



Cardiovascular Disease Working Group

2023 Meeting Summary

The Alliance for Patient Access convened a virtual meeting for its Cardiovascular Disease Working Group in September 2023. Stakeholders discussed the state of cardiovascular health and remaining challenges to greater patient-centered care.

Utilization Management was a major focus of discussion. Participants noted there have been promising advancements with reining in utilization management, but highlighted continuing issues, particularly:

Prior Authorization

A concerning 26% of patients become hospitalized due to delays in authorization for crucial medications. Many clinicians agreed they still face hurdles with prior authorization, especially when seeking approval for patients for newer or innovative treatments.

Step Therapy

Clinicians lamented how step therapy creates a burdensome paperwork situation for their administrative staff. Patients, they say, are frequently forced to take medications that don't work for them, which ultimately leads to higher costs and more clinical visits without beneficial results.

Non-Medical Switching

Financial motives sometimes drive insurers to switch stable patients to alternative medications, some participants said. This practice, they added, can lead to patients having new side effects, which can discourage patients from continuing treatment.

Formulary Exclusions

As of this year, one participant noted, 109 cardiovascular medications are not covered by insurers and PBMs. This list of excluded medications, primarily driven by rebate considerations, negatively impacts patient care. Additionally, new formulary exclusions that enter effect at the beginning of each year lead to frequent switches.



Group members paid special attention to **disparities** in cardiovascular health and care, which worsen health outcomes for large swaths of the population, they highlighted.

- **Access Disparities.** The pandemic exacerbated the health care challenges faced by communities of color due to socio-economic factors. Additionally, participants said, access to telehealth continues to be an issue, and it limits care opportunities for numerous patients, particularly those in rural settings.
- **Impact on Women.** The group noted how heart disease has a disproportionate impact on women. This, they said, is a grave concern, and it warrants greater advocacy.
- **Obesity and Comorbidities.** Despite one in three Americans living with obesity, insurance companies continue to downplay anti-obesity treatment as cosmetic, some participants flagged. This misclassification, they said, leads to treatment delays and detracts from comprehensive care for cardiovascular patients. Working group members acknowledged that treating obesity earlier on can lead to improvements in cardiovascular disease outcomes.

The group explored how insurers are pushing costs onto patients even after patients go through prior authorization.

- **Specialty Tiers.** Copays rise, participants noted, as patients progress through health plan formulary tiers (generic, brand name, nonpreferred). This, they said, can make many medications prohibitively expensive, especially those needed to treat less common cardiovascular conditions.
- **Copay Accumulators.** Although copay coupons help patients afford medicines, insurers frequently don't apply these toward deductibles. This, the group said, can force high out-of-pocket costs onto patients when the coupons run out.
- **Alternative Funding Programs.** A new challenge, third-party vendors are now working with employers to exclude

specialty medications from formularies, pushing patients to charitable assistance programs to get their medication instead. This tactic can lead to treatment interruptions, increased costs and diminished care quality.

The group discussed how major **legislative and regulatory developments** will impact care for cardiovascular patients.

- The Inflation Reduction Act and the drug price negotiations it authorizes might not guarantee lower drug prices for patients, it was noted. The legislation could also unintentionally jeopardize pharmaceutical innovation for patients with cardiovascular disease.
- Pharmacy benefit manager reform was also discussed at length. It was noted that reform is a bipartisan desire, particularly improving clarity in how pharmacy benefit managers generate revenue.

The group's discussion underscored a united objective: to bolster patient-centered care. Discussion wrapped with an announcement about 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 Casey McPherson at cmcpherson@allianceforpatientaccess.org.



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