**[START]**

# \*\*\*\* INSERT SCREENER QUESTIONS HERE \*\*\*\*

## PRIMARY RESEARCH SCREENER

INTRO1.

**<b>Project Goal</b>**

**The goal of this study is to understand current and anticipated specialty pharmacy trends/dynamics including opportunities and risks associated with use of specialty pharmacy dispensing for physician administered (Medical Benefit) products, with a focus on oncology.**

**<b>General Disclosures</b><ul>**

**<li/>This research is sponsored by a pharmaceutical company whose identity will not be made known to you, and your identity will not be made known to the sponsor**

**<li/>Your responses will be used by Blue Matter for market research purposes only. The purpose of conducting this study is not to sell or promote anything to you, but rather to understand your views.**

**<li/>Your responses will be collated with other respondents and presented to the sponsor in anonymous form**

**<li/>Your responses will be otherwise confidential and will not be used for any other purposes or disclosed to any third party without your approval**

**<li/>This interview will require approximately 60 minutes to complete**

**<li/>You may withdraw from the market research at any time, and you will have the right to withhold information, i.e., not answer a question should you wish to</ul>**

1. How would you best describe your current position (i.e., what is your job title)?
   1. Medical Director
   2. CMO
   3. Other, please specify [terminate]
2. Do you have knowledge and understanding of your health plan’s / PBM’s network agreements with specialty pharmacy providers, including reimbursement methodology archetypes?
   1. Yes [Continue & Prioritize]
   2. No [Terminate]
3. At your organization, what is your level of involvement in decision making related to coverage policies that influence specialty pharmacy dispensing management for physician administered products that are typically covered under Medical Benefit and traditionally reimbursed under a “Buy-and-bill model?”
   1. Very Involved [Continue & Prioritize]
   2. Involved [Continue]
   3. Not Involved [Continue]
4. How many years of experience do you have in your current role?
   1. <3 years [Continue]
   2. 3 – 5 years [Continue]
   3. 6 – 10 years [Continue & Prioritize]
   4. >= 10 years [Continue & Prioritize]
5. In your current role, do you have purview over all organization lives?
   1. Yes [Continue]
   2. No

S5a In your role, which of the following do you have purview over:

[cond: S5.r2]

* + - 1. Commerical lives
      2. Medicare Advantage Lives
      3. Other, please specify book of business[TERMINATE]

[Continue if the participant answered Commercial and / or Medicare Advantage, otherwise Terminate]

1. How would you best describe your organization?
   1. Regional / local health plan (<10 states) [Continue]
   2. National / Super regional health plan (>= 10 states) [Continue]
   3. Pharmacy Benefit Manager (PBM) [Continue]
2. Does your health plan have a pharmacy benefit manager (PBM) affiliated with it?
   1. Yes. Please specify name: \_\_\_\_\_\_\_\_\_\_\_\_ [Continue]
   2. No [Continue]
3. What is the approximate number of medical benefit lives covered by your current organization?

[number]

* + - 1. (please specify) [Continue]

1. What is the distribution of lives across books of business?

[comment:*(Please enter your responses in the table below, the total must equal to 100%)]* [Continue]

**[running sum][amount:100][posttext:%][range:0,100]**

|  |  |
| --- | --- |
|  | |
| Commercial | 1 |
| Medicare Advantage | 2 |
| Managed Medicaid | 3 |
| Health Exchange | 4 |
| Other (please specify): \_\_\_\_\_\_\_\_\_\_ | 5 |

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* + - 1. **Lives distribution across books of business**

1. Which statement best describes your primary role as it relates to your organization’s coverage decision making process?
   1. Voting member of the P&amp;T committee [Continue & Prioritize]
   2. Non-voting member of the P&amp;T committee but my opinion is sought during the review process [Continue]
   3. Non-voting member of the P&amp;T committee but I am very knowledgeable about how and why my organization makes coverage decisions [Continue]
   4. Non-voting member of the P&amp;T Committee and generally not involved or knowledgeable regarding my organization's coverage decision making process [Terminate]
   5. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_ [Terminate]
2. On the scale of 1 to 5 with 5 being very involved, rate your level of involvement for the following responsibilities in your current role.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [column] | **1 <br/>Very uninvolved** | **2<br/> Uninvolved** | **3<br/> Neither involved nor uninvolved** | **4 <br/>Involved** | **5<br/> Very involved** |
| Policy development | 1 |  |  |  |  |
| Formulary development | 2 |  |  |  |  |
| Specialty Pharmacy dispensing mandates | 3 |  |  |  |  |
| Manufacturer / supplier contracting (i.e., negotiating drug pricing, drug rebates) | 4 |  |  |  |  |
| Clinical assessment | 5 |  |  |  |  |
| Utilization management | 6 |  |  |  |  |
| Other (please specify): \_\_\_\_\_ | 7 |  |  |  |  |

S11ter. Continue if the participant answered 4 and 5 for at least three categories, otherwise Terminate

* + - 1. S11.but(S11.c1,S11.c2,S11.c3).count lt 3

1. Does your health plan(s) mandate following dispensing models for any traditional medical benefit physician administered products? *(Please place an “x” in the cells that are applicable. If “other” is selected, please explain)* [Continue if the participant answered Yes for least one category, otherwise Terminate]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Specialty Pharmacy Dispensing Model Mandates** | | | |
| [column] | **Yes** | **No** | **I am not aware** | **Other** |
| **White Bagging:** When a provider uses an external specialty pharmacy to ship drugs directly to the site of care for administration | 1 |  |  |  |
| **Clear Bagging:** When a hospital internal specialty pharmacy prepares drugs for administration at a hospital outpatient or inpatient site of care | 2 |  |  |  |
| **Brown Bagging:** When a patient receives their drug directly from a specialty pharmacy or retail pharmacy and brings it to a healthcare provider for administration | 3 |  |  |  |

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* + - 1. not (S12.r1.c1 or S12.r2.c1 or S12.r3.c1)

1. This research will be audio recorded for notetaking and analysis purposes only. The recording will remain the property of Blue Matter. Do you consent to record the discussion? [Continue]
   1. Yes
   2. No