Patient Perspectives on Non-Medical Switching

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BACKGROUND AND OBJECTIVES

Non-Medical Switching (NMS)

- A patient has their medication changed for reasons other than efficacy, side effects, or adherence
- Often relates to drug formulary policies aimed at reducing drug costs

Physicians have raised concerns on how these policies impact patient care[1]

Objectives

We explored patient perspectives of NMS

- Awareness
- Impact on their treatment and relationship with their provider
- Challenging NMS decisions
- Support needs

METHODS

Research Methods

SEPTEMBER 2022

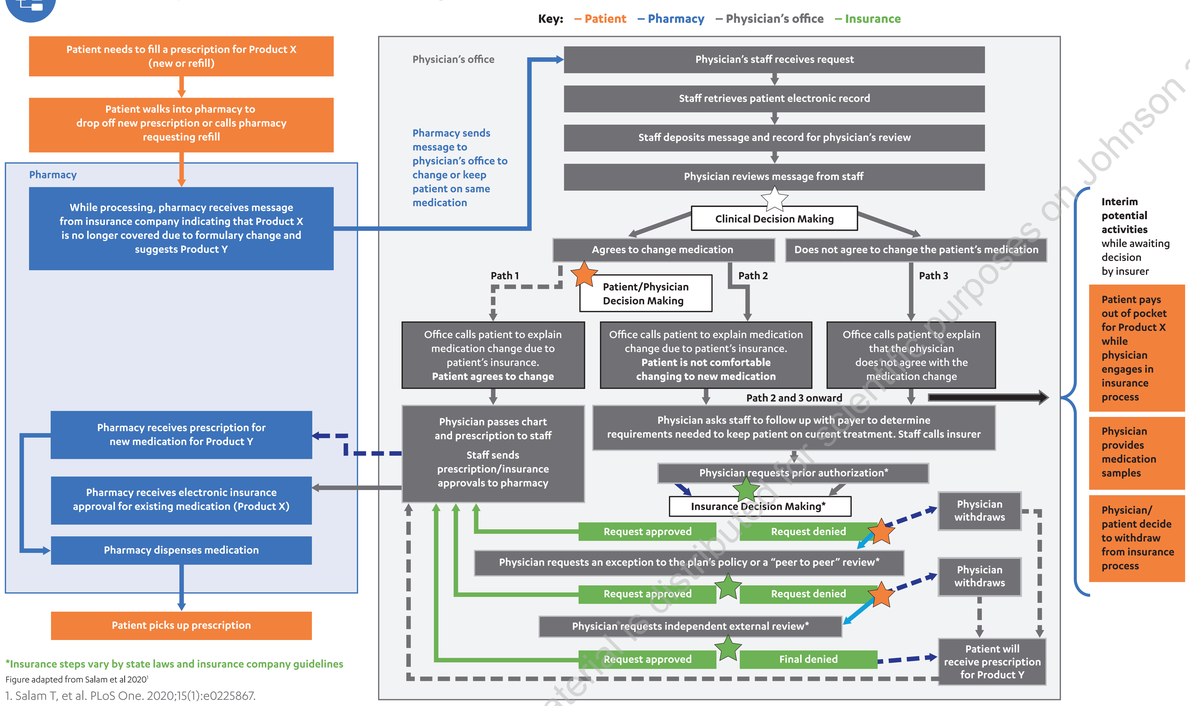
Participants completed a 15-minute prework assignment prior to the session

Participated in a virtual focus group conducted by a Patient Experience Research Specialist (n=5/6 Participants per group)

Patient Participants

- Invited from Janssen's Patient Engagement Research Councils (PERCs)
- Provided informed consent for participation and were compensated for their time

NMS Is a Complex Process for Patients to Navigate[1]



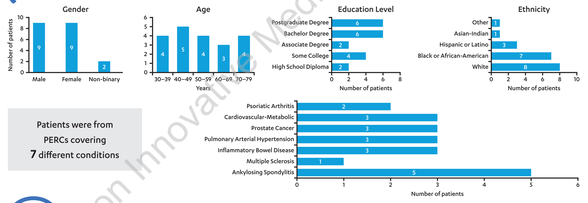
*Insurance steps vary by state laws and insurance company guidelines

Figure adapted from Salam et al 2020[1]

1. Salam T, et al. PLoS One. 2020;15(1):e0225867.

RESULTS

Patient Demographics (N=20)



Patients were from PERCs covering 7 different conditions

Patients' Perceptions of NMS

What 3 words would you use to describe NMS?

Key insights: Words used to describe NMS by patients are mostly negative

Patients' Experiences with NMS

50% received NMS request in the mail

- The rationale for the switch was not always provided in the letter
- An alternative medication option was usually provided in the letter
- Many patients (n=7; 35%) were not informed by the insurance company and discovered NMS when picking up medication at the pharmacy

Disease areas with high-cost medications tend to be most impacted by insurance interference

- Choice of infusion center may be restricted or revoked
- NMS affected patients receiving biologics, which have high out-of-pocket expenses

> *I was taking this particular medication; my symptoms were under control … I got a letter in the mail … 'This is the medication we want you to switch to,' gave me no reason why, and I was scared. I was thinking, 'My symptoms are good. What's this new medication going to be like?'*

Male patient (44 years; American Indian) with inflammatory bowel disease

> *It was as an infusion … so I couldn't get my infusions anymore. I had to switch to a different medication.*

Female patient (45 years; African American) with ankylosing spondylitis

Disruption to medication stability is considered among the most negative effects of NMS

> *I know that it's really important for me to be really consistent with my therapies … [with the switch], I was really nervous …, when I switch back to my old medicine, hopefully, I can get back to where I was … And I was very fortunate that I was able to go back to where I was at.*

Female patient (31 years; African American) with pulmonary arterial hypertension

NMS may affect relationship with a provider depending on their ability to respond and challenge the request

> *Fortunately, I found [a provider] who will work with me, [and has the means to] challenge the [NMS]. They will put pressure on … to get me the meds that I need, especially the biologics. But I've had to cut ties with the providers over the non-medical switching and their [inability to appeal].*

Female patient (45 years; African American) with ankylosing spondylitis

Key insight: Patient-provider relationships are affected by NMS

Patients' Experiences with Challenging an NMS

- 50% of 18 patients challenged an NMS
- Only 3 were successful

Successfully challenging an NMS does not guarantee that insurance will not attempt to switch again

Decision to challenge NMS is often driven by healthcare provider

Practice infrastructure determines whether providers have resources to challenge NMS

Decision not to challenge is due to limited time (both personal and medical), financial reasons, and bureaucracy

Patients felt they were 'never going to win' and successful challenges were only short lived

> *Went to my doctor, and we fought it … won the appeal … A few months later, we get another letter that says, 'We're going to switch the medication again.' Never told me why.*

Male patient (44 years; American Indian) with inflammatory bowel disease

> *… [Y]ou get put into kind of a queue of everybody else that's going through the same thing … Sometimes it's easier just to switch it and pick my battles. I'm never gonna win.*

Female patient (55 years; White) with psoriatic arthritis

> *You're just going to spin your wheels. I feel like I'm just resolved to the fact that this is happening to me … I don't like to feel helpless in this situation … But at this point, I just feel I want my health. I won't gamble when it comes to that.*

Female patient (48 years; White) with ankylosing spondylitis

> *… I escalated to speak to a supervisor, but then I was on hold for so long I ended up dropping a call … because, obviously, [I need to avoid] stresses that can cause a flare up. So, you wanna keep your stress levels as low as possible … It's like a funny situation, but I didn't take any steps to fight it, really.*

Male patient (30 years; African American) with inflammatory bowel disease

Key insight: Insurance fatigue stops patients from challenging an NMS

Patients requested the following to help navigate NMS process:

- Information from the insurance company when a switch is initiated
- Improved communication between the insurance company, patient, and provider
- Better understanding of their options

HCP resources (e.g., staff) available to challenge an NMS

> *… [W]hen I first got approved my biologic, it was my doctor's office, and they had a whole department of people who … say, '… He needs exactly what was prescribed.'*

Male patient (40 years; White) with ankylosing spondylitis

CONCLUSIONS

- NMS may negatively impact patient access to prescribed treatments and patient-provider relationships
- Patients need better support to understand, navigate, and challenge NMS and to maintain appropriately prescribed treatment

DISCLOSURES

Bridget Doherty, Aarti A. Patel, Steven Zona, Gabrielle Geonnotti, and Lisa Shea are employees of Janssen Pharmaceuticals US, Inc., Titusville, NJ, USA. Wesley Peters is an employee of CorEvitas, Waltham, MA, USA, which provided analytical services funded by Janssen Pharmaceuticals.

Medical writing support was provided by Kathryn Quinn and Ify Sargeant on behalf of Twist Medical, and was funded by Janssen Pharmaceuticals US, Inc., a company of Johnson & Johnson.

Presented at ISPOR 2023; Boston, MA, USA; May 7–10, 2023

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