Presented at NHIA 2024

Access to Intravenous Immune Globulin and Patient Compliance: Follow-up Results from an IVIG Support Program

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BACKGROUND

- Patients prescribed intravenous immune globulin (IVIG) face financial barriers and institutional policies that may restrict therapeutic access.
- We report a follow-up on retention and persistency in a “HUB” program designed for patients prescribed IVIG therapies.

PURPOSE

- The objective of our study was to determine a potential correlation between access to a support program and compliance with prescribed IVIG in outpatient settings.

METHODS

- We performed a quantitative analysis of a follow-up sample of participants actively enrolled in a HUB program. These included new and re-enrolled participants from the initial cohort.
- *ADvantage Ig*™ is designed to address financial barriers for patients prescribed ASCENIV™ (immune globulin intravenous, human – slra 10% liquid) and BIVIGAM® (immune globulin intravenous, human – 10% liquid).
- Enrollees were subject to benefits investigation and verification to determine eligibility. The cut-off for inclusion was May 31, 2023.
- The primary measure was the degree of persistency, as measured by program retention and formulary access to IVIG. Access was qualified by type and level of health plan requirement (e.g., prior authorization [PA], step edit) for the prescribed IVIG.
- Projected IVIG compliance was measured by the patient’s ability to access drug for administration at site of care. The present analysis pertains to patients prescribed two of this organization’s IVIG therapies.
- Data were collected and aggregated independently by a third-party consultant and de-identified in accordance with HIPAA compliance.

RESULTS

Enrollees included new and re-enrolled participants from prior calendar periods through May 2023 (n=400), representing a 321.1% increase from the initial sample and approximately a 7.3-fold distribution between the two IVIG therapies. Data were comparable to rates in prior enrollment periods, 2021-2022.

Sites of Care: Participants mainly received therapy as home infusion (41.2%) or at provider practice (52%).

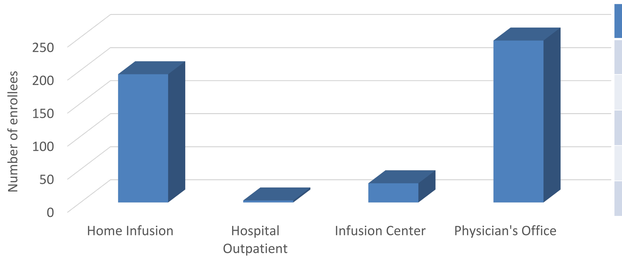


Figure 1. Sites of care for 2023 enrollees (n=47)1

Eligibility: To date, 95% of enrollees remained eligible for the HUB program.

Eligibility	Total (n=400)	Percent
Denied	13	3%
Eligible	379	95%
Not Completed	6	2%
Pending	1	0%
Withdrawn	1	0%

Table 1. Eligibility for HUB program for 2023 enrollees

Payer Mix and Coverage: As with previous cohorts, the majority of lives were covered under commercial plans (94.7%) and met prior authorization (PA) criteria (78.1%); remaining medical policies provided for coverage without PA, policies without coverage, and payer recommended therapies.

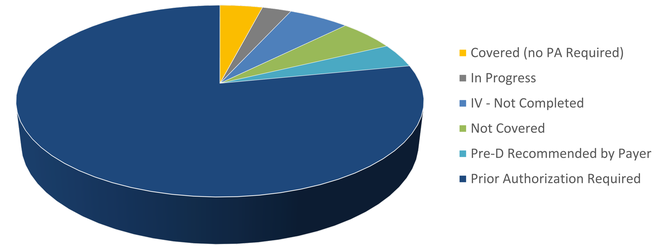
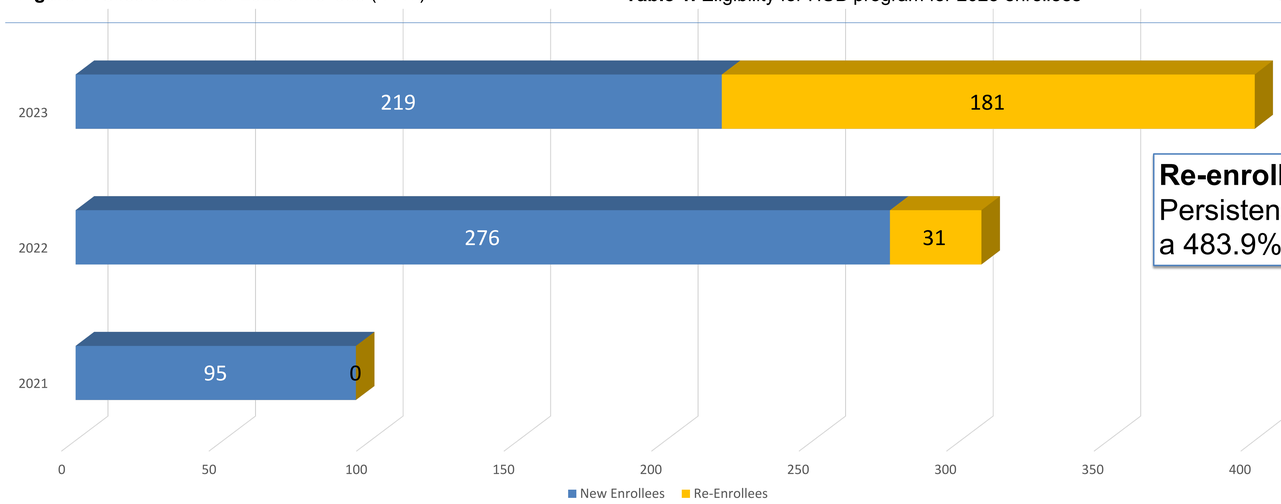


Figure 2. Payer coverage for 2023 enrollees (n=471)



Re-enrollees from Launch:
Persistency rates (2023 vs prior year) demonstrated a 483.9% increase for re-enrolled.

Figure 3. New enrollees and re-enrollees from launch to May 2023

DISCUSSION

- We analyzed the rate of persistency for new and re-enrolled participants in an IVIG support program to determine the degree of access to prescribed therapy. Our findings demonstrate high rates of retention among existing patients and significant increases in new enrollees relative to prior years of enrollment.
- Despite the implementation of co-pay accumulators across 17 health plans at the time of analysis, enrolled patients accessed IVIG therapy as prescribed, thus facilitating compliance throughout their course of disease management.

CONCLUSION

- Patients prescribed IVIG therapy in the outpatient setting continue to gain access to prescribed IVIG through participation of support services. Medical policy should be reviewed and designed to minimize barriers to access for IVIG therapy.
- Our follow-up provides a rationale to further evaluate a correlation between program persistency and patient outcomes.

Disclosures: Jeffrey Gruenglas, Miranda Anaya, and Ricardo Carneiro are paid employees of this biopharmaceutical company.