

Front & Center

The Goldilocks Hub

The gap is continually growing between high-priced specialty therapies and retail pharmaceuticals. At CBI's 6th Annual Hub and SPP Model Optimization Conference in Philadelphia this February, Triplefin's Myra Reinhardt, Vice President of Product Strategy, discussed how Hub services can be tailored to fit "just right" for brands with price points and patient service requirements that are neither too big nor too small.

Specialty pharmaceutical products with staggering prices dominate headlines and paint the public's image of growing healthcare costs. However, an emerging segment in the prescription drug market consists of mid-range therapies with higher price tags than traditional retail pharmacy—but significantly lower than expensive specialty pharma.

Many new brands are entering this mid-range market, but existing patient service models are not well suited. Patient service Hubs have "grown up" around high-priced specialty products, which have traditionally demanded high-touch, all-encompassing patient services. Traditional Hub models have been in place for more than 15 years, founded on centralization and optimization of manual processes. Services are structured to support complex reimbursement and to minimize access barriers for buy and bill products in order to mitigate issues such as high-cost share scenarios, high prior authorization required rates, closed distribution networks and coordination access in the community setting. Over the years, the emergence of specialty pharmacy, REMS and increasing cost share for patients, have extended services provided in traditional HUB models. Consequently, delivering necessary patient

services for specialty pharmaceutical products is exceedingly labor intensive and costly.

Drug technologies continue to change. Oral oncolytics for example, were not common ten years ago, explained Triplefin's Reinhardt. Many novel drugs across many indications have come into the market, similar in standing to IV-infused therapies of the past, but with oral or subcutaneous formulations. These drugs can be self-administered at home rather than given at an infusion center, and thus the whole approach to patient services is altered. Novel oral medicines are not necessarily filling the middle ground, as many of them also warrant specialty pricing, but the patient services required are clearly diverse, given the variable levels of patient burden.

Hub-Lite™ steps in

Triplefin intends to streamline Hub program design to meet the needs of mid-level therapies with its Hub-Lite™ service model approach that can be customized to fit a brand's unique needs.


Critical to Triplefin's Hub-Lite™ approach is benefit verification services. Solutions must mitigate challenges presented when major medical benefits are a factor, Reinhardt noted. Additionally, mid-ranged drugs still re-

quire solutions for electronic prior authorization (ePA), and Hub-Lite™ will leverage current industry capabilities to provide viable options for managing the gaps that exist in ePA.

Triplefin's Hub-Lite™ service model also focuses on co-pay and voucher program design—recognizing that this must align with the strategic intent of a brand's overall program. It allows brands to focus on key aspects like perception of affordability and barriers to initiation, as well as coverage conversion and adherence, with key measures being fulfillment and persistence.

Case study: Overcoming launch failure

"We applied the Hub-Lite™ model to a drug that failed to meet expectations at launch," Reinhardt explained. The therapy is prescribed to patients who have had an acute episode, bringing them to the hospital, and upon discharge, they now have a chronically treated condition and must initiate therapy within 24 hours. On top of the fact that patients are heavily burdened by a significant life-altering episode, and a new outlook for managing their own care at level that is new to them, patients were challenged with confusing and fragmented patient support. For example, they were given eight separate 1-800 lines for disparate services. On top of this, co-pay cards

	Retail	"What's in Between"	Specialty
Price	<\$400 / month	\$400 - \$1500 / month	\$1600 - \$4K+ / month
Product Type	Small Molecule	Small molecule, self injectable	Infused, cold-chain, provider administered
Patient Engagement	Transactional		Case Management
Channel	Retail Pharmacy	Retail Pharmacy Networks Direct To Patient	Specialty Dispense Networks Site of Care

Pharmaceutical brands in transition

were made available at retail pharmacies, but they were frustrated by low stocking levels. As a result, the brand saw high script abandonment at initiation, and low levels of patient compliance once initiated. The brand's initial hub also had minimal focus on patient engagement or followup outreach, she added.

Triplefin's Hub-Lite™ brought forward solutions to enhance patient engagement while eliminating barriers. Clearly, there was a need to consolidate 800 lines into a single "Care Manager" point of contact with a strong emphasis on empathy and a directive to personalize service offerings. The new approach also seeks to leverage co-pay and offered a free trial to drive Hub-Lite™ enrollment. The program sought to improve patient access to the brand by eliminating reimbursement barriers. "Key in the new efforts has been implementation of a pharmacy finder service, which is capable of confirming that a given pharmacy has the drug in stock," Reinhardt said.

Following the Hub-Lite™ efforts, stocking became less of a roadblock. As more prescriptions were written, pharmacies began stocking it at higher frequency, she commented.

Triplefin was able to significantly alter patient adherence with monthly proactive follow-ups for 90 days, post-initial call and ongoing patient engagement efforts. Patients opted in to the Hub-Lite's "coaching" service, which has key differences from a more "heavy" Hub adherence service. A "heavy service" might require fully accredited healthcare professionals, like registered nurses. Coaches are trained to follow certain script criteria, but are also trained comprehensively to empathize with patients. A key to the patient engagement modification is the recognition of patient segments to drive engagement. The process looks at four levels toward increasing patient activation from "disengaged and overwhelmed" to "becoming aware" to "taking action" and finally, "maintain-

ing behaviors and pushing further."

Triplefin's results were impressive, Reinhardt asserted. In the first nine months of the program, the brand experienced increased in-bound calls indicating greater patient engagement and an 84 percent increase in second prescription fills for enrolled patients. The service changes also saw a 2.5 day increase in patient days on therapy.

In summary, Triplefin showcased that its Hub-Lite™ approach can be optimal for improving a brand's metrics through tools designed for less-than-specialty pharmacy products. Clearly, Reinhardt noted, the market is in transition to put greater emphasis on patient engagement and Hub-Lite™ will seek to underscore this change. Finally, channel models are in flux, with increased need for retail or local pharmacy support and Hub-Lite™ can be nimble and responsive to this trend.

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