

2022

**COVERAGE
FOR SCD
SUMMIT**

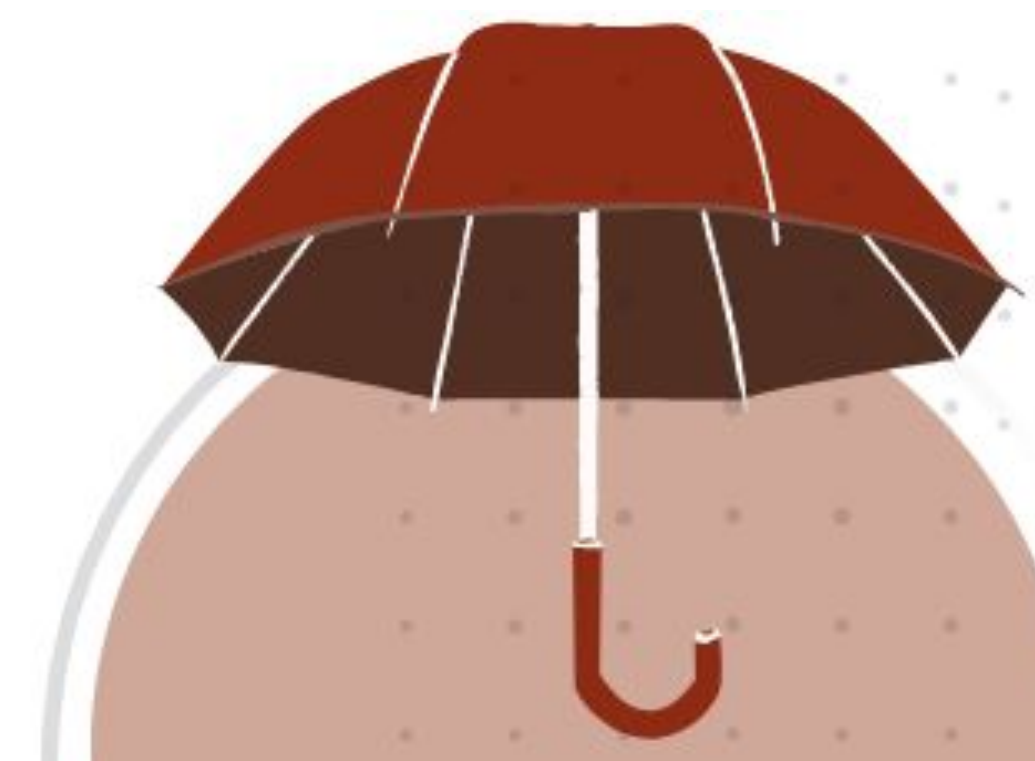


SESSION 4: **A MANAGED CARE APPROACH FOR SCD**

Panel Presentations with Moderated
Discussion

August 31, 2022

3 - 3:50 PM EDT





Introductions



Adrienne Shapiro
(Moderator)

Mother of SCD Warrior,
Executive Director, Axis
Advocacy



John Stancil, RPh
(Presenter)

National Account Director,
Artia Solutions
(Former Pharmacy Director,
NC Medicaid)



**John Watkins, PharmD,
MPH, BCPS**
(Presenter)

Pharmacy Manager,
Premera Blue Cross



**Chanell Grismore, DrPH(c),
MPH, MCHES**
(Presenter)

Director of Sickle Cell Center,
Loma Linda University Medical
Center



Coverage for Sickle Cell Disease Summit Presented by Sick Cells

August 31, 2022

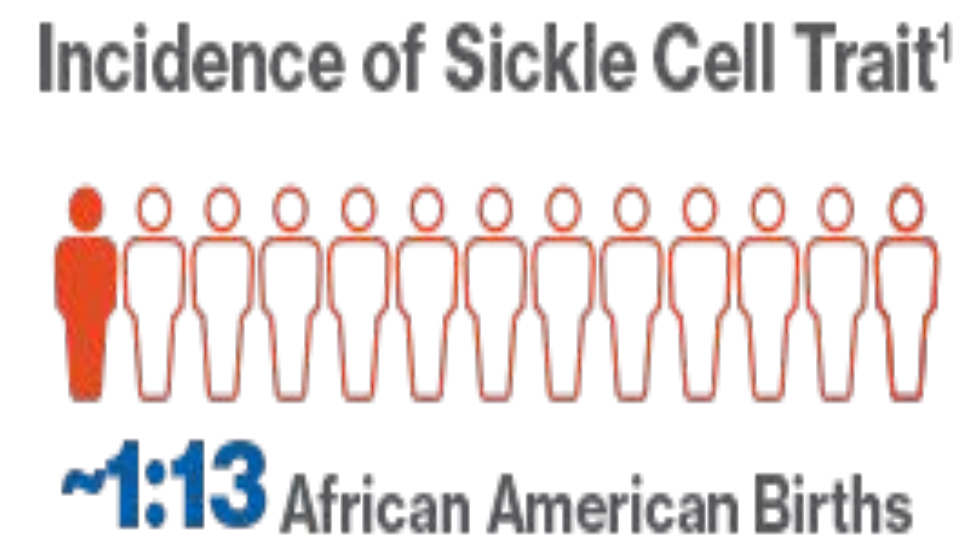
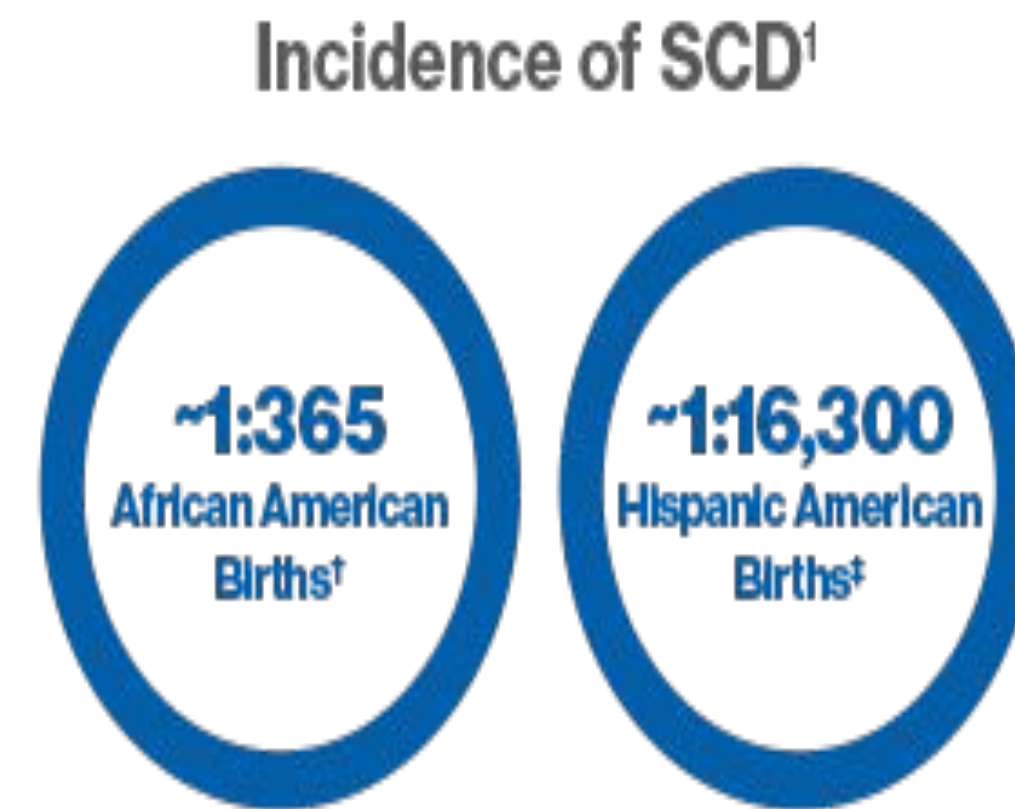
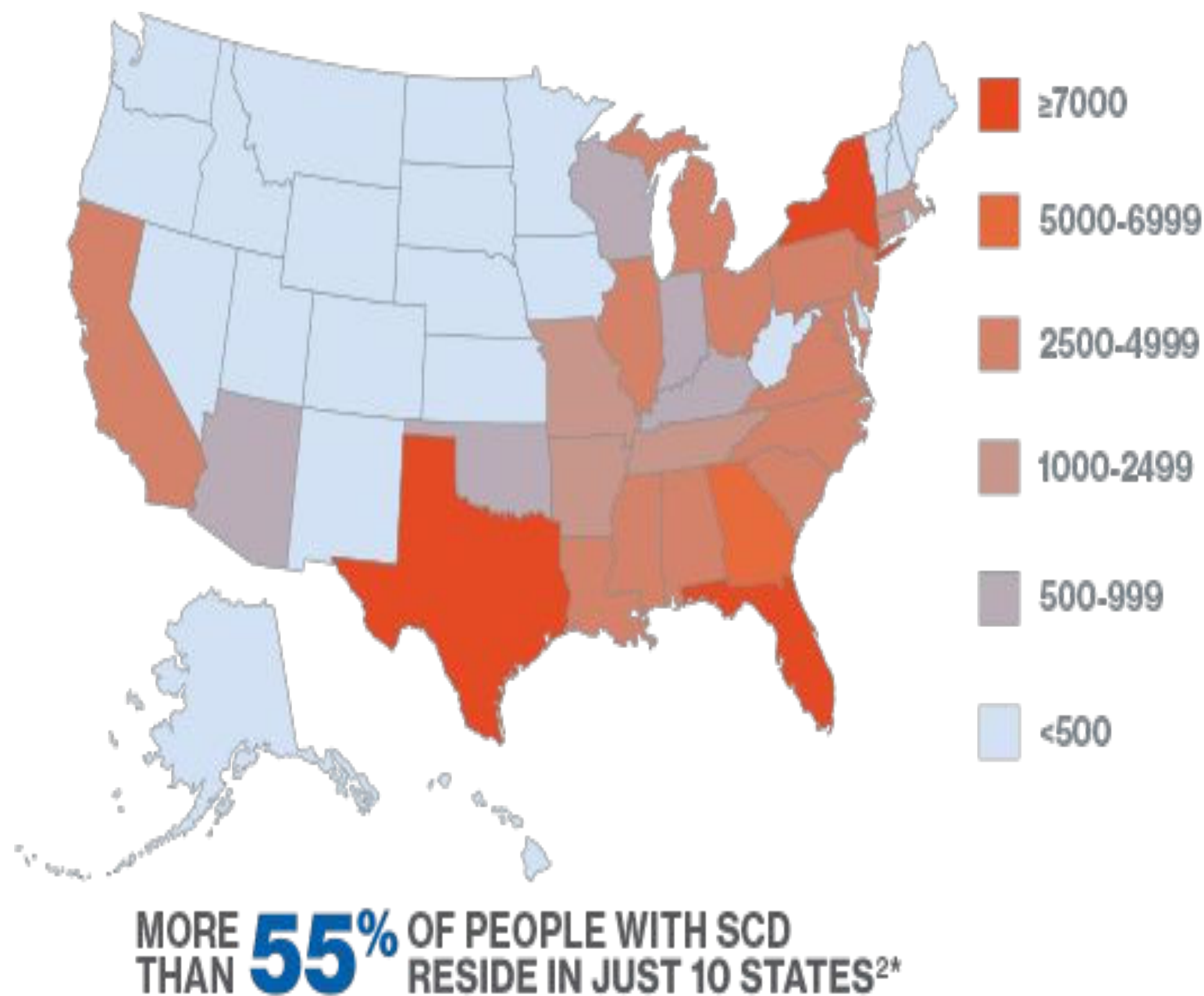
John Stancil, R.Ph.

National Account Director, Artia Solutions

ARTIASOLUTIONS.COM

Incidence of SCD in the United States

~100,000 People in the United States Have SCD



Top 10 states with the highest prevalence of sickle cell disease:

1. Florida: 8803
2. New York: 8661
3. Texas: 7132
4. Georgia: 5797
5. Maryland: 4860
6. California: 4707
7. New Jersey: 4256
8. North Carolina: 3973
9. Louisiana: 3936
10. Pennsylvania: 3743

Total: 55,868

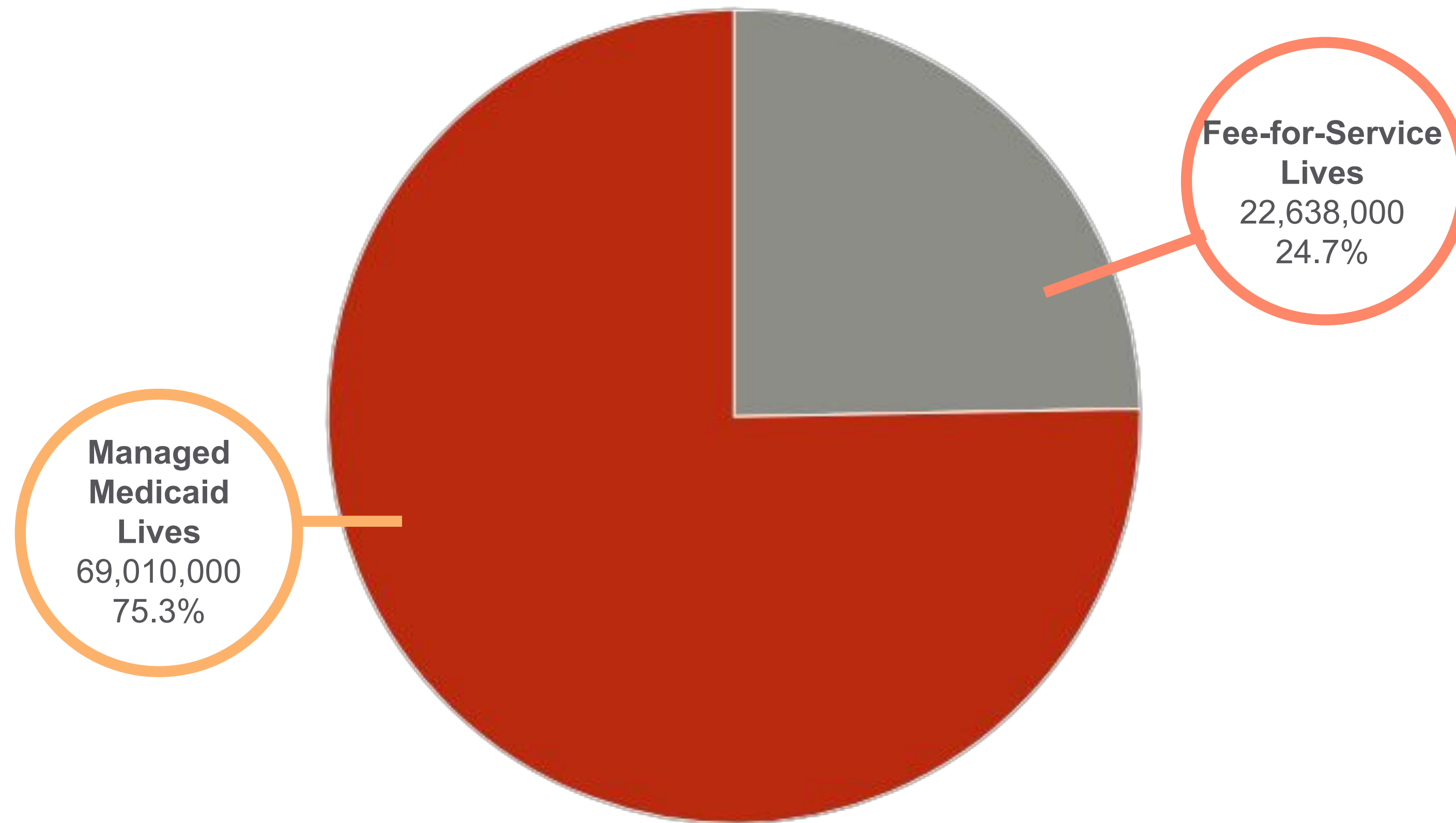
Pharmacy Benefit Coverage

Rebate Solicitations for Oncology Products in California

State	Patients with SCD	FFS Lives	MCO Lives	Total Medicaid Lives	State Controlled Lives
Florida	8,803	1,101,000	4,007,000	5,108,000	5,108,000
New York*	8,661	2,102,000	5,315,000	7,417,000	2,102,000
Texas	7,132	160,000	4,963,000	5,123,000	5,123,000
Georgia	5,797	728,000	1,879,000	2,607,000	728,000
Maryland	4,860	218,000	1,445,000	1,663,000	218,000
California	4,707	2,391,000	11,954,000	14,345,000	14,345,000
New Jersey	4,256	63,000	2,029,000	2,092,000	63,000
North Carolina	3,973	1,033,000	1,710,000	2,743,000	2,743,000
Louisiana	3,936	164,000	1,782,000	1,946,000	1,946,000
Pennsylvania	3,743	664,000	2,785,000	3,449,000	3,449,000
Total	55,868	8,624,000	37,869,000	46,493,000	35,825,000

Medicaid Enrollment

Standard Reporting

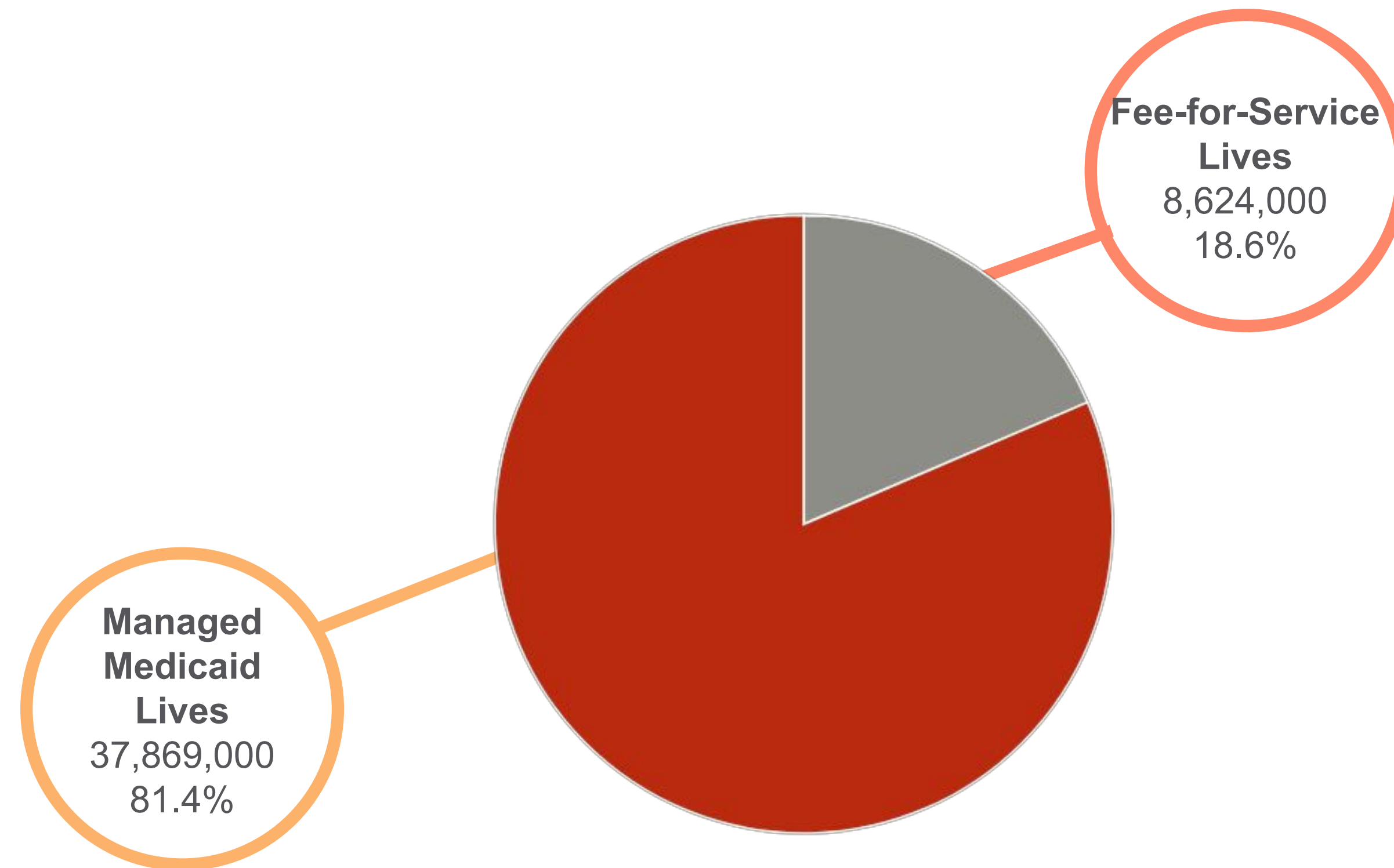


75% of all Medicaid covered lives are in a Managed Care Plan.

TOTAL MEDICAID LIVES =

Medicaid Enrollment for Top 10 States

Standard Reporting

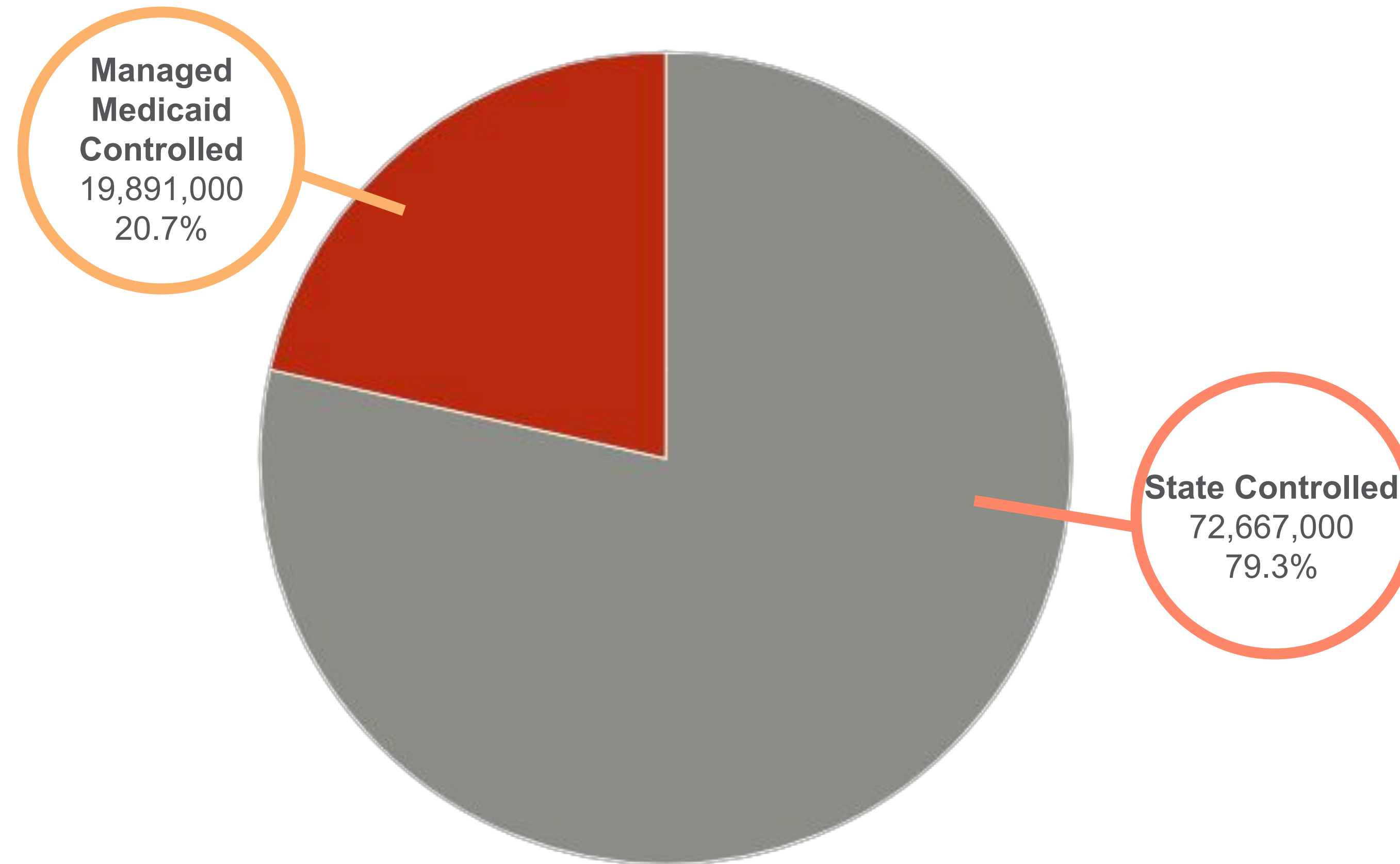


81% of the Medicaid covered lives in the top ten states with the highest prevalence of SCD are in a Managed Care Plan.

TOTAL MEDICAID LIVES =

Coverage Control of Drugs Covered in the Pharmacy Benefit

Based on current state of control of the pharmacy benefit



TOTAL MEDICAID LIVES =

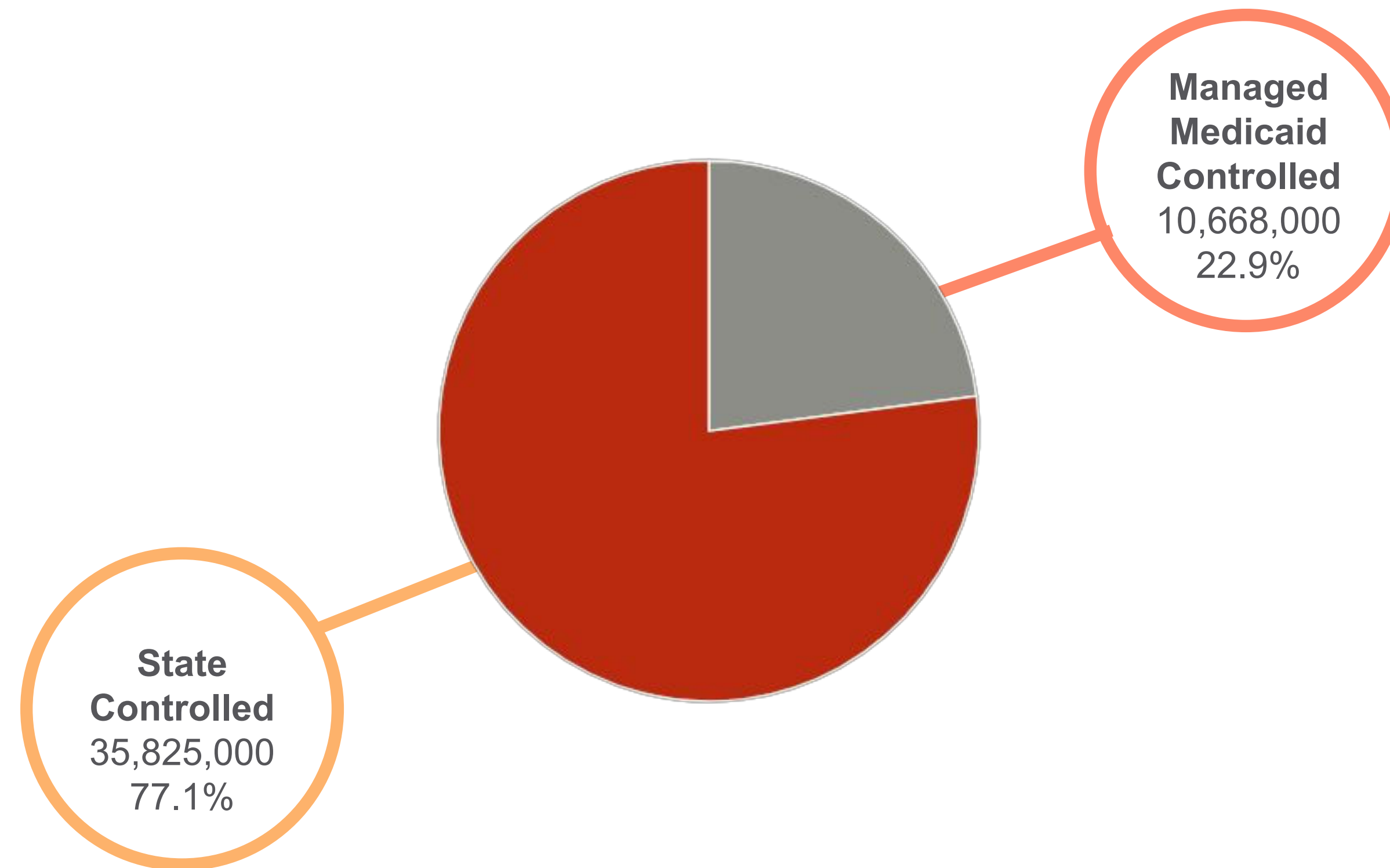
State FFS Medicaid program manages the pharmacy benefit for both the FFS and the MMC programs.

- Statewide Preferred Drug List
- Pharmacy Benefit Carve-Out

While 75% of all Medicaid covered lives are in a Managed Medicaid Plan, the State FFS Medicaid program manages the benefit for **79%** of those covered lives.

Medicaid Enrollment for Top 10 States

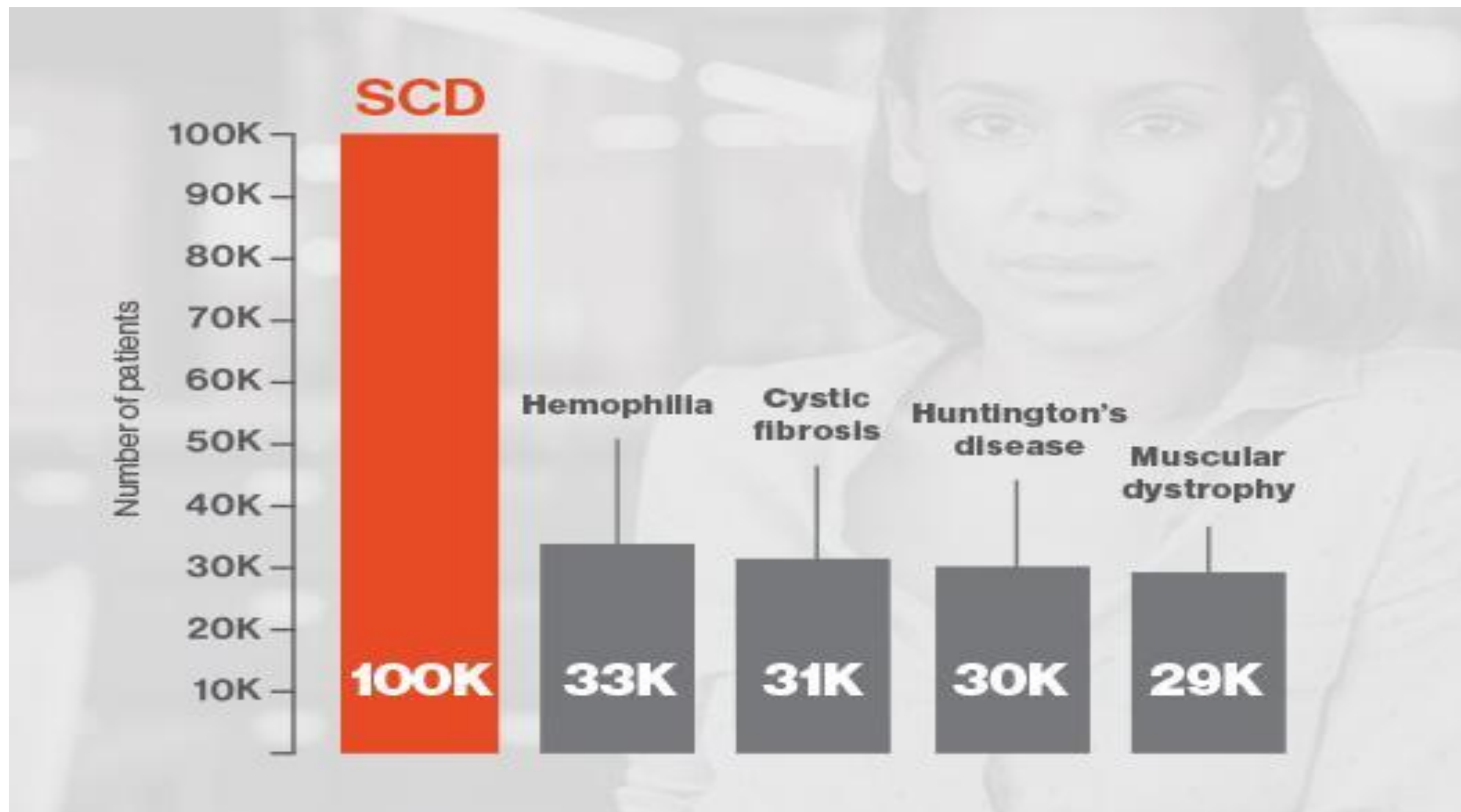
Based on current state of control of the pharmacy benefit



While 81% of the Medicaid covered lives in the top ten states with the highest prevalence of SCD are in a Managed Care Plan, the State FFS Medicaid program manages the benefit for **77%** of those covered lives.

TOTAL MEDICAID LIVES =

Prevalence of Some Inherited Disorders in the United States



SCD is 3 times more prevalent than other rare inherited disorders.

Despite its higher prevalence, SCD awareness and funding are lower than those of other genetic diseases.

Key Payer Insights on Sickle Cell Disease

- Payers in general are not deeply familiar with the clinical aspects of SCD, including pathophysiology, symptoms outside of VOCs, treatment details, and pipeline therapies
 - Although aware of HU as standard of care and Endari, none of them could speak to the details of their efficacy and safety
- Payers considered SCD to be a severe and high-impact disease, with significant patient burden and remaining unmet need
- Payers are not aware of cognitive impact associated with SCD
- SCD patients were generally believed to be receiving treatment from a specialist or SCD expert, and may visit primary care physicians or internal medicine experts for follow up visits and/or continued treatment
- Some payers did not believe that SCD patients had difficulty accessing specialists for treatment, even if they were covered under Medicaid

**Payer
Education is
Critical**

Patient Access vs. Payer Utilization Management



Algorithm for Access

1 SCD Patient Fragility - SCD patients have limited access to specialty care

2 SCD Complexity - Every system in the body is impacted due to a lack of oxygen

3 Clinical Value - Associations of anemia and: Cognition, Cerebrovascular Disease, Kidney and Cardiopulmonary Disease, Decreased Quality of Life/Live Expectancy and Death

4 Economic Value – Healthcare related costs associated with the above

5 Give SCD a Voice – Advocate for patients

Thank You

John Stancil, R.Ph.  jstancil@artiasolutions.com

Artia
SOLUTIONS

ARTIASOLUTIONS.COM

Improving Care for Members with SCD: How a Payer Can Help

John Watkins, PharmD, MPH, BCPS

PREMERA

Payers and SCD: Issues and Opportunities

- **Issues**

- Lack of knowledge/understanding
- Formulary barriers
- Utilization Management criteria
- Compartmentalization

- **Opportunities**

- Educate providers and staff
- Review formularies and UM
- Identify and mitigate barriers for members with SCD

Educational Opportunities

- **Unconscious bias**
 - Not aware of what we don't know
 - Jumping to conclusions
 - Education is (at least part of) the answer
- **Who needs to know more about SCD**
 - Pharmacy and Therapeutics Committee (P&T) Members
 - Network providers
 - Health plan staff
 - Employers
 - General Public

P&T Committee and Formularies

- **Premera P&T Committee**
 - External experts (14 voting members)
 - Mixture of specialties, primary care, pharmacists, economists
 - Determines formulary status and approves UM criteria
- **What the P&T can do to help**
 - Engage with patient organizations, listen
 - Ensure rapid review of new SCD drugs
 - Make all reasonable options available on formulary
 - Review SCD drug classes annually to update new evidence

Utilization management

- **Reasonable Prior Authorization Criteria**
 - Avoid unnecessary requirements (documentation burden)
 - Clear policy language
- **Remove or minimize Step Edits**
 - Variety of different mechanisms among available drugs
 - Physician and patient need different treatment options
- **Evaluate policy language for drugs likely to be used by SCD patients**
 - Clear language
 - Check DEI terms list

Lessons from Similar Conditions

- What can we learn from how we help patients with similar conditions?
 - Cancer
 - Cardiovascular disease
- **Pain control**
 - Examined opioid medical policy
 - Added SCD to list of disease state exceptions
- **Palliative care**
 - A longer-term approach (more than hospice)
 - Improve symptom management
 - Optimize functionality, improve quality of life

Thank You!

PREMERA

Loma Linda University Medical Center

Sickle Cell Center



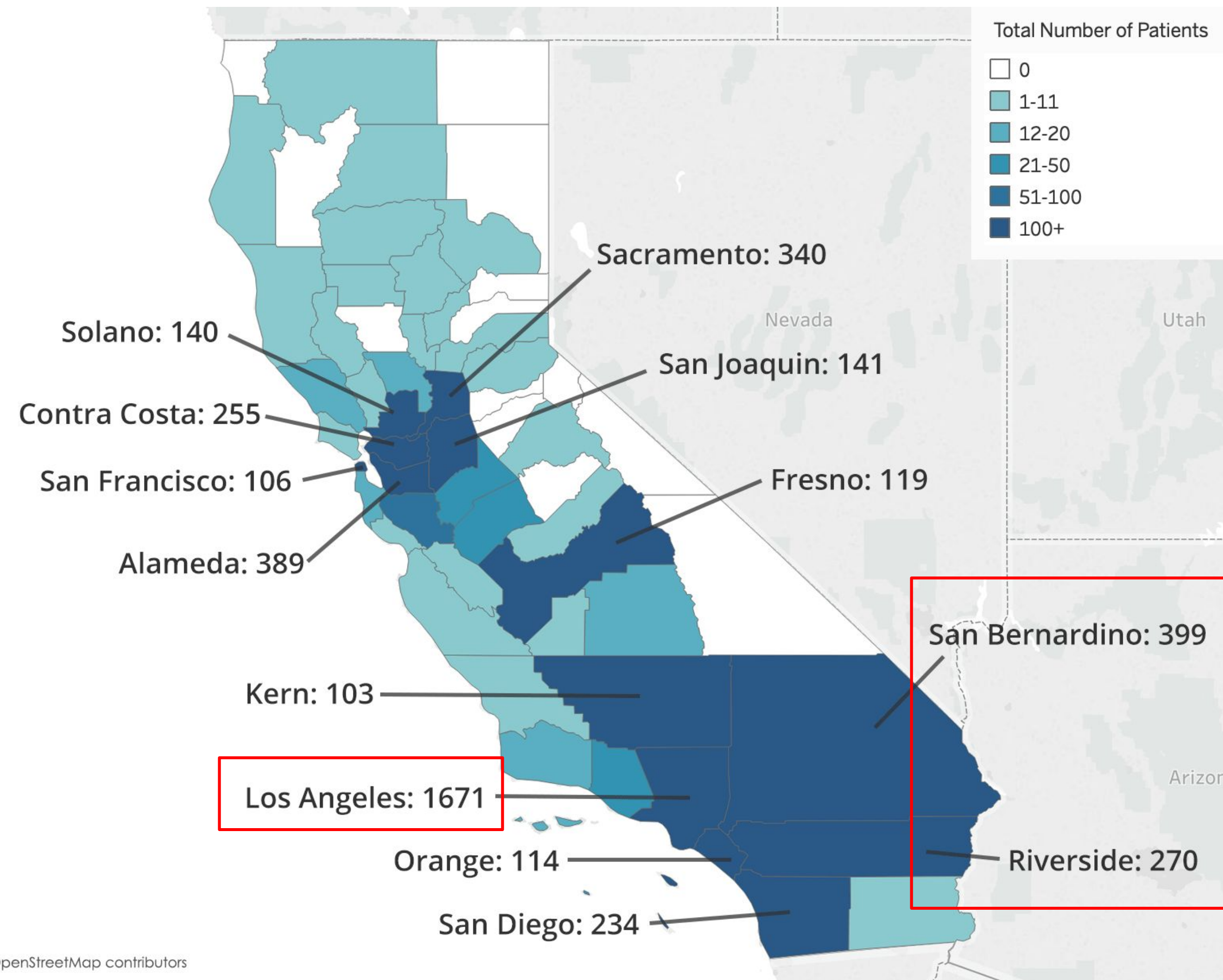
MANY STRENGTHS. ONE MISSION.

A Seventh-day Adventist Organization



**LOMA LINDA
UNIVERSITY**
MEDICAL CENTER

Sickle Cell in the Inland Empire



<https://trackingcalifornia.org/sickle-cell-project/sickle-cell-project-landing/>

AB 1105: Sickle Cell Disease

» Loma Linda Medical Center Granted \$500,000 to develop a Sickle Cell Center

- ~ Introduced by Assembly Member Gipson in 2019
- ~ Appropriated \$15 million from the General Fund to establish a 3-year sickle cell disease center pilot program
- ~ Sickle cell disease centers as special care centers
- ~ Comprehensive outpatient care: team-based medical care, behavioral health, and social support

Medical Home



Program Components

Clinical Care

- Monthly half-day clinics (2)--Family Medicine at SACHS
 - Transitioning to weekly
- Sickle Cell Specialists
- Pain Management
- Social Worker
 - SDoH
- Behavioral Health
 - Connection to external / internal resources
 - Diagnostic testing

Education

- Nurse Education
- Family Medicine Residents
- Palliative Care Fellow



Program Components (cont.)

Social Support

- Housing / Transportation / Food / Financial Assistance
- Insurance and Benefits Navigation
- Support Groups / Peer Support

Community Engagement

- Needs Assessment
- Focus Groups
- Community Advisory Board
- Collaboration with CBOs

Transition Care

- Bridging communication between adult/pediatric teams
- Disease Education (patient/caregiver)
- Navigating Insurance

Improving Access to Care

Partnering with MCPs: Inland Empire Health Plan (IEHP)

- Modified Prior Authorization Process
 - Retro or Advance Prior Authorizations
 - IEHP Direct
 - Same day infusions

Funding

- Value-Based Payment Incentives
 - Institutions providing comprehensive care to patients with SCD
 - Demonstrate Improved Outcomes
 - Educate Payors on costs of SCD care
- Multi-Government Agency Funding Network
 - Modeled by Hemophilia
 - US Public Health Services; HRSA; CDC; NIH

Thank you

Contact: Chanell Grismore
cgrismore@llu.edu

Q&A Session

3:35 – 3:50 PM

This moderated discussion will last for about 15 minutes.

Please take a moment to submit your questions via the “Q&A & Chat” box.

Feel free to direct your question for a specific panelist to answer.



Adrienne Shapiro
Mother of a Warrior



John Stancil, RPh
Artia Solutions



John Watkins,
PharmD, MPH, BCPS
Premera Blue Cross



Chanell Grismore,
DrPH(c), MPH, MCHES
Loma Linda University
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CLOSING REMARKS

By: Ashley Valentine



Ashley Valentine, MRes
Sick Cells

