

# Patient Assistance and Financial Access for Immuno-Oncology

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ICLIO e-Course 8

# e-Course Overview

- Why and how patient assistance programs benefit patients and providers
- Varieties of patient assistance programs and services available
- Examples / Case Studies of IO patient assistance
- Managing and optimizing your internal procedures and staffing for best use of patient assistance programs



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# Why and how patient assistance programs benefit patients and providers

# Patient Assistance Programs benefit both patients and providers

- Services ranging from co-pay cards to benefits investigation can help patients manage financial burden of out-of-pocket costs, understand their coverage and benefits, and remove hurdles to continuing treatment
- For provider groups including practices and hospitals, using patient assistance programs can reduce financial liability of non-collected co-pays or co-insurance and can extend staff ability to understand patients' benefits

***Patient Assistance Programs include a variety of services and programs from manufacturers and other third parties that offset patient out-of-pocket costs, help patients understand their benefits, and help providers collect patient cost share funds.***

[2]

# Varieties of patient assistance programs and services available

# Types of Patient Assistance Programs

- Many manufacturers will conduct benefits investigations for **all** patients, regardless of payer
- Manufacturer assistance programs may include co-pay discount cards, coupons, and vouchers or “starter packs”
- Third-party programs include co-pay assistance foundations and funds
- Many manufacturers also have programs for uninsured, underinsured, or rendered uninsured that may provide free drug or drug replacement for qualifying patients

***Patient Assistance Programs go beyond co-pay cards and may have additional services available***

# Types of Programs and Patient Eligibility

## Traditional Patient Assistance Programs

- Example: Co-pay cards, vouchers, coupons
- Government-funded/public plan beneficiaries are **not eligible**
- Increasing scrutiny by payers
- Limited to uses of product that are on the FDA label

Commercial Patients Eligible  
Medicare and Medicaid Patients  
not Eligible

## Independent Co-Pay Foundations

- Medicare and Medicaid patients **are eligible**
- Challenge that some foundations run out of funding before end of year

Medicare and Medicaid Patients  
Eligible

## Manufacturer Access Foundation

- Manufacturer may establish and use to provide free drug to uninsured, underinsured, or “rendered uninsured” patients
- Generally limited to on-label uses/meeting specific medical criteria

Medicare Patients Potentially  
Eligible if Meeting Certain Criteria

# Where can I direct patients?

Patient's Payer	Primary Option	"Backup" Option	Other Types of Support for Patients and Providers
Commercial Insurer / Managed Care Organization	Co-Pay Card, Traditional PAPs	Manufacturer Foundation	<ul style="list-style-type: none"> <li>Benefit Investigation Services</li> <li>Patient Call Centers</li> <li>Provider Call Centers</li> <li>On-line resources for patient and provider education on access programs</li> <li>Manufacturer Field Reimbursement Specialists to support education and reimbursement understanding</li> </ul>
Medicare with or without Supplemental Insurance, other Public Payers	Independent Co-Pay Foundation	Manufacturer Foundation	
Uninsured, Underinsured, or Rendered Uninsured (due to coverage denial)	Manufacturer Foundation		

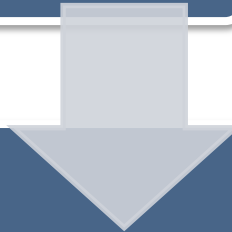


# Accessing Copay Foundation Funds

Medicare patient has a copay and is excluded from using a manufacturer's copay card. Patient's ability to pay is limited.



Copay assistance foundation is called and copay assistance is initiated from the appropriate disease fund.



For an oral drug, the dispensing pharmacy can then get instant approval and dispense the medication without a delay. For an IV drug, while approval may be instant, claims need to be filed via fax, mail or on line with an EOB. Payments are then made by either checks, virtual credit cards or ACH transfers.

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# Case Studies and Examples: Using IO Patient Assistance Programs for Eligible Patients

# Case Study Example 1

## Situation

- The patient is 62 year old woman who is commercially insured. The patient is being treated with the combination therapy of ixabepilone and bevacizumab for ovarian cancer. Her insurer has denied the request and has determined that the combination regimen is considered experimental and deemed Not Medically Necessary.

## Approach

- Patient Assistance is initiated from BMS Access Support and Genentech Access Solutions. A benefits investigation is completed from both companies showing that the drug is not covered. The applications are then triaged to their foundations as the patient is rendered uninsured.

## Result

- The patient meets the financial criteria and is approved into both PAP's. The clinic receives the replacement drugs free for all dates of service in the 12 month enrollment period. The patient receives the preferred treatment regimen, and the patient and clinic are not burdened with a financial loss.

# Case Study Example 2

## Situation

- The patient is a 56 year old male with NSCLC cancer. The patient is commercially insured and will be treated with pembrolizumab. The patient has and OOP of \$1290 for the first 3 infusions.

## Approach

- The patient is informed of the Merck Access Program and we enroll the patient. A benefits investigation is completed which verifies the patients co-insurance and copay. The Merck Access program accepts the patient into their copay program.

## Result

- The patient pays \$50 per infusion and Merck Co-Pay Assistance Program will pay the drug amount over \$50, with a maximum benefit of \$25,000 per calendar year. Both the patient and the provider have no financial liability for the pembrolizumab.

# Case Study Example 3

## Situation

- The patient is a 66 year old renal cell patient. The patient has Medicare Part A and B. The patient does not have a supplement. The patient is being treated with nivolumab. The patients OOP will be \$1170

## Approach

- The patient will not be able to afford the OOP cost associated with treatment. The option for this patient is to use a copay foundation such as Patient Advocate Foundation.
- Patient Advocate Foundation is called and the patients disease state fund is open. The application is granted instant approval.

## Result

- The patient is treated with the preferred drug. The patient now has either no liability or a much smaller one. The patient did not have to use potentially limited assets. The patient has no bill and the provider is paid with no potential write off.

[4]

Managing and optimizing your  
internal procedures and staffing  
for best use of patient  
assistance programs

# Optimizing Internal Procedures and Staffing

1

**Do you know if your practice or hospital is optimizing use of patient assistance programs?** While the number and variety of these programs can be potentially overwhelming, the benefits are significant to the patient and provider when these programs are utilized.

2

Identify a **point person from within your financial or reimbursement staff** to focus on IO and understand the nuances of various manufacturer programs, co-pay foundations, and patient assistance programs to optimize reimbursement and patient support.

3

**Do you have enough Financial Counselors or other staff focusing on access?**

Many practices feel that Financial Counselors pay for themselves many times over; if you are not sure if you have enough, it's a good time to conduct an analysis and consider hiring on this staff.

# Building and Staffing a Formal Program

- Program can start of small and grow as the financial benefits are recognized
- *Best Practice*: collaborate with internal departments. Assign ownership to a department that would best serve the patient and the provider
- Some centers have used pharmacy members, financial counselors, and social work members
- In starting a formal program, meet with your high-cost drug industry field reimbursement team members and managers. These individuals can explain and show the value that can be achieved by using drug replacement and copay programs
- The environment is changing with more patients experiencing higher OOP expenses. There is a potential to prevent the patient from feeling additional financial burden that cancer and OOP expenses can create
- The potential write-offs can be lowered and even eliminated with a formal program.
- In a climate of lower reimbursement and greater acquisition cost, a patient assistance program adds measurable value

*There is an importance in integrating a successful program that assures that both the patient and the provider establishments would benefit by minimizing patient financial liability while having greater access to the preferred course of therapy.*



# ACCC Resources:



**ACCC 2016**

***Patient Assistance and Reimbursement Guide***

<http://www.accc-cancer.org/publications/PatientAssistanceGuide.asp>



<http://www.accc-cancer.org/resources/FinancialAdvocacy-Overview.asp>

# FAN Patient Assistance App

When your patients need  
financial assistance **NOW!**

With [acc-FAN-App.org](http://acc-FAN-App.org), critical patient  
assistance resources are just a click away....



## [acc-FAN-App.org](http://acc-FAN-App.org)

# Questions?



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# Thank you

Please Save-the-Date for the  
2<sup>nd</sup> ICLIO National Conference  
September 30, 2016  
Philadelphia, PA

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