Patient Assistance Program for Adcetris® in Malaysia

Takeda

Submitted as part of Access Accelerated
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The information contained in this report is in the public domain and should be cited as: Takeda Patient Assistance Program for Adcetris® in Malaysia (2018), Access Observatory Boston, US 2018 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)
Program Description
Program Overview

1. Program Name
   Patient Assistance Program for Adcetris® in Malaysia

2. Diseases program aims to address
   - Cancer: Hematological

3. Beneficiary population
   - General population
   - People with low income

4. Countries
   - Malaysia

5. Program start date
   January 19, 2017

6. Anticipated program completion date
   Completion date not specified

7. Contact person
   Yosuke Sugiyama (yosuke.sugiyama@takeda.com)

8. Program summary
   The objective of this program is to enable Malaysian patients with relapsed and refractory Hodgkin’s lymphoma (RR HL) or relapsed and refractory systemic anaplastic large cell lymphoma (RR sALCL) to complete their entire course of treatment with Adcetris®, even if they cannot afford to pay for it in full, and ultimately to reduce the burden of the disease in Malaysia in terms of its impact on quality of life and mortality.

   Takeda's Patient Assistance Programs (PAPs) use an innovative, affordability-based approach to improve access to our specialty medicines in a sustainable way. They focus on patients living in areas where there exists high, unmet medical needs and where Takeda has sufficient presence so that we can achieve the greatest possible health impact. Patients are referred to the PAP by their prescribing physician. The patient and physician complete, sign and submit a single application form. Once the application is submitted, patients undergo a confidential means-based assessment using a validated tool designed and administered by an independent third party organization. The results of the assessment are used to develop a payment plan that details how many vials of treatment the patient will need to buy and how many will be covered by Takeda and other parties to complete the patient’s full treatment cycle. Patients enrolled in the program receive ongoing follow-up from the third party organization to ensure they are adhering to their treatment plan and to their physician’s recommendations.
Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Delivery

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention</td>
<td>Enrolled patients receive ongoing follow-up from third-party program staff to ensure they adhere to their treatment plan and their physician’s recommendations</td>
</tr>
</tbody>
</table>

Strategy 2: Pricing

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricing</td>
<td>Providing a proportion of the medicines used in a course of treatment free of charge.</td>
</tr>
<tr>
<td>Delivery</td>
<td>Delivering medicines to eligible patients via public and private hospitals.</td>
</tr>
<tr>
<td>Communication</td>
<td>Providing information to physicians and patients who are interested in the program.</td>
</tr>
</tbody>
</table>

Strategy by country

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service Delivery</td>
<td>Malaysia.</td>
</tr>
<tr>
<td>Pricing</td>
<td>Malaysia.</td>
</tr>
</tbody>
</table>
Companies, Partners & Stakeholders

11 Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takeda</td>
<td>Planning, monitoring, and evaluating the program. Funding the program. Supplying a portion of the medicines used in a course of treatment free of charge.</td>
</tr>
</tbody>
</table>

12 Funding and implementing partners

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>ROLE/URL</th>
<th>SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axios Interna</td>
<td>Handles day-to-day management of the program, patient financial eligibility assessment, promotion of the program, answering questions from and providing information to physicians and patients, and delivery and management of free-of-charge medicines.</td>
<td>Private.</td>
</tr>
<tr>
<td></td>
<td><a href="https://axiosint.com/">https://axiosint.com/</a></td>
<td></td>
</tr>
</tbody>
</table>

13 Funding and implementing partners by country

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axios Interna</td>
<td>Malaysia.</td>
</tr>
</tbody>
</table>

14 Stakeholders

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>DESCRIPTION OF ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>We worked with the Malaysian government on design of the PAP for public sector patients</td>
</tr>
</tbody>
</table>
Local Context, Equity & Sustainability

15 Local health needs addressed by program

Before the launch of Adcetris® there were no treatment options for Malaysian patients with relapsed and refractory Hodgkin’s lymphoma (RR HL) or relapsed and refractory systemic anaplastic large cell lymphoma (RR sALCL). This program is adapted to Malaysia’s mixed system of private and public care.

In Malaysia, the private sector provides 18% of inpatient care. Public hospitals provide the other 82% of inpatient care, generally for patients who cannot afford treatment in the private sector.1 Patients who enter the public sector are automatically covered by government funding (though significant limits exist due to institutional budget caps). A means-based assessment for the PAP is thus not practical since patients are not expected to pay out-of-pocket. This PAP includes both a means-based assessment for patients in the private sector, and a separate design for the majority public sector, agreed with the Malaysian government, where the government funds treatment costs for up to four cycles of treatment, and Takeda covers the rest of treatment free of charge.

16 Social inequity addressed

The program enables eligible patients on low incomes to complete their entire course of treatment even they cannot afford to pay for it in full.

17 Local policies, practices, and laws considered during program design

Takeda worked closely with the Ministry of Health on the design of this program, especially for the public sector, and it aligns fully with Malaysian regulations, in terms of prescription, health professional licensing, and marketing authorization for the product.

18 How program meets or exceeds local standards

[No response provided].

19 Program provides health technologies (medical devices, medicines, and vaccines)

Yes.

20 Health technology(ies) are part of local standard treatment guidelines

No.

Adcetris® is a newly approved medicine used for treating RR HL and RR sALCL. It is not yet part of Malaysian standard treatment guidelines, but responds to a critical local need for a treatment for these conditions.

21 Health technologies are covered by local health insurance schemes

No.

Adcetris® is a newly approved medicine used for treating RR HL and RR sALCL that responds to a critical local need for a treatment for these conditions. Adcetris® is not yet covered by local health insurance schemes. In the meantime, Takeda has partnered with the Malaysian government so that government hospitals share the cost of treatment for qualifying patients.
Program provides medicines listed on the National Essential Medicines List

Adcetris® is a newly approved medicine used for treating RR HL and RR sALCL. It is not yet part on the Malaysian Essential Medicine List, but responds to a critical local need for a treatment for these conditions.

Sustainability plan

Sustainability is key to this program. Our targeted, affordability-based approach allows Takeda to potentially optimize both the number of patients that can access treatment and the related treatment benefits in a sustainable way by enabling patients to complete their full course of treatment, even they cannot afford to pay for it in full. We believe this provides more sustainable access to medicines for eligible patients than untargeted price reductions or donations.
Additional Program Information

Additional program information
[No response provided].

Access Accelerated Initiative participant
Yes.

International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Yes.
Resources

Program Indicators

Not yet available for this program
Appendix

Program Description

**PROGRAM OVERVIEW**

1. **Program Name**
2. **Diseases program aims to address:**
   Please identify the disease(s) that your program aims to address (select all that apply).
3. **Beneficiary population**
   Please identify the beneficiary population of this program (select all that apply).
4. **Countries**
   Please select all countries that this program is being implemented in (select all that apply).
5. **Program Start Date**
6. **Anticipated Program Completion Date**
7. **Contact person**
   On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).
8. **Program summary**
   Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

**PROGRAM STRATEGIES & ACTIVITIES**

9. **Strategies and activities**
   Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?
10. **Strategy by country**
    If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

**COMPANIES, PARTNERS AND STAKEHOLDERS**

11. **Company roles**
    Please identify all pharmaceutical companies, including yours, who are collaborating on this program:
    What role does each company play in the implementation of your program?
12. **Funding and implementing partners**
    Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization’s goals and objectives.)
    a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team’s responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).
b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as a business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations’ webpages

13 Funding and implementing partners by country
If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders
Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program
Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

16 Social inequity addressed
Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime ‘social disparities’, ‘structural barriers’ and ‘oppression and discrimination’ are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. SocialInequities and MentalHealth: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design
How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How program meets or exceeds local standards
Is there anything else that you would like to report on how your program meets or exceeds local standards?

19 Program provides health technologies
Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)
20 Health technology(ies) are part of local standard treatment guidelines
Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes
Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List
Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan
If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information
Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

25 Access Accelerated Initiative participant
Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database
For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source
For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting
Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection
a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.
c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing
a. Responsible party: Please indicate all parties that conduct any processing of this data.
b. Data processing — Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation
Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges
Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.