Hub/ Patient Support: Securing the Journey

Specialty-Care Barriers
New Access Data, Clues
Policy Trends for ’21
Clearing a Path Through the Barriers to Patient Access and Affordability!

High Touch - High Tech - Patient Centric Solutions...
Providing the Shortest Path Between Patient and Therapy.

- Patient Assistance Programs (PAP) dispensing
- Specialty Pharmacy Services
- Alternative Specialty Lite (ASL)
- Direct to Patient Cash Programs
- Quick Start and Bridge Programs
- Integrated distribution services with full-spectrum of cold chain capabilities...and much more.

Contact Steve Gransden
732-987-7168
Steve.Gransden@knipper.com

www.knipperx.com
All about the journey

Our cover headline for this month’s special issue on the latest from the hub service/patient support world is “Securing the Journey.” You can argue that the “journey” part of it, and in this case referring to “the patient journey,” is perhaps an overused phrase. Often used to add a touch of showmanship to a fill-in-blanks Someone Sent Me a booklet or movie title, or slipped nacely into a market research report, press release, or conference session title. But what does it really mean? After all, a “journey” can come in all shapes and sizes and durations; can even be infinite.

But when applied in the context of healthcare and medicine, and what the essence of being a patient today entails—all the relationships and support systems and treatment regimens and unknowns along the way—I think there is really no more apt description, as simple as it may be. Especially now, in the age of Covid, with the virus, of course, challenging that journey; but more so, the converging of other factors—some exciting, some a little perilous—that will influence those journeys beyond the pandemic. Things like the rise of specialty drugs and advanced therapies, which, in turn with an aging population, offer great opportunity, but also complex coordination around disease management and quality of life. There seemingly is more touchpoints than ever on a patient’s healthcare journey—that passage from symptoms/diagnosis and understanding to “okay, let’s maintain, stay engaged.”

Or maybe the touchpoints haven’t really grown, they’re just more complicated. But in good and promising ways, too. Take, for example, the various data- and tech-driven specialty pharmacy models that are emerging to help manufacturers and their vendor partners better support patients, providers and payers (see related coverage throughout this issue). And, not to be overlooked, the important role non-commercial pharmacies are playing in patient assistance and adherence in the realm of coverage throughout this issue). And, not to be overlooked, the important role non-commercial pharmacies are playing in patient assistance and adherence in the realm of specialty care (see guest article by Julia Laurin of ConnectiveRx on page 50).

To subscribe to third parties for marketing purposes, simply email mmhinfo@mmhgroup.com and a customer service representative will write a personal/non-personal sample eligibility promotion model. For pharma companies, #2 We don’t want SampleCenter™ to interfere with the work of our field representatives. For pharma companies, field reps are still the leading driver for drug sample delivery and prescriber education. Field reps rely on the management of the sample transaction to ensure the overall success of the prescriber’s engagement with the pharma company. SampleCenter™ extends the reach of pharma reps and creates the opportunity to serve more prescribers the way they want to be served.

ABO UT THE AUTHOR

Hal Walsh is CEO of SymmetryRx, LLC.

PHARMACEUTICAL COMMERCE

VOLUME 16, ISSUE 1

Group Publisher
Rob Baker
732-360-3003
rbaker@mjhlifesciences.com

Editorial Director
Michael Christl
732-346-9022
mchristl@mjhlifesciences.com

Associate Editor
Nicholas Saraceno
609-716-7777
nsaraceno@mjhlifesciences.com

Contributing Editor
Suzanne Shelly

Creative Director, Publishing
Melissa Faehren
mfeinen@mjhlifesciences.com

Senior Art Director
Galen Sallan
gsallan@mjhlifesciences.com

Graphic Designer
Helena Coppola
hcoppola@mjhlifesciences.com

National Sales Manager
Cathy Wilkens
843-410-2799, ext. 101
cwilkens@pharmaceuticalcommerce.com

National Account Associate
Nadine Shiekh
619-744-8822

Advertising Production
732-346-5909
meflick@mjhlifesciences.com

Editor Emeritus and Founder
Nick Basta
nbasta@pharmaceuticalcommerce.com

Editorial Offices
480 Route South, Building 7, Suite 210
Iselin, NJ 08830
732-346-0300

Pharmaceutical Commerce is published by MJHL Life Sciences™

Champion and Founder, Mike Henney Sr
Mike henney@mjhlifesciences.com

President and CEO, Mike Henney Jr
Chief Financial Officer, Neil Glazer
Chief Marketing Officer, Michael Blair
Executive Vice President, Global Medical Affairs & Corporate Development, Joe Petrillo
Senior Vice President, Content, Stan Inman
Senior Vice President, Operations, Michael Muller
Senior Vice President, IT & Enterprise Systems, John Morris
Vice President, Human Resources & Administration, Rob Basta
Vice President, Mergers & Acquisitions, Chris Henney
Executive Creative Director, Creative Services, Jeff Brown

Prescriber Access to Drug Samples in Virtual Environments

Benefits of a hybrid promotional model

By Hal Walsh, SymmetryRx

Pharma manufacturers have traditionally relied on field representatives to drive the distribution of drug samples to prescribers. Though this tactic is very successful; there has been a shift in prescriber willingness or ability to meet with field reps. Between seeing patients and meeting modern documentation requirements, doctors are becoming less accessible to pharma reps.

Covid-19 exacerbates these accessibility issues even more. Prescriber engagement strategies and relationship management tools are among the investments made by pharma to address this crisis. Field sales teams, while a productive part of the marketing strategy, now operate with reduced numbers while focusing on accessible high prescribers. Non-personal access points such as brand and enterprise websites have replaced in-person pharma rep visits for many prescribers. This strategy offers pharma companies a convenient and economically efficient solution for reaching prescribers.

Going to many different websites is a non-starter for prescribers, however, and it shows in the numbers. SampleCenter™ has operated drug sample request websites at brand and enterprise levels for many manufacturers, while simultaneously giving prescribers sample request access through SampleCenter™, the only scalable multi-tenant, one-stop sample request site designed for prescribers. SampleCenter™ is a force multiplier and has demonstrated delivering 3x to 28x more sample requests than pharma websites alone. The business rules to achieve the 28x multiplier are well understood by SymmetryRx.

SampleCenter™ is positioned as an “indirect extension of the pharma rep’s reach,” allowing pharma field reps the ability to focus more on their highest skillset as a brand education and patient resource expert. It allows for the natural handoff of managing the sample request transactions for tens of thousands of eligible prescribers to SymmetryRx’s hybrid personal/non-personal sample eligibility promotion model.

This model delivers value in balancing prescriber needs for pharma representative educational services and day-to-day sample request transaction management. It offers quantitative value in the terms you use to make business decisions (i.e., cost reduction, ROI, NPV, IRR, BE, expense-to-revenue).

Common misperceptions

#1 Why would we partner with SymmetryRx if we already have a web solution?

Whether using an internal portal or one custom-made by SymmetryRx, pharma manufacturers may partner with us to help generate greater utilization and further reach. SampleCenter™ is currently integrated into seven key prescriber-facing online destinations, making pharma organizations and their brands exponentially more visible and accessible.

Furthermore, the SymmetryRx marketing team focuses on driving targeted prescribers to these sites and presenting only relevant samples and resource offers in alignment with the business requirements of pharma partners. Pharma companies have complete control over sample availability through all communication channels.

Additionally, SymmetryRx is constantly developing its platform to include the latest technology like its most recent releases: 21 CFR 11 compliant authenticated eSignature and HIPAA-compliant Direct-Ship-to-Patient drug sample request capabilities. SymmetryRx has unmatched experience seamlessly integrating to allocation systems and fulfillment operations.

#2 We don’t want SampleCenter™ to interfere with the work of our field representatives. For pharma companies, field reps are still the leading driver for drug sample delivery and prescriber education. Field reps rely on the management of the sample transaction to ensure the overall success of the prescriber’s engagement with the pharma company. SampleCenter™ extends the reach of pharma reps and creates the opportunity to serve more prescribers the way they want to be served.

Brand Insights - Thought Leadership from Marketers, Paul Program
**TOP NEWS**

**Covid-19 vaccine makers overcome challenges to ramp up production**

Anticipate significant boosts in output in the coming weeks

Despite shortages in critical components and experienced staff, vaccine manufacturers anticipate significant boosts in output in the coming weeks for these innovative products. The companies with the first emergency use authorizations (EUAs) for vaccines to combat the pandemic produced only 63.7 million doses as of Jan. 31, 2021, far less than the initial goal of 300 million doses, raising skepticism of even meeting the 200 million dose goal for the end of March. But in recent weeks, the prospects for greater vaccine output have brightened, and the entry of Johnson & Johnson into the market should help. To prevent future production delays of critical products, the Biden administration is examining supply chain vulnerabilities for pharmaceutical ingredients as part of a longer-range consideration of products important to public health.

Efforts to expand production of vaccines to combat Covid-19 have had to overcome a wide range of shortages in materials, qualified facilities and experienced workers such as engineers and quality control managers. A particular problem is scarce supplies of the ionized lipid nanoparticles needed for the Pfizer-BioNTech and Moderna mRNA vaccines. Only a handful of companies previously produced very small amounts of lipids, most for clinical trials involving rare disease treatments. More contract manufacturers now are licensing material and technology in creating batches of the drug substance at its facility in Groton, CT. Additional finish/fill operations have emerged as serious bottlenecks due to shortages affecting key components for new and revised operating lines plus requirements for high levels of sterility.

At a recent hearing before the House Energy & Commerce subcommittee on Oversight & Investigations, leading vaccine makers outlined efforts to enhance production and packaging processes. Pfizer Chief Business Officer John Young summarized company plans to boost vaccine shipments from 5 million to 13 million doses per week by the middle of March. In addition, finish-fill operations have emerged as serious bottlenecks due to shortages affecting key components for new and revised operating lines plus requirements for high levels of sterility.

At a recent hearing before the House Energy & Commerce subcommittee on Oversight & Investigations, leading vaccine makers outlined efforts to enhance production and packaging processes. Pfizer Chief Business Officer John Young summarized company plans to boost vaccine shipments from 5 million to 13 million doses per week by the middle of March. In addition, finish-fill operations have emerged as serious bottlenecks due to shortages affecting key components for new and revised operating lines plus requirements for high levels of sterility.

A recent report by the White House’s interagency task force on supply chain vulnerabilities and public health, released in March, called for the establishment of a “pharmacy” at the Department of Health and Human Services to monitor the supply chain for essential health products, including pharmaceuticals.

**Digital pill company etectRx partners with Local Health pharmacy**

Will evaluate patient acceptability of mental health medication

etectRx, Inc., a digital health company, recently signed a letter of intent for a novel partnership arrangement with Local Health, Inc., a subsidiary of OneorRx, which operates telepharmacies and community retail pharmacies. The partnership will evaluate patient acceptability of the etectRx FDA-cleared digital pill ID-Cap System. Local Health will recruit and engage patients, dispense the digital pill system, collect data and publish survey results. The study, which is slated to begin this summer, focuses on mental health medication. Patient participants will evaluate etectRx technology, a system focused on patient empowerment and adherence to treatment regimen. The technology gives Local Health the ability to be involved in real time, assisting patients with remaining adherent to their medication.

**Charles River Laboratories acquires Cognate BioServices for $875M**

Boosts CRO’s capabilities in cell and gene therapy

Contract research organization (CRO) Charles River Laboratories International, Inc. signed a definitive agreement to acquire Cognate BioServices, Inc., a cell and gene therapy contract development and manufacturing organization (CDMO), for about $875 million in cash.

Besides cell therapies, Cognate also offers manufacturing solutions for production of plasmid DNA and other inputs in the CDMO value chain. The acquisition will help establish Massachusetts-based Charles River as a scientific partner for cell and gene therapy development, testing and manufacturing—providing support from basic research and discovery through current good manufacturing practice (cGMP) production.

**WuXi AppTec buys UK-based Oxgene**

WuXi AppTec, a provider of R&D- and manufacturing-enabling services in the pharma, biotech and medical device industries, has completed the acquisition of Oxgene, a UK-based contract research and development organization that designs and develops scalable gene therapy technologies.

Oxgene will become a fully-owned subsidiary of WuXi Advanced Therapies (WuXi ATU), WuXi AppTec’s cell and gene therapy contract testing, development and manufacturing organization business unit. Based in Oxford, UK, Oxgene will be WuXi’s first facility in Europe.

**AbbVie sells biologics plant to Pharmaron**

Pharmaron Beijing Co., Ltd., a CRO and R&D service provider based in China, has struck an agreement to acquire Allergan Biologics Limited (ABL) in Liverpool, UK, for $118.7 million in cash from pharma giant AbbVie. The deal is expected to close in the second quarter. The ABL site features a biologics manufacturing facility with over 150 employees. The location has also established knowledge in cell and gene therapy product development using a suspension system for manufacturing up to commercial scale, having held Medicines and Healthcare products Regulatory Agency (MHRA) biologic manufacturing license accreditation since 2007.

**Kuehne+Nagel partners with pharma specialist**

Last month, third-party logistics provider Kuehne+Nagel inked a strategic partnership with Jointown, China’s largest non-state-owned pharma distribution company, to accelerate its footprint in pharma and healthcare logistics in China.

**Digital pill company etectRx partners with Local Health pharmacy**

Will evaluate patient acceptability of mental health medication

etectRx has also dabbled in the prescription digital therapeutic (PDT) space, via an agreement with Pear Therapeutics, Inc. earlier this year that is reportedly the first to explore the use of digital pill solutions with PDTs. The partnership will involve developing up to two product candidates in CNS that combine PDTs and adherence sensors. Once swallowed, the ID-Cap System, an ingestible event marker, uses etectRx’s proprietary communications technology to transmit a very low power digital message from within the patient’s stomach.
HUB Transitions: The right partner will prioritize your patients

BY DR. RAMI CHAMMAS & GANNON VANSCOY, RAREMED SOLUTIONS

ABSTRACT | Full article online

Why Transition?
Promises of “white glove” service often deteriorate when HUB or Non-Commercial Pharmacy (NCP) services for rare diseases (less than 200,000 patients) are managed by partners that do not cater to small populations. The inherent challenges of rare diseases demand a partner focused entirely on rare disease, and transitioning is easier than one may think.

HUB and NCP transitions can yield significant improvements across rare disease networks. Underperforming partners, poor network coordination and wider-than-projected service offerings managed by less-than-capable or non-rare-focused HUBs erode patient care. Transitions can disrupt unacceptable status quos and drive better patient experiences.

Though a transition may seem daunting, a rare-focused HUB with transition experience can make it easy. Fears of incomplete transfers, lost patients, and disrupted networks can be alleviated. Benefits may include:

• Fewer prescription transfers, accelerating time to therapy
• Improved data visibility across the entire network
• Elimination of duplicate patients
• Streamlined processes
• Faster turnaround & dispensing
• Full separation of commercial and free drug dispensing
• New insights for program enhancements

Navigating seamless transitions
Proper planning is essential to addressing network gaps and pain points while managing a disruption-free transition.

Implementation Planning and Supervision: Dedicated HUB implementation resources and executive sponsorship are critical for transition success. A capable transition team can collaborate with manufacturers and network partners to understand existing business rules, define process flows, and translate learnings into an improved, customized workflow.

Transition Timing: Planning and coordination differ between an overnight cutover and a phased transition between partners. Both approaches are feasible, however there are many considerations that should be discussed in the planning phase to determine which approach is right for each network.

Are these the “white glove” patient services you’re experiencing?

Elevate your standards. Dare to go Rare.

RareMed
SOLUTIONS
ACCELERATING CARE IN RARE

Patient Support Services
Non-Commercial Pharmacy
Customizable Solutions

www.RareMed.com
info@RareMed.com

CASE STUDY: Recent HUB Transfer to RareMed

13,000 Patient Population
50% Reduction in SP Transfers
25% Increase in HUB Referrals
75% Client Satisfaction

Non-Commercial Pharmacy Services:
A thoughtful clinical transition program must be implemented to support patients on therapy through a transition to minimize therapy disruption. Rare-focused HUBs are experienced in adherence programs, titration support, and weight-based dosing support across a wide range of disease states. Other considerations for NCP transitions include inventory management and reporting requirements.

Low barrier to transition, big rewards
Selecting the right HUB can make it easy to transition from an underperforming HUB and improve patient care. A HUB like RareMed that caters to rare diseases can manage a transition while customizing process flows, individualizing patient journeys, and personalizing experiences with program-specific teams. Transitions can generate large value-adds such as improved patient and HCP experiences, KPI boosts, revenue generation, and program enhancements.

Comprehensive Data Plan: A HUB transition is an opportunity to facilitate data sharing, enhance reporting, and improve data aggregation. A rare-focused HUB can seamlessly transition data management while enhancing data flow, streamlining in-network communications, and improving network performance visibility. Advanced workflow management programs, such as RareMed’s RarePath™, utilize customized statuses, create business rule compliant workflows, and facilitate data capture.

Patient Communication Plan: Proactive communication is vital to successfully introduce the new provider and set expectations. It is especially important when the HUB is highly engaged with patients or when a new NCP will be managing patient care.

HUB or Non-Commercial Pharmacy (NCP) services for rare diseases (less than 200,000 patients) are managed by partners that do not cater to small populations. The inherent challenges of rare diseases demand a partner focused entirely on rare disease, and transitioning is easier than one may think.

HUB and NCP transitions can yield significant improvements across rare disease networks. Underperforming partners, poor network coordination and wider-than-projected service offerings managed by less-than-capable or non-rare-focused HUBs erode patient care. Transitions can disrupt unacceptable status quos and drive better patient experiences.

Though a transition may seem daunting, a rare-focused HUB with transition experience can make it easy. Fears of incomplete transfers, lost patients, and disrupted networks can be alleviated. Benefits may include:

• Fewer prescription transfers, accelerating time to therapy
• Improved data visibility across the entire network
• Elimination of duplicate patients
• Streamlined processes
• Faster turnaround & dispensing
• Full separation of commercial and free drug dispensing
• New insights for program enhancements

Navigating seamless transitions
Proper planning is essential to addressing network gaps and pain points while managing a disruption-free transition.

Implementation Planning and Supervision: Dedicated HUB implementation resources and executive sponsorship are critical for transition success. A capable transition team can collaborate with manufacturers and network partners to understand existing business rules, define process flows, and translate learnings into an improved, customized workflow.

Transition Timing: Planning and coordination differ between an overnight cutover and a phased transition between partners. Both approaches are feasible, however there are many considerations that should be discussed in the planning phase to determine which approach is right for each network.

Are these the “white glove” patient services you’re experiencing?

Elevate your standards. Dare to go Rare.

RareMed
SOLUTIONS
ACCELERATING CARE IN RARE

Patient Support Services
Non-Commercial Pharmacy
Customizable Solutions

www.RareMed.com
info@RareMed.com

CASE STUDY: Recent HUB Transfer to RareMed

13,000 Patient Population
50% Reduction in SP Transfers
25% Increase in HUB Referrals
75% Client Satisfaction

Non-Commercial Pharmacy Services:
A thoughtful clinical transition program must be implemented to support patients on therapy through a transition to minimize therapy disruption. Rare-focused HUBs are experienced in adherence programs, titration support, and weight-based dosing support across a wide range of disease states. Other considerations for NCP transitions include inventory management and reporting requirements.

Low barrier to transition, big rewards
Selecting the right HUB can make it easy to transition from an underperforming HUB and improve patient care. A HUB like RareMed that caters to rare diseases can manage a transition while customizing process flows, individualizing patient journeys, and personalizing experiences with program-specific teams. Transitions can generate large value-adds such as improved patient and HCP experiences, KPI boosts, revenue generation, and program enhancements.

Comprehensive Data Plan: A HUB transition is an opportunity to facilitate data sharing, enhance reporting, and improve data aggregation. A rare-focused HUB can seamlessly transition data management while enhancing data flow, streamlining in-network communications, and improving network performance visibility. Advanced workflow management programs, such as RareMed’s RarePath™, utilize customized statuses, create business rule compliant workflows, and facilitate data capture.

Patient Communication Plan: Proactive communication is vital to successfully introduce the new provider and set expectations. It is especially important when the HUB is highly engaged with patients or when a new NCP will be managing patient care.
As we continue to navigate the sharp political divide in Washington, it’s often challenging to know what the immediate future holds from a policy perspective, particularly when it comes to such a central issue like healthcare.

As an early indicator, we have seen the Biden administration come into office laser-focused on addressing the Covid-19 pandemic, as evidenced by an early working group that was assembled to combat the spread of the virus. Still, aside from the early executive orders in support of the Affordable Care Act (ACA) and the focus on Covid, it was hard to predict what the first 100 days would look like for Biden’s broader healthcare priorities. However, one thing is certain; now that Democrats have established one-party control of Congress, it will be a bit easier for Biden’s priorities to take shape and ultimately move forward. This could involve drug pricing reform, further bolstering of the ACA, and even exploring the possibility of a public option.

For many healthcare providers (HCPs) across specialties, this challenging and rapidly evolving policy landscape can make it difficult to plan for the future. With so much activity—and just as much political fluctuation—the following are key considerations and trends for HCPs to keep an eye on throughout the remainder of the year.

**Bipartisan focus on drug pricing reforms**

While specific policies on drug pricing reform could have starkly different outcomes, pressure on drug prices is expected to continue. With a narrowly divided Congress, albeit under one-party control, the Biden administration will likely focus on a slate of bipartisan reforms that both parties have begun to rally around over the last 24 months. These could include increased transparency, price caps to protect patient out-of-pocket costs on prescription medicines and reforms in which manufacturers would pay rebates to the federal government if drug prices rise beyond the rate of inflation.

There is also likely to be a continued focus on international price disparities, allowing for the importation of prescription drugs from other countries, allowing Medicare to negotiate prices and tools to incentivize the use of generics and biosimilars. Since many of these reforms have enjoyed some degree of bipartisan support in the past, they are likely to gain early traction in Congress. Notably, Sen. Ron Wyden (D-OR), incoming chair of the Finance Committee, recently said he would push for Medicare drug negotiations, revisit the favored nation model, they will more likely want to pursue their own drug pricing initiatives from and beyond the aforementioned list of proposals. This could happen through executive action or in conjunction with congressional leaders.

**Continued controversy surrounding most favored nation model**

In the coming months, it’s also fair to expect the intense scrutiny and controversy around the Trump administration’s most-favored nation (MFN) drug pricing model to re-emerge, though with a slightly different risk profile.

As background, in late November 2020, the Trump administration used its purported authority under the ACA’s Innovation Center to publish the MFN as an interim final rule. The MFN model would have lowered the reimbursement amount for 50 high-cost Medicare Part B drugs to the lowest price manufacturers receive in similar countries. MFN’s impact on patients and specialties would have been profound. Most startling is that by Centers for Medicare & Medicaid Services’ (CMS) own estimates, 9% of patients would have lost access to their treatments in the first year of the model, a number predicted to have grown to 19% by the third year.

Luckily, late last year multiple courts ruled against the Department of Health and Human Services (HHS) regarding the proposed model, and on Jan. 8, HHS notified the D.C. District Court that it would not appeal the preliminary injunction issued in California Life Sciences Association, et al. v. CMS, et al. This ruling and subsequent decision to not appeal effectively halted the model from moving forward.

The Biden administration still has a brief window to appeal the ruling, although it appears that the new administration is not inclined to push the rule as-is. While the administration could always move forward with rulemaking on the MFN model, they will more likely want to pursue their own drug pricing initiatives from and beyond the aforementioned list of proposals. This could happen through executive action or in conjunction with congressional leaders.

**The moving target within the physician-fee schedule**

Specialty providers are also enjoying a modest, and increasingly unpredictable new healthcare landscape.

The moving target within the physician-fee schedule

In the coming months, it’s also fair to expect the intense scrutiny and controversy around the Trump administration’s most-favored nation (MFN) drug pricing model to re-emerge, though with a slightly different risk profile.

As background, in late November 2020, the Trump administration used its purported authority under the ACA’s Innovation Center to publish the MFN as an interim final rule. The MFN model would have lowered the reimbursement amount for 50 high-cost Medicare Part B drugs to the lowest price manufacturers receive in similar countries. MFN’s impact on patients and specialties would have been profound. Most startling is that by Centers for Medicare & Medicaid Services’ (CMS) own estimates, 9% of patients would have lost access to their treatments in the first year of the model, a number predicted to have grown to 19% by the third year.

Luckily, late last year multiple courts ruled against the Department of Health and Human Services (HHS) regarding the proposed model, and on Jan. 8, HHS notified the D.C. District Court that it would not appeal the preliminary injunction issued in California Life Sciences Association, et al. v. CMS, et al. This ruling and subsequent decision to not appeal effectively halted the model from moving forward.

The Biden administration still has a brief window to appeal the ruling, although it appears that the new administration is not inclined to push the rule as-is. While the administration could always move forward with rulemaking on the MFN model, they will more likely want to pursue their own drug pricing initiatives from and beyond the aforementioned list of proposals. This could happen through executive action or in conjunction with congressional leaders.
A Rubik’s Cube of complexities threatens the patient’s journey nearly every step of the way. We unravel those complexities, providing pathways to treatment.
Keeping the message moving during Covid
A conversation with Cathy Traz, global advocacy head at Bristol Myers Squibb

MICHAEL CHRISTEL

The Covid-19 pandemic has been particularly tough on patient advocacy and support organizations—groups traditionally accustomed to zigzagging to industry events and medical congresses to share and collect the latest disease information on the communities they serve, and where expert advocates are often patients themselves. Immunocompromised as it is, Covid has bolted the doors shut on such activities, as these patients, and their caregivers, simply can’t afford to risk exposure. Filling the void hasn’t been easy, but many are doing their part, including pharma. One such example is the Covid Advocacy Exchange (CAE), a partnership between Bristol Myers Squibb and GRYT Health that, via a virtual platform, brings together advocacy groups, patients and industry leaders to synchronize efforts, facilitate resource sharing and boost collaboration. First launched in May 2020, the CAE, according to Cathy Trzaskawka (Traz), executive director and head, global advocacy, BMS, has attracted 25,000 visitors from 90 countries to participate in live sessions, workshops, working group discussions and other programs.

"Just a place to go to say, okay, we’re all in the same boat, let’s talk about what’s happening," says Traz, whose team of 20 acts as a "resource hub" for BMS’s wider advocacy needs. In making the CAE work ("we certainly wouldn’t keep doing it, if it wasn’t helpful"), Traz credits the combined efforts of the advocates, GRYT Health and BMS, the latter attributing especially to the direction of colleague Jodi Hutchison-Sanford.

Pharmaceutical Commerce caught up with Traz to discuss the importance of keeping patient advocacy members engaged and informed during the pandemic and how a passion for health policy and volunteer work vaulted her to a career in advocacy.

1. How has the CAE been able to navigate around the Covid-driven limitations and still be effective in sharing and exchanging information?

We always met pretty regularly with our organizations, and we’ve had to just change them over to virtual. We continue to try and be really communicative with them, sending out any updates from our teams, any information that we have that are patient- and resource-helpful, or other [outside] meetings that we might know about that might be helpful for them.

2. Obviously a big challenge and task for pharmas such as BMS has been responding to the needs of the global advocacy community during Covid. At this stage, how has the industry done in your estimation?

The industry as a whole, with the vaccines, we’re seeing an amazing, amazing feat. And so many different people working together across not just industry but other sectors and really pulling together for this unbelievable need.

For BMS, in particular, we introduced many different initiatives to try and help—between donations of supplies or allowing for people that lost their jobs to still get our medications for free. But for the advocates, in particular, I have to say, they were really struggling, because as soon as [the pandemic] hit and travel stopped, they weren’t able to get to these meetings, and people weren’t able to connect and work together in our typical fashion.

Leadership came to us and said, ‘what could we do to help during this time besides the other resources that we had sent out?’ We said what would be great is if we had a networking opportunity that was kind of an online forum, 24/7, across diseases—so that everyone can talk together. We partnered with GRYT Health the year before for the Global Virtual Cancer Conference (hosted by BMS). I said, hey, these guys have a platform. I wonder if they would be interested in partnering to pull something like this together, and then working with the advocates to build it out!

As soon as I called Dave Fuehrer, CEO of GRYT Health, he said yes, without hesitation. And then we laughed because we thought, oh my gosh, now we actually have to pull this off and do it! I think, though, when you have the passion and when you know there’s a need, you just continue to drive to figure it out. Because they had the platform, we knew we had the resources to support it, but we wanted it to be built and co-created with the advocates.

From our advocacy database, we reached out asking different organizations if they wanted to join us and build this network together. We think right away, we received 50 different responses, 50 advocacy organizations who wanted to create a booth in the virtual hall, wanted to get involved in the live sessions or just be a part of this 24/7 platform for the networking. The content is all co-created with the advocates. We’re trying to keep it pretty innovative, and not just talk about the problems, which we did a lot in the beginning, because you had to. But now we’re looking to really problem-solve, especially with the current challenges that the groups are having.

Starting in February, we launched four different work streams with the advocates around issues with Covid and then the long-lasting issues that we’re going to have around Covid. Issues like lack of screening, lack of care and mental health; there’s so many different issues that we’re going to be looking at. We really want to make it so that it’s a helpful networking platform where they can collaborate with other advocates—across disease areas. It doesn’t even have to be a disease area that BMS focuses on. That’s really not the point. It’s more about coming together for each other across the globe and across disease areas. Because they’re all facing a lot of the same things.
3. So the program is not really directly focused on Covid or interventions for Covid; it’s content that can help these patient communities navigate the pandemic, correct?

Yes. We’ve talked about practical solutions. We talked about mental health. We talked about telemedicine and how it’s helping access to care. Are there opportunities in diversity and in health equities? We talked about building stronger relationships with the advocates and their patients. We talked about resiliency and how we’re all having to change a lot and will continue to do so because of not being able to travel and see one another. We talked about returning to work, returning to care settings.

It’s more about how we’re having to think differently during and after Covid, and how we can collaborate and look at positive solutions going forward.

“We’ll talk about the patient organizations themselves. Patient advocacy groups have lost a lot of funding and have had to lose staff members. Some of them, sadly, might not survive. So we’re going to have to talk about how they’re coping amidst these challenges for their own organizations.

Of course, it started because of the pandemic and the issues that people were seeing with Covid. But now the conversation with the rest of us is evolving. I think that as hopefully people are vaccinated and when Covid isn’t the main topic of discussion, we will continue this exchange and just have Covid as one of the advocacy issues.

4. Are there any particular advocacy groups that you would like to highlight—that may have taken a lead in the CAE or have been a notable presence so far?

We’ve had some really big groups involved, and then some really small groups. And then even just some patient experts who are involved in social media.

We had Dr. Carrie Adams, who’s the CEO of the UICC, the Union for International Cancer Control, who was one of our panelists. We had Pat Garcia-Gonzalez, the CEO of the Max Foundation (focused on cancer-treatment access) as a panelist as well. Also Seth Ginsberg, who is the president of the Global Healthy Living Foundation and CreakyJoints, an arthritis support and advocacy organization. We’ve had people from cardiovascular and heart disease organizations. We’ve had representatives of a lot of different disease area organizations come on as panelists.

5. The concept of the “patient voice” has emerged even more amid the pandemic. Can you explain the fundamental idea of patient listening (social listening), and it’s importance right now?

I love this topic because we launched another initiative in 2020 called PEER, which is our patient expert engagement resource. That basically is a process that we have built into our governance and standard operating procedures, where anybody in the company, from early development all the way through commercialization, can call the advocacy team and talk about what their needs are. We can link them up with one of our expert advocates from the nonprofit organizations we’ve contracted with. It can involve whatever kind of feedback folks are looking for—a lot of times it’s protocol development or in the clinical space. But we can then tell them, okay, for this disease area or for this specialty area, here are expert advocates that have been trained in those areas. They can get live feedback, and then we actually contract with the organizations and pay them for the time of that expert feedback. If it’s one question, if it’s a 20-page protocol review, we will reimburse the organization for their time.

This is hugely important because, at the end of the day, the patients and the caregivers are the ones who are receiving our products. We should be understanding from very early on what are the unmet needs of that disease area, that disease group, those patients, as we’re building out any kind of treatment for them. They should be involved.

I think the regulatory bodies are the ones that are pushing the patient voice involvement. The FDA and the EMA have advocated for patient-focused drug development committees, where they’re saying, we do need industry to talk to the patients and understand and get this right.

And then the advocacy groups themselves and the patients, to be honest, have really stepped up. They realize we can’t just come with our stories anymore. We need to come with data. We need to come with the language that they’re looking for and help them understand.

I see a huge shift in that whole patient voice continuum right now.

6. The CAE held one session on building stronger healthcare relationships through empathy. Empathy is a difficult thing to instill or apply, I would think. How can companies and groups incorporate those feelings into practice?

We’re all human, we all have loved ones that are patients or caregivers, or we ourselves are one. Industry people are people too, and building the relationships is really about listening and that two-way conversation and communication.

It’s coming at it from that human side of life versus just a partnership. Again, you really need to talk and listen. We’re all going through this together with Covid, it has put us all in the same boat. But I do think it’s helped us to just listen a little bit more to one another, whether patients, companies, policymakers, regulators, insurers, anybody that’s involved in the health space. We should be sitting at the table together trying to solve these problems.

It’s been enlightening because what we’ve seen with the Covid Advocacy Exchange is a little bit more emotion than you might have seen at a [past] medical congress or an advocacy meeting. There’s definitely more empathy with one another in there.

It’s about harnessing our united strength. For our session held on February 11, we had asked the advocates at the end of the year about their four main priorities. They said they were health equities, access to care, patient-focused drug development and the future of advocacy. We’re going to establish these unique working groups; we’re looking at, how can we make meaningful impact?

7. Can you share any thoughts you may have on the process of co-creation in this whole mix? How does that work?

I think in the past, industry was probably known for creating content and then just putting it out there—we’ve created this, you have it, look at it, read it! No matter if that was patient education or something else.

But now because of our partnerships and our strong individual relationships with the advocacy organizations, it’s more about asking them and working with them around what they need and what they want. It’s not just about what we want to say or put out there anymore.

They’ve been telling us for a long time that we should listen to them, that they should help us understand their needs. There are some regulatory boundaries that we have to, of course, stay within, but for the most part, advocates can be really helpful and save you a lot of time.

It comes back to that whole idea of the patient voice. Co-creation is similar in the context of patient education materials or resources—what is going to be helpful to those patients? You can’t just assume you know everything.

With our PEER program, we even looked at a voice technology where advocates could provide feedback, just taped; they wouldn’t have to write or type anything. But we got really interesting feedback from some of the advocates who were like, ‘that’s a little too high tech for me. I don’t need to do that, I can still email or talk on the phone.’ It’s good to get that kind of feedback because it helps you then grow and learn.

8. Absorbing the events of the last year, where do you see the patient advocacy space evolving beyond the pandemic?
I can certainly see that the virtual opportunity is key. It’s not everybody’s favorite because most of us advocates are people persons—we want to see each other, it’s that kind of a relationship job. Having this virtual opportunity where you can see video is really helpful and I think helps people feel not so alone. I can’t imagine if we didn’t have these types of tools during these times.

The pandemic will change the advocacy space by allowing people to do things more virtually, especially if they’re compromised or not feeling well. We’ve had people attending from their hospital bed.

Another change is bringing the different experts to the table, where maybe that didn’t always happen. That’s happening a little bit more [today], because instead of coming to a physical meeting, you can get them to their computer screen [more easily]. Again, having that cross-sectoral conversation is going to change things with virtual and post-Covid.

9. Is it too convenient to say that these practices will become part of, pardon the overused expression, a “new normal”?

I think there are a lot of cringes when you hear that, because nobody wants to be completely cutoff. But we will have to rely more on these new things. We were used to seeing each other physically all the time. In most of our meetings now, we say, ‘we can’t wait to give you a hug, we haven’t seen you in so long.’ And not just the advocates, but even team members. We miss that personal connection because, again, our roles are very much about people. It’s definitely been a different world.

10. You’ve been involved in public affairs and advocacy since early in your career. What drew your interest in those areas and your eventual move to pharma?

It’s such a great question because there is no kind of advocacy track in college. There’s not an advocacy degree; there should be, but there’s not. I graduated in political science [from West Virginia University] with a focus on health policy, and worked in government. I worked at the New Jersey State House, where I’m from, for several years. I did press and communications and then worked for the governor’s office. Most of the time I was either working in the health and human services space or as a liaison for the health and human services department.

While I was doing that, I also volunteered for the Leukemia & Lymphoma Society and for the American Diabetes Association. So I started to learn a lot about advocacy when I was doing the volunteer and policy work. I did a little bit of lobbying and some other work, but then actually went over and worked for the Leukemia & Lymphoma Society as their executive director. I learned so much about the nonprofit world and organizations and how they operate, but also from having to wear all of the different hats in that kind of a business.

It’s very rewarding as well, because you’re working with patients, or their caregivers and families, directly. That’s something that always sticks with you—how important that is and being there for people during those very tough times. I loved it.

While there, I was working with some pharmaceutical companies that needed help with patient education and making sure they’re providing the right information at the right level. I was helping one of the companies (GlaxoSmithKline), and when that project was done, they asked if I would come over and help them with advocacy. That’s how I got into pharmaceuticals (Traz joined GSK as director, advocacy and alliance development; she would later serve in a leadership role at Endo Pharmaceuticals before joining BMS).

I really thought I could be a voice for the advocates within pharma. And that’s what I’ve strived to do since I’ve been in the industry.

— Visit the CAE at www.covidadvocacyexchange.com
Connecting providers, payers and patients with clarity and ease

Although healthcare is becoming increasingly digital, patient access to essential medicines still relies on highly manual and siloed processes between healthcare providers (HCPs), payers, pharmacies and patients. When an HCP writes a prescription for a therapy that requires a prior authorization, the process to get that prescription filled can sometimes take days or even weeks because of the back-and-forth phone calls and faxes between the provider’s office and the payer to confirm approval. The result is often added frustration and stress for patients as they wait to get access to therapy.

Patient services hubs, working with sponsor biopharma companies, are stepping in to increase connectivity, transparency and speed to care. One example is Connect Point 360, launched last year by Cardinal Health Sonexus™ Access & Patient Support as part of their tailored suite of hub services and solutions. This industry-recognized digital platform offers a secure, pharma-branded resource that automates many of the processes performed between healthcare providers, hubs and payers, reducing the time between treatment recommendation and prescription dispense.

Connect Point 360 enables many of the usual treatment access tasks to be performed online, via a secure user verification process, including:

- Submitting electronic benefits investigations, prior authorizations and reverifications
- Accessing copay savings and activating free drug vouchers
- Performing patient assistance program pre-screening
- Accessing appeal forms
- Checking in on access status instantly

A built-in secure messaging center for seamless communications and exchange of PHI, uploading files and images helps enable a clear line of sight into the full treatment journey and facilitates resolution of outstanding questions or documentation that can delay care.

“We developed this solution to bridge the gaps in the patient journey that previous portals have struggled to address. The Connect Point 360 platform accomplishes this by housing all the different technology solutions in one place to make the workflow move seamlessly and increase efficiency. By removing the hurdle of decentralized tools, Connect Point 360 automates essential patient hub services to make the path to care faster and easier for patients,” said Joaquin Zaragoza, Chief Technologist, Cardinal Health, Sonexus™ Access & Patient Support.

In addition, Connect Point 360 works seamlessly with the Sonexus™ CRM platform, ConnectSource™, enabling Cardinal Health to collect data across the treatment journey and deliver critical (and anonymized) insights to inform the biopharma company’s brand or portfolio strategy. The more pharma brand teams know about their providers, and patients’ preferences and pain points, the more equipped they are to provide necessary support for their patients in their treatment journey.

Cardinal Health Sonexus™ Access & Patient Support continues to take the potential for seamless stakeholder coordination and alignment further. “We want patients to have the same visibility into their treatment journey that providers have right now, to put more power into patients’ hands,” said Zaragoza, “and to have the flexibility to communicate with the hub team in a way that best suits their needs at that moment — whether via text, email, phone or by accessing the Connect Point 360 platform.” While Sonexus™ has long offered patient enrollment portals and today supports programs where upwards of one quarter of patients self-enroll online to pharma support programs, improving the link between the physician office, hub services team, biopharma company and patient together with an intuitive and interconnected platform has the potential to transform access to care. Learn more at cardinalhealth.com/seeSonexus.

To put our services to work for your brand, visit: cardinalhealth.com/seeSonexus

© 2019 Cardinal Health. All Rights Reserved. CARDINAL HEALTH, the Cardinal Health LOGO and ESSENTIAL TO CARE are trademarks of Cardinal Health and may be registered in the US and/or in other countries. U.S. No. SSN-052400 (7/2019)
Today’s hub blueprint:
A well-oiled, data-driven hub program is critical clearing a successful path for specialty therapies

SUZANNE SHEELLEY, CONTRIBUTING EDITOR

Sustained growth in specialty medications continues to create ongoing hope for patients and the potential for strong return on investment (ROI) for drug developers. But launching these highly specialized therapies—which are used to help patients manage chronic, sometimes debilitating or life-threatening diseases and genetic conditions—is no easy task; it requires doing all that is necessary to remove barriers to access and points of friction that threaten drug access, affordability and adherence.

Today, specialty medications are used to treat chronic conditions, such as rheumatoid arthritis, multiple sclerosis, Crohn’s disease, many forms of cancer and more, and they share a number of defining characteristics. These premium-priced therapies—whose costs can run into the thousands or even millions of dollars per patient over a lifetime—typically have complex self-administration or titration-based dosing requirements, significant potential safety issues, and exacting logistics requirements to safeguard temperature-sensitive therapies that must be maintained at refrigerated or cryogenic temperatures from the point of manufacturing right to the point when the patient takes possession of their medications (see related story here: https://bit.ly/303jXv9).

To give these lifesaving specialty medications a fighting chance in the marketplace, biopharmaceutical manufacturers routinely enlist one or more supply chain partners to develop and administer a tailored mix of wraparound services, which are collectively referred to as the product’s hub-services program. The explicit objective of any hub program is to reduce or eliminate barriers and provide easy access to all of the product and disease-specific services that will help the patient to get on—and stay on—therapy.

A well-designed hub program “provides a natural extension for pharmaceutical/life sciences manufacturers and their supply chain partners to demonstrate their value, and the most successful hub programs remain engaged throughout the patient journey and continue to evolve over time using data-driven insights,” says Tommy Bramley, PhD, president of Lash Group, a patient-support services company that is a part of AmerisourceBergen.

Failure to design an effective hub program to centralize and integrate all of the product-specific supports and interventions that can help patients and their physicians to overcome these barriers can thwart the therapy’s commercial success (at launch and over time) and undermine both clinical outcomes and brand reputation.

“Hub providers must build a quantified evidence base that can demonstrate that those services have a meaningful impact on outcomes for specific disease states and demonstrate to manufacturers that patients who engage with those services fare better consistently,” says Lili Ferguson-LaChance, an Accenture life sciences strategy executive. “Demonstration of relatively modest impact could translate to a point or two of rebate recapture for a manufacturer—a significant profitability gain, especially for common disease states with large populations on therapy.”

“Excellent hub programs can cast a halo on the entire brand and amplify a provider’s willingness to prescribe the therapy,” adds Tom Dmochowski, vice president and general manager, pharma and life sciences, Conduent, a business process services company based in New Jersey.

Bulldozing barriers for patients and physicians

Underpinning the entire hub concept is the fact that today’s specialty medications have put more and more responsibility directly into the hands of the patients—no matter where they may be on the health-literacy spectrum. Such patients must now:

• Master complex, self-administration routines (i.e., the self-administration of injectible or infused biologic therapies, or precise titration-based dosing regimens that are required for today’s growing number of oral oncology agents).
Monitor and manage side-effects from home.

Take ownership of potential safety or toxicity issues that could become life-threatening or undermine adherence.

Advocate for themselves to navigate complex coverage and affordability issues that could hinder access in the first place, and undermine adherence over the long run.

That's a tall order for most patients.

As a general rule of thumb, a hub-services program should strive to put the needs and preferences of the patient and physician first. "Drug manufacturers must integrate the right balance of technology-based and talent-enabled support services that improve patients' treatment outcomes," says Jan Nielsen, division president, AssistRx Patient Solutions.

For example, she notes that a program may need to involve more high-touch human support at launch, but then transition to increased use of high-tech, self-service program components as the product gets onto more payers' formularies and continues to mature (see Figure 2).

To speed time to therapy and deliver a quality brand experience, "a well-designed hub must not only support the overall patient experience but connect and support prescribers, payers, pharmacies (retail and specialty) and manufacturers in a way that provides real-time visibility into insurance benefits, patient-support programs, timing of delivery/pick-up and associated costs to patients," adds Maria Kirsch, SVP and head, patient services, Eversana.

Importantly, hub vendors must provide both nurturing soft skills and a solid technology backbone. "The best hubs are those that can provide near flawless program design and execution while thoughtfully embedding the solutions deeply and seamlessly within the workflow of the physicians and within the health-journey flow of the patient," says Dmochowski.

Similarly, the best hub partners are those that are able to provide guidance in terms of regulatory, competitive and physician first. "Drug manufacturers must integrate the right balance of technology-based and talent-enabled support services that improve patients' treatment outcomes," says Jan Nielsen, division president, AssistRx Patient Solutions.

As specialty medications are among the most expensive prescribed therapies, health plans have understandably created mechanisms to ensure that only the most appropriate patients can access them. However, delays often result when physicians are not able to successfully navigate prior authorization (PA), step therapy and other administrative requirements imposed by the patient's health plan.

Hubs play an essential role by providing a range of tailored programs to support reimbursement, including electronic tools for rapid benefits verification and streamlined processing of PA requirements.

"Generally, hubs are acting as the agent for the pharma brand team, so we inform and educate doctors on payer-specific PA processes, and then provide easy-to-use tools that are available through the hub and present the necessary questions to the clinical, in electronic form, right in the physician's workflow," says William Dupere, practice lead and VP, market access solutions, for TrialCard.

A key access challenge in this area is keeping any temperature-sensitive specialty therapy within its required temperature range (refrigerated, frozen or deep-frozen).

Today's hub programs routinely embed highly engineered processes and tracking systems to ensure reliable temperature-controlled delivery and precise chain-of-custody of the drug—from the manufacturing site right to the patient's door, with high-visibility tracking along the way.

Meanwhile, adding another potential access challenge, many of today's specialty medications are part of the personalized-medicine revolution, and thus require that the patient undergoes genetic testing to verify the presence or absence of one or more targeted biomarkers or genetic mutations (as required by the original label indication) prior to prescribing. "Today, a growing number of specialty medication hubs are including program elements that help physicians and patients to manage genetic-testing requirements associated with the targeted therapy and speed time to therapy," says Heather Morel, SVP/GM, access and adherence, RxCrossroads by McKesson.

Affordability. For many patients, affordability gaps are literally where the rubber meets the road in terms of getting on and staying on therapy. As such, a core function of any hub program is "to help insured patients to understand what is required to gain access to costly specialty therapies via our insurance plan, and to help uninsured or underinsured patients gain access to the therapy in other ways, to reduce out-of-pocket expenses by accessing other sources of funding via manufacturer-sponsored copay-assistance programs, or free medications via patient assistance program (PAP) or charitable foundations," explains Morel.

Self-service capabilities provided through the hub help patients to screen for and enroll in a manufacturer-sponsored copay-assistance programs in real time. This also gives prescribers confidence that their patients will be able to access the therapy they are prescribing.

"Improved price transparency at the point of prescribing—and providing immediate screening and enrollment into available patient-support programs—can not only speed time to therapy but help to differentiate brands in a crowded market," says Nielsen.

Working to familiarize physicians with any product hub is critical to removing access and affordability barriers for patients.

"Today we have an engaged active network of over 700,000 healthcare workers working with our CoverMyMeds offering—through efficient processes that are right in their workflow," says Morel. "This is important because most patients won't even have an opportunity to be part of a financial-support program unless they hear about it from their doctor."

The impact of financial and health disparities has been a long-running challenge for all stakeholders across the US and elsewhere, and it has come into sharper focus once the Covid-19 pandemic descended.

"Last year, we saw people with chronic conditions like diabetes and obesity—especially within communities of color—hit hard by the Covid-19 pandemic," says Doug Langa, executive vice president, North America operations, and president of Novo Nordisk Inc. "It's vital that we continually..."
identify and reduce the barriers that may contribute to people not getting the care they need.”

“In early 2020—after the pandemic hit—we implemented a P&L that was specifically designed to help people who had lost their health insurance or had their insurance changed because of Covid-19. The program has helped these individuals to get free insulin for 90 days,” he continues.

Novo Nordisk’s product hub sends out not only reminder texts, but motivational messaging and educational materials free insulin for 90 days, “he continues.

“In early 2020—after the pandemic hit—we implemented a P&L that was specifically designed to help people who had lost their health insurance or had their insurance changed because of Covid-19. The program has helped these individuals to get free insulin for 90 days,” he continues.

Novo Nordisk’s product hub sends out not only reminder texts, but motivational messaging and educational materials free insulin for 90 days, “he continues.

“In early 2020—after the pandemic hit—we implemented a P&L that was specifically designed to help people who had lost their health insurance or had their insurance changed because of Covid-19. The program has helped these individuals to get free insulin for 90 days,” he continues.

Novo Nordisk’s product hub sends out not only reminder texts, but motivational messaging and educational materials free insulin for 90 days, “he continues.

“In early 2020—after the pandemic hit—we implemented a P&L that was specifically designed to help people who had lost their health insurance or had their insurance changed because of Covid-19. The program has helped these individuals to get free insulin for 90 days,” he continues.

Novo Nordisk’s product hub sends out not only reminder texts, but motivational messaging and educational materials free insulin for 90 days, “he continues.

“A year ago, the existence of copay-accumulator and copay-maximizer programs was just a patchwork; a year later, this is definitely a trend that’s picking up steam,” says TrialCard’s Dupers. “These programs effectively rob qualified and eligible patients of benefits, creating affordability gaps that greatly undermine the patient’s access to therapy and their ability to remain adherent over time.”

“This ongoing tug-of-war around cost-shifting is creating big implications in healthcare,” adds Jason Zemcik, senior director of product management for TrialCard, who notes that “in 2020, among the drug franchises we support, nearly 12% of patients were already impacted by copay-accumulator or copay-maximizer programs (up from 8% in 2019).” Such cost-shifting is also greatly undermining the future of copay-assistance programs, as any given specialty medication brand ultimately, in most cases, has a finite budget for patient assistance. “Because accumulator-impacted patients will continue to require assistance throughout the entire year— as opposed to simply receiving copay assistance to satisfy their deductible early in the year—many pharmaceutical manufacturers’ costs to operate these programs have increased significantly,” adds Zemcik. “This is causing many to evaluate the long-term viability of such programs, which puts patients who rely on them to afford costly therapies at risk.”

In a recent study conducted by Xcenda, a strategic global consultancy and part of AmerisourceBergen, of the commercial payers in its managed care network, the company found that the percentage of plans that were already using copay accumulator or copay maximizer plans (or both) had grown from 39% in 2018 to 60% in 2020 are currently restricting the use of manufacturer copay-offset plans, according to Corey Ford, director, reimbursement and policy insights for Xcenda.

Helping to drive this trend at the policy level, in 2020, the Centers for Medicare & Medicaid Services (CMS) finalized a new rule in 2020 that allows commercial plans to employ copay accumulators within the commercial market—even for brands that do not have a medically appropriate generic alternative. “Several states have tried to fight back, by enacting legislation that outright prohibits copay-accumulator or copay-maximizer programs or limits their use in commercial plans, but many large employer-based health plans are exempt from such state plans,” explains Ford. “With a growing number of large health plans pursuing accumulator models targeting medical benefit

A customized pharmacy option

Most people in the healthcare industry are familiar with the standard models of pharmacy services. They include retail, mail order, specialty and specialty-lite, to name a few. Each of these models serves an important purpose in providing much needed therapy to patients. But each of them follows a relatively standard set of processes specific to their intended service.

Most retail pharmacies focus largely on more common, less costly drugs that treat routine day to day afflictions. With a mix of Rx and OTC therapies, they are designed to serve a very broad audience and require a very high volume of overall sales to achieve their desired ROI. Typical mail-order pharmacies are similar in nature having the same volume-based strategy and relatively low touch attributes. Both models depend on high-volume, quick-turn dispensing.

Specialty pharmacies are the antithesis of retail or mail order. They specialize in dispensing therapies with a much higher wholesale acqui- sition cost (W AC) and, typically, a smaller patient population. These therapies require a very high-touch, often intensive, clinical care model. Specialty pharmacies also expend considerable effort helping their patients overcome financial access barriers due to the much higher cost of the drugs they manage. All these factors contribute to a higher operating cost suitable only for higher-cost therapies.

The specialty-lite model is a relative newcomer to the pharmacy space having become more popular during the last decade as technolo- gy evolved that could automate some of the more common tasks within specialty pharmacy, largely around patient access and adherence. In general, the result was a specialty-like model that could accommodate products with a lower WAC. But at its core, the basic process is still very much the same as specialty.

Today, in a growing number of cases, a brand needs a solution that addresses challenges across multiple traditional pharmacy models. In some cases, these new challenges were never even considered in the traditional models and require new, more innovative solutions to address them. This is where a new breed of specialized pharmacy service comes into play called “custom pharmacy solutions.” This model leverages robust infrastructure, broad talent and technology prowess to combine features and functions of many pharmacy models with new process and technology that is outside the box of traditional pharmacy.

Recognizing this shifting landscape, independent specialty phar- macies such as KnippeRx are seeking to combine existing high-touch, high-tech, patient-centric pharmacy services with high capacity infra-structures, expanded talent pools and enhanced technology tool kits. Scalability is key. The goal is to provide brands the ability to leverage the infrastructure of a nationwide distributor with multiple locations, automation and talent and technology assets, to develop solutions that are tailor made to address each brand’s unique needs.

Customized-oriented pharmacy support can potentially serve the commercial and non-commercial efforts of small, medium and large pharma. Those can include single-brand launch initiatives, support for multi-brand solutions for mature products, and even direct-to-patient cash approaches for brands that have lost exclusivity or those that are better served outside the retail model.
products, manufacturers offering copay assistance will need to work closely with their hub designer to incorporate accumulator mitigation strategies into their program design.

In light of this trend, many stakeholders worry that drug manufacturers may ultimately move away from offering direct copay assistance to patients. Without such financial scaffolding from manufacturer copay-offset subsidies, impacted patients would then be more likely to abandon their prescribed drug regimens.

Adherence. Throughout the entire healthcare arena, poor adherence is one of the biggest factors to blame for reduced clinical outcomes and diminished brand success. “Through every hub, we try to match up different touch points in way patients will best respond to them,” says Myra Reinhardt, vice president of production innovation and analytics, Lash Group. “You want to accommodate as many of the program offerings as you can, but you also need the right type of in-person support (from pharmacists, nurses, coaches and more), using empathy and problem-solving skill sets that can never be addressed with automation.”

Today, the digital capabilities are available to push training videos and tutorials related to self-injection and side effects right into the patient’s digital device, making it easier than ever for them to access the information, notes Bramley. The more steps a patient has to take to get what they need from the drug manufacturer or their insurance plan, the less likely they will be to be adherent. “A common mistake among brand teams is to take on the time and cost to craft patient-facing applications that are not easily integrated into the patient’s day-to-day lifestyle,” says Asist Rx’s Nielsen. “Such insights can help to shape decisions needed based on zip codes and other regional factors, “ says Eversana’s Kirsch.

Cardinal Health currently records all of its patient calls and then analyzes them using NLP technology. “At the onset of the Covid-19 pandemic, we updated our program to account for words associated with the coronavirus and have continued to adjust as it noticed related trends in conversations around the pandemic,” explains Monteiro. “This has enabled us to identify new barriers patients were facing, such as challenges with affording their medications, so we can work with our biopharma clients to intervene with the timely resources to support the changing needs of patients.”

Similarly, by segmenting data-analytics efforts across the payer, provider and business operations, Conduent’s Dmochowski says that “we are able to understand the general coverage landscape and identify outliers, considering such things as time, geography and outcomes.” For instance, with regard to providers, “we are able to compare and contrast outcomes with timing and normalize this along geography and payer,” he adds. This is helping Conduent to identify payers and practices that are comparatively low performers and identify root cause that inform the “next best action.”

Conduent is also actively deploying AI technology to gain greater insight into call-quality metrics—by analyzing emotional quotient and sentiment analysis—and deploys AI when monitoring calls, chat and communications to detect adverse events more effectively. The company then uses the derived insights to trigger outreach, engage third-parties or loop in agents.

Lash Group has also been applying AI to its benefits-verification efforts, and in doing so, it has been able to reduce BV time “from hours to minutes or seconds,” says Bramley. Meanwhile, by leveraging AI and ML techniques, Eversana is “helping manufacturers rapidly identify patient behaviors and patterns using our technology solution, which provides data to develop patient personas and predict the next best action to enable more personalized engagement,” says Kirsch. “With integrated commercial services support, the ultimate result—improved patient outcomes—drives value for payers, providers and patients alike. In this way, the hub offering can ensure that products find the quickest route to patients with minimal steps and faster, two-way communication.”

Efforts based on AI and ML techniques can also be used “to predict, for instance, which patients may be at risk for non-adherence and produce model assumptions on the optimal types of support needed based on zip codes and other regional factors,” says Nielsen of AsistRx. “Such insights can help to shape decisions related to channel, content and timing to deliver the most effective adherence engagement.”

“A comprehensive program must meet the patients’ needs in a way that seems effortless, despite a tremendous amount of complexity in the background,” says Reinhardt. “A comprehensive program must meet the patients’ needs in a way that seems effortless, despite a tremendous amount of complexity in the background; interactions are straightforward and effective,” adds Reinhardt. “It’s about doing everything we should be doing—not everything we could be doing. When the hub is able to take what’s very complex and make it really understandable and hassle-free for the patient and the physician—that’s a winning strategy.”
A Better Oncology Patient Experience

The oncology patient journey has many roadblocks. We have the patient support services to make sure patients get through them.

Whether you are launching your first oncology therapy or adding to your growing oncology portfolio, you know the importance of tackling barriers to access and adherence to ensure your patients’ journeys are seamless and efficient. These barriers can pop up during key points in a patient’s journey, and your patient support partner needs to plan ahead to help you address them. It takes an end-to-end suite of solutions to get the patient safely through these roadblocks.

McKesson is known for our extensive oncology portfolio and patient reach, and RxCrossroads by McKesson is no exception. RxCrossroads knows oncology patient journeys inside and out, because we care for oncology patients every day by supporting more than 60 oncology therapies through our access and adherence solutions.

This is a look at how RxCrossroads can take your patients safely from the beginning of their cancer journey — the point of diagnosis — throughout their treatment and into survivorship.

The Oncology Patient Journey

The road to survivorship requires high-touch support at every obstacle.

1. Diagnosis. Often, diagnosis comes as a shock that upends an oncology patient’s life. They need high-touch counseling and support throughout the journey to come.

2. Determining a treatment plan. Oncology therapy regimens are often complex and difficult, requiring guidance from providers and pharmacists. This could be the patient’s first treatment or just the latest in their treatment journey.

3. Prior authorization applications. It is crucial that oncology patients start therapy as quickly as possible, making PA facilitation between providers and payers a key service solution.

4. Investigating benefits and coverage. RxCrossroads prioritizes and fast-tracks benefit investigation to ensure the patient gets on therapy quickly, since time to therapy is often the No. 1 key metric for oncology therapies.

5. Sourcing financial assistance. Oncology treatment is often prohibitively expensive for patients. If they are uninsured or underinsured, financial assistance is vital.

6. Identifying co-pay eligibility. Regardless of whether the patient is covered under their medical or pharmacy benefit, RxCrossroads helps them attain co-pay support whenever needed.

7. Patient begins therapy. This is the start of the patient’s sometimes long and difficult adherence journey — and hopefully the path to survivorship. With RxCrossroads’ help, the patient knows what to expect.

8. Patient and caregiver onboarding. As a patient starts therapy, RxCrossroads pharmacists and nurses help patients and their caregivers understand their treatment plan, behavioral considerations and the importance of adherence through phone, virtual and home visits.

9. Supporting providers with nurse educators. RxCrossroads clinical nurse educators provide in-office HCP education about specific oncology therapies, side effect mitigation and potential adherence challenges.

10. Overcoming adherence challenges. It is common for patients to face difficulties in adhering to their rigorous treatment plans. RxCrossroads supports patients through these challenges alongside their provider team. Understanding that side effects to cancer treatments can be extremely debilitating for patients, we coach patients through mitigation techniques to help them stay on track with their treatment plan.

11. Implementing behavioral support. Through knowledge of the therapy’s specific patient journey, RxCrossroads takes a customized approach to uncovering behavioral changes that could increase a patient’s chance at successful outcomes and creates personalized outreach and education plans.

12. Successful adherence. The patient is able to continue on their treatment journey thanks to key interventions along the way, leading to better outcomes and survivorship.

RxCrossroads by McKesson

To learn more or get in touch with an RxCrossroads solutions consultant, visit www.RxCrossroads.com/Oncology
The legal landscape for
More leverage for community-based pharmacies

NICHOLAS SARACENO

Generally speaking, patient support services encompass a plethora of offerings, such as manufacturer-sponsored patient outreach, patient assistance and specialty pharmacy services, to name a few. Impacting these areas are continuously evolving legal developments in the biopharma and healthcare spaces, which uncover new trends and contribute to new approaches in compliance and transactional matters.

This past December, for example, the US Supreme Court issued its ruling in Rutledge v. Pharmaceutical Care Management Association (PCMA), deciding in favor of the interests of community pharmacies, unanimously (8-0). These pharmacies had been fighting for several years to regulate pharmacy benefit managers (PBMs)—the middlemen that handle the prescription drug benefits for health insurers, large employers and Medicare Part D drug plans, among others.

As reported by Pharmaceutical Commerce ([https://bit.ly/30jih]), the High Court investigated the degree to which the federal Employee Retirement Income Security Act of 1974 (ERISA), which standardizes private employee benefit plans, prevents states from regulating the amount that PBMs pay pharmacies to distribute prescription drugs that are covered by an employer-sponsored health plan. Simone Colgan Dunlap, a partner at Quarles & Brady LLP’s Phoenix branch, points out that the PBM lobby has been successful in using ERISA to strike down unfavorable state laws, and this recent ruling could push pharmacy lobbyists to test the limits of the decision.

“ERISA preemption has historically been an effective tool for striking down state laws that regulate PBM activity,” says Dunlap. “I predict that the Rutledge decision will encourage states and pharmacy lobbyists to try to enact laws similar to Arkansas’ Act 900 (the law at issue in Rutledge), and to pursue more expansive laws that push the boundaries of ERISA. The ruling enhances a state’s ability to enact and enforce laws governing PBM activity.”

Further management of PBM authority will also allow community pharmacies to have more control of PBMs’ maximum allowable cost (MAC) lists—the maximum allowable price that a plan will pay for generic drugs, along with brand drugs that have generic alternatives.

“Additional regulation of PBMs will generally be positive for community pharmacies that stand to benefit from laws that require PBMs to do things like update MAC lists and allow pharmacies to rebill claims when the pharmacy cannot obtain a drug at a cost that is lower than or at least equal to the MAC price,” adds Dunlap.

Later in December, the Centers for Medicare & Medicaid Services (CMS) made changes to Medicaid prescription drug pricing, an announcement that would also impact the day-to-day of PBMs. CMS issued a final rule related to cost-sharing assistance, including co-payment assistance cards.

“The new rules make clear that if the discounts are not benefiting the patient and instead lower the costs for health insurance companies and theirs [PBMs], they must be counted in drug manufacturers’ reporting to CMS for Medicaid rebate purposes, as required by law,” says Maria Kirsch, SVP and head of patient services operations at Eversana, a life sciences commercial services company. “CMS is delaying the effective date of this policy until Jan. 1, 2023, to give manufacturers and payers time to make any necessary changes to their patient assistance programs and reporting mechanisms.”

In response to this ruling, Kirsch says that Eversana is currently forming solutions aimed toward direct-to-patient (DTP) mechanisms to guarantee compliance, including a smart enrollment tool that assesses product affordability based on detection of formulary design, such as redirection to a cash program and using alternative reimbursement methods.

Staying focused on the big picture
Community pharmacies are integral patient-support providers, but sometimes, experts observe, these pharmacists can find themselves getting caught up in the details surrounding rules and regulations. A recent American Association of Colleges of Pharmacy article ([https://bit.ly/2PwFFWv]) describes just that, even with, as authors Athena Ponushis and Nidhi Gandhi, PharmD, note, community pharmacists anticipating their focus increasingly shifting from dispensing to offering convenient clinical care.

In the article, Jennifer Adams, PharmD, EdD, associate dean for academic affairs, director of interprofessional education, and clinical associate professor at Idaho State University College of Pharmacy, is quoted: “What our board of pharmacy learned from our healthcare colleagues was, pardon the pun, but pharmacists tend to be really prescriptive in their regulations. We write out the exact details of how hot the water in the pharmacy needs to be, the amount of counter space that needs to be provided; we get way into the weeds, rather than saying the facility needs to be appropriate so that the practitioners in the facility can provide the appropriate standard of care.”

Covid-19 impact
The ongoing pandemic has caused healthcare providers (HCPs) to shift and adapt to a new future—one in which telehealth is a go-to option. For this to be possible, however, it has required a collaborative effort on behalf of multiple tiers of government, involving revisions to their modes of compliance. “States and federal government—along with regulatory bodies—really took notice of the challenges and began rethinking some of the more restrictive guidelines that were preventing people from having access to much needed care during these times,” says Steve Gransden, SVP of strategy and commercial planning for KnippeRx Inc., an independent specialty pharmacy. “One of the prominent areas of realignment has been taking place within telehealth —some reevaluating of the guidelines has made healthcare far more accessible to those people who are highly restricted.”

Dunlap notes that early legal-support efforts were prioritized toward helping clients digest and react to new guidance and regulations in the form of waivers, state of emergency declarations, emergency board guidance and instituting measures to ensure continuity of patient care and protection of pharmacy staff.

“After that, there was a return to focus on more ‘normal’ topics like [usual and customary] pricing reporting, licensing, complaintly engaging with pharmaceutical manufacturers and shared services arrangements,” she says. 

patient support services
and rule changes for drug-pricing reporting

32  
Visit our website at www.PharmaceuticalCommerce.com  
03.2021

33  
03.2021  
Visit our website at www.PharmaceuticalCommerce.com
Specialty access barriers: 2020 was a difficult year for many patients, but new data may signal a brighter future ahead

By Erica Conroy, CoverMyMeds

A
ffording the high cost of specialty medications can feel insurmountable for many patients. For others, simply accessing their prescribed therapy can prove daunting. For example, take Kathy*, a patient featured in the 2021 Medication Access Report (see https://bit.ly/3c9OKMw). Kathy juggles treatment plans and test results to manage her multiple sclerosis (MS)—a process she described as stressful and detrimental to her health. Sometimes, she’s left with a momentary loss of mental clarity, or “cognitive fog.” “It’s too much to ask a patient to have to do, and it’s affected my health, no question,” Kathy said.

Specialty patients surveyed to inform the 2021 Medication Access Report shared similar access challenges. Eighty-two percent of those surveyed reported spending an hour on the phone coordinating care to begin therapy. Over a third spent at least three hours. Medication access and adherence challenges can be so significant for specialty patients, up to 27% of prescriptions are abandoned—or never started at all.1

Historically, support services have been available to help patients with these obstacles. But traditional hub and spoke programs and specialty patient workflows have faced significant hurdles over the years. Their impact tends to be dampened by low awareness, minimal connectivity and manual workflows.

And since traditional, manual workflows rely on outdated, less immediate forms of communication—including phone and fax—they often leave providers in the dark about the patient journey once they’ve prescribed therapy or enrolled their patient into the manufacturer-sponsored patient programs and specialty patient workflows have faced significant hurdles over the years. Their impact tends to be dampened by low awareness, minimal connectivity and manual workflows.

But it’s not all bleak news. Progress is here. Social distancing measures sparked by the Covid-19 pandemic might have cleared long-standing access obstacles for specialty patients. Among them: eased restrictions which enable some patients to take their therapies at home and tech-enabled patient support services that electronically connect the healthcare network to clear access hurdles for specialty patients. These solutions were already primed for widespread use, but the Covid-19 pandemic is helping achieve widespread adoption.

How Covid-19 uncovered and helped solve unique access challenges

In the 2021 Medication Access Report, we investigated the unique access challenges specialty patients experienced due to Covid-19. For one, patients with preexisting conditions—such as chronic and rare diseases—faced a higher risk of contracting Covid-19. This risk made any in-person interactions to access their needed medications (such as a doctor’s visit) potentially life-threatening.

Further complications arose when the condition required a specialty medication, which are often administered non-orally or require diagnostic testing prior to use. Importantly, a medicine’s method of administration can influence where patients receive therapy. Some may be able to stay home, while others may need to go to a provider’s office or outpatient facility with clinical staff on standby.1

When Covid-19 prompted social-distancing measures, the use of key autoimmune, oncology and osteoporosis drugs fell by as much as 53% below 2019 levels.8 Data from the 2021 Medication Access Report point to reasons why we may have seen such a decline in utilization. Nearly half of providers said they changed how they approached specialty patient appointments due to Covid-19. Nearly one in five said they saw a decrease in patient therapy compliance.1

But the real story is one of increased access for specialty patients. This trend is likely driven by Covid-19-inspired changes (like virtual appointments), which were far more widely adopted than ever thought possible. 

In the 2021 Medication Access Report, we saw a 34% reduction in time to therapy.10 More, patient support services driven by technology have contributed to a 34% reduction in time to therapy.10

Kathy, who suffers from multiple sclerosis, says she’s grateful for the increase in telehealth appointments over the past year. Credit: Ian Curcio for CoverMyMeds

Kathy was among those who stayed away from medical facilities used by providers to administer specialty therapies like infusion and injectable drugs. (“I’m scared to go any place,” she said.) When her neurologist ordered routine blood work, Kathy asked if they could use results from a previous visit.

For the same reason, Kathy said she’s grateful for the increase in telehealth appointments over the past year. Even after the initial Covid-19 spike in spring 2020, telehealth use stayed exponentially higher than ever—over 2,000% over baseline levels through the end of 2020—suggesting a more permanent option for provider access.9

In other words, the therapies patients were prescribed before the Covid-19 pandemic became easier to access because of a shift toward remote-capable technology solutions. What’s more, patient support services driven by technology have contributed to a 34% reduction in time to therapy.10

For the increase in telehealth appointments over the past year. Even after the initial Covid-19 spike in spring 2020, telehealth use stayed exponentially higher than ever—over 2,000% over baseline levels through the end of 2020—suggesting a more permanent option for provider access.9

In other words, the therapies patients were prescribed before the Covid-19 pandemic became easier to access because of a shift toward remote-capable technology solutions. What’s more, patient support services driven by technology have contributed to a 34% reduction in time to therapy.10

Kathy was among those who stayed away from medical facilities used by providers to administer specialty therapies like infusion and injectable drugs. (“I’m scared to go any place,” she said.) When her neurologist ordered routine blood work, Kathy asked if they could use results from a previous visit.

Kathy was among those who stayed away from medical facilities used by providers to administer specialty therapies like infusion and injectable drugs. (“I’m scared to go any place,” she said.) When her neurologist ordered routine blood work, Kathy asked if they could use results from a previous visit.
Majority of Patients Spend Multiple Hours Trying to Start a Specialty Medication

<table>
<thead>
<tr>
<th>Time (hours)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18%</td>
</tr>
<tr>
<td>1-2</td>
<td>47%</td>
</tr>
<tr>
<td>3-4</td>
<td>23%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>12%</td>
</tr>
</tbody>
</table>

Over Half of Specialty Patients Wait Over a Week Between Initial Prescribing and Their First Dose

<table>
<thead>
<tr>
<th>Time (weeks)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;1</td>
<td>42%</td>
</tr>
<tr>
<td>1-4</td>
<td>44%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>14%</td>
</tr>
</tbody>
</table>

What’s next? Keep the momentum going

Tech-enabled hubs were developed to help patients navigate the process of starting and maintaining complex therapies, but other stakeholders stand to benefit from this electronically connected healthcare network, too.

These models connect an established and engaged healthcare network—from providers to payers to pharmacists to life sciences—via a single platform. Through these innovative services, providers can electronically navigate affordability, pharmacy access and clinical support—and have real-time visibility into the status of each step.

Ideal tech-driven patient support programs allow providers to electronically enroll patients into support services designed to provide financial assistance, benefit coordination, pre-therapy support, necessary lab work and managing adherence programs in one, centralized place.

Such technology also allows for automatic prior authorization (PA) determinations based on preset payer-defined criteria. The opportunity for real-time responses can accelerate provider decision-making and limit unnecessary treatment delays for patients. Most importantly, these programs meet the provider within their current workflow and create immediate awareness of patient assistance support. This helps solve access challenges for providers and the patients they serve.

To keep this momentum going, lessons can be drawn from other healthcare advancements driven by innovative technology. Through our work automating the PA process, we found that disjointed processes can be streamlined through connectivity, but for these advancements to be meaningful to patients, provider adoption was critical. It’s heartening knowing what we’ve learned about how technology has advanced patient support services as well.

Finally, we must not forget about the person at the other end of the screen.

We must not forget about the person at the other end of the screen.

Majority of Patients Spend Multiple Hours Trying to Start a Specialty Medication

<table>
<thead>
<tr>
<th>Time (hours)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18%</td>
</tr>
<tr>
<td>1-2</td>
<td>47%</td>
</tr>
<tr>
<td>3-4</td>
<td>23%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>12%</td>
</tr>
</tbody>
</table>

Over Half of Specialty Patients Wait Over a Week Between Initial Prescribing and Their First Dose

<table>
<thead>
<tr>
<th>Time (weeks)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;1</td>
<td>42%</td>
</tr>
<tr>
<td>1-4</td>
<td>44%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>14%</td>
</tr>
</tbody>
</table>

But even though the Covid-19 pandemic disrupted specialty medication prescribing, distribution and administration, the shifts to keep patients out of healthcare facilities may have paved the way for more accessible therapies. When many payers eased restrictions on home infusions to allow specialty medications, patients followed their lead. Data shows many patients who received provider-administered drugs in hospitals or healthcare facilities shifted to self-administered oral, patient-injectable or home infusion drugs. While in-person treatments are currently below baseline levels, remote treatments are up by nearly 600% over baseline levels, now accounting for over 20% of specialty treatments. Many providers also saw improved quality of care and patient satisfaction in these moves. After all, home administration means patients don’t have to miss as much work, reduce time spent in waiting areas and even learn more about their own condition and medications as they become further integrated in their own care. These trends show promise for the future.

We must not forget about the person at the other end of the screen.

What’s next? Keep the momentum going

Tech-enabled hubs were developed to help patients navigate the process of starting and maintaining complex therapies, but other stakeholders stand to benefit from this electronically connected healthcare network, too.

These models connect an established and engaged healthcare network—from providers to payers to pharmacists to life sciences—via a single platform. Through these innovative services, providers can electronically navigate affordability, pharmacy access and clinical support—and have real-time visibility into the status of each step.

Ideal tech-driven patient support programs allow providers to electronically enroll patients into support services designed to provide financial assistance, benefit coordination, pre-therapy support, necessary lab work and managing adherence programs in one, centralized place.

Such technology also allows for automatic prior authorization (PA) determinations based on preset payer-defined criteria. The opportunity for real-time responses can accelerate provider decision-making and limit unnecessary treatment delays for patients. Most importantly, these programs meet the provider within their current workflow and create immediate awareness of patient assistance support. This helps solve access challenges for providers and the patients they serve.

To keep this momentum going, lessons can be drawn from other healthcare advancements driven by innovative technology. Through our work automating the PA process, we found that disjointed processes can be streamlined through connectivity, but for these advancements to be meaningful to patients, provider adoption was critical. It’s heartening knowing what we’ve learned about how technology has advanced patient support services as well.

Finally, we must not forget about the person at the other end of the screen. By connecting all the stakeholders working for the patient—from the field team to case managers—tech-enabled patient support services that connect the healthcare network make sure everyone has a real-time view of the patient. This synchronicity also means all stakeholders can work together to support the patient without duplicating work.

For the patient, these experiences can build trust and confidence, which are particularly important factors in clinical and care coordination. And through more work remains, these moves are encouraging and show us a path forward—raising awareness of the positive impact of tech-enabled patient support services and continuing to push forward innovation within the specialty workflow. The work is worth it. The impact potential is real.

ABOUT THE AUTHOR
Erica Conroy, PhD, VP of Specialty Business, CoverMyMeds

* The patient’s last name has been omitted to protect their privacy.

References
1. CoverMyMeds Patient Survey, 2019
2. IQVIA Medicine Use and Spending in the U.S. A Review of 2016 and Outlook to 2021
7. CoverMyMeds Provider Survey, 2020
10. CoverMyMeds Data on File, 2020
13. "Home Infusions and Home-Based Chemo: The Innovation of Penn Cancer Care at Home," Penn Medicine, 2020

Fact Sheet: 2021 Medication Access Report

The 2021 Medication Access Report from CoverMyMeds uses industry statistics, market research and new survey data from patients, pharmacists and providers to investigate healthcare barriers that impede access to prescriptions, contribute to increased provider burden and motivate patient consumption. The following are select data highlights from the new report.

Covid-19
• 65% of patients surveyed were financially affected by Covid.
• Nearly half of providers surveyed indicated they changed how they approach specialty patient appointments, nearly one in five providers saw a decrease in patient therapy compliance.

Social Determinants of Health
• While 63% of providers said income level affected their patients’ access to healthcare, only 17% asked patients about their household income, a major factor in affordability and prescription abandonment.
• 38% of providers said access to transportation impacted their patients’ ability to access healthcare—and they were most likely in urban areas.

Patient Age Disparities
• Survey results showed no significant difference in internet and technology use across various age groups.
• More often than older age groups, 19- to 45-year-olds who participated in telehealth did so for greater control of their healthcare. This group was also more likely to note a change in the relationship with their pharmacist due to Covid—and most regularly asked their pharmacist questions about their medication.

Telehealth + Prescription Delivery
• Over 90% of providers surveyed offered some kind of telehealth option for their patients, with 54% saying the option was available for all patients.
• Of the 70% of patients surveyed who had participated in a telehealth appointment, over half said they did so for the convenience. Sixty-eight percent of patients would consider using telehealth in the future.

Prior Authorization
• Of those providers surveyed, 26% reported a delay in receiving their medication due to prior authorization.
• 82% of providers listed prior authorization as a time-consuming part of their workflow.

Prescription Affordability
• Within the last six months, 43% of patients sacrificed basic needs and bills to afford their medications.
• Over a third of pharmacists said they’ve seen patients using prescription shopping tools daily.

Care Team Data
• Over 40% of providers said they didn’t have enough time to discuss medications with their patients. To help mitigate provider time barriers, nurses provide information and influence the medication decision.
Ensuring Outcomes: New Ways to Deliver Deeper Engagement Between Your Brand and Patients

As a result of COVID-19, everyone from patients to providers to major pharma brands are adopting digital communication technologies at a pace and scale unimaginable less than a year ago. Moreover, digital resources and real-time information promise to shape the future of patient access and adherence to novel therapies. Pharmaceutical Commerce sat down with Dana Edwards, Vice President of Patient Access and Strategic Engagement at UBC, to discuss how to best to wield these new resources to ensure that patient-support programs (PSPs) address patients’ evolving needs and facilitate deeper connections between brands and the populations they serve.

Pharmaceutical Commerce: What has changed in the world of patient support since the beginning of the pandemic?

Dana Edwards: One of the biggest changes is the paradigm shifts in communication. Patient preferences are moving away from traditional methods like phone calls and toward digital solutions via mobile messaging, patient-health portals, and telehealth. Providers have also had to adjust their operations and are restricting onsite visits, which limits face-to-face interactions and engagement with field representatives. In response, we’re seeing an increase in virtual field teams providing reimbursement or clinical support, and we’re seeing more compliant collaborations between those field teams and our PSPs.

Across both patients and providers, we see an increased uptake of digital communications in everything from portals to websites to apps and mobile messaging. In the patient-service industry, increased use of and comfort with technology is accelerating technology implementations for our pharmaceutical and biotech clients, and uptake by our patient and provider customers.

Pharmaceutical Commerce: What techniques and strategies are UBC implementing through its PSPs to tackle current challenges?

Dana Edwards: We’re leveraging technology to support deeper connections with our patients and provider-customers to make solutions more available and meet them where they want to be met. For patients, we’ve developed a digital assistant, UBC Pathways® Engage, named Linda. She functions on a mobile-messaging platform to drive engagement with our PSPs, to build stronger relationships with our patients and provide ongoing support through the patient’s treatment journey. She also helps establish further trust in our client’s brand. The programs using a digital assistant have seen improvement in contact rates and positive patient sentiment at 95%.

For our providers, we’re continuing to invest in our platforms to integrate patient support services into their office workflows, and we’re taking advantage of healthcare data interoperability advances to increase speed to therapy for their patients. This is enabling ease of provider use with our programs and connectivity to actionable data to drive results for those patients.

UBC offers solutions to meet those new connectivity objectives for both patients and providers. And those new connection points support patient access to therapy and ongoing adherence and, ultimately, improve patient outcomes.

Pharmaceutical Commerce: How will technology drive the future of patient access?

Dana Edwards: Patient services have been trending toward an approach that couples traditional case management with technology solutions for probably the last decade. The next step in that evolution will be bringing those solutions closer together to combine connectivity to services with the availability of tech-enabled case management approaches.

We’re already seeing that evolution in how patients want to engage with our programs. The challenge is to provide the services to patients where and when they need them, which requires new ways to connect and engage. In the past, adoption of technology solutions and patient services was slow. But with this new normal and the acceleration of technology in the healthcare space, we’re expecting to see and are already seeing faster adoption of technology solutions. Ultimately, this will continue to drive improvement in patient access to help patients begin therapy quickly and remain on therapy as appropriate.

Pharmaceutical Commerce: How is increased availability and interoperability of patient data impacting PSPs and actionable program analytics?

Dana Edwards: With the appropriate authorizations and workflows, we’re seeing clients combine insights from our PSPs with third-party claims data and/or patient-reported outcomes to generate a comprehensive data set to support payer and regulatory requirements.

As payer markets shift toward value-based contracts for specialized treatments of rare diseases, manufacturers must navigate the delicate balance of patient, payer, and provider access and data. We’re also seeing brand teams work alongside medical affairs, HEOR, and their managed-market teams on patient mastering and garnering more insights on the patient’s experience.

As all these factors come together, there are better practices and learnings from decades of experience and patient services, and even linkages to the patient-service programs, that can be leveraged to meet these new objectives.

Pharmaceutical Commerce: What value do PSPs provide rare-disease patients and their caregivers?

Dana Edwards: PSPs typically provide comprehensive services to support access, affordability, and adherence. In the rare-disease space, they must also build a support structure and community for these patients, who may feel isolated. We’re seeing more collaboration with and connectivity among advocacy groups, academic centers, and healthcare systems to create an ecosystem of support for these patients. And there’s an opportunity for manufacturers, especially in the rare-disease space, to be aware of and coordinated with those efforts. This highlights the importance of mapping the patient journey, especially considering how ancillary services from various stakeholders will come into play. Depending on that patient journey, patient-support services in the rare-disease space must be built either high-touch to help patients navigate the terrain, or as a safety net to catch patients who fall through the cracks of the healthcare system.

Also, manufacturers need a robust compliance program to guide services and support these patients and products because the diseases populations are small and we’re seeing more integration points between patient-support services, manufacturing, distribution, and registries. At more of these novel treatment options gain approval and come to market, manufacturers have to adjust their approach to patient-service models to be in the best position to help patients gain access to their products.

Pharmaceutical Commerce: What advice would you give a specialty therapy company launching a product during the pandemic?

Dana Edwards: Focus on the patient journey and your core offering to build a comprehensive program model with clear objectives that support access to therapy, address affordability concerns and help patients stay on therapy as appropriate. With our new normal, a few other considerations must be factored in, too.

First, the impact of healthcare operations may require adjustments to your program design. Some regions still have restrictions for office administration and elective procedures, so you might need to investigate alternative sites of care or coordination of care for patients. Additionally, patients may have uncertain coverage scenarios, so the role of patient-services programs is even more critical to help patients navigate coverage scenarios and ensure they ultimately have access to therapy. Last, consider trends around technology, patient engagement, and connectivity to be sure you’re meeting your patients and providers where they want to be met with the right solutions.
Hybrid hubs and today’s patient-centric push
Their promise is prompting pharma leaders to give their hub/PAP CRM platforms a closer look

BY JIM BANIGAN, CONDUENT

Pharmaceutical executives are well aware of the disruptive potential of technology. Their organizations, once slow to innovate, are now rapidly adopting new use-cases for automation and artificial intelligence (AI) that expand empathetic touch points to better understand the issues and attitudes of their customers. Technology transformation, both in the context of delivery of reimbursement access solutions and customer engagement, is a core component to customer centricity. This realization is prompting leaders to give their hub/patient assistance program (PAP) customer relationship management (CRM) platforms—and their vendor partners—a closer look.

For many drug manufacturers, owning a hub/PAP CRM platform is part of a larger enterprise initiative, one that embodies all things patient centric, including R&D, wearables, mobile and real-world data collection. For others, it is more narrowly targeted to standard hub and PAP capabilities. Regardless of the scale or scope, motivations leading to full ownership generally fall under four categories:
1. Owning all things customer experience.
2. Controlling delivery processes across vendors.
3. Standardizing data capture.
4. Swapping under-performing vendors more seamlessly.

If you have ambitions of owning the hub/PAP CRM platform and in-sourcing customer engagement, you will do well to realize that remaining nimble to keep pace with emerging technologies and expanded use cases for automation and AI is not for the faint of heart. When going it alone, leaders should be clear-eyed about the sizeable investments in talent, technology and time that will be required to deploy and sustain a wholly owned hub/PAP CRM platform.

People-powered transformation engines
Let us start with the most obvious investment—people. But not just any people. Transformative, tech-enabled customer engagement will require the mobilization of your most resourceful in-house talent.

Many pharma companies already have experienced staff (formally hired from hub/PAP vendors) overseeing current vendor delivery. To incrementally reimagine and advance solution design, your rock-star contributors should have a deep understanding of dimensional shifts in the channel, government policy, payer landscape and your competitors.

Some advances may arrive via your technology vendor, but true transformative change will be more tailored, nuanced and specific. To keep up, pharma companies need to move past practicing innovation theater (i.e., workshops and design-thinking classes) and shift their mindset to become generators of new ideas and new methods that focus on the issues. There is no “innovation process” per se, as both the problem and the solution are not yet known. Moving operations and engagement experiences forward calls for highly trained talent with sharp problem-solving skills,
Amid ‘meh’ tech, best people will be colored by your investment in the integration of emerging technologies, or new capabilities, it will be tested within this segment. Deep industry experience, insatiable curiosity and time-tested solutioning within this segment.

Whether your transformation is attributable to the integration of emerging technologies, or new capabilities, it will be colored by your investment in the best people.

**Modular tech does not equal ‘meh’ tech**

From more intuitive workflow processes to harmonization around data schema, there has been a sea change of advancement in technology platform design. Yet for all the progression, hub/PAP CRM platform capabilities have coalesced. Perhaps these platforms seem undifferentiated because they are underpinned by the same CRM application: Salesforce.

If the basic framework is the same, what does a quality hub/PAP CRM look like? In posing this question, you will do well to remember the adage, “appearances are deceiving” before jumping to conclusions that lead to skimpy technology investments. At a high level, your hub/PAP CRM system architecture and design should be:

- Modular in design.
- Easily configurable.
- Supportive of a wide range of business rules.
- Accommodating to the latest in data and third-party payer capabilities.

In addition to AI and automation, your CRM platform should also demonstrate an active use of orchestration logic. Orchestration logic should be capable of triggering parallel processing while provisioning workflows and looping in agents. Reporting packages should be robust while provisioning workflows and trigger parallel tasks. Better sensors will be embedded within more micro segments to identify bottlenecks, making it possible to isolate issues with pinpoint accuracy, thus enabling quicker diagnostics. And layered within these micro segments journeys are more robust guiding elements and dynamic business logic to orchestrate tasks more deeply and to guide the agent more fully.

**Orchestration logic should be capable of triggering parallel processing while provisioning workflows and looping in agents**

Sensors will also serve a dual purpose of monitoring an agent’s time and motion to provide performance standards for each step in the process while also making it possible to measure the impacts of process changes in real time to increase productivity.

These early-warning buoys will help prevent the disruption and collateral damage that abandoned prescriptions can cause.

Arguably, the future state of hub/PAP CRM tech is not dissimilar to what some platforms have achieved today. The next generation of platforms emerging from the current nascent state will be far more intelligent and guided.

**Full on in-source or shared delivery model?**

Any proper hub/PAP CRM platform will require full interoperability with health information exchanges (HIEs), payers and EHR systems to name a few. Pharma companies that elect to go it alone are likely opting out of many of these connections.

Given the limited data use rights and payer connections, pharma companies would be wise to consider contracting with hub vendors to perform payer sensitive front-end tasks of eligibility, coverage investigation and prior authorization.

The same can be said of PAPs, where eligibility determination may be a PAP vendor, in part to leverage payer connections and in part to maintain an arm’s length from the distribution of free goods.

**Middleware will be required to enable live connections between the hub vendor and the pharma company’s hub CRM platform**

Bridging applications middleware will be required to enable live connections between the hub vendor and the pharma company’s hub CRM platform.

These connections should exchange patient/task-specific progression, as well as overarching status indicators that, when triaged for follow-on work, will provide a stepwise access journey and next steps.

Keep in mind that this shared delivery strategy, by its very nature, will require that two operating systems function in parallel, as well as two distinct data warehouses being maintained by your hub vendor—one data warehouse containing contractually available patient data, and the other containing the restricted data to be used by the hub vendor to process the work and then destroy restricted data upon completion.

Whether you choose full-on insourcing or a shared delivery model, the speed of innovation will only accelerate. If you are evaluating the best path to move your hub/PAP CRM platform farther and faster toward tech transformation, then a hybrid approach is worth consideration.

The shared investment in talent, technology and time can reduce risk while helping your organization keep up with the pace of innovation.

**ABOUT THE AUTHOR**

Jim Banigan is Director of Patient Access Support HUB/PAP for Pharma and Life Sciences at Conduent, Inc. He can be reached at Jim.Banigan@Conduent.com.
Raising the stakes for market access support
Case study on closing the gap between new specialty drugs and specialty pharmacies

BY JOHN SANTILLI, AMI

The biopharmaceutical drug pipeline focuses on specialty drugs and rare diseases. Today, specialty pharmacy drugs are more often available in a dosage form that patients can administer themselves, such as a tablet, capsule, pill, patch or subcutaneous injection. As specialty pharmacy continues to grow rapidly, it has become an essential assessment for industry stakeholders. Driving this growth are manufacturers that create specialty medications for chronic and complex disease states and the healthcare stakeholders working to manage the expense of these medications.

However, like the Pfizer vaccine for Covid-19 and some others in development, which requires ultra-low temperatures and cold chain storage, many specialty drugs may have special requirements for handling procedures and administration, including the necessity of having rigidly controlled environments (e.g., highly specific temperature controls) to ensure product integrity.

What’s more, they are often only available through a limited distribution network, such as a network of specialty pharmacies, which has proven to be a key consideration for manufacturers of specialty drugs that need to gain access to patients and payer networks. This is why most manufacturers want to utilize specialty pharmacies that have the capability to effectively and efficiently serve patients, providers and payers.

Specialty hub services providers have paralleled the growth of specialty pharmaceuticals and have played a major role in managing the increasing complexity of their use. About 15 years ago, specialty hub programs emerged to help industry stakeholders manage the use of specialty drugs. Over this period, the market for specialty hub services has grown in complexity as industry stakeholders work to develop successful strategies. As the specialty hub services marketplace evolves:

• The number of companies entering the market to offer a specialty hub service program in-house or through external vendors, often on a product-by-product basis. The advantage of working with a specialty hub is that the manufacturer will have a single point of contact for their therapies along the patient journey.

The objective was to identify a small number of specialty pharmacies that had experience with dispensing oncology drugs to include in its limited distribution network

• The pace of mergers and acquisitions in the market is rising as companies seek to broaden their products and services and expand geographically.

• Digitalization of specialty hub services continues to grow in importance. Specialty hub services providers are expanding facilities and staff as products and services they offer are becoming increasingly specialized.

• Connecting value-based payment methods to the specialty hub is beginning to grow.

The challenge
When bringing a specialty drug to market, pharma manufacturers need to determine whether to offer a specialty hub service program in-house or through external vendors, often on a product-by-product basis. The advantage of working with a specialty hub is that the manufacturer will have a single point of contact for their therapies along the patient journey.

A lot is at stake. For example, a challenge one leading specialty hub service company faced while working with one of its pharmaceutical clients to launch a new oncology drug was to gain market access and develop stronger relationships with patients and payer networks.

The specialty hub helped its client develop a drug distribution strategy that required a network of limited distribution pharmacies to serve a small patient population. The objective was to identify a small number of specialty pharmacies that had experience with dispensing oncology drugs to include in its limited distribution network.

Also important were specialty pharmacies with the resources to arrange for a nurse or a home health aide to train patients and call center support.

The specialty hub helped its client develop a drug distribution strategy that required a network of limited distribution pharmacies to serve a small patient population. The objective was to identify a small number of specialty pharmacies that had experience with dispensing oncology drugs to include in its limited distribution network.

Also important were specialty pharmacies with the resources to arrange for a nurse or a home health aide to train patients and call center support.

As specialty pharmacies increasingly dispense infused oncology drugs, health plans and pharmacy benefit manager (PBMs) that provide insurance or sponsor coverage have increased leverage with patients that often require patients
to use company-owned specialty pharmacies. As a result, the pharma company and the specialty hub established additional necessary criteria that included specialty pharmacy ownership.

Criteria included geographic coverage, accreditation status and range of patient, payer and pharmaceutical services offered. The hub also needed to identify an executive contact and email address and phone number for the specialty pharmacies meeting its criteria.

The solution
After assessing internal and external options to meet the client’s requirements, the specialty hub searched for a company that could provide the required business intelligence.

The company would need to have a deep understanding of the needs of the market and the ability to meet the demand for more comprehensive intelligence on specialty pharmacies, including ownership, executive contacts and emails limited distribution drugs dispensed, chronic conditions and more. To keep up with updates, new data items and new source entities, the company would need to have the capacity to provide healthcare stakeholders with the timely, accurate information they need on specialty pharmacies electronically as well.

The results
An integral key to the successful treatment of a cancer patient is the ability of a specialty pharmacy to have the proper oncology drug conveniently available where and when it is needed, and with the administrative and clinical support required.

The specialty hub selected a vendor to help define the required oncology drug chains. As their phone number and email address. The business intelligence enabled the specialty hub to successfully meet the specialty pharmacies and determine that they met both the pre- and post-dispense services identified by the pharma client.

With this final curated list of specialty pharmacies, the vendor identified the pharmacy executive in charge, as well as their phone number and email address. The business intelligence enabled the specialty hub to successfully meet its pharmacy client’s needs and begin to discuss establishing contracts with these specialty pharmacies.

ABOUT THE AUTHOR
John Santilli is Co-Founder and President of Access Market Intelligence (AMI) **

* Requested anonymity
Rethinking NCPs in support mix
Can be secret weapons for intake and adherence

BY JULIA LAURIN, CONNECTIVERx

There’s no question that when it comes to helping patients start and stay on their specialty medications, efficiency should rule from the moment the prescription is written. Every delay impedes the start of potentially life-saving therapy and decreases the likelihood of a patient receiving the first dose.

And while non-commercial pharmacies (NCPs) are well known as distribution channels for free products, reimagining how they function can greatly simplify the administrative process for providers and their staff, help patients get on their medications faster and provide value throughout the entire patient support journey.

Imagine a busy oncology office where a new patient requires multiple specialty medications to treat her condition, all of which are prescribed through different hubs, require prior authorizations and need to be filled quickly so she can begin her therapy as soon as possible.

An NCP can act as a streamlined, one-step enrollment channel, allowing the provider's staff to remain in a single workflow and use the e-prescription module they already use. This eliminates the need to exit the patient's electronic health record (EHR), log in to different enrollment portals, find and manually fill out paper forms and fax documents. The provider simply chooses the NCP to receive the Rx for the drug, just like they would any retail pharmacy at the point of prescribing.

Using the NCP to order the medication automatically enrolls the patient in the hub, enabling near instantaneous access to understand patient eligibility, drug coverage and even out-of-pocket cost. Providers don’t need to enter the data themselves, and simplifies their entire medication journey. The extended period of waiting on payers to manually fill out paper forms and fax documents. The provider simply chooses the NCP to receive the Rx for the drug, just like they would any retail pharmacy at the point of prescribing.

Using the NCP to order the medication automatically enrolls the patient in the hub, enabling near instantaneous access to understand patient eligibility, drug coverage and even out-of-pocket cost. Providers don’t need to enter the data themselves, and simplifies their entire medication journey. The extended period of waiting on payers to manually fill out paper forms and fax documents. The provider simply chooses the NCP to receive the Rx for the drug, just like they would any retail pharmacy at the point of prescribing.

The NCP makes the starting process easy, automated and seamless so the rest of the necessary patient support services can be put to work. Ultimately, making it faster and easier for patients to get started on their medications is just one of many successful strategies for improving adherence.

Additional services like mobile apps are also powerful tools for overcoming adherence barriers, especially during times when face-to-face interaction is limited. Enabling direct outreach to patients on their terms helps them get their medications faster and understand what to do at every step. For example, a text message can alert them that their specialty pharmacy will be contacting them and from what phone number. Tools like this that patients can use when and where they want empower them to become more actively involved in managing their own care, leading to improved adherence.

The days of archaic faxing and bouncing between multiple portals are quickly waning as automation takes hold. Leveraging an NCP within existing workflows turns what for years has been a laborious multi-step exercise into a streamlined and simple patient enrollment process, dramatically decreasing the burden on providers. Ultimately, rethinking NCPs helps patients get on their therapy more quickly, helps them stay on it and simplifies their entire medication journey.

ABOUT THE AUTHOR
Julia Laurin is Chief Product Officer at ConnectiveRx. She can be reached at julia.laurin@connectiverx.com.

www.pharmaceuticalcommerce.com/pc_p/cold_chain
For questions email: mdevia@mjhlifesciences.com

EDITORS’ SERIES | ON-DEMAND WEBCAST
Viable Options: Packaging and Partnering for Successful Storage and Transport of Conventional Cold–Chain Vaccines for Covid-19
Aired: Thursday, February 25, 2021

Event Overview
Much of the attention today around efforts to stem the global tide of COVID-19 is on the shipment and distribution of promising vaccine candidates from Pfizer and Moderna. However, vaccines such as these, made from mRNA, come with strict storage requirements, necessitating the need for specialized freezers that maintain super cold or deep-frozen temperatures. These complications could delay distribution in rural areas and developing countries, many of which do not have the required cryogenic capacity or funding.

Most of these obstacles, traditional vaccine entrants will be relied upon to meet critical global health needs, and will play a significant role in the mass distribution efforts to come.

Careful considerations and optimized approaches for the storage and transport of COVID-19 vaccines that will use conventional 2 to 8°C (“refrigerated”) packaging and logistics processes will be key.

Supply-chain industry leaders are stepping up to the challenge, including the anticipated increase in demand for refrigerated storage capacity, air freight, and cargo visibility. As strategic planning among manufacturers and logistics partners commences, this webinar will serve as a platform to discuss service offerings and explore the most effective possible solutions.

Targeted Audience
• C-Suite: Pharma, CMOs, CROs, Wholesalers/Distributors, Logistics Service Providers, Couriers, Cargo/Freight Companies
• Heads and SVP/VP/Director/Manager level of the above in:
  - Supply Chain/Logistics
  - Cold Chain Management
  - Manufacturing/Packaging
  - Outsourcing/Procurement
  - Project Management
  - Advanced Technology
  - Quality Assurance/Regulatory Affairs
  - Pharmacy/Hospital

Moderator
Mike Christel
Editorial Director
Pharmaceutical Commerce

Key Learning Objectives:
• Discuss how innovative storage, transport, and temperature-controlled cargo monitoring/tracking technologies have the potential to meet this unprecedented deployment—from product packaging to “last-mile” delivery
• Examine just-in-time distribution strategies in navigating and meeting cold-chain logistical demands, and the collaboration required to overcome particularly complex challenges
• Explore and discuss potential partnerships and solutions

Presented by:
Sponsored by:
Optimize Digital Patient Engagement

Hi, I'm Linda, your patient support virtual assistant.

How can you help me engage with patients who are prescribed the product I manage?

I help patients start and stay on therapy through customized, guided conversations.

I can increase awareness and education, improve contact rates, provide reminders or request feedback.

Are you ready to try it out?

Sound great. Let's get started!

Comprehensive and integrated care programs to enhance the patient experience

Provide tailored patient engagement touch-points, whenever and wherever support is needed. No apps to download or logins required.

Visit www.ubcengage.com to learn more about our patient support services and test drive the patient engagement platform.