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Life Science Patient Access Programs

Defining Success for 2023 and beyond

Executive Summary

The primary mission of life sciences companies – to develop innovative medications that help patients live healthier, longer lives – is only meaningful if those therapies get into the hands of patients who need them. Ensuring patient access from a brand's launch to loss of market exclusivity is essential for commercial success. Drug manufacturer patient support programs can play a pivotal role by simplifying what is often a complex and frustrating process to expedite time to therapy, curtail treatment abandonment, and improve overall adherence. However, even with strong market access, evolving prescription fulfillment and payer utilization (UM) landscapes make it increasingly difficult to secure coverage at the pharmacy counter.

To achieve brand success over the long run, commercial teams should be asking these nine strategic questions to ensure their patient services programs are effectively eliminating all obstacles to patient access, including coverage.

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Are We Successful at Driving Patient Adoption of Our Program?

A wealth of evidence shows that patient support services positively impact adherence, clinical outcomes, and satisfaction while lowering overall healthcare costs. However, these programs can only deliver value if patients actually use them. Despite making significant investments to address the needs of patients across their prescription journey, there has been lackluster uptake of available support services. This is typically because awareness of services amongst key stakeholders is low due to ineffective, uncoordinated promotion and requirements for patients to opt into such services after the point of prescription (typically on a manufacturer's website).

$5B Annually	**3% of Patients**	**42% of Providers**
spent by manufacturers on patient support programs[1]	enroll and use manufacturer programs[1]	have little to no knowledge of available medication support programs[1]

Promotional Strategies to Maximize Adoption:

- Educate HCPs on the value and workings of your access program
- Use an omni-channel approach to promote the program, coordinating the efforts across the field teams and brand assets
- Integrate program promotion with both patient-facing and physician-facing marketing assets
- Advertise your program within the EHR at the point of prescription
- Enable real time program enrollment to occur at the point of care
- Make sure field team incentives are aligned with program goals

Increasing medication adherence rates by just 10 percentage points translates to $41 billion in revenue opportunity for manufacturers in the U.S.[3]

Are We Successful at Driving Patient Adoption of Our Program?

Pharmaceutical hub services play an integral role in the commercialization of specialty and specialty-lite drugs – however, those utilizing a "traditional" call-center model are not keeping pace with consumer demands or addressing provider pain points.

Patients and HCPs desire to interact with pharmaceutical companies with the same ease, convenience, and level of personalization they experience in other industries, such as retail and banking. Yet, 57% of consumers think these industries are better than the healthcare industry at providing personalized omnichannel experiences.[4] And physicians and office staff spend almost 2 days each week completing prior authorizations.[11] It's clear that programs that deliver a responsive experience to eliminate friction in the medication access journey can be a major differentiator, but today most don't.

Despite patient expectations, the industry is not yet delivering a truly patient-centered experience. A consumer survey analyzing the state of customer experience in pharma showed:[6]

- Patients want their interactions with pharmaceutical companies to be **personal, trustworthy, accurate, and simple.**

- The services patients need the most – patient support enrollment, patient support services, medication reminders, checking the status of treatment, and resources to manage health – **all rate poorly.**

- Patients who have a poor experience are twice as likely to **search for a new treatment option.**

PSS Experience Best Practices:

Patients	Healthcare Providers
Real Time Enrollment at Point of Rx	ePrescribing via EHR
Single enrollment for all PSS offerings	Integration with current workflow
Visibility into prescription status	No new software or tools to learn
Simple refill process with digital reminders	Visibility into prescription progress and patient outcomes

How Effectively Does Our Network Facilitate Utilization Management Processes?

Health plans and other payers increasingly use cost-containment tools to manage prescription access through drug utilization management (UM).

More than 94% of health insurance marketplace plans report they use UM to control prescription drug costs and access.[7] And pharmacy benefit management (PBM) organizations anticipate using price negotiations and UM tools to reduce spending by consumers and plan sponsors by **more than $1 trillion through 2029.**[8] Some UM requirements, particularly prior authorizations (PAs) and appeals, create administrative hurdles that may keep patients away from – or adhering to – the therapy their HCPs prescribe. Burdensome PA processes reduce patient access and proper treatment adherence, negatively impacting health outcomes and gross to net

Life science companies make considerable investments in rebate programs, value-based contracting, and patient hubs for their specialty therapies. It's critical for commercialization teams to consider the potentially high-impact – and cost-effective – strategy of reducing friction in the PA process for patients and HCPs

Effective Network Partners Should:

- Offer electronic benefits verification (eBV) with the ability to identify and quickly transfer to payer-mandated pharmacies
- Deliver a seamless, integrated electronic prior authorization process
- Operate within benefits pathways for multiple types of insurance
- Provide visibility across the prescription journey for all parties involved
- Collect relevant prescription data to inform brand and field teams

PhilRx Platform Reduces Friction in the UM Process:

1. Prepopulate	required forms in CoverMyMeds
2. Notify	HCPs when a PA is ready to submit
3. Review & Submit	in just "1-Click" in existing CMM Portal
4. Monitor	for submission delays to alert stakeholders
5. Configure Rules	to respond to payer specific PA behavior
6. Close Gaps	by equipping your field team with rep portal*

Our approach delivers up to 90% HCP PA Submissions!

How Well Does Our Program Design Bridge Access Gaps Due To Financial Burden?

Affordability challenges can lead to prescription abandonment, treatment delays, and therapy disruption. For many patients, drug out-of-pocket costs are so significant that they never fill their prescriptions, or they are forced to discontinue therapy. Even when patients do overcome initial barriers to access prescribed medication, they are still more likely to abandon specialty therapies than other medications during the health plan deductible period.[13]

While manufacturer financial support programs like bridge or quickstart can be helpful with getting patients started on therapy and buying time for coverage, they are not a solution that can be utilized in perpetuity without facing significant financial consequences.

Consider the following statistics:

- Retail prescription abandonment grew by 27% between 2016 and 2021[14]
- 60% of prescriptions with OOP costs of $125+ were abandoned in 2021[14]
- Coupons for commercially insured patients reached $14B in 2020[15]

Innovative life science companies are acutely aware of the financial burden patients face when trying to access all types of branded medications, particularly during the launch phase of higher-cost specialty therapies – that's why they offer a variety of financial resources to support patient access. **Brand teams should ensure their patient support program bridges access gaps across the product's lifecycle by:**

01. Integrating financial assistance (copay, free goods, PAP) enrollment into a single workflow

02. Monitoring free goods programs for appropriate utilization (i.e. On formulary, PA Submitted)

03. Identifying applicable patient financial assistance programs when a patient is denied coverage, such government waivers and charitable programs

04. Flagging the use of copay accumulators and maximizers

53% of HCPs say patient financial assistance program options to get patients started on specialty therapies would be a helpful feature of a patient support solution.[16]

Is Our Program Maximizing Prescription Coverage At The Pharmacy?

Many commercialization teams assume that because they have strong formulary placement, their brands will automatically be covered at the pharmacy level. The reality is that strong market access does not necessarily translate to covered dispenses, especially for specialty and branded retail therapies. The two biggest culprits are:

Coverage gaps in the manufacturer's pharmacy network:	Misaligned pharmacy incentives
PBM-contracted pharmacies can have significant coverage gaps, particularly among local and regional plans if the pharmacies do not have an in-state presence and utilize an out of state mail order model to fulfill prescriptions. Additionally, many payers are now employing limited and preferred network strategies where coverage is limited to a certain set of pharmacies or where patients pay less out-of-pocket at a preferred pharmacy than a non-preferred pharmacy. As patients and HCPs typically have limited visibility into this, it's essential for brands to understand the impact of these strategies and how the various pharmacy formats impact access. Most patients have no awareness that they are visiting an out of network pharmacy until they show up in person meaning that they could face a significant out of pocket cost burden that may prevent them from getting started on therapy.	Reimbursement rates can vary widely across pharmacy types – i.e., mail order vs. retail, which can lead to under-reimbursement. These "underwater" prescriptions incentivize pharmacies to apply manufacturer subsidies to fill prescriptions often even forgoing the pursuit of coverage, potentially leading to overutilization of uncovered options in the form of free goods, cash, or transfer outs. However, an over-reliance on uncovered coupons negatively impacts the manufacturer's gross-to-net (GTN).

Partnering with a commercialization partner that offers white-glove pharmacy network management can be a game-changer. To ensure you optimize covered dispenses and GTN, look for a partner that:

- Includes a full-service wholesaler to reduce costs and improve your GTN
- Integrates deeply with a pharmacy network with total plan coverage, so you can maximize covered dispenses and receive reliable data
- Offers multiple fulfillment options, such as local pickup and home delivery, for an optimal patient experience

Does Our Program Support And Coordinate With The Field Team?

Traditional commercialization models are being redefined by new market realities. Today, HCPs rely on the expertise of the pharmaceutical field teams – made up of sales representatives and field reimbursement specialists – to help patients get started and stay on their prescribed therapy. Working in tandem to integrate clinical and commercial expertise, these specialists are essential to improving patient access. Manufacturers should be keenly aware that HCPs are no longer looking to manufacturers simply for an awareness and understanding of benefits for new products.

Sales Representatives	Reimbursement Specialists
Primary Roles:	**Primary Roles:**
• Educating HCPs on the clinical aspects of the therapy • Promoting the patient access program • Closing PA submission gaps	Educating HCPs and office staff on: • PA best practices • How to use the product's patient access program • Reimbursement and copay assistance

To Effectively Utilize Field Resources to Unlock Patient Access, Manufacturers Should:

01. **Educate Field Teams-** It's important to educate reps on the tools they have at their disposal and how the patient support program benefits stakeholders.

02. **Align Incentives -** Ensuring that field sales teams' incentives align with corporate goals is crucial so everyone is rowing the boat in the same direction.

03. **Equip the Field with Real-Time Data -** to bring value to providers and patients and make the best decisions, real-time data is essential to understand what is happening across the access journey.

04. **Analyze Territory Performance -** to maximize program outcomes, success should be measured at the territory level ot identify opportunities, close gaps, and improve overall field team alignment

PhilRx Field Access Portal:

• Real-Time Visibility into the Rx Journey

• Configurable for: Sales Representatives, Reimbursement Specialists, Field Management

• Built in HCP Engagement Platform to Nudge Prescribers

Filter by Specific HCP

Identify Reason for PA Bottlenecks

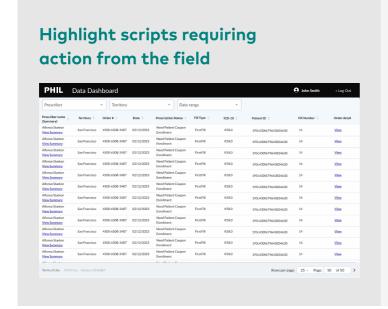# Is Our Program Using A Data-Driven Approach To Drive Commercialization?

Traditionally, manufacturers have lost track of the eventual outcomes of prescriptions at the retail pharmacy level, not knowing for sure if they were dispensed as written, substituted, or abandoned. While many have access to new data sources from 3rd parties or specialty pharmacies, they are often expensive and difficult to translate into actionable insights.
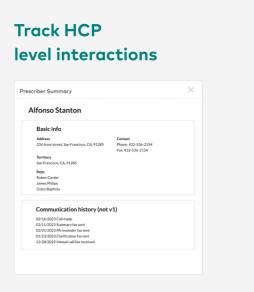
To stay competitive, life science companies need real-time data that allows them to track every written prescription and respond quickly to address any issues. Understanding "the why" behind the data is vital to enhancing patient access – data analytics dig deeper to reveal behaviors and factors that influence prescription coverage and pull-through. Only a data-driven approach integrated across the entire prescription journey can give manufacturers the insights they need to drive commercialization.

Your program is harnessing the power of data if it:

- Maximizes patient enrollments and engages patients in ways that boosts refill rates and medication adherence
- Improves the PA process to expedite time to therapy and increase covered dispenses without reducing uncovered programs
- Optimizes copay and cash programs to ensure every patient has access to some affordable option
- Tracks therapy utilization and outcomes to inform formulary discussions

The PhilRx Platform Manufacturer Dashboard offers 125+ points of real-time data per NRx

Highlight scripts requiring action from the field

Track HCP level interactions

How Are We Gauging The Impact Of Our Patient Access Program?

A successful program translates to long-term medication adherence and brand growth. The only way to ascertain whether your program is aligned with the company's business goals and delivering on brand objectives is to establish key performance indicators (KPIs). These metrics bring visibility into the patient journey and enable pharmaceutical manufacturers to measure the true impact of their patient support program.

Every commercialization team should be using the following KPIs to evaluate the ROI of their patient services program and to continually develop effective patient access strategies:

New scripts	Measure of the effectiveness of overall messaging and promotional efforts
Enrollments	Indicator for evaluating the program's potential impact on new patient starts, access, and medication adherence
Speed to therapy	Indicator of the efficiency of the PA process
Refill adherence	Measure for how well the program is working to keep patient adherence
Covered dispenses	Gauge for how effectively the program achieves prescription coverage at the pharmacy
Reimbursement rates	Indicator of the "quality" of the pharmacy network in terms of coverage and incentive alignment
Coupon utilization	Measure to determine whether financial support is performing as planned or being overutilized

Phil evaluates program at the territory level, and partners with manufacturers to provide data and surface valuable insights.

Success Criteria:	Territory Level Metrics			
Program Adoption	NRx	**District**	**HCP**	**Rep**
Script Quality	Insurance Type Mix	Rx Missing Info	Clinical Notes	Off Label ICD-10 Use
Patient Adoption	Enrollment Rate	Copay Approval		
HCP Engagement	PA Submission	Appeals Submission		
Payer Response	PA Approval Rates	Denial Reasons	Appeals Profile	Reimburse Profile

#8 How Do Potential Access Partners Measure Up?

Selecting the right access partner is critical to the success of your brand.
A patient services program in today's healthcare environment needs to streamline therapy access and provide an integrated approach to data analytics across the patient journey in a digitally driven way that helps life sciences companies accomplish more with less. Additionally, a partner should ensure their incentives are aligned with their manufacturer partner to support optimization of gross to net. As the first end-to-end commercialization platform to help pharmaceutical brands unlock coverage and maximize reimbursement, Phil checks all the boxes:

Core Differentiators of the PhilRx Patient Access Platform

Modern Patient Experience	Platform offers a frictionless, patient-centered experience
Seamless Digital Enrollment	Patients receive a text message to enroll at the point of care
"1-Click" PA Submissions	Platform auto-populates required forms, removing administrative burden from HCPs
Nationwide Dispense Network	With 98% plan coverage, patients receive their prescribed therapy quickly, conveniently, and affordably
Intelligent Rx Routing	Prescriptions are automatically routed to a pharmacy with payer contracts that match patient insurance coverage
Informed Auto Refills	Patients can opt into auto refills and notifications, driving adherence
Real-Time Data And Insights	Manufacturer partners have strategic visibility across the prescription journey, enabling responsive changes to their business rules
Wholesale Distribution	Phil can acquire product directly from the manufacturer and manage inventory throughout the pharmacy network

Reach out to us today
to discover how the Philrx platform can help unlock the value of your brand!

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