



**Oncology
Therapy Access**
Working Group



**National
Physicians Biologics**
Working Group

2022 Meeting Summary

In July, the Alliance for Patient Access hosted a joint meeting of the Oncology Therapy Access Working Group and the National Physicians Biologics Working Group. AfPA welcomed a broad range of providers across specialties to identify barriers to oncological care and biologic treatments.

Utilization Management

Working group members discussed utilization management tactics that can delay or alter treatment plans, preventing patients from accessing the care needed to manage their conditions.

Prior Authorization

Working group members resoundingly agreed that prior authorization presents a major challenge to timely care. And when treatment is delayed, cancer patients may suffer potentially fatal consequences.

One clinician explained that patients rarely have immediate, unfettered access to prescribed treatments, largely because of prior authorization and reauthorization requirements.

Even once an authorization is processed, reauthorization may be required as often as every 60 days. This tedious process drives a significant wedge between clinicians and patients.

Specialty Tiers

Health plans use formulary tiers to separate out generics, preferred brand-name drugs and non-preferred brand-named drugs, with corresponding levels of co-payment or co-insurance. Biologics are often placed on “specialty” or non-preferred tiers.

One clinician noted that the high out-of-pocket costs associated with “specialty” tier drugs present access problems for her patients.

Co-Pay Accumulators

Patients who are being treated with expensive medications will often use co-pay coupons to help cover costs. These coupons help patients afford their medication and contribute toward a patient’s deductible. Health plans, however, may implement co-pay accumulator programs, which do not count the coupon’s value toward a patient’s annual deductible.

Working group members acknowledged the burden that these programs often have on patients. Patients who find a treatment that works for them struggle when their coupon runs out and they are faced with the remainder of their deductible. Many patients can no longer afford their medication at this point and may abandon treatment.



**Alliance for
Patient Access**

Precision Medicine & Biomarker Testing

Innovation has yielded precision medicine for cancer patients. These treatments often require biomarker testing to identify if patients would benefit.

Working group members discussed legislative efforts in many states to improve coverage and increase patient access to these valuable treatments.

The clinicians also discussed barriers that patients and providers may face while trying to get biomarker testing. Prior authorization can make it harder for patients to get tested. Health plan limitations, meanwhile, may delay results and, in turn, treatment. Working group members reiterated that having timely access to biomarker testing can, for many patients, be lifesaving.

Biologics, Biosimilars & Treatment Decisions

Biologic medications offer treatments for many patients who may not have had options in the past. As more biosimilar options are introduced to the marketplace, treatment decisions should be kept between the patient and provider, working group members agreed.

One clinician noted that providers are often given little notice by insurers that patients will be switched between innovator products and biosimilars. Another clinician added that switching often causes agitation and hesitancy for patients.

Working group members highlighted that, as more biosimilars come to the marketplace, additional options will be beneficial for patients. It is critical, however, that providers and patients – not payers – make treatment decisions.

Needs Assessment

Working group members recognized that recent innovations continue to drastically change the treatment landscape.

But these groundbreaking tests and treatments must be accessible and affordable for patients. In underserved areas in particular, increased education about testing options may open doors and help reduce health disparities.

Providers who administer biologic treatments may also face treatment challenges. When some payers cover the cost of biologic treatments, they cover only the cost of the medication and not its administration, refusing to appropriately reimburse clinics.

Primarily an issue for patients with rheumatic diseases, this challenge may spill over into other specialty areas that prescribe biologics – including, but not limited to, oncology, dermatology and neurology.

Next Steps

The working group members discussed plans for educational materials to build on current advocacy and outreach efforts, and to promote policies that encourage patient-centered care for cancer patients and those who receive biologic treatments.

Get Involved

To learn more about AfPA's Oncology Therapy Access Working Group or National Physicians Biologics Working Group, contact Casey McPherson at cmcpherson@allianceforpatientaccess.org.

