Perjeta Patient Support Programme

Roche

Submitted as part of Access Accelerated
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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Roche Perjeta Patient Support Programme (2018), Access Observatory Boston, US 2018 (online) available from www.accessobservatory.org
Program Description
Program Overview

1 Program Name
Perjeta Patient Support Programme

2 Diseases program aims to address
• Cancer (breast)

3 Beneficiary population
• Women

4 Countries
• Egypt

5 Program start date
January 01, 2016

6 Anticipated program completion date
Completion date not specified

7 Contact person
Mayada Shaheen (Senior Market Access, Pricing & Regulatory Manager Roche Egypt): (Mayada.shaheen@roche.com)

8 Program summary

The Perjeta Patient Support Program (PSP) in Egypt was introduced in June 2016 and is designed to improve access to innovative treatment for women with breast cancer. Budget constraints in the public healthcare system have meant that Perjeta (Pertuzumab), a treatment for HER2 positive breast cancer patients, is not reimbursed. Treatment is currently only available for patients in the private sector, so program is designed to serve out of pocket patients through patient support program. There is no eligibility criteria to include patients, except for the fact that the patient needs to purchase the drug by herself - not by a hospital or center. This ensures that the offer/ benefit is given to the patient only and not to a hospital or private insurance company. Once the patient is enrolled into the program, she gets a membership card and vouchers for testing. Once she completes purchasing two vials (two cycles), she get one free vial (third cycle). The program objectives are to:

• Provide financial support with free medicine doses and diagnostic tests for women with breast cancer.

• Provide education support: Educational brochures designed for patients to give them more information about disease and medicine, and it is distributed through health care providers (HCPs).

• Adherence: Third party call center reminds the patients about their doses due dates and advise them to buy the dose and go for injection at the private clinics.

• Provide emotional support through patient advocacy group (Cansurvive): individualized life coaching and group therapy sessions are offered to patients.

(continued on next page)
Program summary cont.

Four main stakeholders are involved in the program with Roche:

1. Oncology Patient Group: Can-survive is the only oncology group in Egypt. It helps with patients’ emotional support by conducting group therapy sessions and individualized life coach session as well as group therapy sessions.

2. Third party call center: Raya Call center is one of top vendor in Egypt that has an experience with patient support program. They manage the registration of the patients in the program, and their access to the financial support and they remind them of the doses dates and private clinics appointments.

3. Lab: We work with laboratory group that has a significant number of branches all over the country and provides the patients with the free diagnostic tests on our behalf.

4. Healthcare providers (HCPs): They are responsible for providing patients with an initial overview of the program with a membership card to start use it with the call center and educational brochure for better understanding of the disease.
# Program Strategies & Activities

## Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Educational brochure, group therapy sessions and individualized life coach sessions provided by CanSurvive Egypt.</td>
</tr>
</tbody>
</table>

### Strategy 2: Health Service Delivery

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Screens breast cancer patients for HER2 oncogene.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>The diagnostic test provided by Roche Egypt by partnering with Roche Diagnostics is not limited to the PSP because we sponsor the Her2 tests for every breast cancer patient in Egypt regardless of whether she will be enrolled or not in the PSP. This is to make sure we have the highest quality HER2 tests done for everyone and not just for the PSP patients. Also Echo + CT scans and Brain MRI or PET is sponsored every 3 cycles to make sure the patient is evaluated right.</td>
</tr>
<tr>
<td>Retention</td>
<td>Third party call center reminds patients of medicine doses and hospital appointments. Oncology Patient Advocacy Group provides adherence support to patients.</td>
</tr>
</tbody>
</table>

### Strategy 3: Price Scheme

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricing</td>
<td>Provides Perjeta (Pertuzumab) to eligible patients. Roche is offering a free vial on each 2 vials purchased.</td>
</tr>
<tr>
<td>Communication</td>
<td>Health care providers inform patients about the program.</td>
</tr>
</tbody>
</table>
## Strategy by country

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Awareness and Linkage to Care</td>
<td>Egypt</td>
</tr>
<tr>
<td>Health Service Delivery</td>
<td>Egypt</td>
</tr>
<tr>
<td>Price Scheme</td>
<td>Egypt</td>
</tr>
</tbody>
</table>
## Companies, Partners & Stakeholders

### 11 Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roche</td>
<td>Roche has initiated and implemented the program and provides financial support so that patients have access to free medicine and diagnostic tests.</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>Cairo Scan Lab</td>
<td>We work with a laboratory group that has a significant number of branches all over the country. They provide patients with free screening and diagnostic tests on our behalf. <a href="http://www.cairoscan.com.eg/">http://www.cairoscan.com.eg/</a></td>
<td>Private</td>
</tr>
<tr>
<td>Can Survive Egypt</td>
<td>The Oncology Patient Group ('Can Survive') is the only oncology patient support group in Egypt. It helps with the emotional support by conducting group therapy sessions and individual life coach sessions for cancer patients. Roche is working closely with the Group to support adherence to treatment. <a href="https://www.facebook.com/CanSurvive/">https://www.facebook.com/CanSurvive/</a></td>
<td>Voluntary</td>
</tr>
<tr>
<td>Raya Call center</td>
<td>Raya call center is one of the top vendors in Egypt and has experience with similar programs for the other companies. They manage the registration of the patients in the program and their access to financial support. Moreover, they remind patients of medicine doses and hospital appointments. <a href="http://www.rayacc.com/">http://www.rayacc.com/</a></td>
<td>Private</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>Cairo Scan Lab</td>
<td>Egypt</td>
</tr>
<tr>
<td>Can Survive Egypt</td>
<td>Egypt</td>
</tr>
<tr>
<td>Raya Call center</td>
<td>Egypt</td>
</tr>
<tr>
<td>STAKEHOLDER</td>
<td>DESCRIPTION OF ENGAGEMENT</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Government</td>
<td>Government was briefed on and approved the PSP.</td>
</tr>
<tr>
<td>Non-government organization (NGO)</td>
<td>Roche engaged with CanSurvive Egypt. An agreement was signed with this entity to provide group therapy sessions for the patients enrolled in our program and initiate for them individualized life coach sessions.</td>
</tr>
<tr>
<td>Commercial Sector</td>
<td>Raya Call Center is one of the top vendors in Egypt and has experience with PSPs. The call center manages the registration of patients to the program, ensures access to financial support and reminds patients about doses.</td>
</tr>
<tr>
<td>Local Hospitals/Health Facilities</td>
<td>Local labs have been involved the program through contract to provide the free testing to patients.</td>
</tr>
<tr>
<td>Other</td>
<td>Healthcare providers (HCPs) are responsible to provide patients with an initial overview of the program, with a membership card and with an educational brochure to better understand the disease.</td>
</tr>
</tbody>
</table>
Local Context, Equity & Sustainability

13 Local health needs addressed by program

The disease burden of breast cancer in Egypt is increasing. The annual mortality rate per 100,000 people from breast cancer in Egypt has increased by 10.4% since 1990. In 2017, the annually mortality rate (per 100,000) people was as high as 5.7. This means that a total of about 5500 people die of breast cancer each year. The health system in Egypt has one of the lowest GDP Per Capita in the Middle East. In addition, the treatment adherence for metastatic breast cancer is low due to unaffordability since the treatment is all out of pocket, as targeted therapy in not reimbursed in metastatic breast cancer treatment. HER2 Breast Cancer in Egypt is almost 25% of total Breast cancer patients.1,2

16 Social inequity addressed

Breast cancer is the number one killer cancer of Egyptian women. According to the National Cancer Institute, the disease accounts for as much as 35% of all cancer cases treated at the institution. If detected early, 95 per cent of breast cancer can be cured. However, in Egypt recovery rates remain alarmingly low due to female-related taboos and patriarchal values that hinder the detection and diagnosis of the fatal disease. When designing the Perjeta Patient Support Program (PSP) we recognized that several systemic hurdles, including cultural aspects need to be addressed. For this reason, Roche works closely with CanSurvive Egypt to give emotional and individual life coaching support to breast cancer patients and to provide them with tools for self-advocacy. This program addresses the global inequitable access to Perjeta (Pertuzumab), a treatment for HER2 positive breast cancer patients, between patients in Egypt and high-income countries.

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

Breast cancer is the number one killer cancer of Egyptian women. According to the National Cancer Institute, the disease accounts for as much as 35% of all cancer cases treated at the institution. If detected early, 95 per cent of breast cancer can be cured. However, in Egypt recovery rates remain alarmingly low due to female-related taboos and patriarchal values that hinder the detection and diagnosis of the fatal disease. When designing the Perjeta Patient Support Program (PSP) we recognized that several systemic hurdles, including cultural aspects, capacity issues (i.e. the limited time each doctor has for each patient) and testing/diagnostic capabilities need to be addressed. For this reason, Roche works closely with CanSurvive Egypt to give emotional and individual life coaching support to patients and to provide them with tools for self-advocacy. Roche also works closely with Cairo Scan Lab to provide patients with free screening and diagnostic tests. All activity complies strictly with local policies, practices and laws.3,4

18 How program meets or exceeds local standards

[No response provided].

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

Yes.

20 Health technologies are part of local standard treatment guidelines

Yes.
21 Health technologies are covered by local health insurance schemes
No, but planned to be reimbursed in part of the public sector by 2018.

22 Program provides medicines listed on the National Essential Medicines List
No.

23 Sustainability plan
Local transition is currently not an option in Egypt. However, a plan is ongoing to merge other Roche medicines into the PSP in order to help out-of-pocket patients across different disease areas with getting better access to life-saving treatments. Moreover, Roche commissioned an external auditor to analyze the compliance of patients to the program and identify areas and gaps to be addressed and improved.
Additional Program Information

24 Additional program information
[No response provided].

25 Access Accelerated Initiative participant
Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Yes.
References:


Program Indicators
**Program Name**

Perjeta Patient Support Programme

- List of indicator data to be reported into Access Observatory database

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Type</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Number of patients reached with pricing scheme</td>
<td>Output</td>
<td>Price Scheme</td>
</tr>
<tr>
<td>2 Number of patients enrolled in patient support program</td>
<td>Output</td>
<td>Price Scheme</td>
</tr>
</tbody>
</table>
### Indicator: Number of patients reached with price scheme.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Number of individuals that received medicines included in the price scheme.</td>
</tr>
<tr>
<td><strong>Method of measurement</strong></td>
<td>Counting the number of individuals that received medicines included in the price scheme. Calculation: Sum of the number of individuals that received medicines included in the price scheme.</td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>Routine program data.</td>
</tr>
<tr>
<td><strong>Frequency of reporting</strong></td>
<td>Once per year</td>
</tr>
</tbody>
</table>

### Responsible Party

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data collection</strong></td>
<td>Company</td>
</tr>
<tr>
<td><strong>Data processing</strong></td>
<td>Company; Raya Call center</td>
</tr>
<tr>
<td><strong>Data validation</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Challenges in data collection and steps to address challenges

[No response provided].
### Definition
Number of individuals that are enrolled in the patient support program.

### Method of measurement
Count of the number of patients enrolled in the program.

### Data source
Routine Program Data.

### Frequency of reporting
Once per year.

### Data Collection

<table>
<thead>
<tr>
<th>ITEM</th>
<th>RESPONSIBLE PARTY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>Company</td>
<td>The program uses a sales tracking sheet from the field team that is updated weekly regarding patients that got reached through the patient support programme (PSP). Input gets collected from the Physicians, pharmacies and hospitals feedback and this is validated through a report sent monthly from the third party (Raya call center) for all the PSP tracking key performance indicators (KPIs). Raya Call Center manages the registration of patients in the program and keeps a record of all the registered patients.</td>
</tr>
<tr>
<td>29</td>
<td>Company; Raya Call Center.</td>
<td>Raya Call Center reviews the register of the patients enrolled in the scheme and those benefitting from the price scheme (receives one free vial after purchase of two vials) and sums the number of people in the scheme. Raya Call Center sends a report to Roche each month. Roche reviews all received reports on a monthly base.</td>
</tr>
</tbody>
</table>

### Data Validation

<table>
<thead>
<tr>
<th>ITEM</th>
<th>RESPONSIBLE PARTY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td></td>
<td>Every 6 months, Roche conducts a regular audit on the Raya call center through a 3rd party audit company.</td>
</tr>
</tbody>
</table>

### Challenges in data collection and steps to address challenges
No response provided.
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).

This program report is based on the information gathered from the Access Observatory questionnaire below.
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. Sometimes ‘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. Social Inequities and Mental Health: 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)
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?

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?

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?

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
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?

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

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.