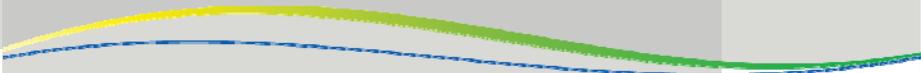


Passion for Innovation.
Compassion for Patients.™



Daiichi Sankyo *Pain Trends Report* Highlighting Trends in Pain Management

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Sunny Cho, PharmD



- Sunny Cho is a Director of Medical Research and Strategy within the Medical Affairs organization at Daiichi Sankyo where she is responsible for medical strategy and the development and execution of the medical communications plan including publication planning, training, and scientific resource development for the pain therapeutic area
- Sunny has been at Daiichi Sankyo for over 10 years. She previously worked at sanofi-aventis and SynerMed Communications
- Sunny earned her Doctor of Pharmacy degree from the Ernest Mario School of Pharmacy at Rutgers University

2

Webinar objectives 

- Review important topics and trends in pain management and their impact on today's healthcare landscape
- Identify unmet needs in pain management important to healthcare stakeholders, including payers, clinicians, practice managers, and employers
- Discuss evolving trends in pain management

3



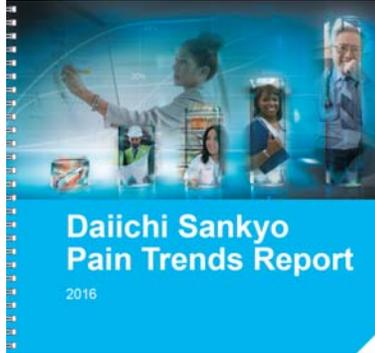
Pain Trends Report Overview

4

Pain Trends Report Overview



- Survey conducted across a range of healthcare stakeholders
- Comprehensive report detailing important trends in pain management
- Topics include
 - Payer management
 - Treatment of side effects
 - Areas of concern
 - Cost
 - Access hurdles
 - Future trends



All statements and opinions expressed in the Pain Trends Report reflect the responses of survey participants and do not necessarily reflect those of Daiichi Sankyo.

The report was developed in collaboration with members of the editorial board



- Editorial board members have a broad range of experience and backgrounds
- All members had 15+ years of experience in the pain category or as a payer
- The perspectives shared by the editorial board members covered both clinical and economic considerations in the management of pain

This report was developed by Daiichi Sankyo, Inc. with input from the members of the Editorial Board. Daiichi Sankyo, Inc. compensated the members of the Editorial Board for their contribution.

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Sri Nalamachu, MD

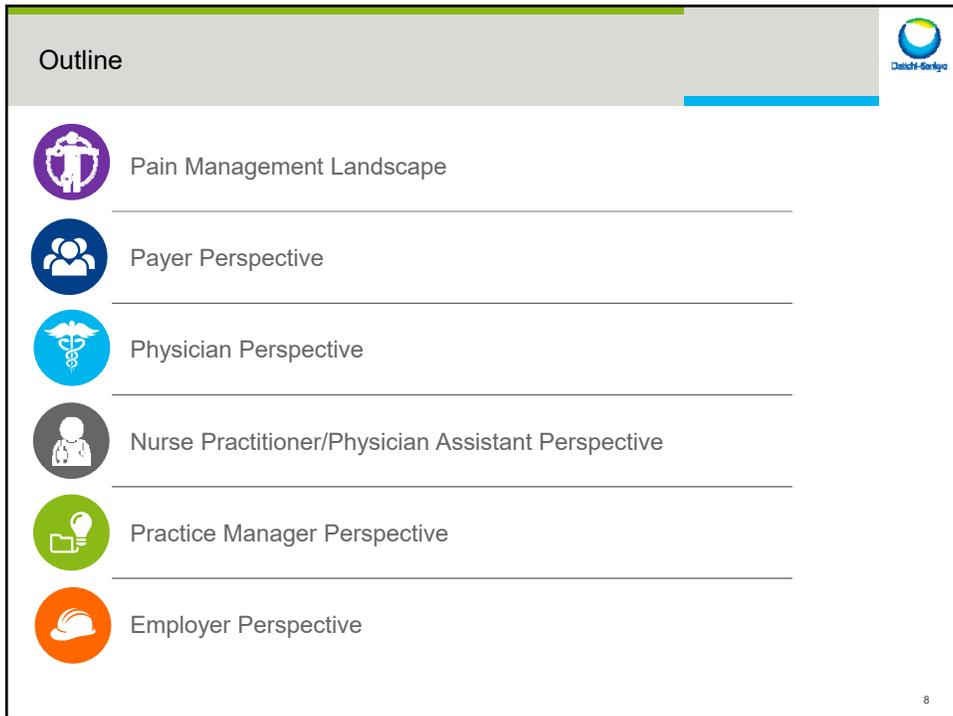
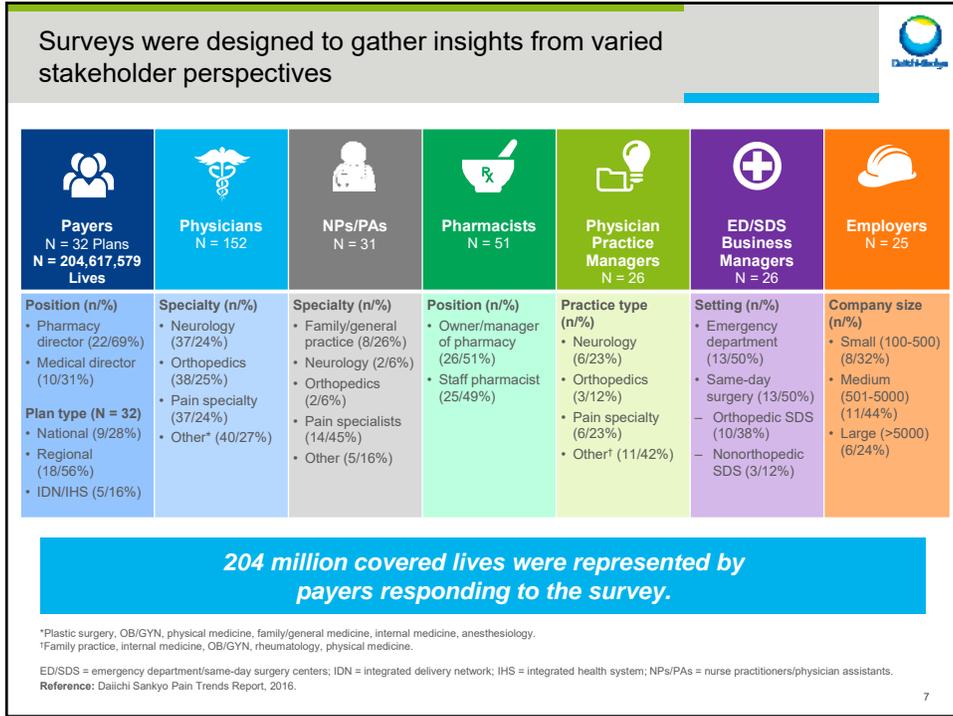
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Pain Management Landscape

9

Pain is one of the most common medical conditions in the United States






More than **126 million** Americans (56% of adults) reported pain in the past 3 months¹



About **one fifth** of outpatient office visits document nonmalignant pain as the primary symptom²



Up to **42%** of emergency department visits are prompted by painful conditions³

Pain impacts more Americans than diabetes, cancer, and heart disease combined⁴

References: 1. Nahin RL. Estimates of pain prevalence and severity in adults: United States, 2012. *J Pain*. 2015;16(8):769-780. 2. Daubresse M, Chang H-Y, Yu Y, et al. Ambulatory diagnosis and treatment of non-malignant pain in the United States, 2000-2010. *Med Care*. 2013;51(10):870-878. 3. Pletcher MJ, Kertesz SG, Kohn MA, Gonzalez R. Trends in opioid prescribing by race/ethnicity for patients seeking care in U.S. emergency departments. *JAMA*. 2008;299(1):70-78. 4. The American Academy of Pain Medicine. AAPM Facts and Figures on Pain. http://www.painmed.org/patientcenter/facts_on_pain.aspx#incidence. Accessed December 5, 2016.

10

The potential economic consequences of pain are significant



- \$40.65 PMPY** Pain/inflammation has the **second highest per member per year (PMPY) cost** of traditional drug categories¹
- Fifth Highest Spend** Pain/inflammation was the **fifth highest pharmacy spend** in 2015^{1*}
-  In the *Pain Trends Report*, employers most often selected pain management as one of the **biggest drivers of cost** based on impact on productivity²

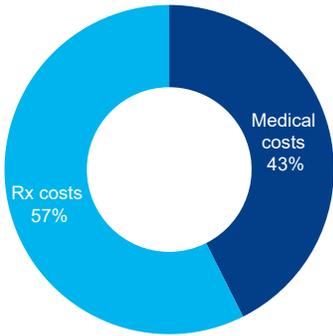
*Total pharmacy spend calculated based on traditional and specialty drug categories.
References: 1. Express Scripts. 2015 Drug Trends Report. <http://lab.express-scripts.com/lab/drug-trend-report>. Accessed December 5, 2016. 2. Daiichi Sankyo Pain Trends Report, 2016.

11

Office and ED visits, procedures, and hospitalizations are major drivers of medical costs in pain management

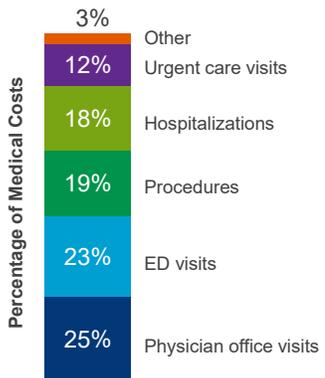


Breakdown of Pain Costs



Rx costs 57%
Medical costs 43%

Average Estimated Breakdown of Medical Spend in Pain Category



3% Other
12% Urgent care visits
18% Hospitalizations
19% Procedures
23% ED visits
25% Physician office visits

N = 32 payers
ED = emergency department.

Thinking about your organization's total spend on the pain category (including both medical and pharmacy costs), where would you estimate this category falls in your organization's spend relative to other categories?
Thinking about the total spend associated with the pain category, please provide an estimate of how much is attributed to medical vs pharmacy costs.
Please provide an estimate of the breakdown of the medical costs associated with the pain category.

Reference: Daiichi Sankyo Pain Trends Report, 2016.

12

Treatment of pain requires balancing efficacy and possible risks, including safety and potential addiction, misuse, or abuse



Efficacy, safety, and abuse-deterrent formulations are some of the most concerning unmet needs among physicians and payers



Pharmacists cited **side effects** as the most common reason that patients are nonadherent to chronic pain therapy

49% of pharmacists cited concern about the high potential for abuse/diversion as one of the most frequent reasons for not filling a pain prescription

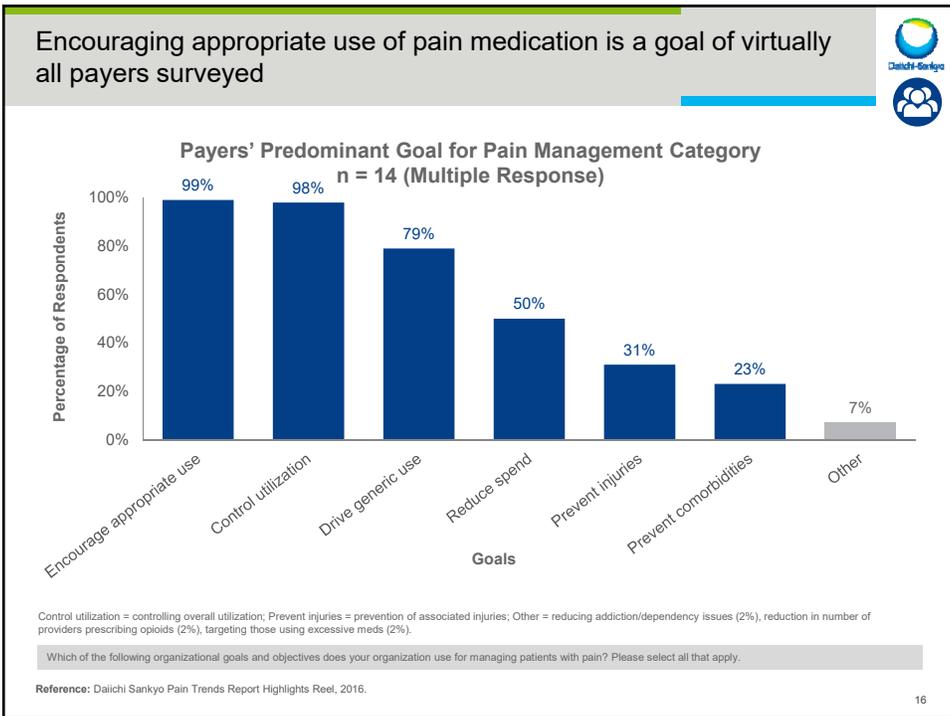
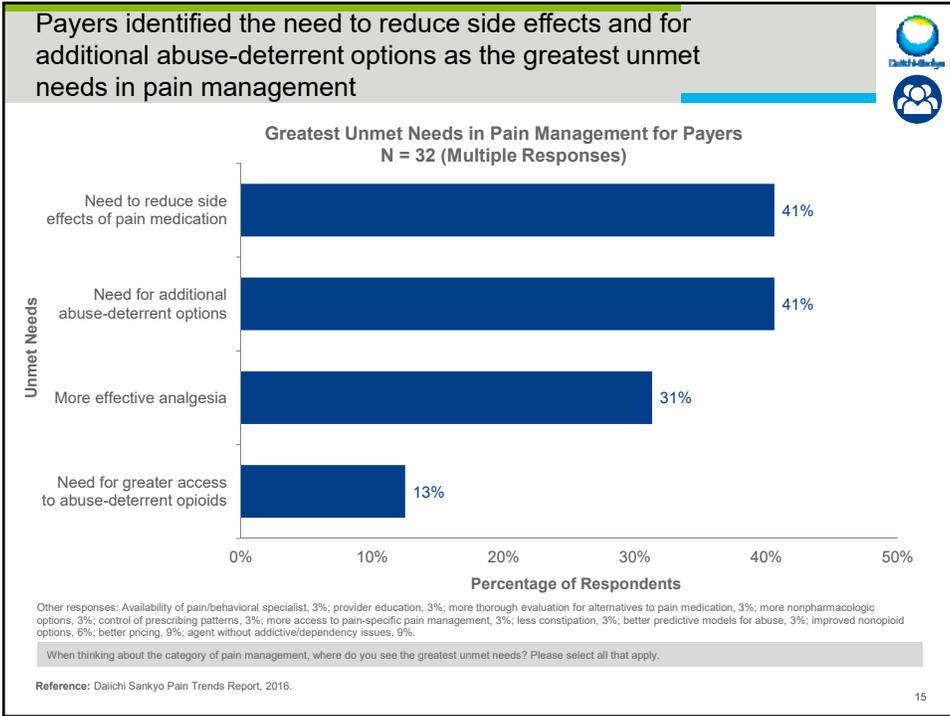
N = 32 payers, 152 physicians, 51 pharmacists.
Physicians and pharmacists were surveyed about pain medications in general, not any specific class.
Potential side effects include: cardiovascular events, constipation, dizziness, gastrointestinal events, headaches, nausea, somnolence/sedation, and vomiting.
Reference: Daiichi Sankyo Pain Trends Report, 2016.

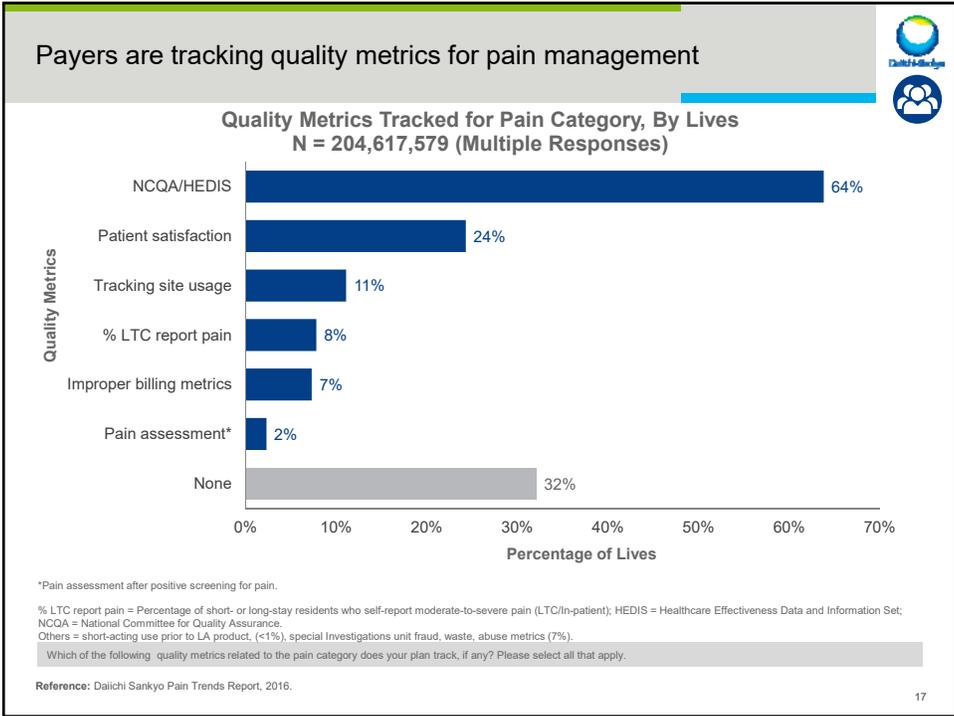
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Payer Perspective

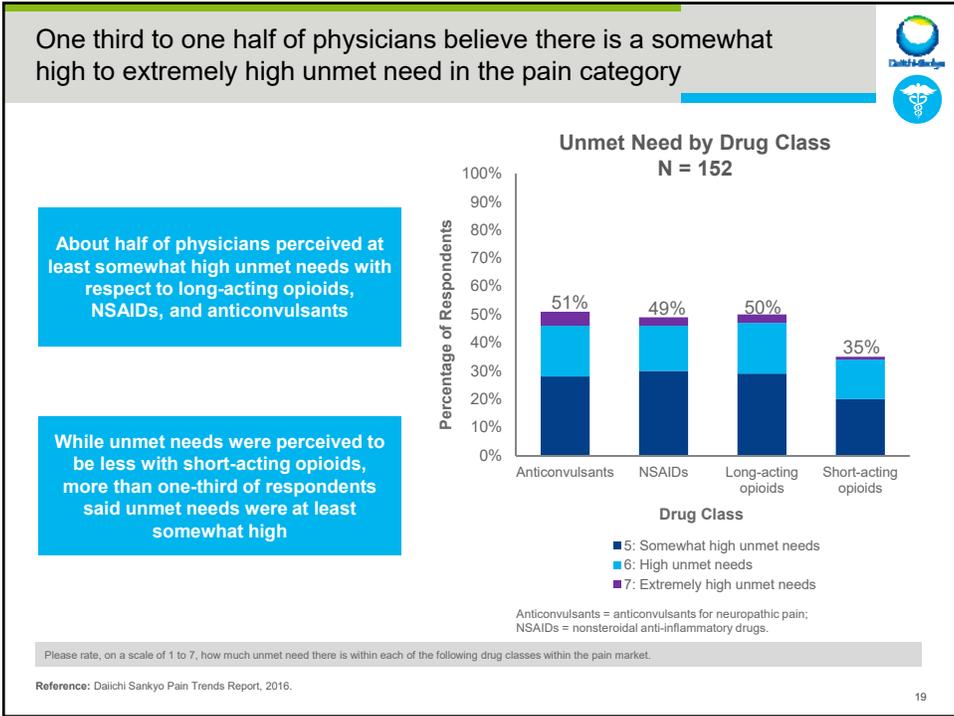
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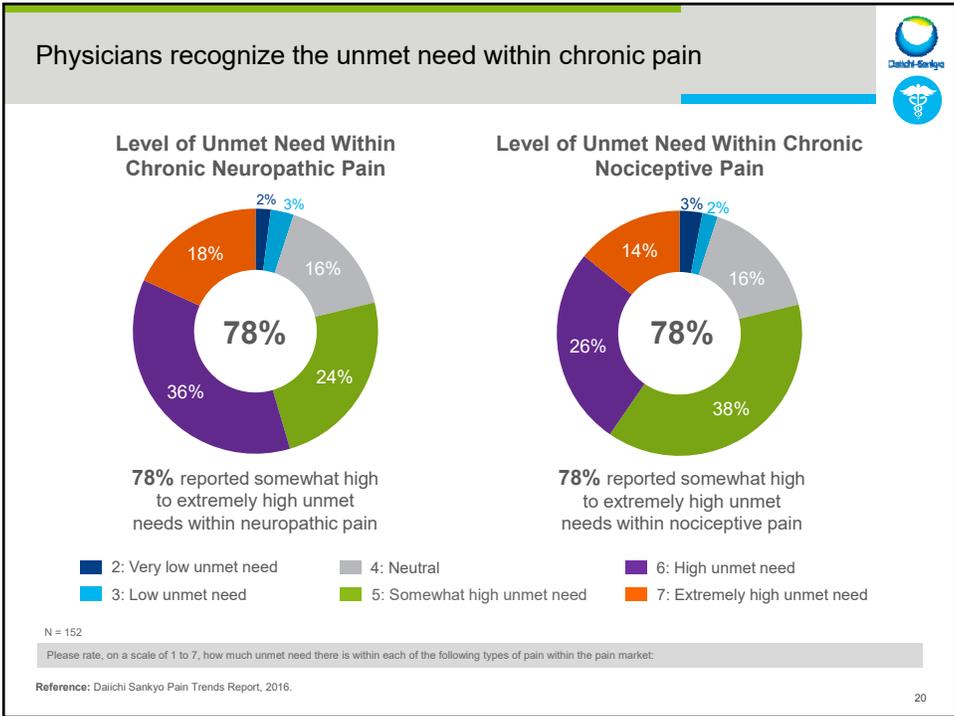
Physician Perspective

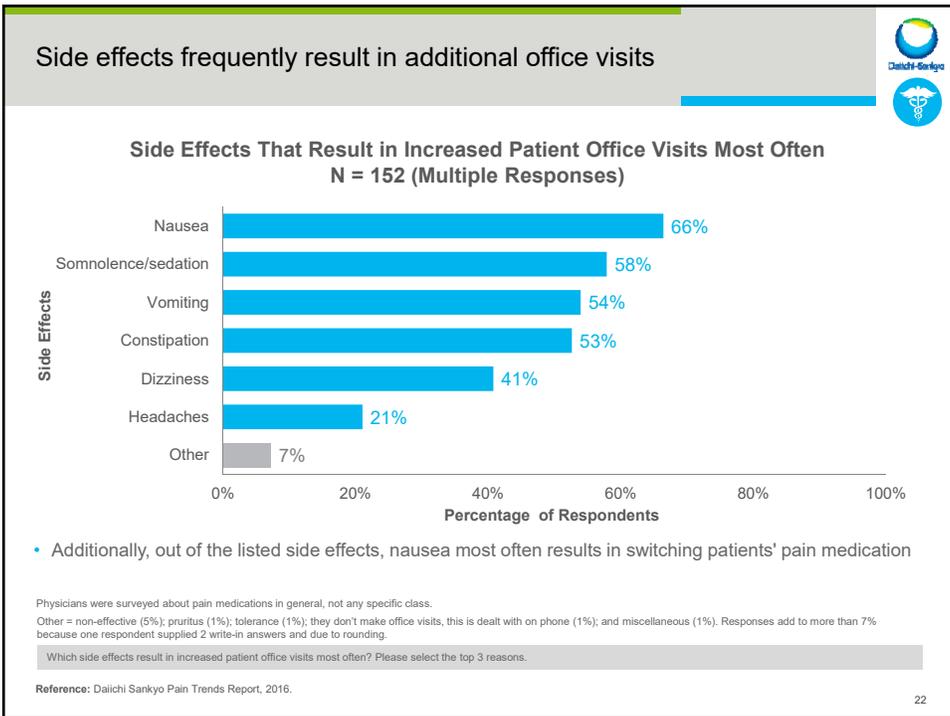
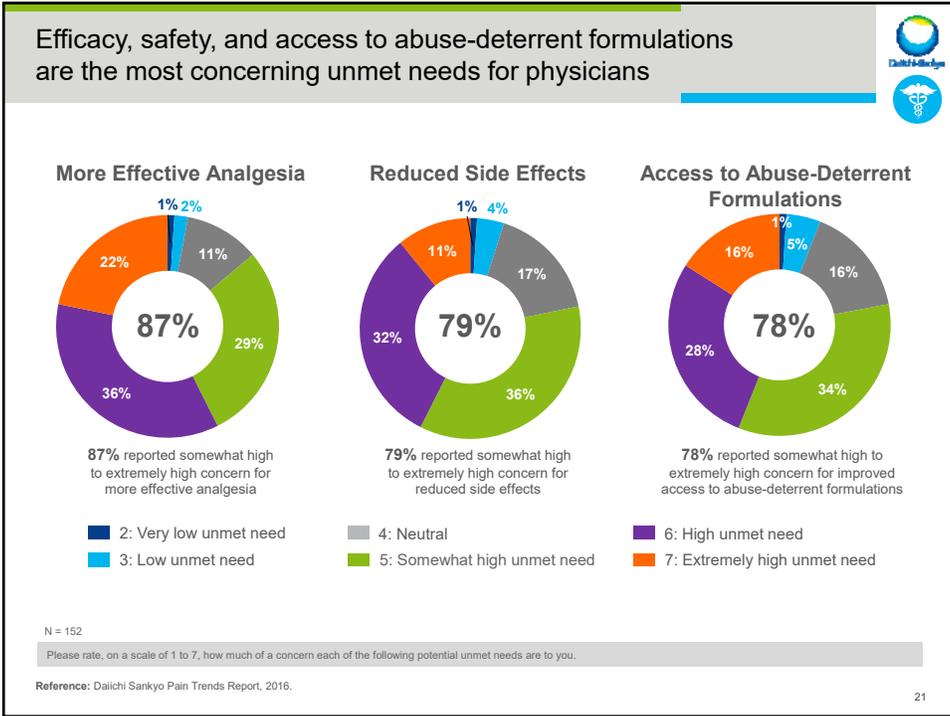
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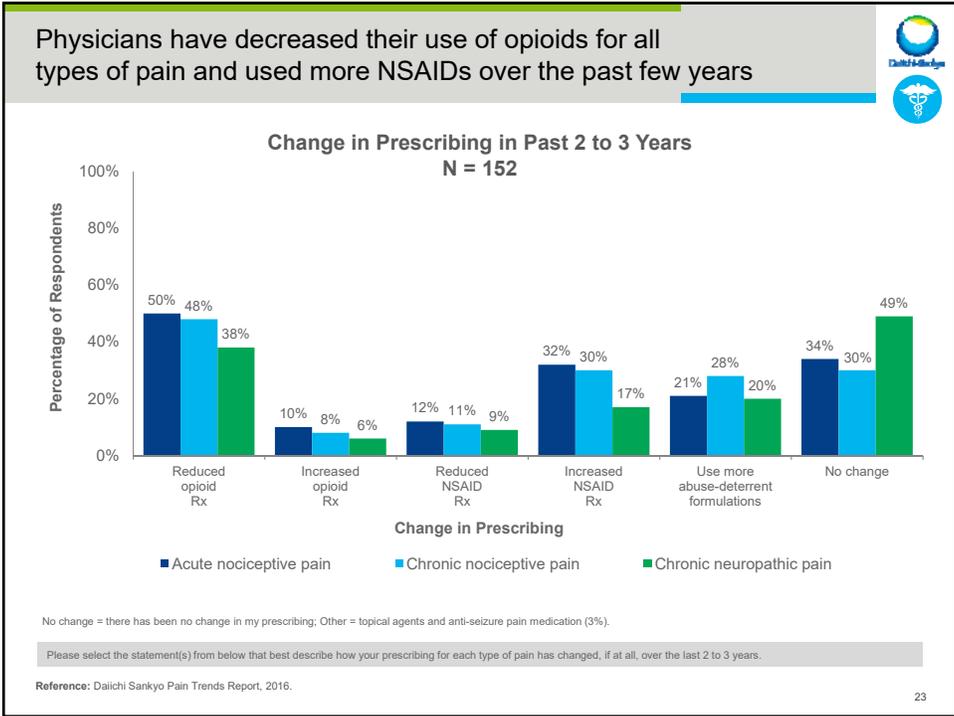


About half of physicians perceived at least somewhat high unmet needs with respect to long-acting opioids, NSAIDs, and anticonvulsants

While unmet needs were perceived to be less with short-acting opioids, more than one-third of respondents said unmet needs were at least somewhat high

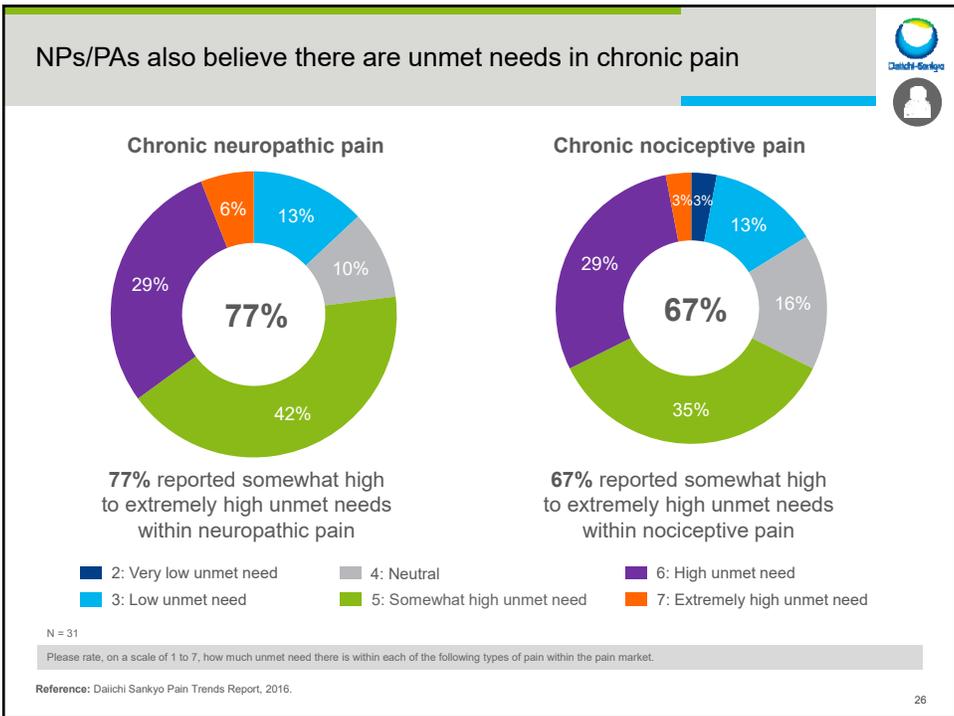
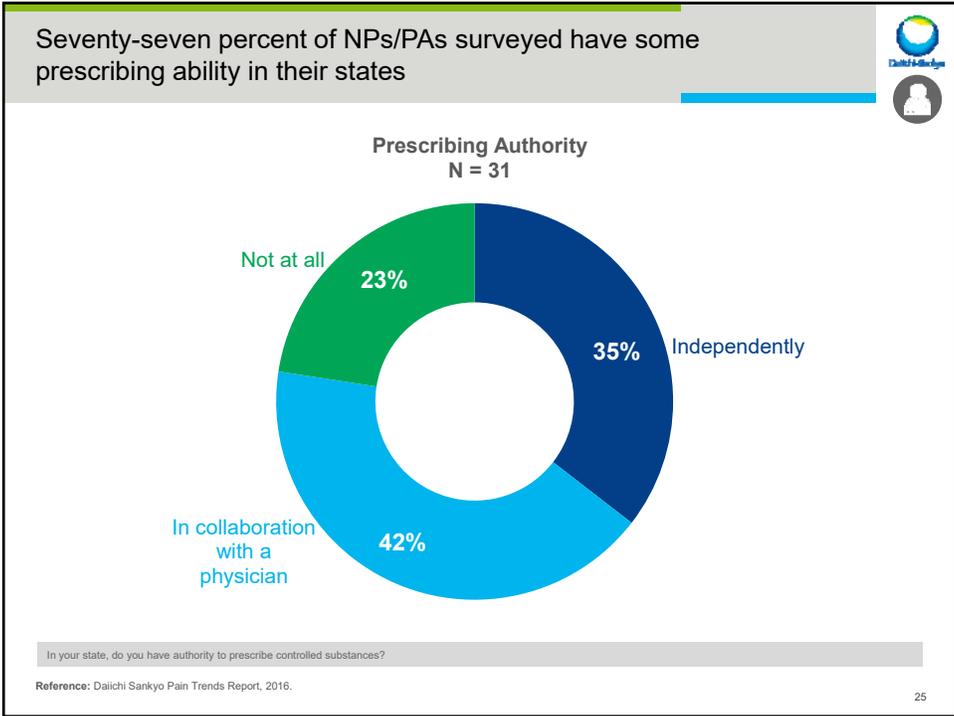


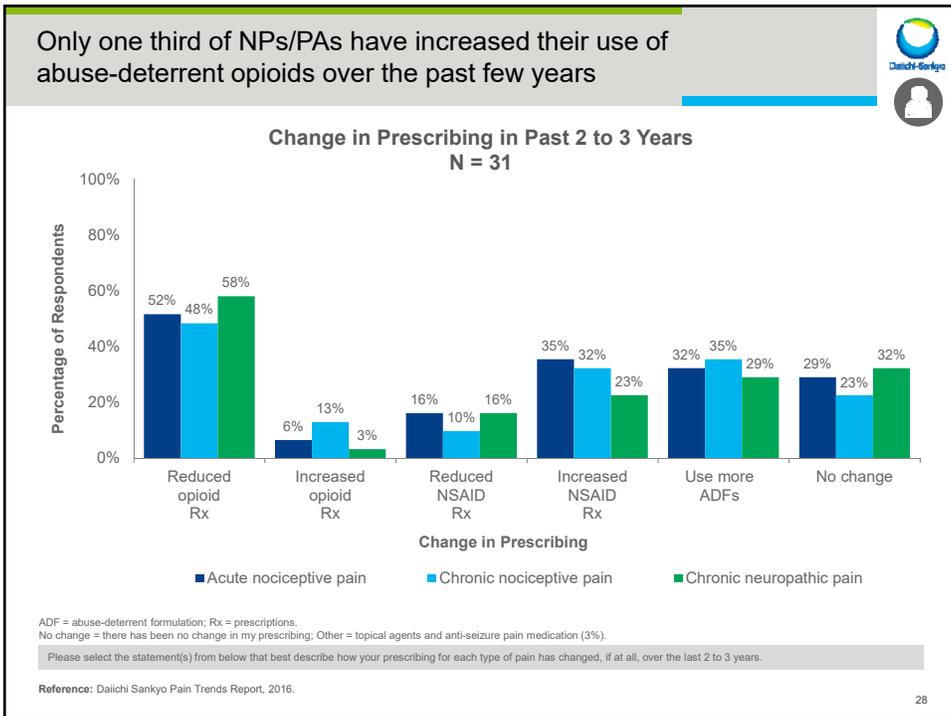
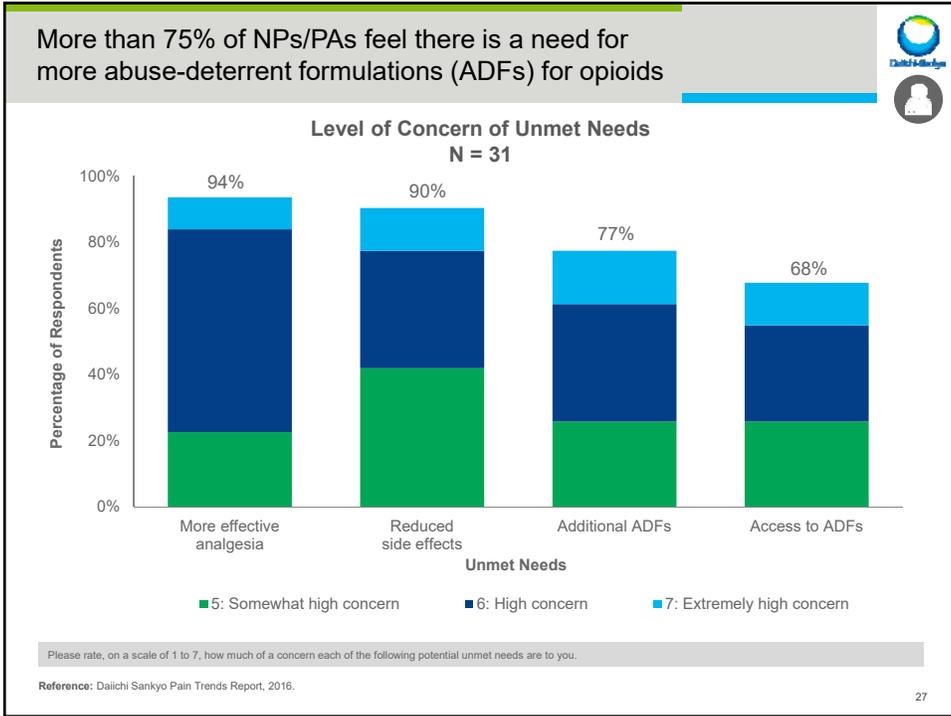




Nurse Practitioner/Physician Assistant Perspective

24







Practice Manager Perspective

29

Practice managers discuss medication costs with patients and provide them with information on financial assistance  

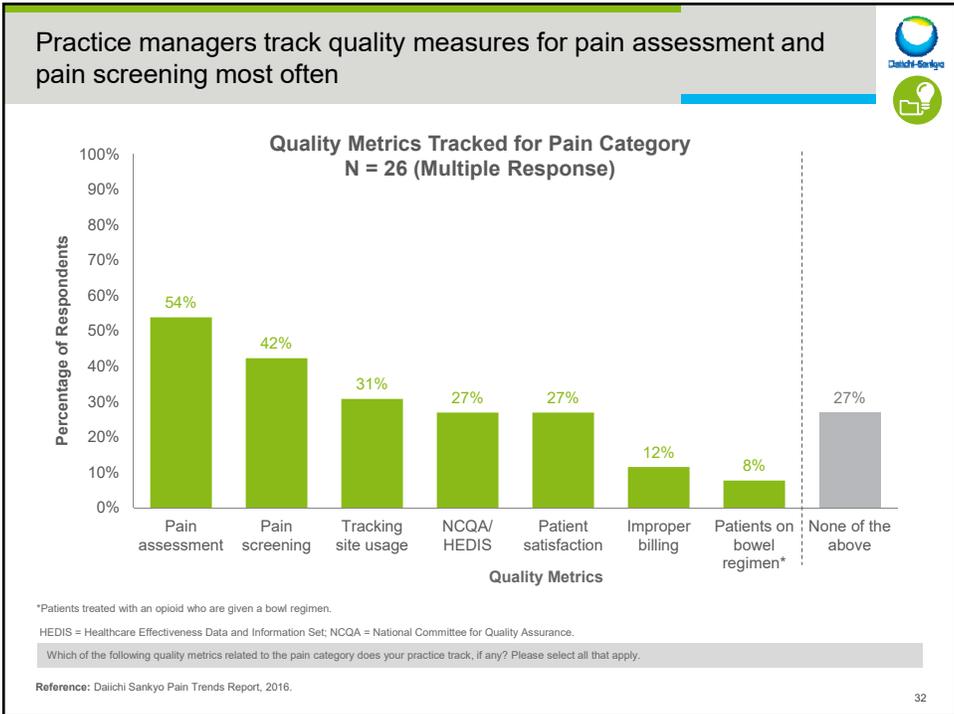
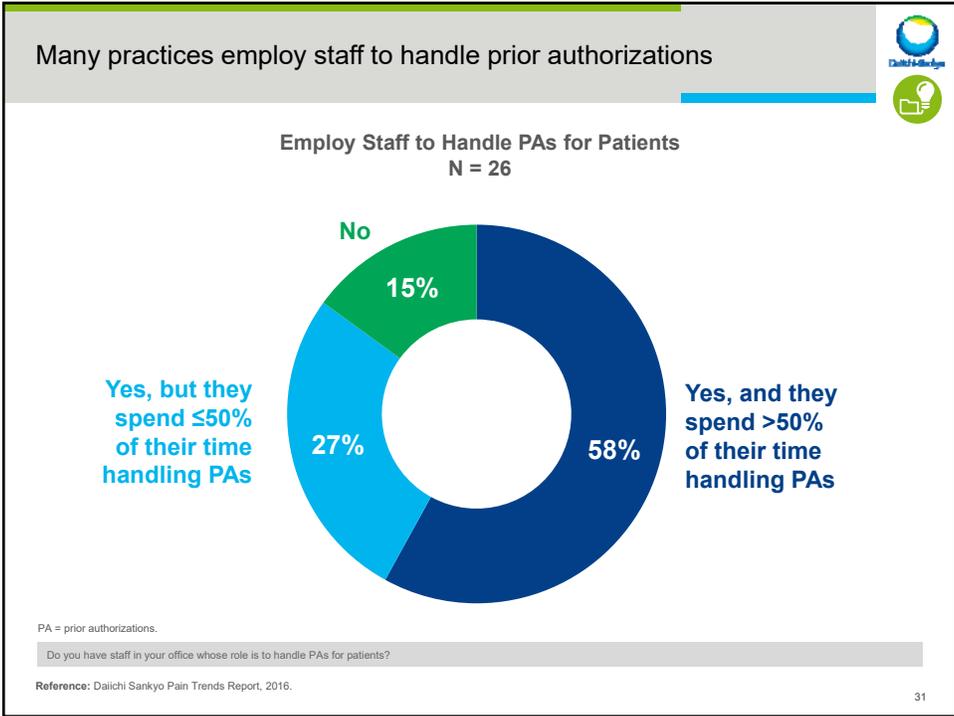
 Percentage of pain patients who discuss medication costs* **43%**

 Percentage of patients provided co-pay assistance information* **54%**

*Denotes mean value.
What percentage of your office's patients who experience pain discuss branded medication costs with you?
For what percentage of your office's pain patients do you provide information about branded product co-pay assistance offered by the manufacturer?

Reference: Daichi Sankyo Pain Trends Report, 2016.

30





Employer Perspective

33

The employers surveyed in the *Pain Trends Report* represent companies from a variety of industries and of different sizes

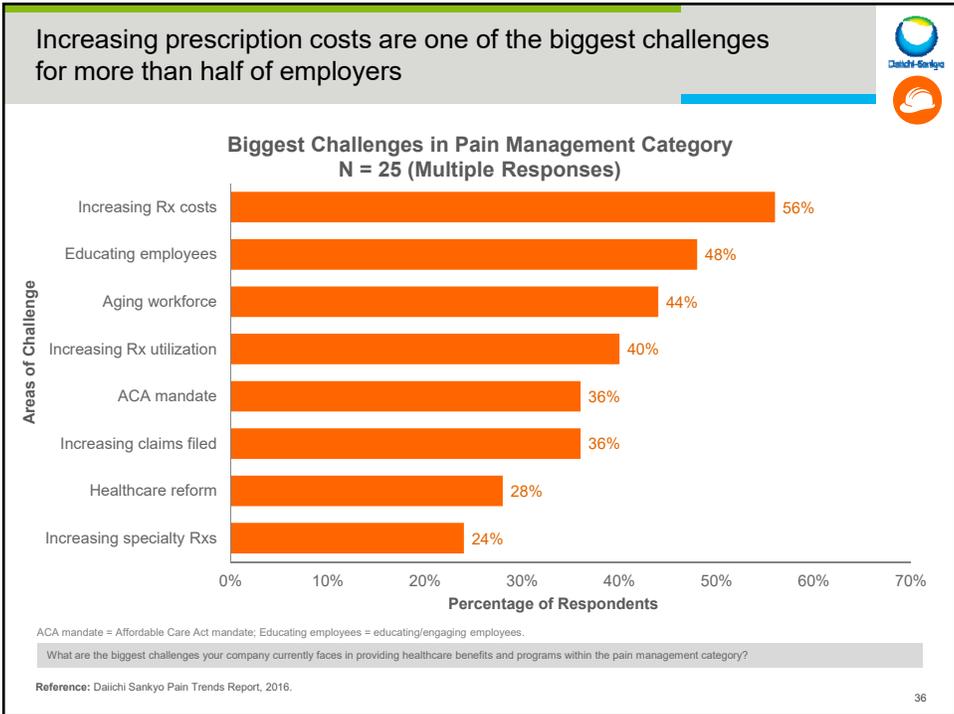
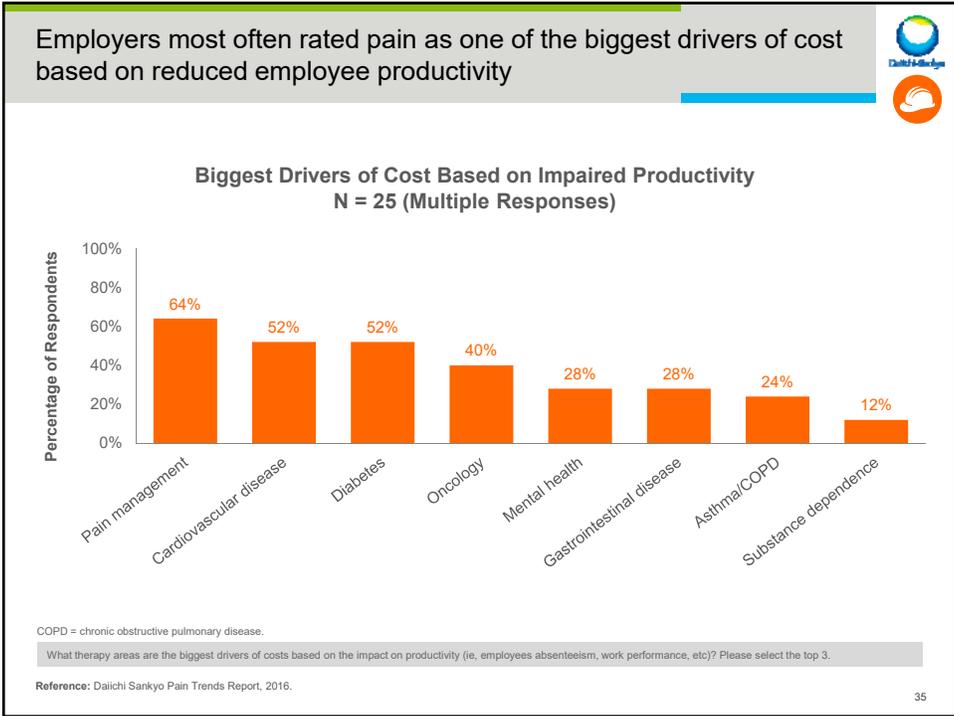


Industry	Count
Manufacturing	6
Finance	4
Transportation	1
Retail Trade	3
Other	6

Company Size	Count
Small Companies (101-500 employees)	8
Medium Companies (501-5000 employees)	11
Large Companies (>5000 employees)	6

Reference: Daichi Sankyo Pain Trends Report, 2016.

34



Similarly to payers, employers most frequently selected encouraging appropriate use as a predominant goal for pain management




Employers' top 4 pain management goals

- 1 Encourage appropriate use
- 2 Drive generic use
- 3 Ensure adherence
- 4 Control overall utilization

What is your organization's predominant goal or objective for the pain management category? Please select one.

Reference: Daiichi Sankyo Pain Trends Report, 2016.

37

For surveyed employers, covering nonprescription pain therapies and providing wellness initiatives are the most common ways to manage the costs of prescription medications




Activities to Manage Costs of Prescription Medications

N = 25 (Multiple Responses)

Activity	Percentage of Respondents
Cover nonprescription pain therapies	56%
Provide wellness initiatives	56%
Provide counseling	48%
Use of DM program	44%
Use of health-risk or well-being assessments	44%
Provide split-fill program	32%
Provide training to limit accidents	28%
Offer off-site CM for workers' compensation	24%
Use of PHM programs	16%
Leverage PBM	12%
None	4%

Leverage PBM = leverage pharmacy benefit manager to manage medical benefit pain medications; provide split-fill program = provide split-fill program to reduce waste; offer off-site CM for workers' compensation = offer off-site case management for employees out on workers' compensation and on pain medication; provide counseling = provide counseling to reduce risk of abuse; provide training to limit accidents = provide training on proper procedures/use of equipment in workplace to limit accidents; cover nonprescription pain therapies = provide coverage for nonprescription pain therapies (eg, chiropractor treatments, acupuncture, etc); use of PHM programs = use of population health management programs; use of DM program = use of disease management program.

In addition to formulary status, what are some of the ways your organization is managing costs for prescription pain medications?

Reference: Daiichi Sankyo Pain Trends Report, 2016.

38

Summary 

Key unmet needs

-  **More effective analgesia**
-  **Reduced side effects**
-  **More options and access to abuse-deterrent formulations**

Goals for pain management

- Encourage appropriate use**
- Drive generic use**
- Control utilization**

Cost drivers

Pharmacy Costs Medical Costs

57% vs 43%

Payers' average estimate – percentage of pain management costs attributable to pharmacy costs vs medical costs

64%

Percentage of employers who placed pain management in top 3 drivers of cost due to lost productivity

For more information, please visit paintrends.com.

Reference: Daiichi Sankyo Pain Trends Report, 2016. 39



Questions?

40