



Cardiovascular Disease Working Group

2021 Meeting Summary

At its annual Cardiovascular Disease Working Group meeting, the Alliance for Patient Access virtually welcomed health care providers, advocates and fellow stakeholders to discuss policies that affect people living with cardiovascular disease.

Access Barriers

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

- **Non-Medical Switching:**

Members said that, even during the height of the pandemic, non-medical switching was interrupting care for many patients. One provider recalled that he once had a patient non-medically switched and it took nearly four years for him to stabilize her again. "It's like practicing with your hands tied behind your back," he said.

- **Cost Sharing:**

Even as health plans negotiate for higher rebates from pharmaceutical companies, patients are left with unmanageable out-of-pocket costs. Recently introduced legislation could help by implementing out-of-pocket caps, as well as out-of-pocket smoothing, for Medicare Part D. The provisions would limit what Medicare beneficiaries pay out of pocket for prescription drugs and spread those costs over the course of the year.

- **Step Therapy & Prior Authorization:**

Another common barrier for patients is step therapy, or "fail first," when insurers force patients to take health plan-preferred drugs before getting coverage for their prescribed treatment. One member reminded the group there is federal legislation aimed at curbing step therapy – the Safe Step Act. Some states are also attempting step therapy reform. Members also agreed there needs to be a more streamline process for prior authorization to stop long delays in care.

- **Co-Pay Accumulators:**

Some commercial insurance companies no longer apply co-pay coupons' value toward patients' annual deductibles. The Centers for Medicare & Medicaid Services do not allow patients to use co-pay coupons at all, but members expect to see Congress try to change that in the coming months.

- **Mid-Year Formulary Changes:**

Insurers can block access to treatment by switching certain medications off their formularies, or by switching them to a higher cost tier. One legislative victory this year occurred in Connecticut, which banned mid-year formulary changes. New York is in the process of moving a bill forward on the issue as well.

- **Disparities:**

Social determinants of health continue to be a burden for communities of color, which are often blocked from accessing equitable care due to structural racism or factors outside of their control. The pandemic has only exacerbated these disparities, and working group members continue to try to raise awareness about the issue.

ICER & Value-Based Assessments

Working group members heard a presentation on the Institute for Clinical and Economic Review, the group of Boston economists who increasingly influence coverage decisions for both private and public health plans. The discussion explored concerns about the quality-adjusted life year, or QALY, and whether it gauges a medication's value fairly. One member characterized the QALY as discriminatory for patients with chronic conditions such as cardiovascular disease. Certain states are beginning to ban use of the QALY altogether.

Medical Necessity and PCSK9 Case Study

The meeting highlighted community advocacy on the issue of Blue Shield of California's removal of all PCSK9 inhibitors from its standard formulary. Advocates from the working group, as well as PACH, Stanford Healthcare, and allied partners including AHA and ACC, mobilized clinicians to convey the impact on patients. Blue Shield of CA reversed its decision and included at least one PCSK9 inhibitor on its formulary as of June 1, 2021. Members agreed the win would not have been possible without utilizing patient and clinician voices.

Policy Considerations

Members discussed current legislation on expanding Medicare access for beneficiaries. Discussion highlighted that both Republicans and Democrats are drafting bills to help support patient access. Both are unlikely to make it into law in their current form, but will be good benchmarks for policymakers to use in future drafts. Members also discussed proposals being considered in the House and Senate to negotiate lower drug prices. The idea is to empower The Centers for Medicare and Medicaid Services to negotiate drug prices on their own, but conversation noted it's a controversial approach and could have negative effects on patient access.

Next Steps

AfPA's Cardiovascular Disease Working Group will continue to build on its current advocacy and educational efforts in the coming year to further policies that support optimal, patient-centered care.

