

Bone Health During COVID-19: Important Info for Patients and Caregivers

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Expert Presenters

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Welcome & Overview

- Osteoporosis Care Challenges
- Survey Results
- Managing Your Osteoporosis
 - Osteoporosis Treatment Considerations
 - Receiving Medications at Home
- Q&A

COVID-19 and Osteoporosis Patients

- According to the CDC, the elderly and adults with underlying health issues are at greatest risk for severe disease due to COVID-19. The best way to protect against respiratory illness, including COVID-19, is to continue to **practice good health habits**:
 - Avoid others who are sick. Separate yourself from all individuals by six (6) feet.
 - Wear a mask when in public.
 - Frequently wash hands with soap and water or use alcohol-based hand sanitizer.
 - Avoid touching your eyes, nose and mouth.
 - Cover coughs and sneezes with a tissue
 - Disinfect surfaces around your home and/or office regularly.
 - Avoid shaking hands, hugging and kissing.
 - Avoid large gatherings.
 - If you become ill, stay home, call your doctor's office to discuss symptoms. Go to a healthcare facility only if directed by your physician or if you are seriously ill.
- Following are links to useful resources for accurate information regarding coronavirus and steps to take to avoid contracting the virus and what to do if you feel you may have been infected:
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - <https://www.ready.gov/pandemic>
 - [CMS Clinician Info](#)

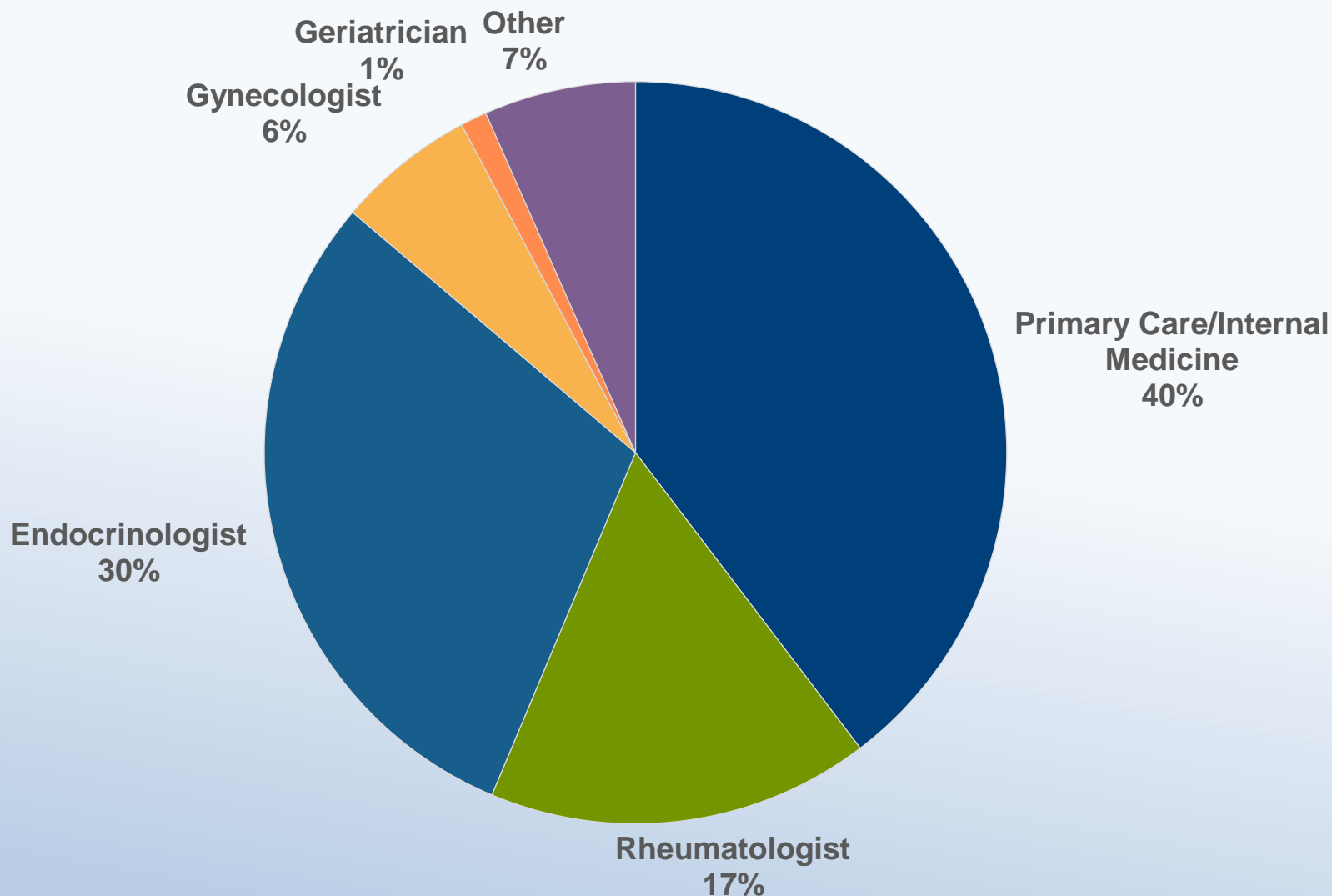
How is COVID-19 Affecting Patient Care?

- Access for patient care
 - Reduced clinic schedules by healthcare professionals
 - Telemedicine
- Challenges continuing/administering injectable medications
 - Access to office or infusion center
 - Patient reluctance to schedule visit
 - Considerations of alternative sites, administration in patient's home
- Access to testing
 - Temporary closure of DXA centers - need for DXA in short-term
 - Necessity of labs for evaluation and treatment plans
- Geographic and Care Setting Differences

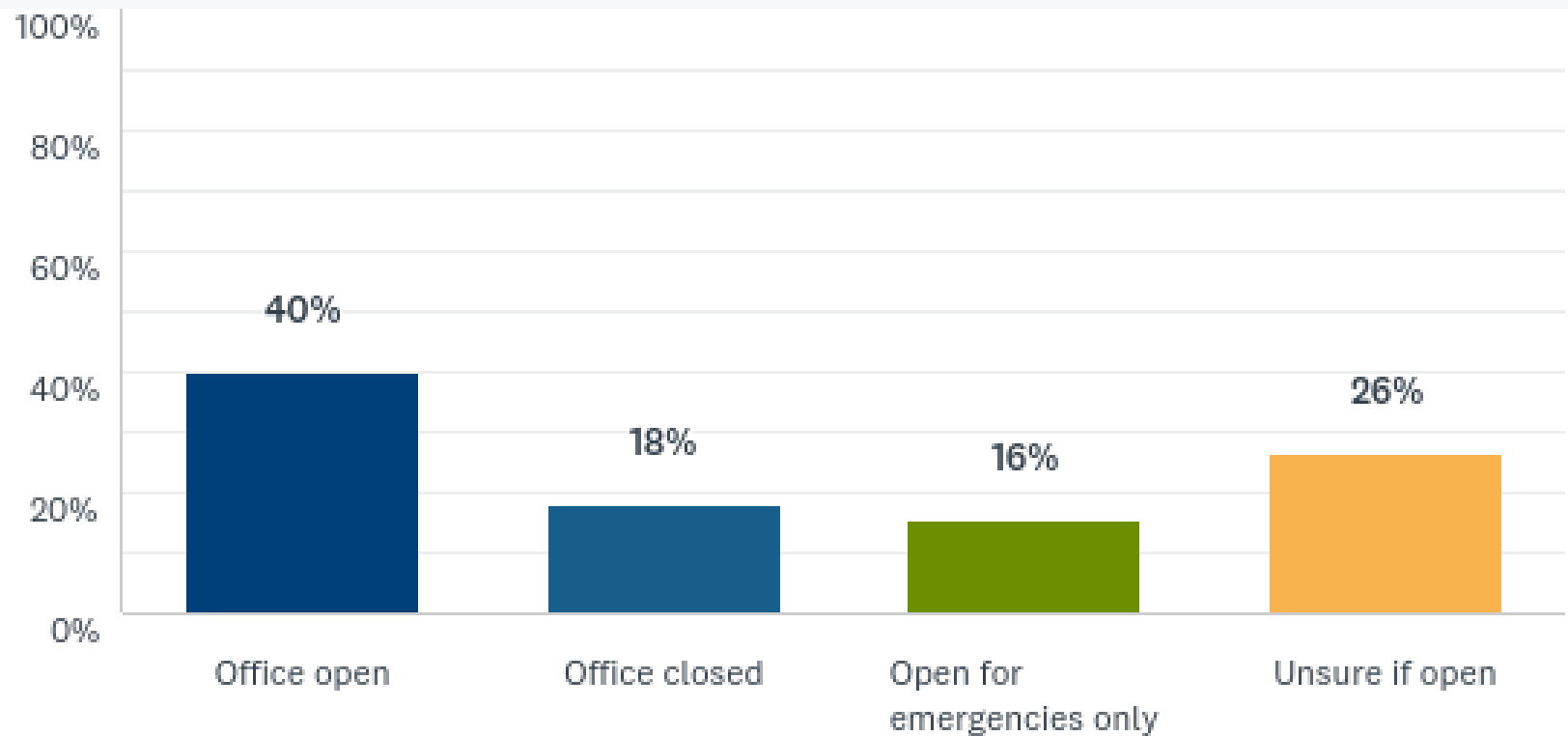
NOF Patient & Caregiver Survey Respondent Profile

- n = 348 (between 5/11/20 and 5/29/20)
- Senior: More than 3/4 (77%) are age 65 years or older
- Directly affected: Most (74%) have osteoporosis
- Cautious: nearly 1/3 cancelled in-person visits during pandemic and another 1/3 said they wouldn't go to the lab for required tests at this time
- Bone health managed by PCPs or endocrinologists

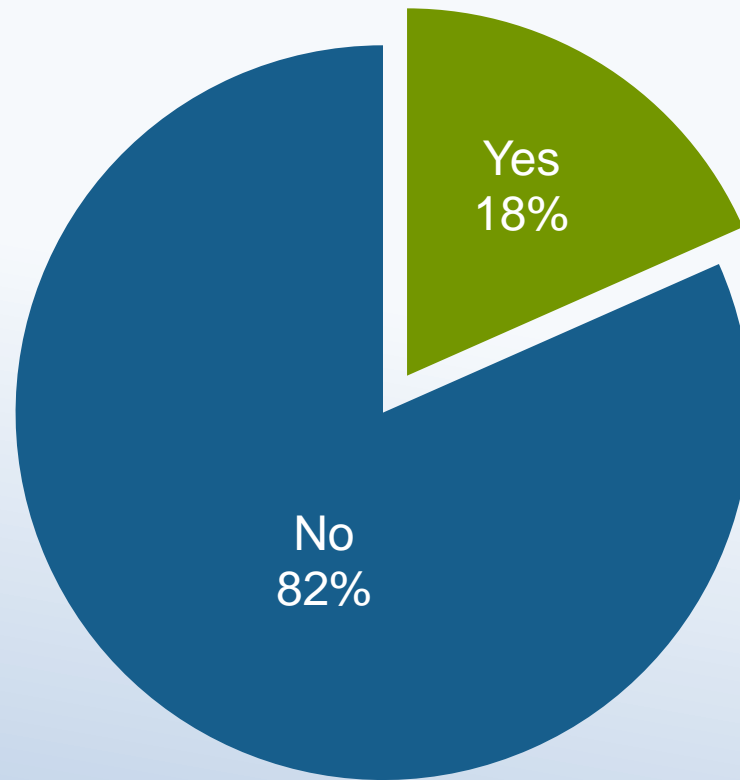
Primary provider managing bone health



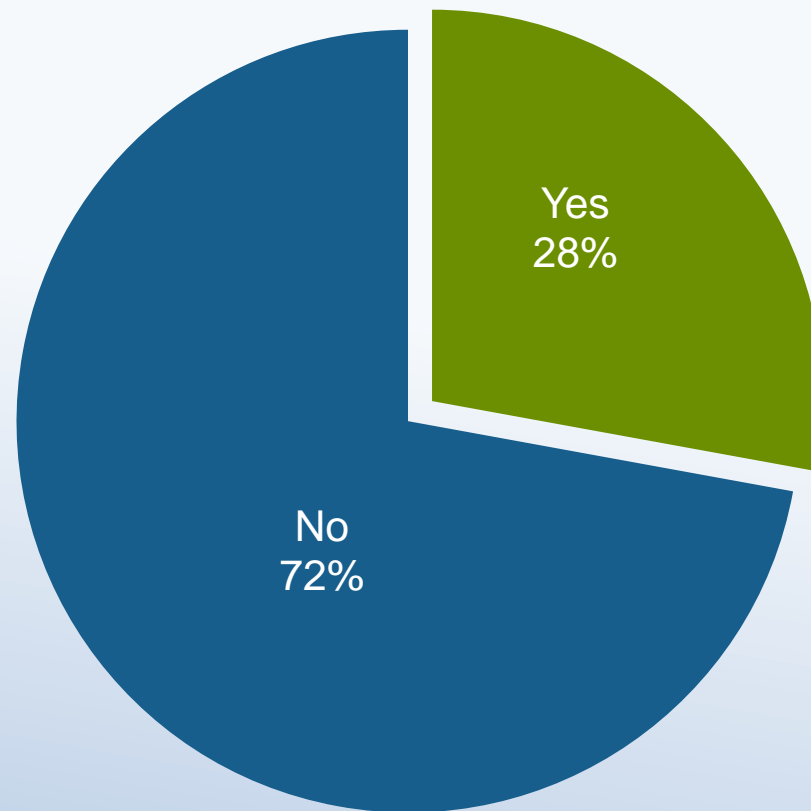
Accessibility of primary bone health provider during COVID-19 shutdown



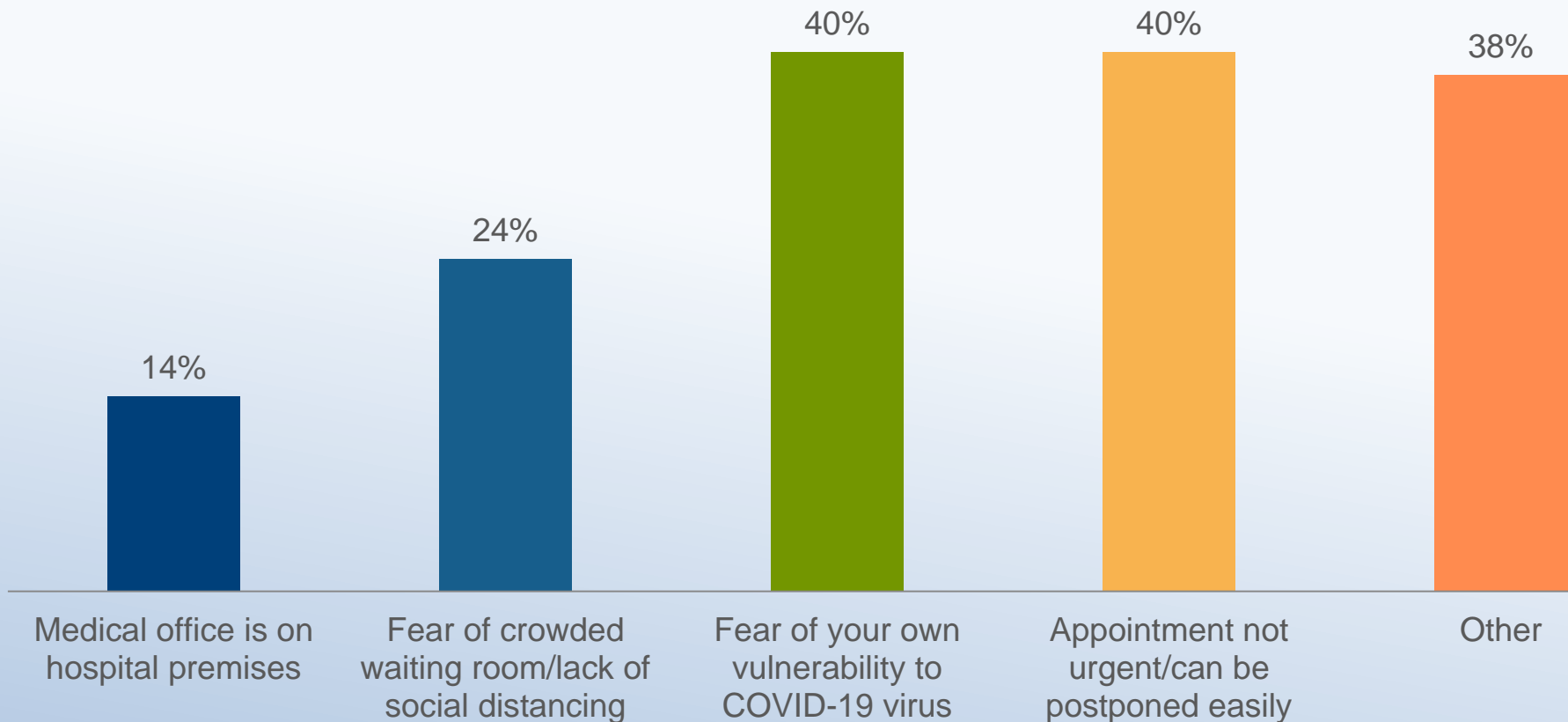
Percent who say they have gone to in-person medical appointment since March 2020



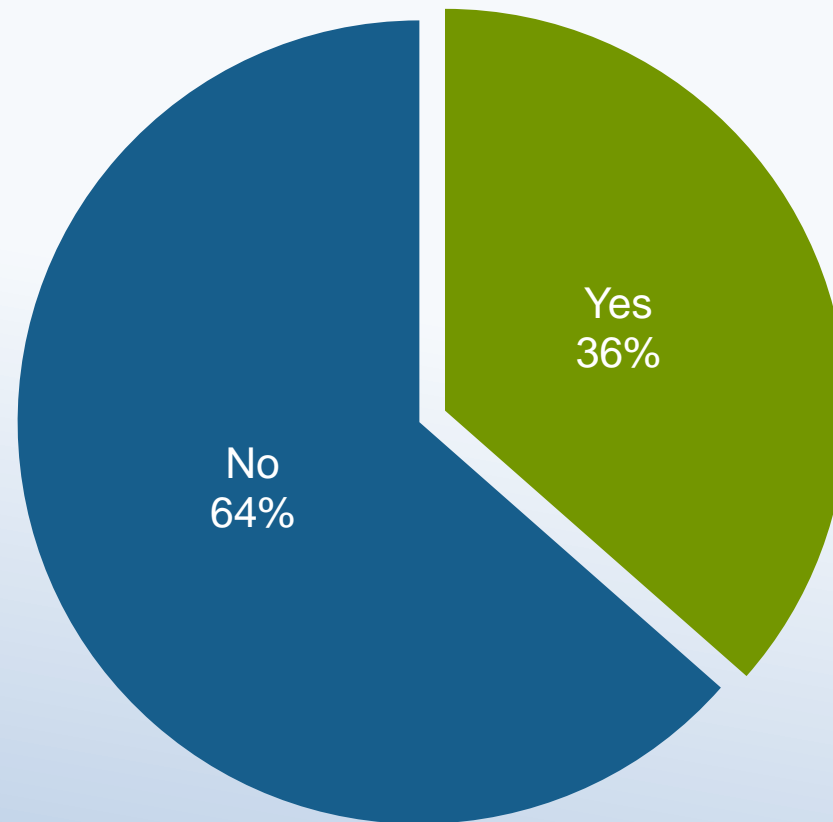
Percent who have changed or cancelled an appointment with their bone health provider since March 2020



Reasons for cancelling or changing appointment

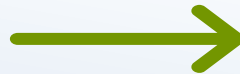


Percent who have participated in a telemedicine appointment since March 2020



Percent satisfied with recent telemedicine appointment

77%



- Convenient
- Easy
- Good quality visit
- Safe



“Saved me from driving to appointment; great one-on-one telemedical visit – all concerns were addressed.”

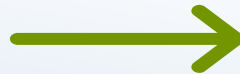
“I had the opportunity for a 1.5 hour (!) visit with the endocrinologist who gave an amazing discussion and education.”

“The doctor took a lot of time with me and was very thorough. We were on the phone for almost an hour.”

“Care provider listened to and understood my concerns and was able to address them. The videoconference caused me to be more focused in what I said.”

Percent unsatisfied with recent telemedicine appointment

33%



- Technology issues
- Not a proxy for in-person visits
- Needed health care services that requires an in-person visit (physical exam, labs, etc.)



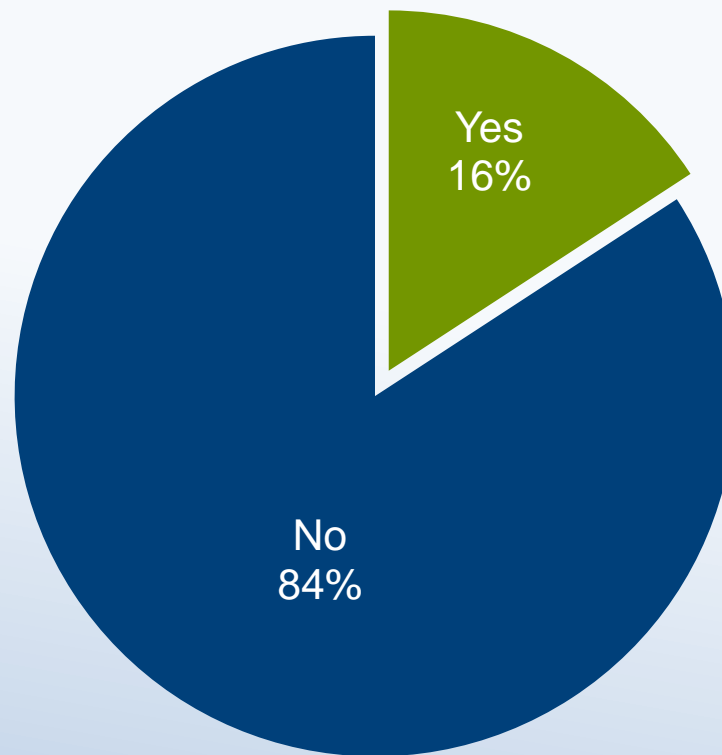
“It was a quick tele-appointment. NO discussion of labs or future, just quick-orders for a lab prior to Reclast, and a bone density order both of which I have to take to my hospital lab. I am sure I will have to clarify why they were not faxed. Really the only reason the dr. has this appointment is to check insurance, has nothing to do with actually following up on bone HEALTH.”

“I do not have the technology to use telemedicine.”

“Not the same as being face to face (can't be physically examined). No blood draws or urine testing.”

“My pulmonologist couldn't listen to my lungs.
My internist couldn't take my vitals.”

Percent of participants who experienced communications challenges with their health care provider



Most common challenges



Slow or no response from provider office

Technical issues

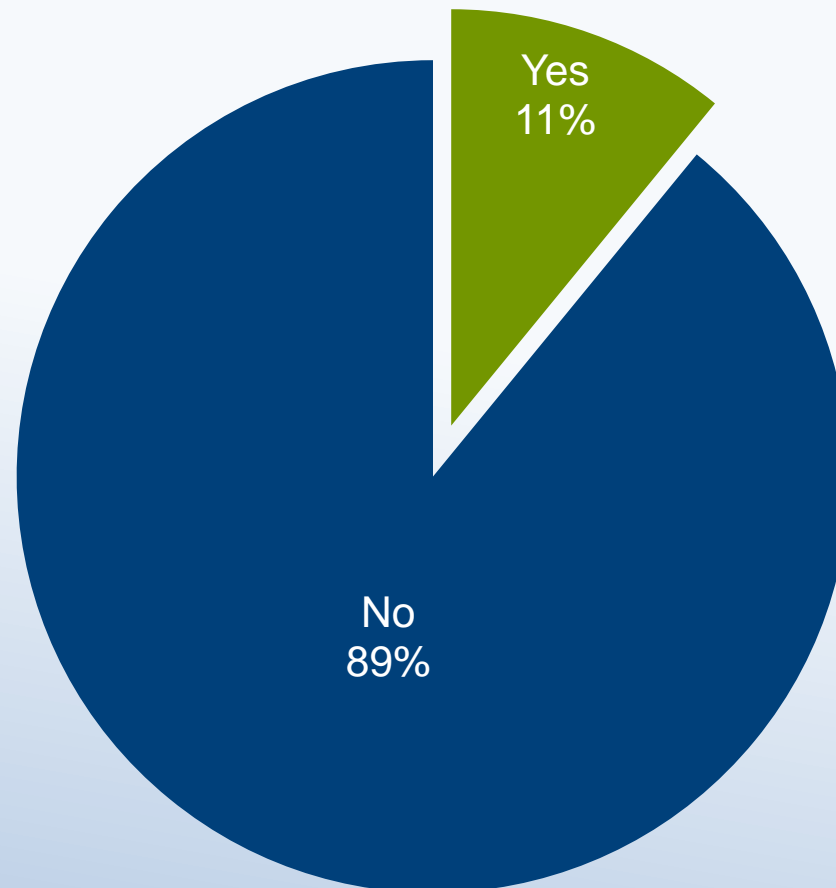


Scheduling difficulties

Office reduced hours or closed



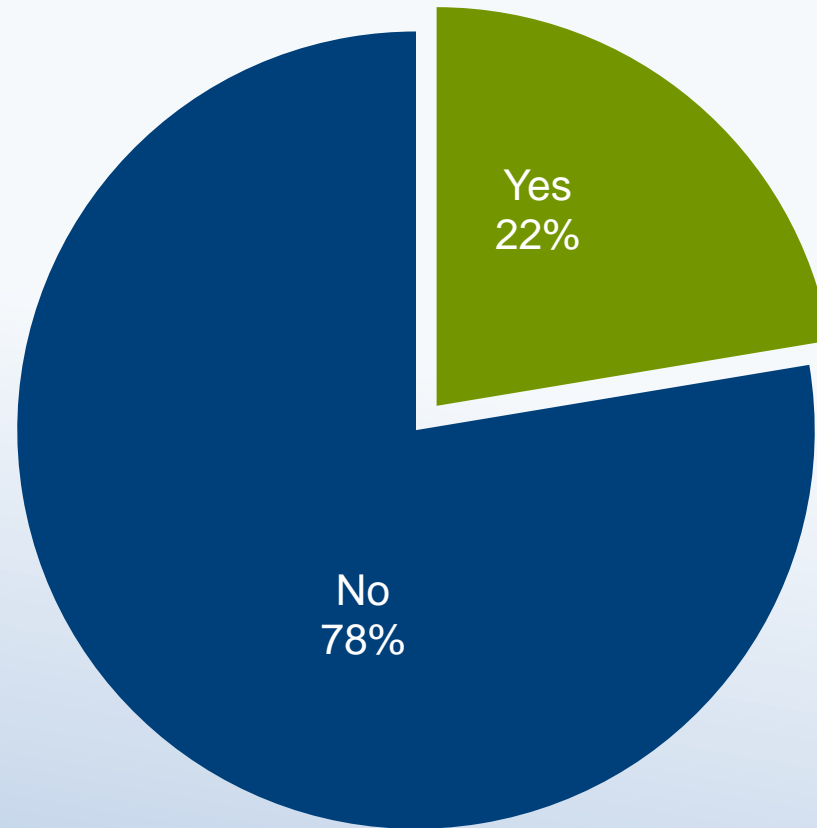
Percent of participants who experienced challenges obtaining prescription medication



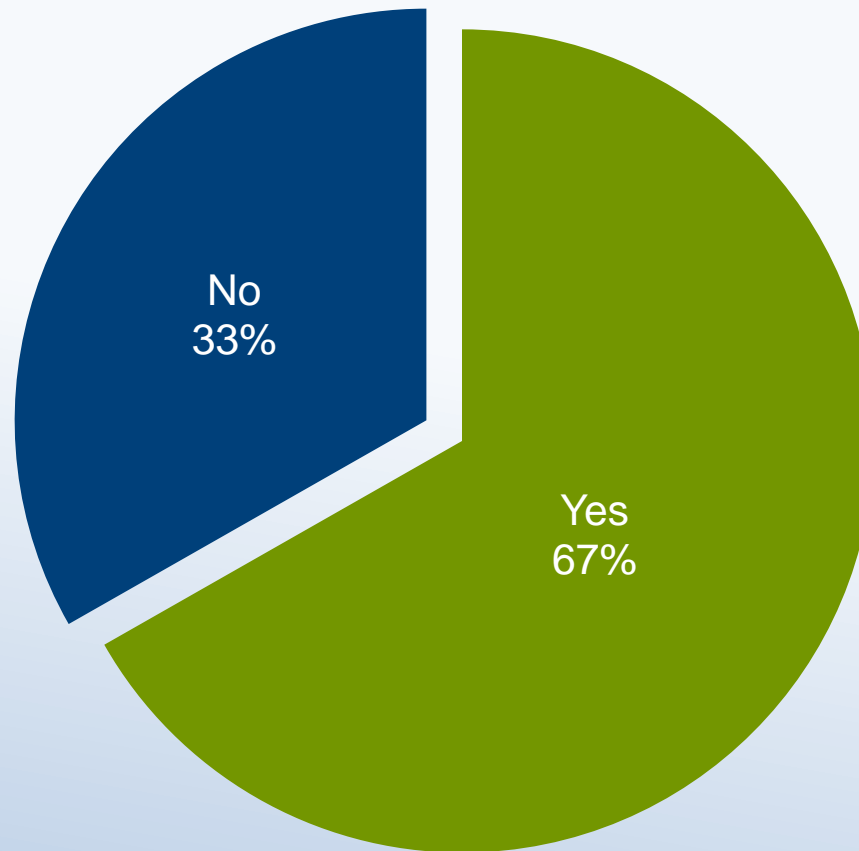
Prescription challenges

- Prescription requires face-to-face interaction (lab tests, pharmacy pick-up) and respondent does not want to take the risk
- Prescription is unaffordable
- Insurance issues (denied claims, inflexible processes)
- Issues with provider (office closed, slow response time)

Percent who changed/cancelled scheduled appointments for bone health tests

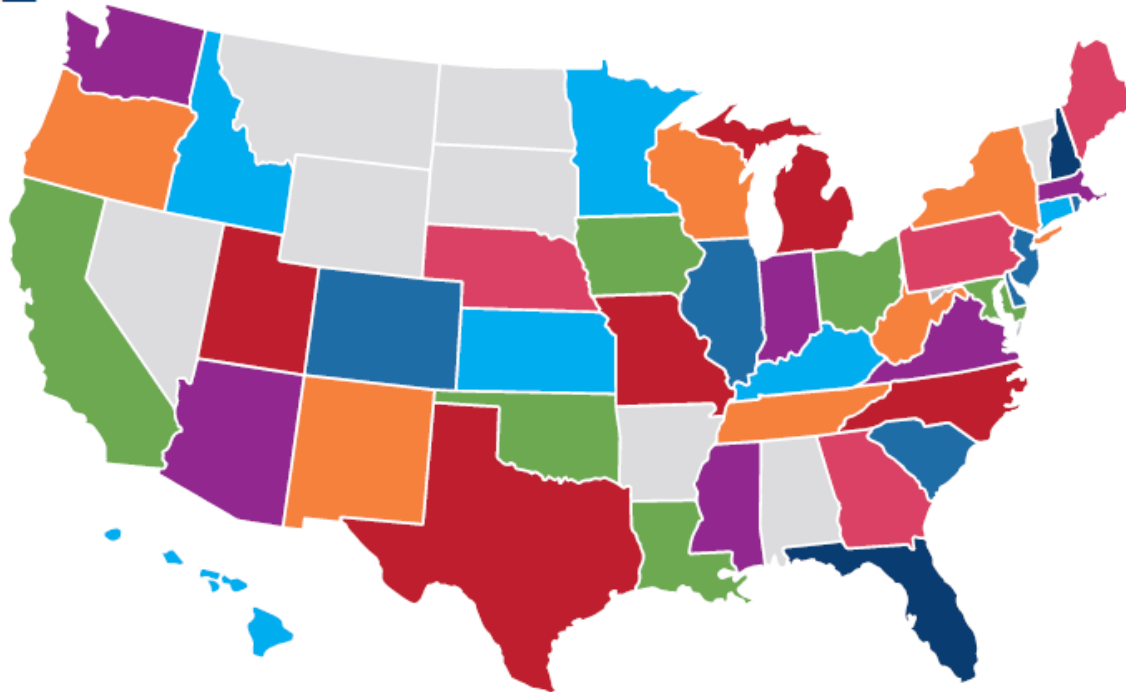


Percent likely to go to an appointment for tests requested by provider



NOF Survey of Patients Re: COVID-19

Q12 Please tell us what city/state you reside in:



Areas outside the United States include

- Puerto Rico
- Turkey
- Iraq
- Ontario
- UK

- 95% live in their home/apartment
- 4% live in independent senior living communities

Osteoporosis Treatment Considerations During COVID-19

- For oral medications or self-injectables, patients need to check with their healthcare provider to make sure they have adequate amounts on hand:
 - Alendronate (brand names: Fosamax®, Binosto®)
 - Ibandronate (brand name: Boniva®)
 - Risedronate (brand names: Actonel®, Atelvia™)
 - Raloxifene (brand name: Evista®)
 - Calcitonin (brand names: Fortical®,
 - Estrogen (multiple brands)
 - Estrogen/Bazedoxifene (brand name Duavee®)
 - Teriparatide (brand name: Forteo®)
 - Abaloparatide (brand name: Tymlos®)
 - **For teriparatide and abaloparatide, if a patient completes the treatment course or decides to discontinue the medication, it is important that follow-on treatment is discussed to avoid bone loss upon discontinuation**
- **It is extremely important that patients taking the following medications, which are administered by a healthcare provider, stay on time for scheduled injections and discuss care plans with their providers:**
 - Denosumab (brand name Prolia®)
 - Romosozumab (brand name Evenity®)
- Zoledronic acid (brand name: Reclast®) – due to long half-life, infusions may be able to be delayed several months. Decisions should be made on a case by case basis.

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Important changes to services

- Infused/Injected osteoporosis drugs can be administered in a patient's home in two different ways (discussed on next slide)
- FDA is also temporarily allowing self-injection or injection by lay caregiver of Prolia during COVID-19
 - While administration of Prolia® by a healthcare provider is preferred, the provider may determine that self-administration or administration by a caregiver may be warranted due to local COVID-19-related guidelines and restrictions based on your individual medication situation
 - This falls under Part D for billing purposes
 - Amgen has released [instructions](#), FAQs, and a [video demonstration of self-administration](#): <https://www.prolia.com/self-injection>

“Home” = “doctor’s office” or hospital outpatient/clinic during the Pandemic...

Osteoporosis patients in need of the following medications can receive home-based infusion/s/injections without risking social distancing guidelines:

- Prolia™ (denosumab)
- Evenity® (romosozumab-aqqg)
- Reclast® (zoledronic acid)
- IV Boniva® (ibandronate)

Two Ways to receive your medications at home:

#1 A physician or medical professional that has been treating patients in his/her office can provide it to the patient in their home.

- The home is “just like” the office/clinic/center where patients were getting treated;
- The physician can:
 - ✓ go to the home
 - ✓ send his/her own nurse/staff to the home (and be personally “available”), or
 - ✓ Augment his/her staff by contracting with externally resourced staff (and be “available”)

Your physician would charge the usual copay and submit the claim as usual to Medicare (for drug and administration of drug)

He/she would then pay any contracted staff used.

“Home” is more like a “pharmacy” during the Pandemic...

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- IV Boniva®
(ibandronate)

Two Ways to receive your medications at home:

#2 A physician or medical professional that has been treating patients in his/her office can cite CDC guidelines on social distancing** to certify a patient as “homebound.” This more relaxed definition of homebound is based on an external threat of contagion – for this pandemic and in the event of a future one.

- “Homebound” certification makes a patient eligible to get treatment from a **home health provider**.
- Unlike #1, it is a “hand-off” – the physician does not supervise or buy the drug.
- A home health provider would bring the medication and administer the infusion/injection in the home.
- This will likely “look” a lot like #1, however:
- ✓ The home health provider would bill Medicare using their own provider number ... instead of your regular physician.

** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

Ask Your Provider...

Both options may “look” the same to the patient – i.e., a visiting nurse arrives at their home for an injection/infusion,

Please talk with your provider if Path #2 is chosen--

- This may increase the patient’s out of pocket costs;
- There may be additional patient assistance to cover higher OOP costs;
- Consider implementing Path #1 if feasible
 - Doctor can talk to the specialty pharmacy, or other distribution channel about implementation options
 - Doctor can also talk to a home infusion company, home care entity, nurse staffing agency, etc., to contract with his/her office separately

This temporary change is meant to provide patients and their clinicians flexibility, not mandate new out-of- pocket costs for patients.

The National Osteoporosis Foundation strongly recommends that patients and doctors carefully consider/discuss if remaining on Medicare Part B is an option because it *may be* more expensive for injectables/infusions through Medicare Part D.

NOF advocated for these changes, and supports CMS for the quick action taken to support Medicare patients through this pandemic.

- For more resources on osteoporosis, visit nof.org
- For more information on medications discussed today, visit
 - Alendronate (brand names: Fosamax®): https://www.merck.com/product/usa/pi_circulars/f/fosamax/fosamax_pi.pdf
 - Alendronate (brand names: Binosto®): <https://www.binosto.com/>
 - Ibandronate (brand name: Boniva®): www.gene.com/medical-professionals/medicines/boniva-injection
 - Risedronate (brand names: Actonel®, Atelvia™): <https://www.mylan.com/en/products/product-catalog/product-profile-page?id=8351da81-7fe6-48b7-964a-f3411b55a3b4>
 - Raloxifene (brand name: Evista®): <https://www.lillymedical.com/en-us/bone/evista>
 - Estrogen/Bazedoxifene (brand name Duavee®): <https://www.duavee.com/>
 - Teriparatide (brand name: Forteo®): <https://www.forteo.com/>
 - Evenity®, Prolia™: www.amgenmedinfo.com/Home
 - Reclast®: www.medinfo.novartispharmaceuticals.com/
 - Abaloparatide (Tymlos®): www.tymlos.com

Questions

The image features a solid dark blue background. On the left side, the word "Questions" is written in a bold, white, sans-serif font. To the right of the text, there is a circular graphic element consisting of a solid blue circle with a white outline, positioned above a series of white, curved, overlapping lines that resemble a stylized wave or a series of concentric arcs.

Thank You!

If you have any questions, contact education@nof.org