

**ATTACHMENT O – REFERENCE QUESTIONNAIRE SURVEY**

**Pharmacy Consulting Vendor Reference Questions**

Vendor Name: \_\_\_\_\_

Reference Name and Organization: \_\_\_\_\_

Current PBM: \_\_\_\_\_

1. Please tell us the nature of your relationship with the Vendor. What type of consulting work do they do for you in the pharmacy space?

2. How long have you been a client of Vendor?

3. What are the top 3 recommendations that Vendor has made that your organization has implemented and what were the results?

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- 4. Specifically with regard to Specialty Rx, what recommendations for improvements have they made relative to managing PMPM spend and trend in this area? What evidence do you have of cost reductions in this area?

- 5. Has Vendor provided any feedback or recommendations to your organization in the areas of UM improvements or program development?

- 6. By integrating your organization’s pharmacy and medical claims data, has Vendor been able to make any recommendations to you about cost savings opportunities related to the channel or site of care?

- 7. Overall on a scale of 1 to 10 with 1 being low impact/low value and 10 being high impact/high value, how would you rate the performance of Vendor relative to the pharmacy consulting services provided? Please provide any comments supporting your rating.