

To: William Lippert
From: Jason W. Williams
Sent: Tuesday, May 26, 2020 4:52 PM
Subject: Written Comment on VPharm

Dear Representative Lippert,

Thank you for the opportunity to offer a comment on the proposal before the House Health Care Committee related to a change to VPharm.

Below are two patient stories illustrating the need for this change for patients needing maintenance medications. For many patients, particularly oncology patients suffering with blood cancer, advances in medication allow for the maintenance of health over longer periods of time. Where before oncology treatment was routinely episodic, we are now caring for patients over extended periods of time with maintenance medications. These advances are costly. Copays can routinely range from \$1,000-3,000. The patients we treat in this way are typically receiving retirement or disability income only. Because of the rules for initiating maintenance prescriptions for VPharm 2 and 3 beneficiaries, the initial copay can be well above what a patient can afford. We can often work with patients to access co-pay grants to cover the initial co-pay. The co-pay assistance grants open and close periodically, and are for specific conditions. They are not a consistent source of support for this need. Therefore, this change is necessary. Patients who are eligible for VPharm 2 or 3 are very low income and have few resources.

Case examples from Patient A and Patient B:

- Patient A was being treated for Multiple Myeloma and needed to start taking Revlimid. The initial co-pay for Revlimid was \$2,698. Patient A and his spouse live on Social Security retirement. There was no way that patient A was going to be able to afford the initial co-pay. There were no co-pay grants available to cover the initial cost. An exception to the rule was sought, and was granted. However, we learned this was in error and would be the only time an exception would be granted.
- Patient B was being treated for Chronic Myelocytic Leukemia and needed to start the medication Synribo. A 10 day supply for Synribo was \$1,500. Again this was an elderly patient living off of her Social Security retirement. Our request for an exception was denied. When patient B was denied having the initial co-pay covered she went without her treatment and she was hospitalized. Her Oncologist has shared that it's very possible that the hospitalization could have been prevented if she had received the medication. Eventually, Patient B paid for a 5 day supply of Synribo versus the typical 10 day supply (\$1,500) which was a little over \$800. We were able to reimburse her \$312 through a grant. After this initial co-pay was paid by the patient, VPHARM was able to cover her medication as maintenance.

Thank you for your work on this important topic and please be in touch with any questions or concerns.

Sincerely,
Jason & Matthew

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