# Strategies to improve patient access to biological therapy



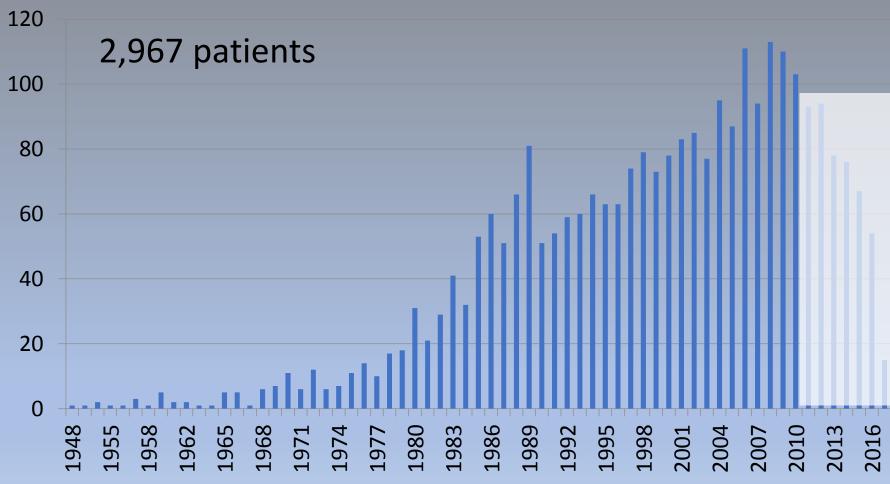
Dr David Epstein Sr Karin Davidson



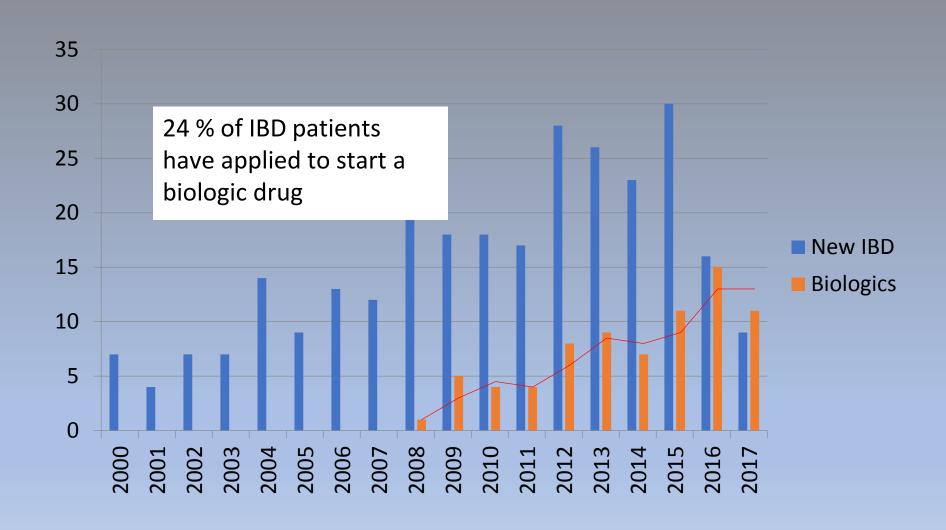
#### New IBD Cases Diagnosed Annually

Groote Schuur Hospital + 5 private practice audits September 2017





Epstein Practice 2008 to 2017: New IBD Cases Annually vs. New Biologics Applications



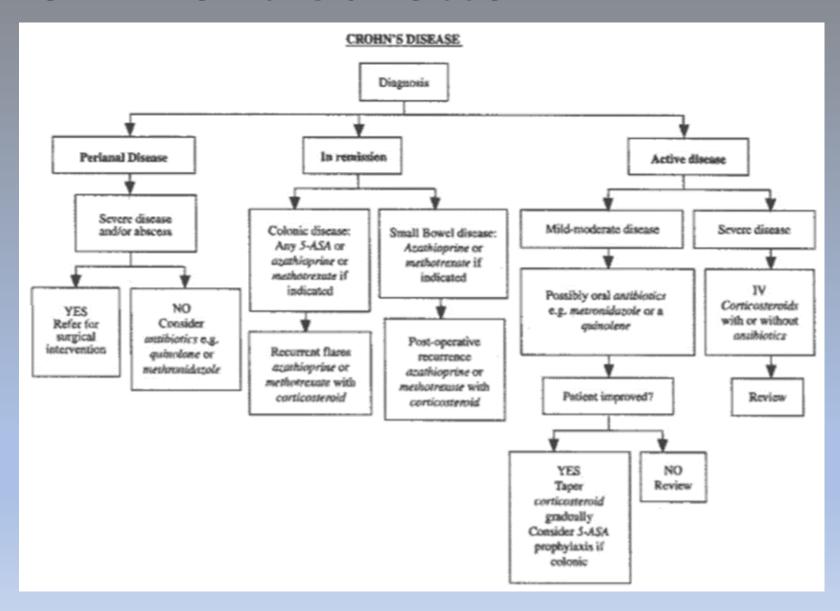
#### Government Gazette

Confusion –
remission
postop recurrence
Active disease

Algorithms from 1950's

No Anti TNF's

CMS uses theses algorithms



# What is a PMB?

Prescribed minimum benefit condition – CD, UC

 "set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable "

# Medical Schemes Act

 The Medical Schemes Act 131 of 1998 stipulates certain PMB conditions are governed by regulations and amendments. These regulations and amendments concern fees payable for Prescribed Minimum Benefits and Chronic Diseases and state that:

 "any benefit offered by a Medical Scheme must reimburse in full, without co-payment or the use of deductibles, the diagnostic treatment and care cost of prescribed minimum benefit conditions as specified in Annexure A."

# Biologic Access Challenges

- Outdated gazetted care plans
- Increasing demand
- Affordability
- Medical Plans limited access and amount
- Co-Payments 10% to 30%
- Patient knowledge re different options limited
- Decisions made with lack of insight
- Ex Gratia financial services companies
- MCC Section 21
- Limited State biologic slots
- No Biosimilars

# Case:

- 10 years old
- Underweight
- Stopped growing
- "Difficult" at school ? ADHD
- Diagnosed with CD.
- Cramping, fatigue
- Biologic = 30% co-payment Medshield
- 6 month process











# Biologics Available

- Anti TNF's certain plans types cover
- Vedolizumab Section 21
- Guidelines -SAGES

#### SAGES GUIDELINES

Recommendations on the use of anti-TNFs in adults with Inflammatory Bowel Disease

#### G Watermeyer<sup>1</sup>, D Epstein<sup>2</sup>, C Kassianides<sup>3</sup>

Division of Gastroenterology, Department of Medicine, Groote Schuur Hospital and University of Cape Town, Cape Town, South Africa

\*Vincent Pallotti Medical Centre, Cape Town, South Africa

Morningside Clinic, Johannesburg, South Africa

Collaborators: R Ally, H Bloch, E Fredericks, A Girdwood, K Karlsson, K Pettengell, J Wright

# Options Available

- Medical aids
- Ex Gratia
- ACIF
- Section 21
- Council for Medical Schemes
- Self fund

## Medical Aids

- Most have annual biologic limit of R120 000
  - Discovery Comprehensive / Executive Plans
  - Momentum State option chronic disease state
- Momentum/Medshield 30% co-payment
- PMB treatment baskets outdated

Based on the approved chronic condition(s) for your patient, we will cover the following:

Condition	Diagnosis			Ongoing management			
	Type of diagnostic test	Proce- dure codes	Number of diag- nostic tests we cover	Type of follow-up test	Proce- dure codes	Num- ber of follow- up tests we cover	Number of specialist consult- ations we cover each year
Crohn's disease	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	C-reactive protein	3947	2	
	Full blood count	3755	1	Full blood count	3755	2	
	Histology	4567 & 4571 or 4582 & 4584	3				

The Chronic Medicine Review Committee has assessed this case as part of the appeals process. We regret to inform you that ongoing funding of Humira® has been declined.

GEMS would fund a biologic until the patient is in stable remission. According to the information available to us, the has been in remission since June 2015. There are no local guidelines regarding withdrawal of biologic therapy. A trial of oral treatment would be funded for patients in stable remission. In the event of a relapse, ongoing treatment with a biologic would be considered.

Yours faithfully

## SAGES guidelines....

 Maintenance of remission in luminal CD 1. Long term regular scheduled anti–TNF therapy should be used to maintain anti-TNF induced remission in patients with luminal CD. The failure to follow a scheduled regimen may result in increased symptoms, flares and the need to escalate therapy or rotate to another agent

#### **Ex Gratia**

- Underutilised
- Forms to be completed
- Waiting period
- Granted on understanding will upgrade at year end
- Sometimes a co-payment
- Some medical aids will not offer this



# **ACIF**

- Access to Innovative Care Foundation, NPO
- Helps to cover co-payments and biologics
- Application forms

## Section 21 - Vedolizumab

- Must have failed on Anti-TNF's
- Forms Section 21 (updated Aug 2017)
- MCC approval for 6 months then re-motivate.
- NOT available if under 18 years

# Council for Medical Schemes

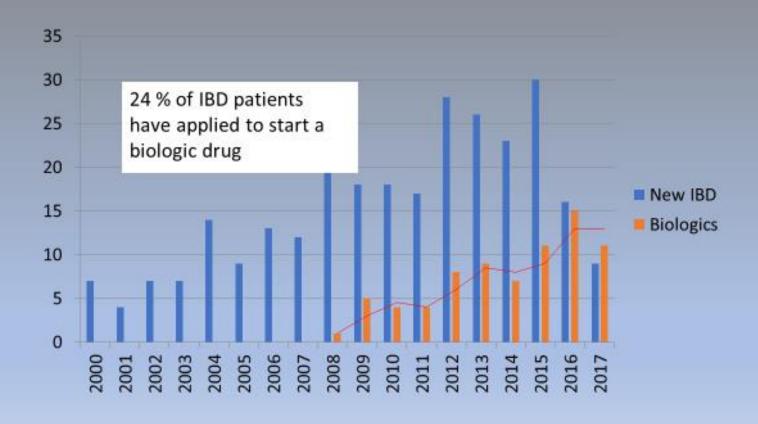
- Can overturn MA decisions
- Complaint against medical aid
- Lengthy Process

# Self fund / "Donation" programme

Short term

Patient support

Epstein Practice 2008 to 2017: New IBD Cases Annually vs. New Biologics Applications



# Strategies going forward?

- Government legislation needs to be updated
- Medical Aids appropriate treatment baskets
- Pressure on MCC to approve drugs
- Patient advocacy groups CCUK, CCFA

Do what you can with what you have and when you have more, do better.