

Front & Center

Creating Value with Integrated Coupon & Co-Pay Card And Patient Support Service Programs

The Hub-Lite™ model offers an efficient approach to drugs whose cost or pattern of treatment don't justify the expense of full-fledged patient services.

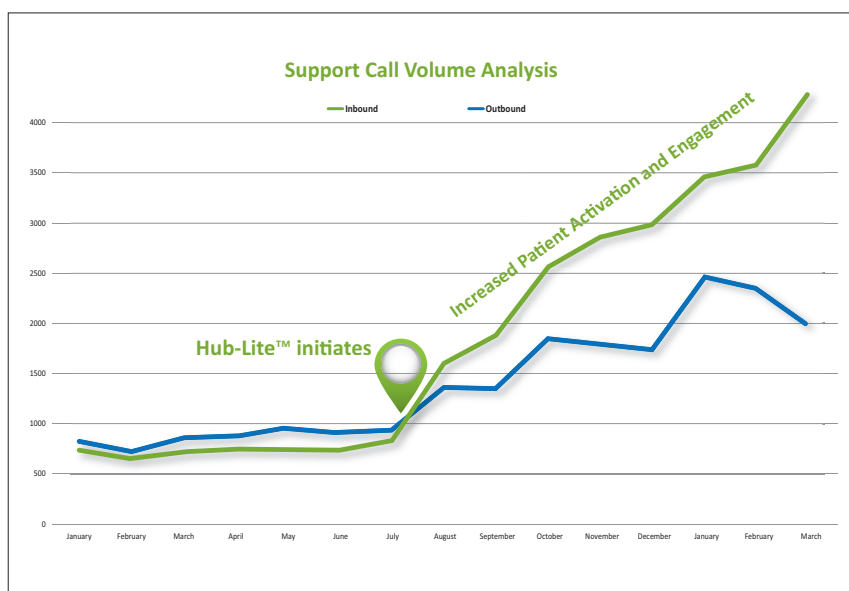
Pharmaceutical brands target different therapeutic areas, face a variety of challenges and have diverse needs. Manufacturers of specialty medicines—often injectable, high-cost, biologic or requiring cold-chain distribution that target rare diseases in small patient populations—require complex and extensive patient access and support services typically administered through full-service hubs. From a patient perspective, these hub services can be a lifeline to managing complicated, chronic conditions.

But what about those relatively less costly therapies—products in the \$400 to \$1,500 range that target serious, often life threatening diseases with narrow patient populations as opposed to higher priced specialty drugs? Or, in other cases, diseases with very large populations?

This was the question posed by Tom Doyle, Executive Vice President, Commercial Solutions at H. D. Smith and Triplefin when presenting at CBI's Coupon and Co-Pay Offset Strategies Conference in October 2015.

“This is an area I believe we're really struggling with; the in-between brands, which are becoming a larger part of the landscape,” said Doyle, referring to products in a much lower price point but still vital for a patient suffering from a major health event.

In 2016, the top 20 therapeutics areas (expected to include cancer, diabetes and asthma/COPD) will account for



42percent of total spending, according to IMS. Seven of those products are specialty medicines while the remaining thirteen fall into the traditional category.

“Increasingly, it's the \$400 or \$500 drug that's going to take a considerable amount of resources, from a payer standpoint and also from a patient engagement standpoint, to ensure a brand really performs,” said Doyle. “The focus needs to be getting patients on therapy, of course, while also making sure those patients receive a helpful, positive, and empathetic experience with the product.”

While not requiring the same range of services associated with hubs, these products could benefit from custom-

ized assistance—especially in handling prior authorizations and benefit investigation by way of access and affordability programs.

“Which is precisely the reason we created the ‘Hub-Lite™’ model,” said Doyle. Doyle is leading a team at Triplefin, a proponent of the approach. Triplefin offers manufacturers brand solutions including patient assistance and reimbursement services; patient affordability strategies such as co-pay, voucher, and loyalty card solutions; specialty and home delivery pharmacy services; patient access and adherence solutions; as well as an in-house call center and 3PL/distribution capabilities which are managed through another H. D. Smith subsidiary — Smith Medical Partners.

“This is an interesting concept,” Nicolas Basta, editor of Pharmaceutical Commerce, wrote of the Hub-Lite™ model in an article released in its March 2015 issue. “It’s an economical approach to drugs whose cost or pattern of treatment don’t justify the expense of full-fledged patient services.”

Basta also highlighted an interesting part of the model’s adaptability. “Ultimately, it becomes akin to offer support for almost any branded drug. As both the costs of new drugs and the cost containment activity of payers rise, patient access and support services will be a contentious arena in coming years.”

At the CBI conference, Doyle addressed the integral role co-pay and coupons play in the Hub-Lite™ model. He asked the room of senior-level pharmaceutical and biotech managers and directors: “How many brand managers have you heard say, ‘I want everything my \$6,000 drug has, and I want to do it on my \$500 small molecule?’”

That request, Doyle found, was fairly common. “As markets evolve, there are some ways to leverage technology upfront. You can change the cost structure, and a big part of that is card activation. There’s clearly a way to use card activation to drive those patients in a Hub-Lite™ type product to engagement, but not necessarily make it an onerous or difficult format.”

Real Implications

How then does the Hub-Lite™ approach manifest in relation to an actual brand? Doyle recounted Triplefin’s experience with a retail product with a \$400- \$500 price point, which was in the middle of a failing launch.

Cards had been given to the reps. There was an activation that went into

a very general call center, but no real patient engagement or wraparound services were offered. To compound problems, the product had low stocking of the product at launch. Overall, the experience for patients was confusing and fragmented.

“The product, however, carried excellent clinical data,” said Doyle. “And yet, it was in a drug class with a well-established generic, which made it very easy for pharmacists to say to the patient, ‘I know your doctor thinks this is great, but there is a generic that is similar and I can call your doctor and have your product switched.’ This was a real challenge for the brand as the product’s clinical data clearly showed better outcomes if the drug was adhered to correctly.”

Triplefin worked with the manufacturer’s brand team who expressed the desire for a new and completely different vision.

“To differentiate the product would involve more than just getting the patients on the product,” said Doyle. “And since there was a generic in the class, we decided the patient and provider experience had to be unique. So, we focused on patient engagement. We had to make sure that when patients touched this product, they had a much better experience than they would have just going to retail.”

Triplefin’s first step was to leverage the copay card and the free trial offer to drive the enrollment. In this case, it was soft enrollment. The team wanted to make sure there weren’t any barriers at the pharmacy. The 800 lines were consolidated into one single touchpoint for the patient, which enabled a better, streamlined experience.

“The manufacturer wanted to place a strong emphasis on patient empathy,” said Doyle. “While hard to track and

quantify, empathy was extended by care managers trained in a knowledge of the disease state who were then able to convey an understanding to patients about what that patient may be going through.”

To eliminate reimbursement barriers, a pharmacy locator service was key to linking patients quickly to product at the right location. Patient calls were increased and scheduled to make sure the barriers to access were removed, and to find out how the patient was doing on the drug, and to offer help, if needed.

“All told, the results were really pretty dramatic,” said Doyle (see chart). “Nine months out, we compared patients who took the card and went to retail, versus those that enrolled into a much higher-touch experience. We saw an 84 percent boom in second fills for those patients who were touched by the higher, wraparound experience.”

What made the difference? “Very key services,” said Doyle. “The single point of contact for all stakeholders, the importance of the care managers and the focus on empathy cannot be stressed enough. Comprehensive reimbursement support is critical. It’s important to leverage the card and handle the financial offset, but it also has to be seamlessly integrated to have full support of the PA, step edits, and things of that nature.

“Co-pay cards create a unique opportunity for patient engagement, one that shouldn’t be missed. And it enables some differentiation across a variety of different channels. The Hub-Lite™ design offers the opportunity to begin aligning with brand strategy and market needs, without the expense and complexity of what we might have seen in a full specialty Hub construct.”