Barriers to Accessing Biologics Treatment Coverage in Canada: Exploring Acceptance Rates and Patient Characteristics

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Background

- **Mepolizumab (NUCALA) and dupilumab (Dupixent) are approved add-on therapies for chronic rhinosinusitis with nasal polyps (CRSwNP)**
- **Multiple studies have found that <60% of patients that apply for biologic therapy for CRSwNP receive the biologic but the therapy is effective within those who receive it. (1) (2)**
- **GSK recently implemented a bridging program for NUCALA while waiting for EDS approval from the Saskatchewan government. This bridging program provides patients with the biologic without the need for insurance**

Objectives

- **To determine the effect of the bridging program and concurrent asthma on the access to biologic**
- **To determine the effect of the bridging program and concurrent asthma on the median days for coverage of the biologic to be denied/given**

Methodology

Retrospective chart review of a single ENT clinic with patients applying for Dupixent and NUCALA

40 patient's charts and contact with the PSP programs for Dupixent (Freedom Support) and NUCALA (Vista)

Patient characteristics, time between application and injection/denial of biologic, cause for denial, and insurance was taken

Results

Characteristic	N (%)	Mean
Age		46.9
18-30	2 (5.0%)	
31-65	31 (77.5%)	
>65	7 (17.5%)	
Asthma		
Yes	23 (57.5%)	
No	17 (42.5%)	
# of attempts at securing biologic		
1	23	
2	17	
Total Attempts	57 (100%)	
Biologic in Attempt		
NUCALA	49 (86.0%)	
Dupixent	8 (14.0%)	
NPS		6.43
VAS		7.18
SNOT-22		64.6

Table 1: Patient characteristics

Factor	% of Successful Attempts to Secure Access to biologic	p-value
With Bridging Program	76.0%	**p < 0.001**
Without Bridging Program	28.1%	
Concurrent Asthma	44.7%	p = 0.35
No Asthma	57.9%	

Table 2: Effect of bridging program and concurrent asthma on access to biologic for CRSwNP patients

Factor	Median Days for Biologic to be Denied/Given	p-value
With Bridging Program	76.5	p = 0.10
Without Bridging Program	68.0	
Concurrent Asthma	72.5	p = 0.85
No Asthma	71.0	

Table 3: Effect of bridging program and concurrent asthma on median days for biologic to be denied/given

Discussion/Conclusion

- The bridging program increased the chance of initiation of biologic therapy but not the median days. This would indicate that despite the bridging program's purpose of giving the therapy for the need for insurance approval, it still requires a long approval process to receive the drug.
- Despite concurrent asthma increasing the likelihood of a possible coverage through eosinophilic asthma indication, there seems to be no indication that it plays a big difference in the access to biologics for different patients
- New biologic therapies are very difficult for patients to access due to lack of coverage by insurance and the provincial government. The use of bridging programs drastically increases access to biologics while waiting for coverage

References

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