



Injection Therapy:
Balancing Treatment
Decisions in a
Rapidly Changing
Landscape

Presented by
Claire M. Murphy



1



A little about me...

2

☛ Claire's Original Slide Deck!!

The kid who puts memes in his
powerpoint presentation



**BEST PRESENTATION
EVER!!!!**

3



4



5



6

Considerations for Treatment Options

- Physician Choice – The decision of treatment should be a discussion between a physician and their patient
- Factors to also consider – efficacy & safety, prior response to other treatments, what med will give the patient the best clinical outcome
- Will the patient be compliant?
- Choose your destination drug & map a pathway to get there

7

Always Ask... Is it Covered?

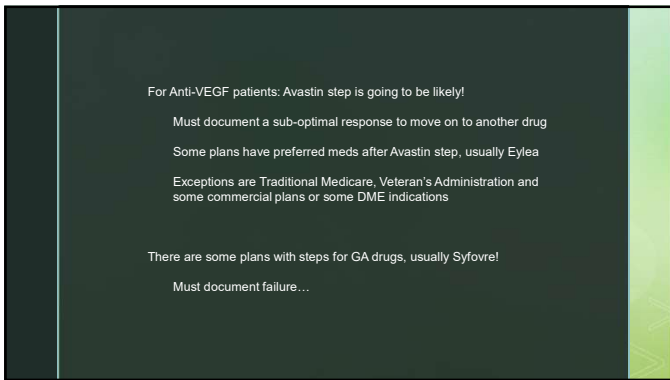
8

- Your administrator always wants you to bill the drug!
- Is the drug covered under a BILLABLE diagnosis?
 - Yes? Let's keep going!
 - No... What options do you have instead?
- Apply with patient's insurance for medical necessity for off label treatment
- Sample Drugs provided by manufacturer
- May qualify for off-label charitable programs through manufacturer, speak to your reps!
- Does your practice have any enrolling research studies?

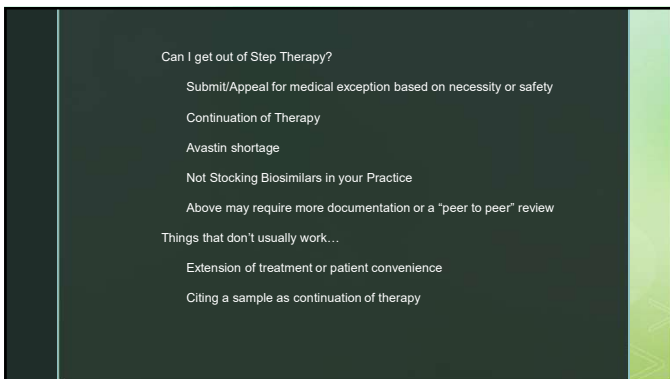
9



10



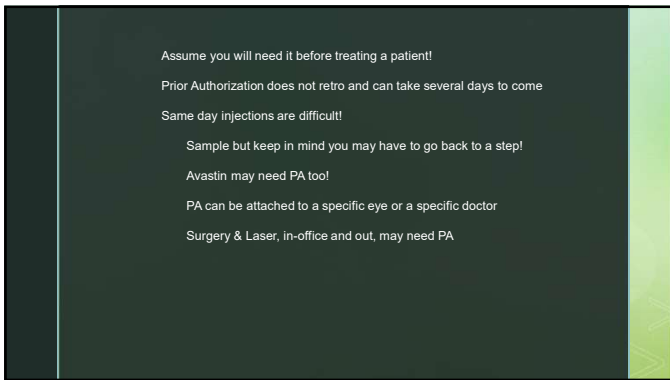
11



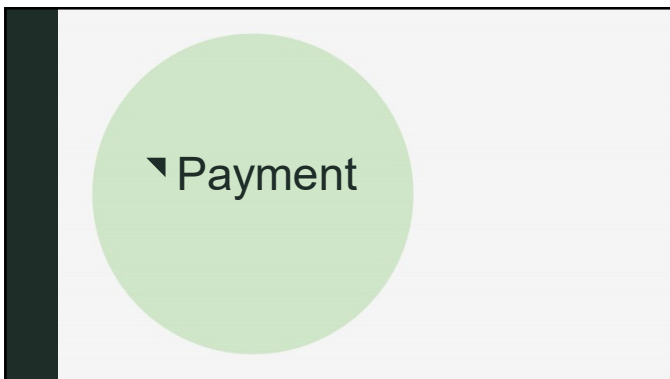
12



13



14



15

Commercial vs. Medicare

Commercial	Medicare
<ul style="list-style-type: none">• Usually under 65 years old• Deductibles and Co-insurance vary plan to plan• Qualify for copay cards for drugs to help cover out of pocket costs	<ul style="list-style-type: none">• Usually over 65 years old• Traditional only covers 80%• Some patients will have Medicare Advantage plans or Medicare Supplements

16

Commercial Insurance

Run a **BENEFITS INVESTIGATION** for branded drugs

Make sure **PRIOR AUTH** is obtained and **STEP THERAPY** is followed

Enroll patient in **COPAY CARD** to offset patient portion

17

Traditional Medicare Only

RED WHITE AND BLUE with No Supplement

Run a **BENEFITS INVESTIGATION** for branded drugs

PRIOR AUTH and **STEP THERAPY** are not needed!

If patient is only Medicare, the patient will have a copay of 80% of ALL charges, including drugs, after a \$257 deductible.

18

J0177 EYLEA HD	\$526.49
J0178 EYLEA	\$320.43
J2777 VABYSMO	\$422.95
J2778 LUCENTIS .3	\$74.38
J2778 LUCENTIS .5	\$123.97
J2781 SYFOVRE	\$439.11
J2782 IZERVAY	\$434.82
J7312 OZURDEX	\$287.78
J3396 VISUDYNE	\$345.09
COMPUNDED AVASTIN	\$14.68

19

Medicare and a Supplement

RED WHITE AND BLUE & Supplement

Run a **BENEFITS INVESTIGATION** for branded drugs

PRIOR AUTH and **STEP THERAPY** are not needed!

Supplement helps pay for Medicare co-insurance (the left over 20%)

May have a copay or a deductible and may not cover Medicare deductible. The benefits investigation should tell you all this information so the patient is aware of any out of pocket costs.

20

Medicare Advantage Plans

Run a **BENEFITS INVESTIGATION** for branded drugs

PRIOR AUTH and **STEP THERAPY** are **LIKELY** needed!

There are usually office visit copays, can have hidden costs and typically only cover buy and bill drug costs at 80% but they will have an out of pocket max

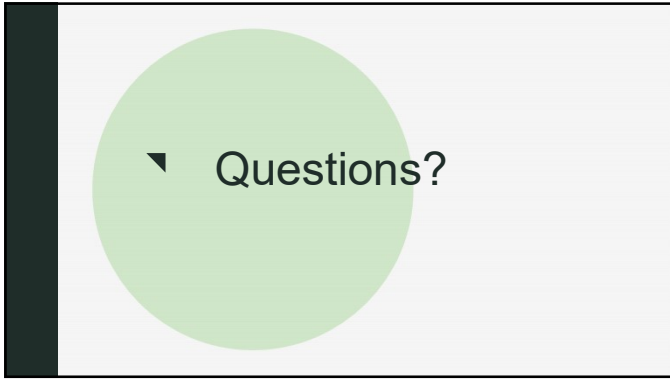
Without foundation assistance, which is currently closed, patient is responsible for 20% balance of drug

Foundations do not cover Avastin

Selection of drug may be dependent on what patient can afford to pay.

Financial Counseling is a good idea to talk over all these factors

21



22



23
