“Understanding chronic disease and patient assistance programs for plan members”

Healthy Outcomes Conference
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Suzanne Lepage,
Private Health Plan Strategist
Overview

- Progression in the treatment of Rheumatoid Arthritis
- Looking beyond the price tag
- Patient Assistance Programs
- Resources
Progression in the treatment of Rheumatoid Arthritis
The Rehabilitation Unit in the Treatment of Rheumatoid Arthritis (R. Harris)

- RA patients treated at the Royal Devonshire Rehab Hospital in Buxton, England (1953-1958)
- The majority had chronic disease → 65% > five years duration
- Most patients substantially disabled and bed bound
- 84% moderately to severely disabled
- 60% between the ages of 40-60 years
- Admitted for “surprisingly short” stay: 3 months

“In our opinion, bed rest is an essential part of the management of active rheumatoid disease, and early rheumatoid disease.”
Rheumatology (2012)
Evolution of treatment for rheumatoid arthritis (K.S. Upchurch and J. Kay)

• Previously the progression of RA from symptom onset to significant disability was often inevitable and, in some cases, rapid.

• Now, with the availability of medications that can slow or halt disease progression and prevent irreversible joint damage:
  – joint replacement surgery is not always the ultimate outcome
  – patients with RA may live comfortable and productive lives

• Currently available drug therapy for RA has made remission a feasible treatment goal.

• The life-limiting and, in some cases, life-shortening consequences of RA are no longer predestined.

• Patients with RA can now expect to experience a quality of life that previously was unavailable to patients during the 20th century.
Looking Beyond the Price Tag

Lisa Muise (Halifax, NS)

- Diagnosed with psoriatic arthritis in early 20’s
- For six years took pills (sometimes 15 a day)
- Missed time with friends because she was always too tired, too sick.
- Weight loss, hair loss, two joints replacements, seized wrist and toes, ruptured both Achilles tendons
- Doctor said she could expect to be in a wheelchair by age 30.
- Mother had to turn on the shower taps, help her dress and cook for her
- Among the first to take biologic drug in 2001
- Pain free within four weeks
- Remission for over 15 years
- From bedridden to an active marathon runner around the world

What is a Patient Assistance Program?

“A Patient Assistance Program is a third party program that supports patients to access the medications they need.”
Patient Assistance Programs

Administration

1. In hospital
2. Via health charity or advocacy group
3. In house by pharmaceutical company
4. Pharmaceutical company funded – administration outsourced to specialized third party supplier (e.g. Adjuvantz, Shoppers Specialty Health, Amerisource Bergen (Innomar), McKesson Specialty)
Program features and services

- Vary by company
- Vary by drug within a specific company
- Designed to meet patient needs or requirements of the disease or specific drug
- Supplement and fill gaps in healthcare system
- Determined by pharmaceutical company based on market need and budget
## Patient Assistance Program Components

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<th>Getting Patient Connected with Treatment</th>
<th>Samples</th>
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<td>Financial or co pay assistance</td>
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<td>Bridging</td>
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<td>Compassionate assistance</td>
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<td>Financial support for additional expenses</td>
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## Patient Assistance Program Components

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<th>Direct Patient Supports</th>
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<td>Patient training</td>
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<td>Patient disease education</td>
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<td>Online tools</td>
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<td>Risk Management/Compliance</td>
<td>Risk management programs (required by Health Canada)</td>
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<td>Reimbursement Support</td>
<td>Reimbursement investigation/coordination</td>
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<td>Medication Administration Support</td>
<td>Infusion clinic management</td>
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<td>Home infusions</td>
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# Patient Assistance Program Components

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<th>Success Support</th>
<th>Patient coaching and adherence</th>
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<td>Coordinate appointments with healthcare professionals</td>
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<td>Coordination of tests needed before and after treatment</td>
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<td>Medication Administration</td>
<td>Sequencing treatment steps</td>
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<td>Drug distribution and dispensing</td>
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<td>Patient Safety</td>
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Adherence Challenges

Analysis of claimants living with one or more chronic conditions:

- **71% did not fill their prescriptions** at the correct intervals in order to receive the maximum benefits from their medications
- **23% discontinued their therapy** after first filling of the prescription
- **4% discontinued their therapy** too soon after initially being adherent
- Adherent patients had **17% fewer STD and 15% fewer LTD claims**

Value of Patient Assistance Program

• **86%** of respondents had improvement in **ability to work at their job**

• **58%** of respondents reported that program helped them **miss fewer days of work**

• Number of respondents reporting **disability claims decreased by 76.8%**

• **55%** said program helped remind them to **take their medication on time**
82% of individuals who participated in a Patient Assistance Program (PAP) for a biologic drug remained on the treatment one year after initiation.

Equivalent to higher end of recent review of other studies on adherence rates for biologic treatments in similar patient population:

1. 12 month adherence values ranged from 42% to 89%
2. One year adherence rates ranged from 69% to 87%
INESSS - PATIENT ASSISTANCE PROGRAMS
Access to infliximab administration sites throughout Quebec is crucial.

The drug is administered intravenously and requires careful monitoring because of the serious adverse effects that can be caused by its administration.

Since infliximab began being used for ambulatory care, private infusion clinics financed by the manufacturer of Remicade have been set up.

The manufacturer of Inflectra has committed to emulating this care model, which is essential to the safe administration of the medication, but currently, fewer clinics have been set up than the number in the network developed by the sponsor of Remicade.

INESSS Recommendation – Notice to the Minister of Health: INFLECTRA™ (infliximab).
The development of a network of infusion clinics financed by the pharmaceutical industry is not without risk for the public healthcare system.

Maintaining a private network of this kind is closely linked to the sale of the medication which gave rise to its establishment.

If one of the products were to lose substantial market share, there is some apprehension that the number of clinics would decrease, thereby curtailing access to the administration of certain products on the List of Medications.

It is unlikely that the public system will be able to respond to an increased demand for infusions in the short term.

....the availability of a privately funded infusion service was one of the factors considered in the economic analysis of applications for the listing of intravenous biologic drugs.

Resources
How to find out about programs

1. Physician/specialist or nurse/office staff
2. Drug Access Navigators in cancer centres
   • Oncology Drug Access Navigators of Ontario (ODAN))
   • http://odano.ca/
3. Pharmacist
4. Contact patient support groups or charities
5. Contact the pharmaceutical company
6. DRUGCOVERAGE.CA
Don’t know if your medication is covered?

Use the search bar at the top of each page to find out how your drug is covered across Canada.

It’s simple, you can search using either the medication’s Brand name or generic name.
Medication Search Results

Neupogen

Generic name: filgrastim
Manufactured by: AMGEN Canada Inc.
DINs in Canada: 01966017

A summary of national coverage for Neupogen is below. Healthcare professionals may click here to obtain private insurance coverage information, clinical eligibility criteria, special authorization forms and instructions for submitting prior / special authorization requests.

Patient Assistance Program

Victory Program - please call 1-888-786-4717 for more information.

Coverage/Reimbursement by Private Insurance Plans in Canada

Please contact the private insurance company that provides your prescription drug benefits, or the plan administrator (where the plan member works) to determine if Neupogen is covered by your drug plan.

Coverage by Canadian Provincial / Territorial Programs

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<th>Coverage</th>
<th>Province &amp; Eligibility Criteria</th>
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<td>Alberta</td>
<td>Covered according to eligibility criteria established by the Alberta Health and Wellness Special Authorization mechanism.</td>
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<tr>
<td>British Columbia</td>
<td>The B.C. Cancer Agency provides coverage according to eligibility criteria (as listed in the BC Cancer Drug Benefit List).</td>
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<tr>
<td>Manitoba</td>
<td>Covered according to eligibility criteria established by Manitoba Pharmacists' Exception Drug Status (EDS) mechanism.</td>
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http://www.benefitscanada.com/partner-education/patient-assistance-primer-program-48217
Questions and Discussion

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