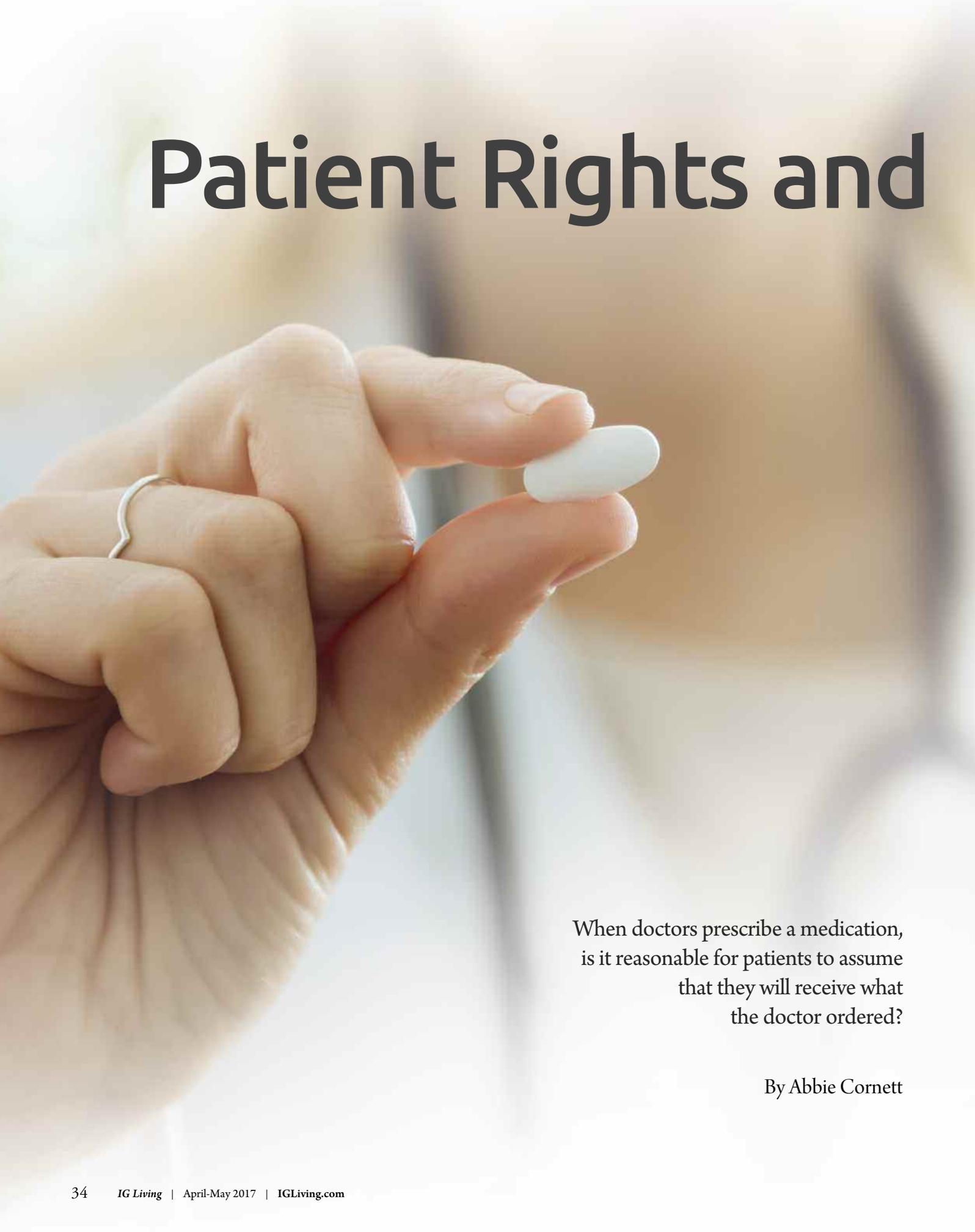


Patient Rights and



When doctors prescribe a medication, is it reasonable for patients to assume that they will receive what the doctor ordered?

By Abbie Cornett

Medication Changes

PATIENTS WITH CHRONIC or life-threatening illnesses have many issues to worry about in today's ever-changing healthcare landscape. But, getting the right medication for their condition shouldn't be one of them. Unfortunately, while patients frequently assume they have the right to the medication their physician has prescribed, this is often not the case due to formularies adopted by the insurance industry to combat increasing costs of medications.

How Formularies Affect Patients

A formulary is a list of medications approved by an insurance company that includes both generic and brand-name drugs. Its purpose is to compel patients and doctors to utilize the least costly medication that will still achieve the desired outcome. Unfortunately, implementation of formularies limits medication choices for patients, and it has led to drug substitution in one of two forms: generic substitution or therapeutic substitution.

Generic substitution occurs when a name-brand drug is substituted for another that has the same chemical makeup and dosage. Therapeutic substitution occurs when a pharmacist substitutes a chemically different drug for the one prescribed. In the latter, the drug substituted by the pharmacist belongs to the same pharmacologic class and/or same therapeutic class. However, since the two drugs have different chemical structures, adverse outcomes for patients can occur.¹ Which drugs are substituted is determined by what the insurance plan's formulary will pay for.

A biologic is a medication that is made from human, animal or bacterial sources. Patients with immune deficiencies and many other chronic illnesses are treated with immune globulin (IG), which is a biologic derived from human plasma. There are no generic drugs for biologics, only biosimilars. A biosimilar is a drug that is similar to another biologic drug but not the same. While there are currently no biosimilars to IG approved by the U.S. Food and Drug Administration, should one be available in the future, patients may not experience the same efficacy from a substituted biosimilar.

Why Nonmedical Switching Is Risky for Chronically Ill Patients

Nonmedical drug switching can be harmful to people with chronic and complex illnesses for a number of reasons.

Foremost, these patients' conditions are stabilized with the correct medical therapies. But, stabilizing their conditions can be difficult, often taking "physicians and their patients through a painstaking process of trial and error, which can drag on for months or even years."²

Nonmedical switching, or substitution therapy, disregards this process entirely, many times putting patients at risk for re-emerging symptoms or side effects not suffered from previously, putting their health or lives in jeopardy. A study published in 2016 in the *Journal of Current Medical Research and Opinion* concluded: "Nonmedical switching was more often associated with negative or neutral effects than positive effects on an array of important outcomes. Among patients with stable/well-controlled disease, nonmedical switching was associated with mostly negative effects."³

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What Rights Do Patients Have?

Under the Affordable Care Act, all plans offered through a state, sold on the individual market or offered through a small employer must offer a prescription plan. A prescription plan is one of 10 essential health benefits insurance policies must provide, according to the Affordable Care Act. Large employers (those with 50 or more employees) are not

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Important Safety Information

Hizentra treats various forms of primary immunodeficiency (PI) in patients age 2 and over.

WARNING: Thrombosis (blood clotting) can occur with immune globulin products, including Hizentra. Risk factors can include: advanced age, prolonged immobilization, a history of blood clotting or hyperviscosity (blood thickness), use of estrogens, installed vascular catheters, and cardiovascular risk factors.

If you are at high risk of thrombosis, your doctor will prescribe Hizentra at the minimum dose and infusion rate practicable and will monitor you for signs of thrombosis and hyperviscosity. Always drink sufficient fluids before administration.

Tell your doctor if you have had a serious reaction to other immune globulin medicines or have been told you also have a deficiency of the immunoglobulin called IgA, as you might not be able to take Hizentra. You should not take Hizentra if you know you have hyperprolinemia (too much proline in your blood).

Infuse Hizentra under your skin *only*; do not inject into a blood vessel.

Allergic reactions can occur with Hizentra. If your doctor suspects you are having a bad allergic reaction or are going into shock, treatment will be discontinued. Immediately tell your doctor or go to the emergency room if you have signs of such a reaction, including hives, trouble breathing, wheezing, dizziness, or fainting.

Tell your doctor about any side effects that concern you. Immediately report symptoms that could indicate a blood clot, including pain and/or swelling of an arm or leg, with warmth over affected area; discoloration in arm or leg; unexplained shortness of breath; chest pain or discomfort that worsens with deep breathing; unexplained rapid pulse; and numbness or weakness on one side of the body. Your doctor will also monitor symptoms that could indicate

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hemolysis (destruction of red blood cells), and other potentially serious reactions that have been seen with Ig treatment, including aseptic meningitis syndrome (brain swelling); kidney problems; and transfusion-related acute lung injury.

The most common drug-related adverse reactions in the clinical trial for Hizentra were swelling, pain, redness, heat or itching at the site of injection; headache; back pain; diarrhea; tiredness; cough; rash; itching; nausea and vomiting.

Hizentra is made from components of human blood. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent, cannot be completely eliminated.

Before being treated with Hizentra, inform your doctor if you are pregnant, nursing or plan to become pregnant. Vaccines (such as measles, mumps and rubella) might not work well if you are using Hizentra. Before receiving any vaccine, tell the healthcare professional you are being treated with Hizentra.

Please see brief summary of full prescribing information for Hizentra on adjacent page. For full prescribing information, including boxed warning and patient product information, please visit Hizentra.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



Count on IgIQ Support Throughout Your Treatment Journey



Can IgIQ help you? If you answer YES to any of these questions, call 1-877-355-IGIQ (4447) Monday–Friday, 8 AM to 8 PM ET.

- Would a lapse in insurance coverage impact your Ig therapy?
- Are you unable to afford Hizentra?
- Would you like to connect with other Hizentra patients?
- Do you need co-pay assistance for Hizentra?
- Are you unable to afford Hizentra infusion supplies?

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Initial U.S. Approval: 2010

BRIEF SUMMARY OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use HIZENTRA safely and effectively. See full prescribing information for HIZENTRA.

WARNING: THROMBOSIS

See full prescribing information for complete boxed warning.

- Thrombosis may occur with immune globulin products, including Hizentra. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
- For patients at risk of thrombosis, administer Hizentra at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

INDICATIONS AND USAGE
Hizentra is an Immune Globulin Subcutaneous (Human) (IGSC), 20% Liquid indicated for the treatment of primary immunodeficiency (PI) in adults and pediatric patients 2 years of age and older.

DOSAGE AND ADMINISTRATION
For subcutaneous infusion only.
Administer at regular intervals from daily up to every two weeks (biweekly).
Dosage (2.2)
Before switching to Hizentra, obtain the patient's serum IgG trough level to guide subsequent dose adjustments.

- Weekly:** Start Hizentra 1 week after last IGIV infusion
Initial weekly dose = $\frac{\text{Previous IGIV dose (in grams)}}{\text{No. of weeks between IGIV doses}} \times 1.37$
- Biweekly:** Start Hizentra 1 or 2 weeks after the last IGIV infusion or 1 week after the last weekly Hizentra/IGSC infusion. Administer twice the calculated weekly dose.
- Frequent dosing (2 to 7 times per week):** Start Hizentra 1 week after the last IGIV or Hizentra/IGSC infusion. Divide the calculated weekly dose by the desired number of times per week.
- Adjust the dose based on clinical response and serum IgG trough levels.

Administration

- Infusion sites – 1 to 4 injection sites simultaneously, with at least 2 inches between sites.

Infusion Parameters*	Infusion Number			
	1 st	2 nd to 4 th	5 th	6 th and above
Volume (mL/site)	≤ 15		≤ 20	≤ 25
Rate (mL/hr/site)	15		≤ 25	

*As tolerated

DOSAGE FORMS AND STRENGTHS
0.2 g per mL (20%) protein solution for subcutaneous injection

- CONTRAINDICATIONS**
- Anaphylactic or severe systemic reaction to human immune globulin or components of Hizentra, such as polysorbate 80
 - Hyperprolinemia (type I or II) (Hizentra contains the stabilizer L-proline)
 - IgA-deficient patients with antibodies against IgA and a history of hypersensitivity

- WARNINGS AND PRECAUTIONS**
- IgA-deficient patients with anti-IgA antibodies are at greater risk of severe hypersensitivity and anaphylactic reactions.
 - Thrombosis may occur following treatment with immune globulin products, including Hizentra.
 - Aseptic meningitis syndrome has been reported with IGIV or IGSC treatment.
 - Monitor renal function, including blood urea nitrogen, serum creatinine, and urine output in patients at risk of acute renal failure.
 - Monitor for clinical signs and symptoms of hemolysis.
 - Monitor for pulmonary adverse reactions (transfusion-related acute lung injury [TRALI])
 - Hizentra is made from human plasma and may contain infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

ADVERSE REACTIONS
The most common adverse reactions observed in ≥5% of study subjects were local reactions (i.e., swelling, redness, heat, pain, and itching at the injection site), headache, diarrhea, fatigue, back pain, nausea, pain in extremity, cough, rash, pruritus, vomiting, abdominal pain (upper), migraine, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact CSL Behring Pharmacovigilance at 1-866-915-6958 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS
The passive transfer of antibodies may interfere with the response to live virus vaccines, and lead to misinterpretation of the results of serological testing.

- USE IN SPECIFIC POPULATIONS**
- Pediatric:** No specific dose requirements are necessary to achieve the desired serum IgG levels.

required to offer the essential health benefits, but nearly all do.⁴

It is important to remember that prescription drug coverage is not the same in every state. Each state has different laws concerning which medications are covered by formularies and what notification is required prior to switching a medication. As of now, no states require therapeutic substitution.

Because each state's laws differ, there is no one answer that applies to all patients. Patients who have been told by their pharmacy they are required to switch medications should research their individual state's law, which is available on the National Association of Boards of Pharmacy's website at nabp.pharmacy/boards-of-pharmacy.

If denied a prescribed medication because it is not on a plan's formulary, patients have the right to appeal. While the appeal process doesn't guarantee they will get the prescribed medication, to be successful, patients and their doctors must demonstrate to the insurance company why that medication is medically necessary, more so than the one on the plan's formulary. Demonstrating a specific drug is medically necessary may convince the insurer to cover it.

Preventing Medication Swaps

If patients are concerned about their medication being switched without notification, there are some things they can do. First, they can ask their doctor to write on the prescription "dispense as written or medically necessary." This requires the pharmacy to contact the doctor before any substitution is made. They can also request the pharmacy place a statement in their records stating they must be notified prior to any medication switches.

If a medication is switched, patients should contact their doctor immediately to determine if the new medication may have side effects that are different or more severe than the originally prescribed medication. They also need to ask if the new medication will interact differently with any other medications they are taking, and whether it is as effective as the prescribed drug. If their doctor determines that the new medication is not appropriate, he or she needs to document why the insurance policy should cover the original drug or an appropriate alternative.⁵

A final option is to pay for the medication out of pocket. Unfortunately, most medications for chronic or life-threatening illnesses are too expensive for the majority of patients to pay for. So while this is always the patients' right, it is not realistically possible.

Ensuring Medications Are On the Formulary

Patients need to be diligent about understanding their healthcare plan's formulary during each enrollment period. Because formularies change frequently, it is up to them to ensure their medication is still covered. If it is not, they may have to pay out of pocket or switch to a different medication.

IF DENIED A PRESCRIBED MEDICATION BECAUSE IT IS NOT ON A PLAN'S FORMULARY, PATIENTS HAVE THE RIGHT TO APPEAL.

Patients who enroll in a marketplace plan have certain rights, including obtaining an easy-to-understand summary of benefits (SBC), which highlights what the plan covers and what the patient's obligations are and provides a glossary of commonly used terms.⁶ These can be reviewed when enrolling for a plan at www.healthcare.gov. Those with private insurance can request the SBC and glossary at any time.

Vigilance and Advocacy Are a Necessity

Even though nonmedical drug switching has not been proved to save money or improve outcomes, it is likely a policy that is here to stay. Therefore, patients must be aware of their rights and obligations under their insurance plan. And, importantly, they must act as their own advocates if they want to receive the medications their doctor has prescribed for them. ■

ABBIE CORNETT is the patient advocate for *IG Living* magazine.

Resources

1. World Medical Association. WMA Statement on Drug Substitution. Accessed at www.wmanet/en/30publications/10policies/d13.
2. Prescription Process. Non-Medical Switching. Accessed at www.prescriptionprocess.com/content/know-the-facts/non-medical-switching.
3. Nguyen, E, Weeda, ER, Sobieraj, DM, et al. Impact of Medical Switching on Clinical and Economic Outcomes, Resource Utilization and Medication-Taking Behavior: A Systematic Literature Review. *Journal of Current Medical Research and Opinion*, Volume 32, 2016, Issue 7. Accessed at www.tandfonline.com/doi/abs/10.1185/03007995.2016.11706733?journalCode=icmo20.
4. WebMD. Prescription Drug Costs and Health Reform: FAQ. Accessed at www.webmd.com/health-insurance/insurance-costs/aca-prescription-drug-costs-faq.
5. Laliberte, R. Your Pharmacist May Be Switching Your Meds. NBC News, June 6, 2009. Accessed at www.nbcnews.com/id/30627962/ns/health-health_care/t/your-pharmacist-may-be-switching-your-meds/#.WG61Fk14epq.
6. The Health Insurance Marketplaces: Know Your Rights. Accessed at marketplace.cms.gov/outreach-and-education/know-your-rights.pdf.