

COVERAGE AND EQUITY OF A PATIENT SUPPORT PROGRAM FOR DIABETES DURING THE PANDEMIC PERIOD IN A MIDDLE-INCOME COUNTRY



Rico I, **Carpio E**, Retana A
Novonordisk Mexico, Mexico city, DF, Mexico

INTRODUCTION

“Nuevo Yo” (“New Me” in English) is the PSP of Novo Nordisk México (Figure 1) which enhance availability for its glucagon-like peptide 1 receptor agonist (GLP 1) treatments for patients with type 2 diabetes mellitus (T2D).

During the pandemic period (2020 – 2022) patients with T2D were at increased risk of metabolic disorder due to financial restrictions to pay for their medicines or caused by the delay of medical attention. The objective of this analysis is to measure the **coverage** and **changes** of the PSP “Nuevo Yo” throughout the pandemic and postpandemic period.

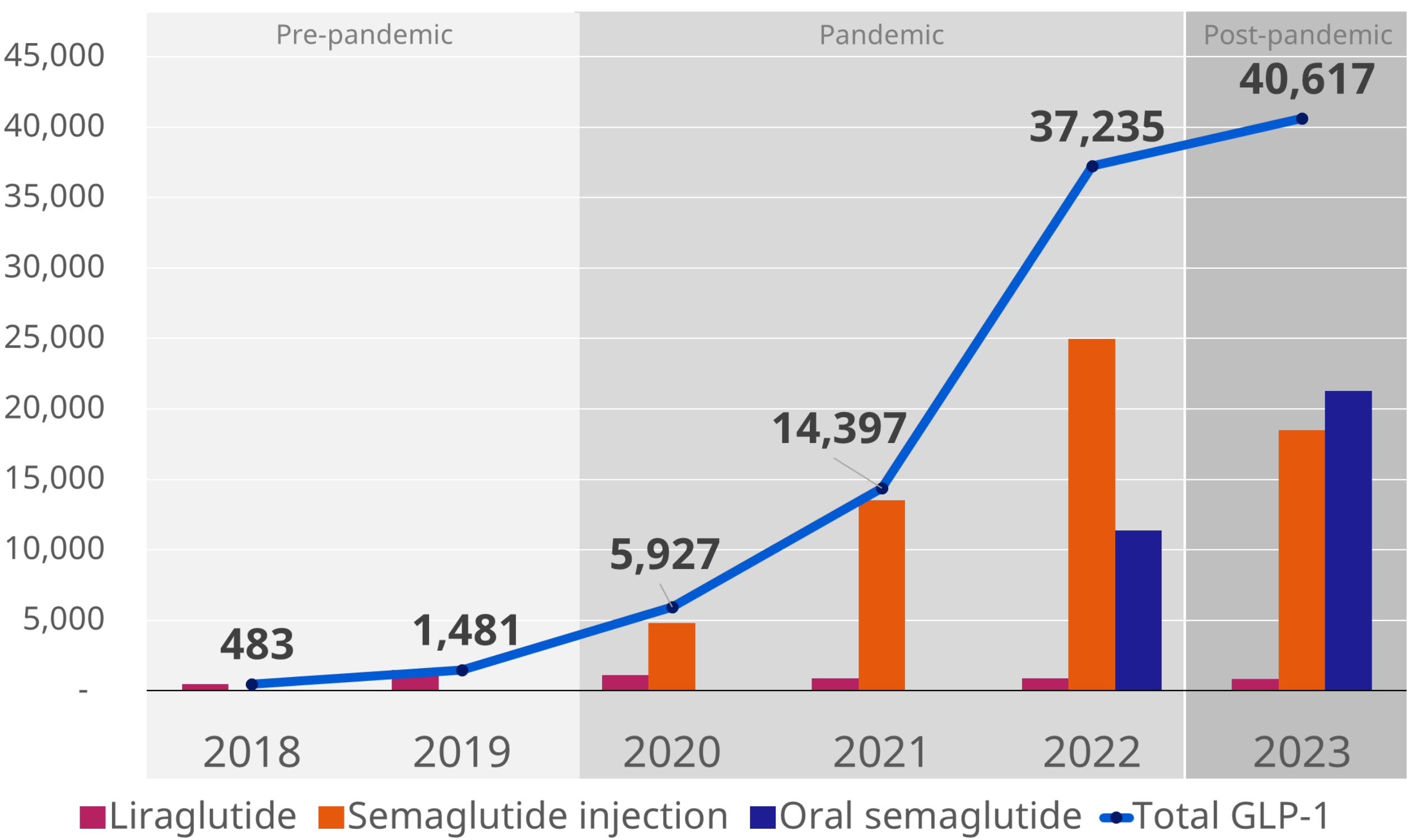
METHODS

We analyzed the number of patients included into the program and the medicines purchased by patient at national and regional level in 3 periods: pre-pandemic (2018 – 2019), pandemic (2020 – 2022) and post-pandemic (January – June 2023). Additionally, we analyzed the equity of the program comparing the coverage in the richest versus the poorest provinces (n = 32).

RESULTS

In 2018 the program supported 483 patients with T2D covering 81% (26/32) of Mexican provinces. At the beginning, the program provided only one GLP-1 of Novo Nordisk portfolio (liraglutide). During pre-pandemic period, the number of patients affiliated to “Nuevo Yo” increased in 207% (1,481 patients) and the coverage in the country remained constant (Figure 2).

Figure 2. Number of enrolled patients with GLP-1 treatment



Regarding the equity of the program, poorest provinces were covered in the whole period; even in 2020 and 2022 when the national supply decay the coverage remained constant. In June 2023, patients were distributed 51% in the richest provinces (three major cities of Mexico) and 49% in the poorest and other provinces (Figure 3).

DISCUSSION

With the analyzed data it can be concluded that, in 5.5 years “Nuevo Yo” reached more patients with more innovative treatments and an equitable performance in a large middle-income country even in adverse conditions (pandemic).

So, the PSP allowed T2D patients continued their treatment reducing the risk of metabolic disorder, highlighting the importance of channel implementation whereby most of the purchases of the program occur via a virtual pharmacy with national coverage.

Collaboration between pharmaceutical industry and health care providers is needed to increase reach and depth of PSPs programs that can be equitable and resistant to healthcare crises.

Figure 1. “Nuevo Yo” program

“Nuevo Yo” main objective is to **improve health of patients** strengthening **treatment adherence**. This program supports patients facilitating access to medicine, providing education for a better understanding of the disease, training in the use of devices (if required), follow up and additional value services, such as nutritional support.

“Nuevo Yo” is based in the following four principles:



This program is implemented since 2018.

During pandemic period, a growth was observed in the number of patients that received GLP-1 treatment and province coverage: at the end of 2022, the number of patients affiliated were 37,235 and full coverage of the country was achieved. It is important to mention that in 2020 an additional GLP-1 (semaglutide injection) was added to “Nuevo Yo” and in 2022 the newest GLP-1 of the T2D portfolio of Novo Nordisk was included into the program (oral semaglutide) (Figure 2).

In the post-pandemic period, the program continued to increase the number of enrolled patients who benefited from any of the three GLP-1 treatments, reaching a total of 40,617 patients across the country (the program increased 84 times its size vs pre-pandemic period) (Figure 2).

Figure 3. Number of patients across the country (June 2023)

