

Pharma Finds New Ways to Improve Patients' Access



Rose Fishman,
BScPhm

An increasingly restrictive payer environment has made it difficult for the average consumer to purchase high-cost drugs or have access to new therapies not yet listed by payers. As a result, many patients often go without their medications, choose cheaper alternatives, use physician samples without ever actually filling their prescriptions, fill only the initial prescription or drop off altogether.

Financial burden

Unaffordable co-payments, deductibles and plan maximums are by far the most challenging access-related difficulties faced by patients. According to a Phase 4 Health survey of 200 large Canadian employers, 51% of employers use a co-pay per cent per prescription—typically 5% to 20%. At a 20% co-pay, an expensive medication costing, for example, \$500 per month, would require plan members to pay \$100 per month or \$1,200 per year out-of-pocket.

In the same survey, we found that 10% of employers impose annual maximums ranging from \$1,000 to \$25,000 per year. With increasingly expensive biologicals available, more patients are exceeding their private plan maximums.

Of course, private plans are not the only culprits. Many public plans, such as the Ontario Drug Plan, Trillium and BC Pharmacare, require a high out-of-pocket deductible before coverage starts.

Barriers to access

Very often, physicians will hesitate to prescribe a drug if reimbursement is a real or perceived issue, especially if a listed alternative exists. Even vague uncertainty over a drug's reimbursement status will give physicians cause to hesitate. They want their patients to start therapy right away and often the easiest and safest route is to prescribe the known and "listed" agent.

At the same time, however, our extensive experience with reimbursement assistance programs at Phase 4 Health has taught us that physicians are more likely to write special authorization letters for payers if patients do not have to wait excessively for reimbursement approval and/or a mechanism exists whereby they can start on therapy right away.

With approximately 350 biologic drugs currently in the pipeline costing thousands of dollars per patient per year to treat diseases like cancer, immune diseases and infections, the affordability issue is not going to improve. And the question of accessibility only seems to be getting worse.

Consider that:

- Fewer new drugs receive general listing on public plans each year.
- According to Phase 4 Health's Survey of Canadian employers, there is a trend toward greater adoption of electronic adjudication (drug cards), more cost-shifting, greater scrutiny of new drug listings and increased

use of prior authorizations for high-cost drugs.

- Time to listing on both public and private plans is increasing, partly due to the delay caused by the wait for the Common Drug Review recommendations. In the meantime, a psychologic barrier to access goes up in the mind of physicians who perceive a reimbursement issue even though most private plans may be listing the drug from the time of NOC.

Drug companies respond

In response, pharmaceutical companies are seeking more innovative ways to improve access for patients. Phase 4 Health has been actively involved in helping many clients address issues of unaffordable co-payments, early access to their products and bridging patients until reimbursement approvals come through. Manufacturers and other sponsors provide assistance based on guidelines using financial, medical and insurance eligibility criteria. In some cases, patients are required to contribute a portion of the cost of drug. In other cases, a supply of drug would be made available at no cost for a certain period until reimbursement is approved. Another option is to sponsor a free, 30-day trial prescription to provide a chance to gauge effectiveness, as well as validate reimbursement options.

These types of programs have complex considerations and should be undertaken with planning and a well thought-out policy.

Pertinent questions, which must be answered upfront include:

- Who is eligible?
- What is the maximum support to be offered per patient per year?
- What form should the support take?
- How long should patients be supported?
- What are the criteria for eligibility?
- How can equitable patient assistance and fairness be assured?
- How can liability be limited?

At the same time, it is important to forecast the program's term, cost and sustainability—and the legal and ethical implications of non-sustainability. It is important to remain at arm's length from the patients and that programs be Personal Information Protection and Electronic Documents Act (PIPEDA)-compliant.

These programs used to be referred to as “compassionate use” programs. Not any more. Our clients have come to realize that patients are not the only ones to benefit from improved access. Mighty benefits also accrue to the sponsor because:

- Sales representatives have something new to discuss with physicians; these programs can be branded and creatively packaged.
- Physicians are very receptive to these programs.
- Patients are likely to be more compliant and stay on therapy longer when financial consideration is not a barrier.
- When reimbursement and access disappear from the health-care equation, the physician is free to provide the patient with the drug of choice. **CPM**

Phase 4 Health Inc. (P4H) is a leading out-sourced commercialization partner to the biopharmaceutical industry. The P4H multi-disciplinary team's proven experience and know-how help clients bring products to market faster, and improve their performance throughout their product life.

For more information about innovative ways to improve patients' access for your product, contact Rose Fishman at 1-800-811-9880, ext. 104, or at rfishman@phase4health.com.