/oral communication with prescribers).**
- d. Describe the scope of any projects involved in the monitoring/altering of prescribing practices.**
- e. Describe your success in monitoring/altering prescribing practices.**

4. Design of Operational Clinical Guidelines:

- a. Name, address and reference contact information (name, phone and e-mail address).**
- b. Date Implemented.**
- c. Describe any projects involved in developing therapeutic guidelines, including duration of therapy limits.**
- d. Describe how new “pipeline” drugs were handled when developing guidelines.**
- e. Describe the process utilized to implement these guidelines (i.e., development, approval and basis of guidelines, etc.).**
- f. Describe specific drug products that were subject to guidelines and how their utilization was controlled.**
- g. Describe how support was provided to your client(s) for development, implementation and maintenance of clinical guidelines.**

5. Design of Operational Parameters Addressing Early Refills and Extended Supply Requests:

- a. Name, address and reference contact information (name, phone and e-mail address).**
- b. Date Implemented.**
- c. Describe how your organization has addressed early refills and extended supply requests from both a recipient and provider point of view.**
- d. Describe the operational procedures and guidelines your firm used to implement this type of service.**
- e. Describe how early refill and extended supply requests for controlled substances are handled.**

6. J-Code OBRA '90 federal Rebate Assistance:

- a. Name, address and reference contact information (name, phone and e-mail address).**
- b. Date Implemented.**
- c. Describe your firms experience in developing and implementing a system to assist in the collection of federal rebates for physician billed drugs (J-Codes).**
- d. Describe the operational features utilized to implement this type of program.**
- e. Describe your success in developing, implementing and maintaining a J-Code federal rebate invoicing and collection system.**