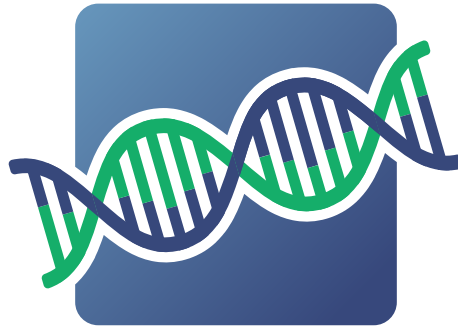


— 7<sup>th</sup> ANNUAL —



# NATIONAL POLICY & ADVOCACY SUMMIT ON BIOLOGICS



Alliance for  
Patient Access

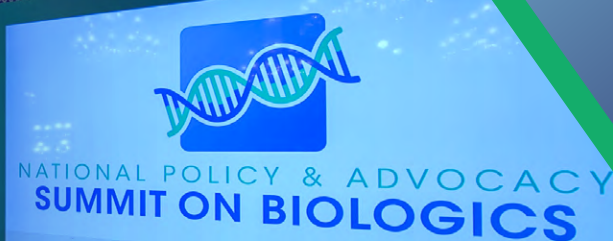


BiologicsPrescribers  
COLLABORATIVE  
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Institute for  
Patient Access

# OVERVIEW



The seventh annual National Policy & Advocacy Summit on Biologics brought together health care providers, policy experts, patient advocates and other stakeholders. Speakers and participants explored how the rapidly changing field of biologics can support patient-centered care and optimal health outcomes. This year's event, which convened both in person and virtually, highlighted issues such as:

- › Biologics' role in cancer care
- › Social media's value as a tool for patient education
- › Health disparities
- › How advocacy can positively impact access.

**David Charles, MD**, co-founder and chief medical officer of the *Alliance for Patient Access* and co-convenor of the *Biologics Prescribers Collaborative*, offered opening remarks for the conference.

"One thing is clear: There are big changes coming on the horizon," Dr. Charles noted.

Dr. Charles emphasized the need for advocates, providers and patients to stay involved. "It's critical that we engage as policy is being developed," Dr. Charles said, noting that "the growing range of treatment options can support optimal patient-centered care."

The day's discussions explored the evolving role of biologics in disease management as well as the value that new biologics and biosimilars offer patients and health care providers.



*“Health care policy, like medical innovation, is always changing.”*

**DAVID CHARLES, MD**  
*Alliance for Patient Access*

## Keynote Address

# USING SOCIAL MEDIA TO EMPOWER PATIENTS

### Sanjay Juneja, MD

Chief of Oncology,  
Baton Rouge General Hospital



@TheOncDoc



The summit's keynote address featured **Sanjay Juneja, MD**, *chief of oncology at Baton Rouge General Hospital*, who has garnered a social following of about half a million people by creating educational TikTok videos.

Dr. Juneja described the last two years as "monumental" for medicine and health care. COVID served as a catalyst for education and social media awareness, he noted, with more providers and patients looking online for community, connection and answers. Dr. Juneja characterized this as an opportunity to spread accurate, timely health care information, particularly on topics related to cancer care.

**“Talk about it, share stories, and collaborate.”**

Dr. Juneja described how new cancer treatments and protocols are coming out more rapidly than practitioners can process. They're becoming more targeted and precise, he noted, but they are not always reaching patients as quickly as they could.

He added it can take months, even years, to move the most current treatments to being the standard of care.

But not every practitioner becomes aware of each new development or has the time to investigate what that could mean for their patients.

By increasing his footprint on social media, Dr. Juneja has been able to offer current information to patients about screening, testing and the most targeted treatment paths. In the process, he's changing lives.

"We can change quality of life, just with education," Dr. Juneja emphasized. When working with families dealing with cancer, Dr. Juneja explained, straightforward education and real conversations can inspire hope and encourage families.

He encouraged all practitioners and experts to embrace social media and share their knowledge.

Experts carry a unique burden of responsibility, Dr. Juneja explained. By using every tool at their disposal, experts can become educators and improve the lives of cancer patients anywhere and everywhere.



# EMERGING BIOLOGICS LANDSCAPE



**Chad Pettit**  
*Executive Director,  
Marketing, Amgen*

Chad Pettit outlined the tremendous change in the biologics landscape since the Biologics Prescribers Collaborative began convening the summit. The first wave of biosimilars established the marketplace and now, he explained, the next wave of innovative treatments is on its way.

**“Over the last six years, biosimilars have reduced costs within the U.S. health care system by \$21 billion.”**

He noted that biosimilars have increased competition and improved patient access. More education, however, is needed to increase patient and provider confidence.



**Philip Schneider, FASHP, FFIP**  
*Alliance for Safe  
Biologic Medicines*

Philip Schneider described the role of the pharmacist in the use of biologics and biosimilars. Whether it's formulary issues or utilization management barriers, "the pharmacist has to navigate that with both the prescriber and the patient."

Schneider also explained how pharmacy benefit managers play a large part in the use of biosimilars. These middlemen can affect market share based on which medications provide them the best rebate. They can also limit patients and clinicians, who are looking not for the most profitable medication for their health plan but for the medication that improves health outcomes and quality of life.



**Wesley Mizutani, MD**  
*Rheumatologist, Optum  
Medical Group*

Wesley Mizutani, MD, explained that ensuring patients adhere to biosimilars is an uphill climb. "There are more challenges than there are opportunities in the first two-to-three years," he reflected.

Mizutani noted that patients may be reluctant to switch from a biologic to a biosimilar because their treatment might look different. When patients dealing with a chronic illness find something that works, they're not interested in changing. As biosimilars emerge, however, they become more popular and less expensive.

This panel was moderated by **David Charles, MD.**

# BIOLOGICS IN ONCOLOGY



**Kathy Oubre**  
*Board of Directors,  
Community Oncology  
Alliance*

Kathy Oubre highlighted the value of biosimilars to cancer patients and the importance of access to these medications. “We saw a large increase in access to care,” Oubre said. “Why? Most patients do have insurance that puts them in a cost-saving model.” As a result, patients could receive these treatments at a lower price. Competition breeds lower prices, more choices and, she explained, increased access for patients.

When addressing the pressures that community oncology practices face, Oubre described growing consolidation and vertical integration. This can sometimes lead to misuse of the federal 340B drug pricing program, she noted. Health care facilities purchase drugs at a lower cost intended for disadvantaged patients but then give them to commercially insured patients to generate revenue for the hospital without reducing the cost to patients.



**Sanjay Juneja, MD**  
*Chief of Oncology,  
Baton Rouge General  
Hospital*

Sanjay Juneja, MD, shared the questions his patients most often have about using a biosimilar: How do you know it’s safe? Why this instead of the standard

medication? If it’s based on cost savings, they want to know if it will cost them less, and if the savings will be upfront or in the future.

Explanations may be difficult for families to accept, Dr. Juneja admitted. And if treatment is not successful, families and providers wonder whether that was due to the treatment choice or to myriad other factors. Making the best choice for a patient’s condition, quality of life and finances, as well as operating within a hospital’s means, can be challenging, Dr. Juneja shared, especially when a family is putting all its faith into their oncologist.



**Claire Saxton**  
*Vice President, Patient  
Experience, Cancer  
Support Community*

Claire Saxton highlighted the value of patient education on biosimilars. As more biosimilars become available, patients may be confused over what that means for them and their condition. Providers and advocacy organizations can help bridge the information gap through thoughtful educational materials.

Saxton emphasized the value of using a simple patient education message. Clear, concise and simple messaging can help inform patients on a variety of issues, such as the cost impact or the difference between their original treatment and their new biosimilar.

This panel was moderated by **Dennis Cryer, MD**, a co-convenor of the *Biologics Prescribers Collaborative*.

# DISPARITIES IN HEALTH CARE



**Kita Hardy**  
*Patient Ambassador,  
Color of Crohn's and  
Chronic Illness*

Kita Hardy waited 10 years for an official diagnosis of her life-altering illness. She was an uninsured, single mother who had to decide between sacrificing money from her household or seeking her own health care.

**“ This journey for me has been hard. It's been long.”**

While enduring debilitating symptoms, the financial burden and lack of access to appropriate care, she struggled to care for her family. Ten years of misdiagnoses led to emergency surgery, where doctors found a 10-pound mass and diagnosed her with Crohn's disease.

Hardy encourages all patients to share their own story in an unbiased environment. Color of Crohn's and Chronic Illness has created a platform and resources for patients to seek help and come to understand their full range of options.

Providers need to remember that every patient is a whole person with many parts, she explained. Patients need to be seen and heard.



**Uma Menon, MD**  
*Chief of Neurology,  
Morehouse School of  
Medicine*

Uma Menon, MD, explained how racial disparities plague the health care system. One in six people have some neurological disorder, she explained, but minorities seek care for

these conditions less often, which leads to higher morbidity and mortality.

Efforts are underway to increase access and address disparities. Dr. Menon explained that she ensures her residents received training with health inequities and disparities in mind. As a result, these providers can make positive changes as they care for patients. She also explained the need for structural changes. These changes should include comprehensive clinics and health literacy outreach that discusses health disparities.



**Michelle Winokur, DrPH**  
*Executive Director,  
Institute for Patient  
Access*

Michelle Winokur, DrPH, shared recent research conducted by the Institute for Patient Access. By examining data from a national claims provider, the organization found “unequal access to prescription medications for Black and Hispanic patients with a variety of chronic diseases.”

“Among patients with asthma, chronic kidney disease, and cardiovascular disease, Black and Hispanic patients who are commercially insured had their prescriptions rejected more often than their white counterparts,” Winokur explained.

Unequal access to care and untreated disease leads to more downstream effects, Winokur noted. Hispanic and Black patients whose medication had been rejected had higher ER and hospitalization admission rates than did their white counterparts who had also experienced rejection.

This panel was moderated by **Josie Cooper**, *executive director for the Alliance for Patient Access*.

# PAYERS & POLICY



**Anna Hyde**  
*Vice President,  
Advocacy and Access,  
Arthritis Foundation*

Anna Hyde shared insights about pricing and cost

sharing for biologics. With specialty tiers, cost sharing can make accessing the medication untenable, Hyde explained. With step therapy, patients may have to try multiple less successful biologics before the more expensive medication is approved. Hyde explained that there is a renewed focus on getting drug discounts into the hands of patients, rather than into the pockets of pharmacy benefit managers.

Another health plan cost-cutting method Hyde addressed are co-pay accumulator programs. These prohibit co-pay assistance from counting toward patients' deductibles. When the balance of a patient's co-pay card runs out, patients must choose between shouldering a substantial out-of-pocket balance themselves or foregoing treatment.



**Quardricos Driskell**  
*Vice President, Public  
Policy and Government  
Affairs, Autoimmune  
Association*

Quardricos Driskell explained that many people are unaware of pharmacy benefit managers and the role they play in the cost and availability of biologics. These middlemen can create barriers to access for many patients.

Driskell expressed serious concern over the impact of utilization management tactics.

Simply listing a medication on a formulary doesn't mean patients can actually access that treatment, he emphasized. Advocacy organizations must work together toward policies that put patients and patient access first.

**“When we work comprehensively and together, we begin to see those wins.”**



**Leslie Narramore**  
*Director of Regulatory  
Affairs, American  
Gastroenterological  
Association*

Leslie Narramore

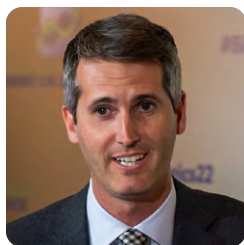
highlighted the need to address patient concerns early to encourage adherence. “Invest in patient care as a whole to get the patient stable and to keep them stable,” she urged. The opportunity to reduce costs comes before patients go to the hospital, when providers can treat patients proactively.

She urged patients to advocate for themselves and their community. “Your member of Congress will not know there is a problem until you bring it to them,” Narramore said. She explained that policymakers need to hear the personal stories because seeing names and faces allows them to recognize the real-life implications of access barriers.

This panel was moderated by **Gavin Clingham**, *director of public policy for the Alliance for Patient Access*.



# ADVOCACY IN ACTION



**Ryan Gough**  
*Executive Director,  
Partnership to Advance  
Cardiovascular Health*

Ryan Gough described a successful advocacy effort

that unfolded this year when CVS Caremark removed a widely used blood thinner from its formulary. The policy change resulted in a forced switch for thousands of patients, who lost access to the prescribed medication they were currently taking.

The Partnership to Advance Cardiovascular Health partnered with other advocates and organizations to highlight the dangerous consequence of non-medical switching for heart patients. Through social media campaigns, patient stories and joint letters, they highlighted how harmful this decision was. CVS Caremark's decision was reversed soon thereafter and coverage was restored.

This campaign was successful in large part due to the unique strengths of different organizations and coalitions.

**“Leaning on your partners was an enormous benefit.”**

Gough also emphasized the importance of empowering patients to speak out and tell their stories.



**Sara van Geertruyden**  
*Executive Director,  
Partnership to Improve  
Patient Care*

Sara van Geertruyden

addressed the access challenges that stem from health technology assessments, particularly those of the Institute for Clinical and Economic Review. The organization's assessments influence what many insurers cover, impacting patient access and frequently driving decisions rooted in discriminatory metrics, such as the quality-adjusted life year, or QALY.

Nevertheless, ICER and the concept of health technology assessment remain foreign to many patients. Advocates need to understand the role these groups play and how they can engage, van Geertruyden emphasized. More representative algorithms and techniques must be used to make health decisions and forego biased generalizations. Without advocacy from patients and experts, however, these tactics will not change.

Advocates must also draw the link between their own access challenges and the policy changes that are needed, van Geertruyden highlighted. “That’s when policymakers listen,” she said.





**Josie Cooper**  
*Executive Director,  
Alliance for Patient  
Access*

Josie Cooper shared  
how the Alliance for

Patient Access successfully advocated for asthma patients this year. A decision made by Medicare Administrative Contractors was set to switch coverage for a severe asthma treatment to be administered by the patient, even though the drug was approved only for provider administration.

Affected patients already struggled with the symptoms of severe asthma, Cooper explained, and had no knowledge of how to administer this drug for themselves. The

Alliance for Patient Access partnered with advocates and stakeholders to launch an advocacy campaign. As scrutiny increased and decisionmakers began to understand the potential impact of their decision, the Medicare Administrative Contractors delayed, then ultimately withdrew, their decision.

**“The work of the patient advocates, the clinician advocates, the community at large, really did actually make an impact.”**

This panel was moderated by **Amanda Conschaffer**, *senior vice president at Woodberry Associates*.

To learn more about topics discussed at the summit and the Biologics Prescribers Collaborative’s policy priorities and advocacy initiatives,

visit [www.biologicsprescribers.org](http://www.biologicsprescribers.org)



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