

**Pegylated Interferon
Reimbursement Review
for PATIENTS**

Reimbursement for Pegylated
interferons is available
through many different
channels.

This presentation will focus on patient
accessibility to PEGETRON.

PEGETRON

Reimbursement Process

Step #1. Determine your drug plan coverage.

Do you have a drug plan ?

- NO, apply for Trillium
- YES, determine if patient has
 - ODB or associated drug plan
 - PAY-Direct Drug Plan card, or
 - Paper Claim Drug Plan

PEGETRON

Trillium Drug Plan

For Patients with NO DRUG COVERAGE or large deductibles.
Trillium is the same drug plan as ODB and has similar rules.

- Patients with a valid OHIP card are eligible
- Application forms are available at local pharmacy or by calling 1-800-575-5386
- Application process may take upto 8 weeks
- Patients will require their Notice of Assessment from Revenue Canada from the previous tax year (ensure pts are timely with their taxes)
- Patients will require a Section #8 approval
- Patients will pay a quarterly deductible

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Trillium Drug Plan

Examples of Annual Trillium Deductibles *

Net Family Income	Single Person	Family of Two	Family of Three	Family of Four
\$ 6,500	\$ 350	\$ 250	\$ 200	\$ 150
\$ 25,000	\$ 736	\$ 636	\$ 586	\$ 536
\$ 35,000	\$1,186	\$ 1,086	\$ 1,036	\$ 986
\$ 50,000	\$ 1,861	\$ 1,761	\$ 1,711	\$ 1,661
\$ 75,000	\$ 2,986	\$ 2,886	\$ 2,836	\$ 2,786

*Deductibles are then divided into quarterly installments and prorated based on start date

PEGETRON Trillium Drug Plan

Remember if you have Trillium you also need a Section #8 before you will be covered for PEGETRON.


Once you are approved for Trillium you now have a drug plan!!

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Reimbursement Process

Step #2. You have a drug plan.

Types of drug plans:

- ODB  Trillium
- Paper Claim Drug Plan, or
- PAY-Direct Drug Plan card

Everyone with a OHIP card has a drug plan!!

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Ontario Drug Benefit

Who has ODB?

- all pts over 65 with a valid Health Card have ODB
- pts on Social Assistance*
- pts on Handicap Benefits
- pts on Home Care**
- pts in Accredited Nursing Homes
- pts on Trillium

•Pts will have a paper “card” issued to them monthly

•Pts may be on Home Card for short periods of time

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Ontario Drug Benefit

ODB Notes

- pts will pay between \$2 and \$6.11 per RX*
- pts will require a Section #8

*Some seniors may have a \$100 annual deductible, pts on Trillium will have larger deductibles

Trillium Drug Plan / ODB

Section #8

A Section #8 Request is simply a letter from your physician to the Ontario Drug Programs requesting coverage for PEGETRON. The letter is faxed to the provincial government at 416-327-7526

The letter must include :

- Patients name, date of birth, and OHIP number
- The doctors telephone and fax number
- The clinical rational for PEGETRON therapy

Trillium Drug Plan / ODB

Section #8

The Section #8 letter is read by pharmacists and physicians at the Ministry of Health. These health care professionals decide if you are eligible.

Criteria have been developed to facilitate approval for “common” cases, however, if patients do not meet the criteria they can still get approval.

Trillium Drug Plan / ODB

Section #8

Naive Pts

for the treatment of chronic hepatitis C in pts previously untreated with interferon therapy, with the following criteria

1. two elevated ALT values in last six months (1.5xUL normal)
 - only one required if biopsy shows fibrosis
2. HCV(+)
3. Liver biopsy is strongly recommended in Genotype 1 pts (liver biopsy not required in Genotype 2 or 3)
4. Grade 2 Fibrosis on biopsy*

*If less than stage 2 doctor must explain why!!

Trillium Drug Plan / ODB

Section #8

Retreatment

for the treatment of chronic hepatitis C in pts who have :

- a. relapsed after Intron or Rebetron
- b. failed Intron monotherapy

Relapse is defined as :

1. pt must have received 6-12 months of interferon/Rebetron
2. pt must have had a positive response to interferon/Rebetron (normal ALT levels within first 12 weeks of treatment and ALT level remain normal until end of therapy)
3. pt response must be followed by a relapse (i.e. ALT elevation more than 1.5x upper limit of normal)

Patients who failed Rebetron (i.e. no end of treatment response) will be REJECTED !!!!

Trillium Drug Plan / ODB

Section #8

Duration of Therapy

Genotype 1 = 48 weeks

Genotype 2/3 = 24 weeks

** Patients may be treated for longer periods under special situations approved by the government

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Private Insurance

In Ontario we have:

- 10 Pharmacy Adjudicators
- 30 Insurers
- 100 Standard Formularies
- 1000's of Drug Formularies

Two major reimbursement systems

1. Paper Based Claims
2. Pay-Direct Cards

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Paper Based Drug Plans

- represent 55% of private market
- patient pays pharmacist and is then reimbursed by insurer
- approx. 90% of patients with paper based drug plans will have access to PEGETRON
- confirm coverage prior to dispensing*
 - call phone number on forms
 - speak to Benefits Manager

*Have DIN number ready!

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Paper Based Drug Plans

Patients weight	Package Size	DIN
< 40 kg	50 ug / 800mg	02246026
40 – < 64 kg	80 ug / 800mg	02246027
64 – < 75 kg	100 ug / 1000mg	02246028
75 – < 85 kg	120 ug / 1000mg	02246029
> 85 kg	150 ug / 1200mg	02246030

Conclusion

- RNs/patients need to communicate with insurer or Benefits Manager whenever they pay first and get reimbursed later!!

PEGETRON

Pay Direct Cards

Patient simply presents card to pharmacist who can then determine coverage prior to dispensing.

Major Pay-Direct Cards are:

- BCE Emergis (Assure Health /Shared Health)
- Blue Cross
- ClaimSecure
- ESI
- Green Shield
- Liberty Health

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Other Payers

Native Affairs

NIHB will reimburse PEGETRON in patients with Hepatitis C infection.

** If your drug plan does not pay for PEGETRON you should apply for Trillium

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Other Payers

What if you have insurance that pays for most of your PEGETRON and you can not afford your co-pay?

Three avenues for assistance

- **Between 86/90 Fund**
- **Trillium Drug Plan**
- **Hep Care Line**

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Between 86/90

This fund is administered nationally by
Crawfords they can be reached at
1-877-434-0944 or www.hepc8690.ca

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Between 86/90

The Transfused HCV Plan (Schedule A)

For persons who were infected with HCV through a blood transfusion received in Canada between Jan 1, 1986 to July 1, 1990 (*along with* secondarily infected spouses, children and certain family members)

The Hemophiliac HCV Plan (Schedule B)

For persons with hemophilia / Thalassemia Major, who received blood between Jan 1, 1986 to July 1, 1990 (*along with* secondarily infected spouses, children and certain family members)

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Between 86/90

The Administrator will reimburse you for any amount that is not covered by your drug plan.

You will need to send a GEN 3 Form along with receipts and appropriate insurance information.

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Trillium Copay Assistance

Same process as beginning of presentation.
You must apply for Section #8 approval as well.

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Trillium

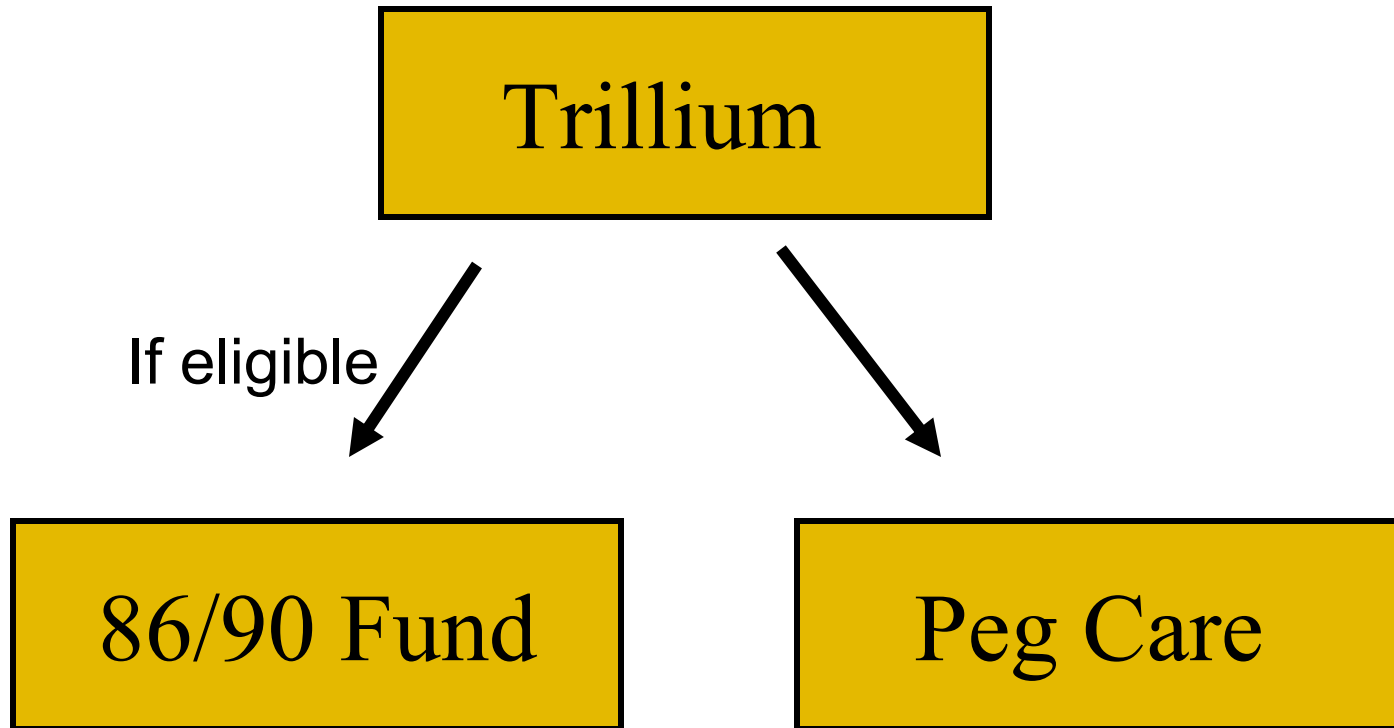
PEG-CARE is a confidential patient assistance program supported by funding from Schering Canada.

PEG-CARE can assist you in obtaining coverage for PEGETRON and can help you with your deductibles.

NOTE: It is recommended that you call **PEG-CARE** BEFORE you fill your PEGETRON prescription

1-800-603-2754

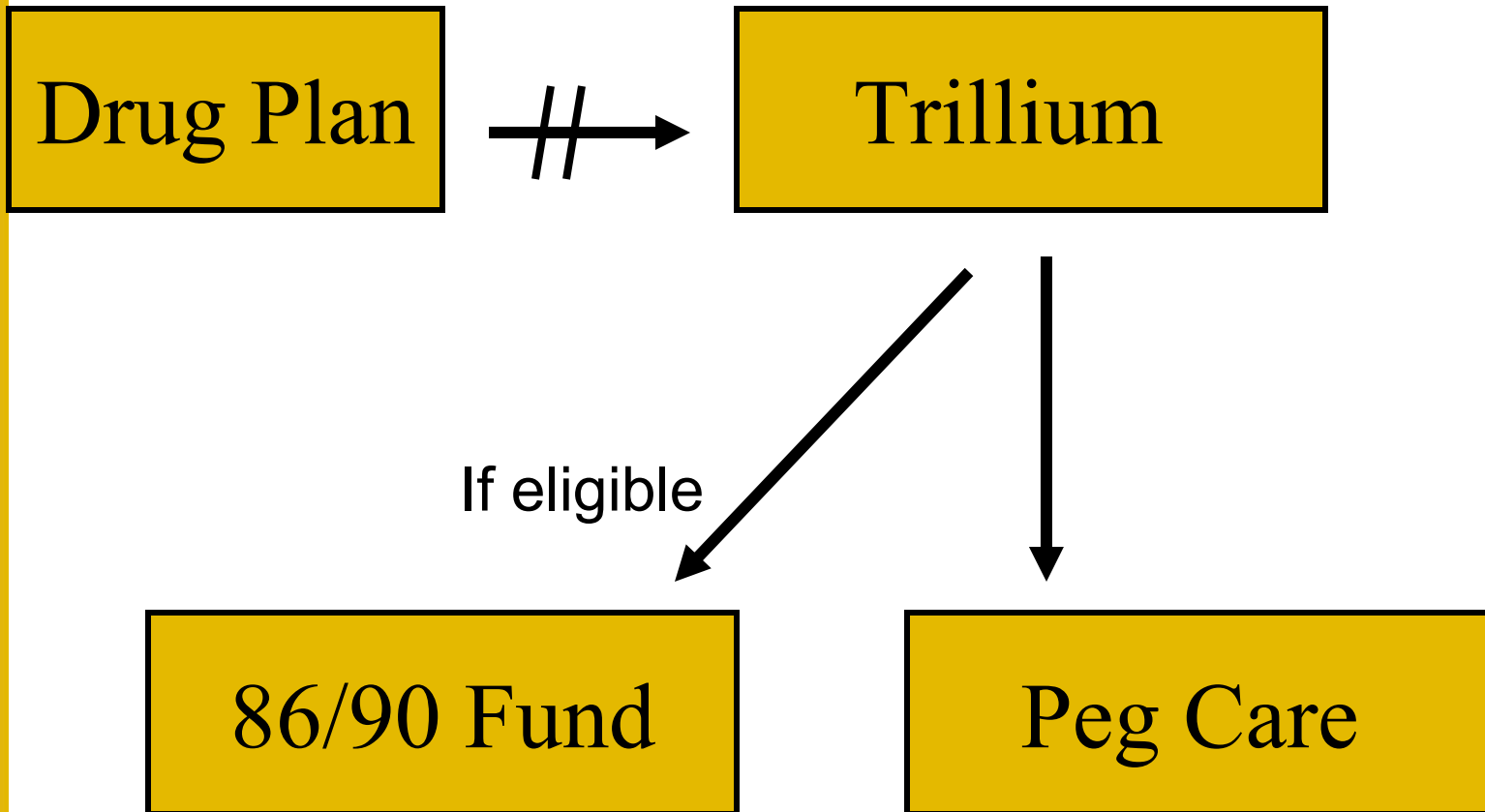
PEGETRON No Drug Plan



- black line represent copays

PEGETRON

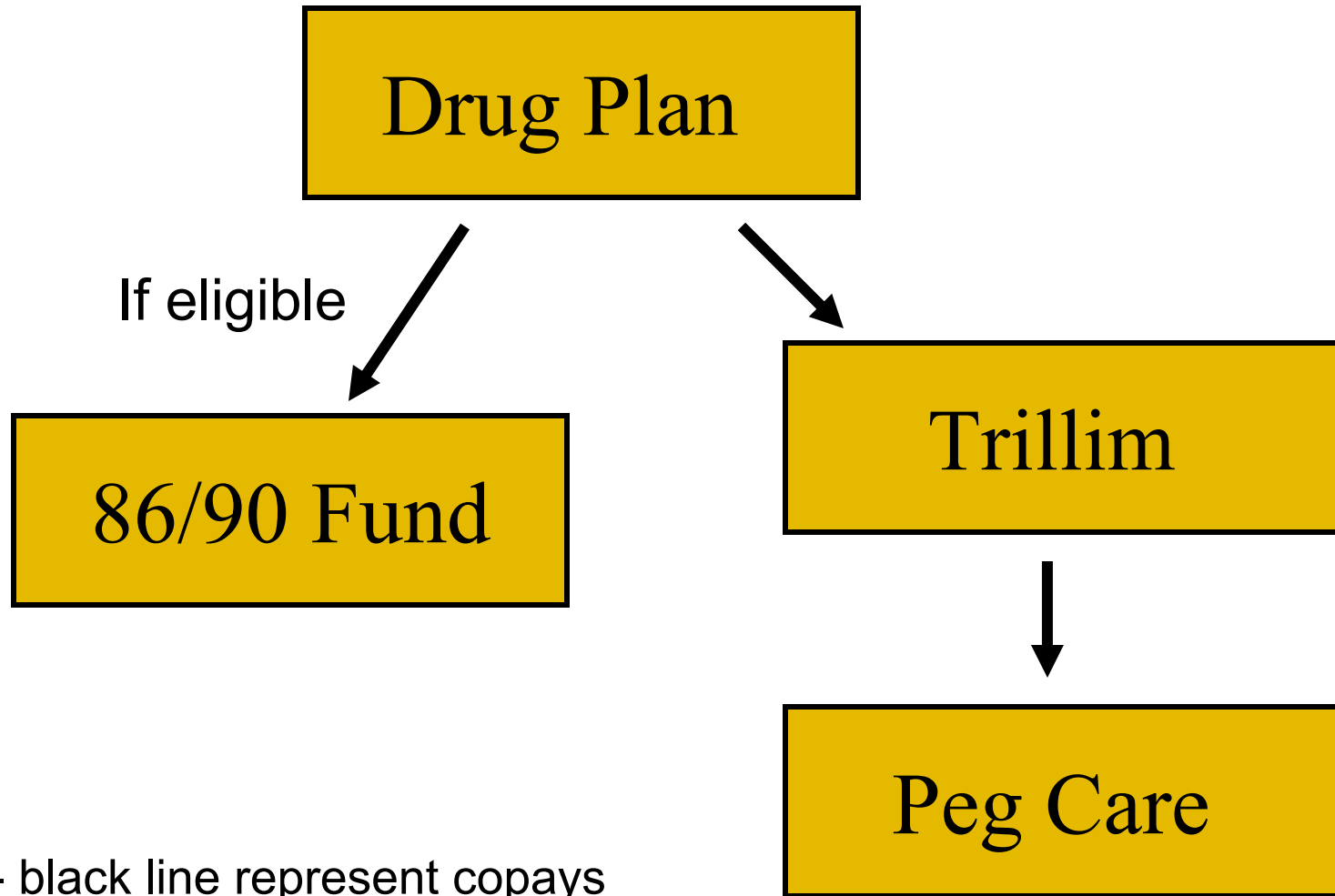
Drug Plan that does not cover



- black line represent copays

PEGETRON

Drug Plan that covers



- black line represent copays

PEGETRON

Conclusion

Most patients in Ontario have
economically feasible access to
PEGETRON

PEGETRON

Conclusion

PEG Care

1-800-603-2754