



National Physicians Biologics Working Group

2021 Meeting Summary

At its annual National Physicians Biologics Working Group meeting, the Alliance for Patient Access virtually welcomed physicians, advocates and fellow stakeholders to discuss policies that affect clinicians' and patients' use of biologics.

Utilization Management

Members discussed how utilization management barriers can delay optimal care and disrupt the physician-patient relationship.

- **Step Therapy**

Also known as “fail first,” step therapy requires patients to try and fail on an insurer-preferred drug before covering the prescribed therapy. One member said, “This becomes a major stumbling block for patients.”

- **Cost Sharing**

Even as health plans negotiate for higher rebates from pharmaceutical companies, patients are left with unmanageable out-of-pocket costs. “Cost sharing is an opportunity for utilization management,” noted one physician, referring to the fact that patients will not use the medication if they cannot afford the out-of-pocket cost.

- **Co-Pay Accumulators**

Through what are known as co-pay accumulator adjustment programs, some insurance companies no longer apply co-pay coupons' value toward patients' annual deductibles. Eleven states have put some sort of limit on co-pay accumulators. Members agreed that all payments a patient makes should count toward their out-of-pocket responsibility.

- **Prior Authorization**

Another tactic that makes it more difficult for providers to prescribe the drug to their patient is prior authorization, reflected working group members. “Time spent on appeals takes time away from the physician-patient relationship, and patients are left with unchecked symptoms,” emphasized one physician.

ICER & Value-Based Assessments

Sophisticated and expensive drugs like biologics often invite debates about value and access. Working group members heard a presentation on the Institute for Clinical and Economic Review, the group of Boston economists who increasingly have influence over coverage for both private and public health plans. The discussion entailed concerns about the quality-adjusted life year, or QALY, and ICER's over-reliance on clinical trials data, which rarely encompass the full patient population. The presentation highlighted opportunities for clinician input, specifically for the upcoming ICER report on severe asthma treatment.

Policy Considerations

The group explored several policy initiatives currently underway, including state and federal bills designed to curb utilization management and state bills addressing the direct or indirect use of the QALY on questions of drug affordability and access. Members also heard about the Most Favored Nation policy, which would tie U.S. drug prices to those of certain other countries. Working group members considered how this proposal could harm patient access to treatment.

Next Steps

The National Physicians Biologics Working Group will continue to build on its current advocacy and educational efforts in the coming year to encourage policies that support both patients and providers using biologics.



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