



Cardiovascular Disease Working Group

2022 Meeting Summary

The Alliance for Patient Access hosted its annual meeting of the Cardiovascular Disease Working Group in October 2022. The virtual event convened health care providers, advocates and other stakeholders to discuss policies and access barriers that affect cardiovascular patients.

Utilization Management

Utilization management tactics disrupt the physician-patient relationship and delay care, often leading to disease progression and adverse events. Given the burden of cardiovascular disease in the United States, policymakers should limit utilization management practices to ensure appropriate patient access, which ultimately reduces cardiovascular event-related deaths and long-term health care costs. The working group is engaged in state and federal legislative reforms on each of the following issues:

- **Prior Authorization**

Working group members relayed difficulties with prior authorization and PCSK9 inhibitors, which many patients use to manage cholesterol levels and help prevent major cardiovascular events. Onerous prior authorizations not only delay care for patients, but also require significant time and resources from clinicians and office staff.

- **Non-Medical Switching**

Cardiovascular patients often arrive at the pharmacy counter to learn that their prescribed medication has been switched, for non-medical reasons, to an alternative. As one physician explained, non-medical switching can erode patients' trust in their clinician – despite the switch being driven by the health plan. The practice may also force a stable patient to take a medication that is less effective for his or her individual needs.

- **Co-Pay Accumulators**

Patients sometimes use a co-pay card to lower their out-of-pocket cost for a prescription medication. They generally expect the payment to also count against their annual insurance deductible. Many plans, however, now exclude co-pay cards from deductible payments. This leaves many patients with unexpected out-of-pocket costs that can impede medication access and hurt their health. As one clinician explained, this is a transparency issue – patients deserve to have a full understanding of their treatment costs with no surprises.

- **Specialty Tiers**

Newer therapies are often placed on a higher tier, requiring high out-of-pocket costs for patients. One clinician described recent innovation in treatments for AFib, an irregular heart rhythm. He noted that specialty tiers force physicians to make decisions about medications based primarily on affordability. This can weaken the trust between patients and clinicians. It also has the potential to harm patients' health.



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Heart Screenings

The COVID-19 pandemic led to reduced rates of regular health check-ups. Patients, particularly those with pre-existing cardiovascular conditions, avoided hospital settings to protect themselves from COVID-19. Because many patients missed out on two years of regular screenings, working group members noted, the U.S. now faces a potential “tsunami” of undetected cardiovascular disease. One clinician said, “We are going to continue to see an explosion of acute cardiovascular disease over the next five years.” An influx of new cardiovascular patients, combined with hospitals’ staffing challenges, may present problems in the coming years.

Health Disparities

Social determinants of health can have a powerful impact on cardiovascular patients, whose conditions often depend on being able to access healthy food and having time to exercise. These heightened risk factors make access and adherence to prescribed medications all the more important.

The Partnership to Advance Cardiovascular Health recently released data showing that many southern states, which have higher rates of poverty and heart disease, face higher rejection rates for PCSK9 inhibitors, which help patients manage cholesterol levels. In Arkansas, rejections are 67% higher than the national average, and they are 29% higher than the national average in both Mississippi and Oklahoma. These disparities are dangerous. Policymakers should consider the needs of underserved Americans with cardiovascular conditions when legislating on utilization management issues.

Future Advocacy Efforts

Earlier in 2022, in conjunction with the Partnership to Advance Cardiovascular Health’s Stop the Switch campaign, the working group submitted a letter urging CVS Caremark to reverse its decision to remove the blood thinner apixaban from formularies. The letter featured more than 150 signatures. In June 2022, the working group was pleased to learn that CVS Caremark reversed its decision and restored coverage and access for the medication.

The working group continues to partner with the Partnership to Advance Cardiovascular Health to improve access to PCSK9 inhibitors, as many states see high rejection rates for these medications.

Next Steps & Getting Involved

The working group discussed opportunities for future engagement and participation in the creation of educational materials.

To learn more about AfPA’s Cardiovascular Disease Working Group’s advocacy efforts and membership, please contact Elizabeth Simpson at esimpson@allianceforpatientaccess.org.



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