

Patient Support Facilitates Access to IVIG Therapy: Interim Results of a Hub Health Program

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INTRODUCTION

- Patients prescribed intravenous immune globulin (IVIG) experience barriers to therapy, including product coverage, site of care restrictions, prior authorizations (PA), therapy step-edits, and financial obstacles (high copy, co-insurance, deductibles)
- We developed a comprehensive “hub” program (*ADvantage Ig™*), designed to address financial barriers for patients prescribed ASCENIV™ (immune globulin intravenous, human – slra 10% liquid) and BIVIGAM® (immune globulin intravenous, human – 10% liquid)

OBJECTIVE

- To determine a correlation between a patient hub and access to specific IVIG therapies in the outpatient setting

METHODS

- Quantitative analysis from a sample of patients enrolled in the hub from May 2021 through May 2022 and who received a benefits investigation (BI), and insurer authorization denial or approval
- Primary end point was rate of persistency and program retention among new and enrolled participants
- Access to therapy defined as enrollments completing benefits verification (BV) process; degree of access defined by type of barrier across health plan resulting in denial or approval of coverage
- Data collected, aggregated, and de-identified from multiple sites of care by a third-party contractor

RESULTS

- 267 patients were enrolled in the hub and subject to a completed medical BI and BV, with an approximate 2:1 ratio distributed between IVIG products
- Hub enrollees were distributed among 77 health plans as follows: commercial payers (246), followed by Medicaid (3), Medicare (16), and Medicare Part D / other (2) programs

Sites of Care and Payer Mix

- Majority of sites of care were home infusion facilities, physician practice, or provider office (n=239), followed by hospital outpatient (n=4), and infusion centers (n=24) (Fig. 1)

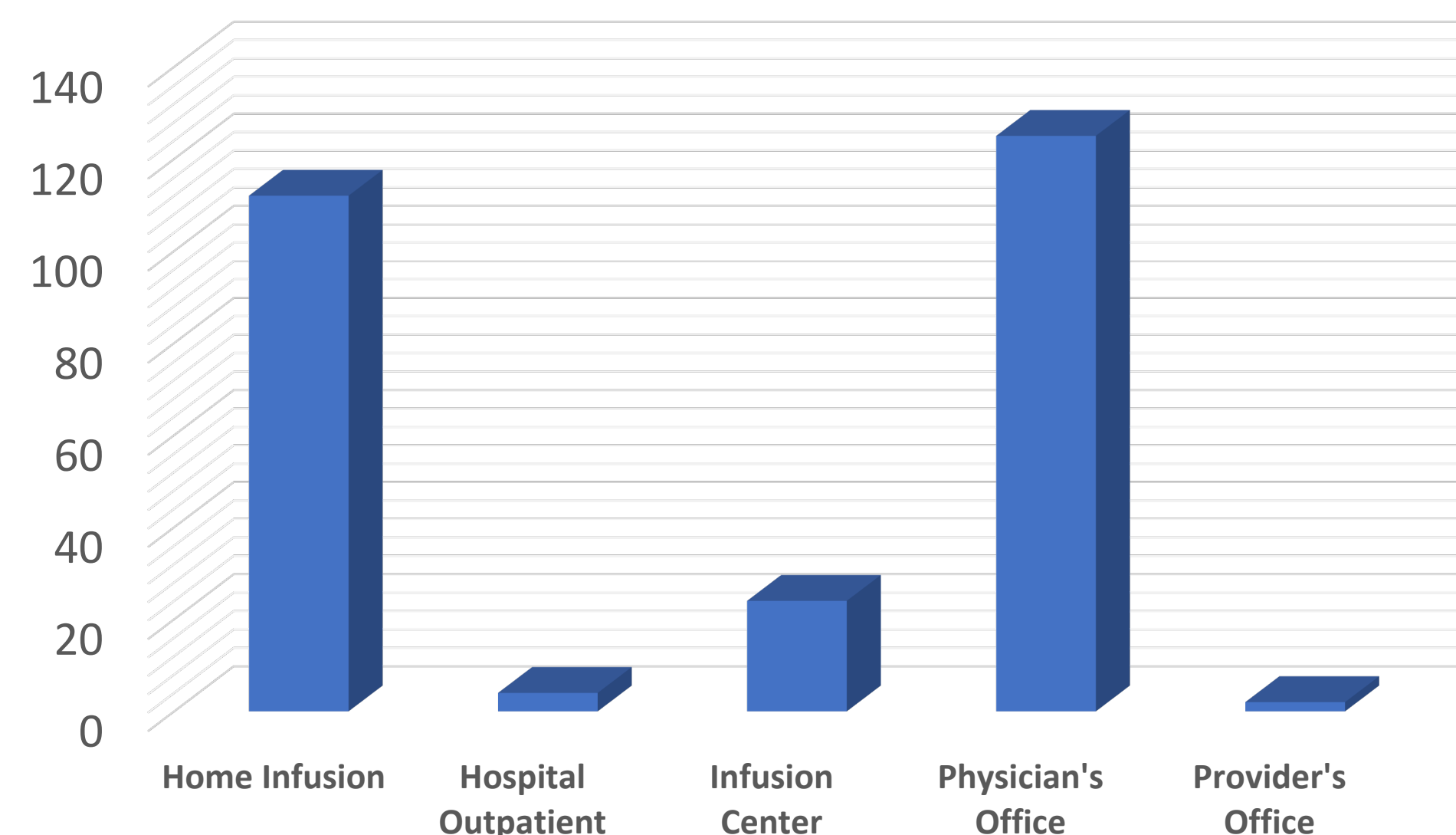


Figure 1. Distribution by sites of care

Barriers to Access in Coverage

- Of those enrolled, 78% (n=208) required only a PA for coverage, whereas 7.9% of patients were covered without any additional payer requirements, and 6% received prior payer recommendation (Fig. 2)
- Remaining enrollees have investigations in progress or not complete; <4% of patients did not meet coverage criteria due to termination of benefits/ site of care restrictions

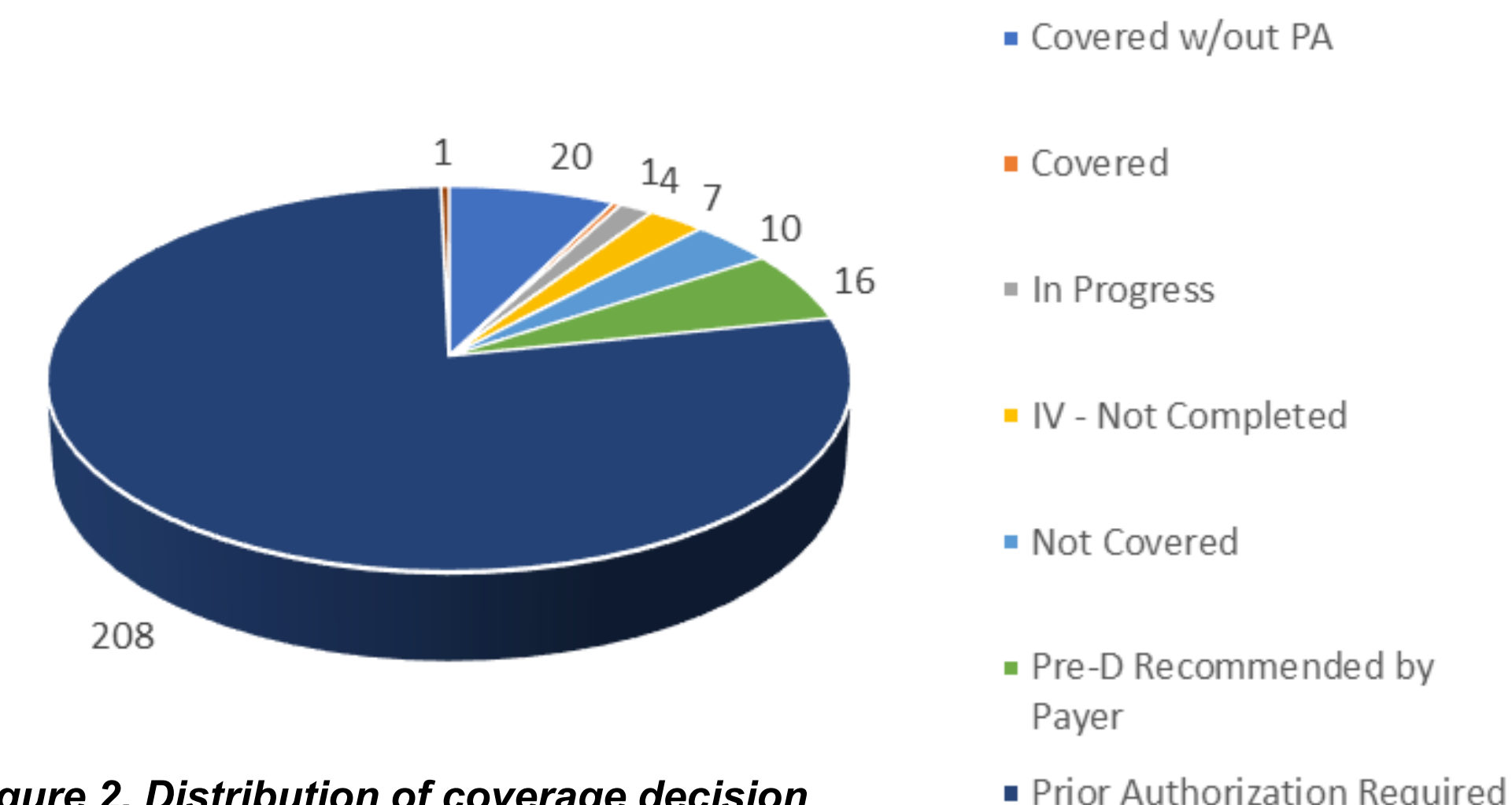


Figure 2. Distribution of coverage decision

CONCLUSION

- A majority of enrolled patients meet a single criteria threshold of PA, suggesting that patients prescribed these IVIGs may encounter minimal barriers to access through initiation of a BI or BV through the hub process
- Findings provide an early rationale to further validate the correlation between patient support programs and access to IVIG therapy
- Patients prescribed IVIG therapy in the outpatient setting may benefit from hub support designed to mitigate barriers to access and facilitate adherence to therapy.