



**Oncology
Therapy Access**
Working Group



**Biologic
Therapy Access**
Working Group

2023 Meeting Summary

The Alliance for Patient Access convened a joint meeting of its Oncology Therapy Access and Biologic Therapy Access Working Groups in July. Working group members came together to discuss challenges that impact cancer care and the use of biologic treatments, as well as opportunities to advocate for policies that prioritize patient-centered care.

Utilization Management

Working group members discussed utilization management tactics that hinder patient care and prevent patients from accessing their treatment in a timely manner. In many cases, members explained, these tactics may also further exacerbate health disparities.

Prior Authorization

Working group members identified prior authorization as the greatest barrier they face. Providers had to hire additional staff who were dedicated to prior authorization. The initial authorization, denials and appeals are frustrating and draining, members explained.

In some cases, working group members highlighted, even the presence of prior authorization can be a hurdle. Some patients and providers may not have the resources to fight denials, and the presence of a barrier may discourage any attempts to initially acquire a medication.

Non-Medical Switching

Non-medical switching occurs when an insurer or pharmacy benefit manager forces a stable patient from their prescribed treatment to an alternative, often for financial reasons.

Meeting participants highlighted that these switches may threaten a patient's trust in their provider and their adherence to the treatment. Patients are switched to the insurer's preferred medication, or risk paying high out-of-pocket costs for the medication they had selected alongside their health care provider.

Step Therapy

Step therapy can also present challenges, working group members explained. Patients may be forced to "fail" a treatment, furthering disease progression, before receiving access to the desired therapy.

It may also prevent patients from accessing innovative options, which could further identify a patient's condition and ideal treatment path. The number of steps is important, working group members emphasized, as the steps may place a serious strain on the patient-provider relationship.

Specialty Tiers

Specialty tiers are becoming more common on formularies. As new medications are approved, they may be placed in higher formulary tiers, which may result in higher costs for patients. These tiers further exacerbate disparities, alienating patients from their treatment and their provider as more expensive medications are moved further out of their reach.

Working group members expressed concern for patients who often feel isolated and tricked by utilization management tactics like these. Policies must recognize the harm caused to vulnerable patients and ensure that care is accessible for all patients.



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Clinical Trials

Working group members discussed the value of clinical trials. But despite their potential and value for the health system, clinical trials may not be on patients' radars as a potential treatment path. Convincing a patient to participate can be challenging. For some populations, clinical trials may be a source of confusion or distrust. And trials may often feel nebulous or experimental, despite their safety as a treatment option.

Working group members discussed ways providers can introduce patients to clinical trials to improve health outcomes and advance innovation.

Working group members also pointed to the need for greater diversity, equity and inclusion across all aspects of the health care system, from clinical trials to utilization management tactics to access to specialists.

Cost Sharing

Working group members also discussed a variety of cost-sharing tactics that hinder patient care. Alternative funding programs, copay accumulators and copay maximizers can hit insured patients with heavy costs, worsen their health outcomes and disrupt their relationship with their provider. These tactics shift the cost of a medication onto a patient, and when the costs get too high, patients must choose between their treatment or other necessary expenses.

Working group members highlighted how frustrating these programs can be, limiting or preventing patients' access to treatment.

Needs Assessment

Working group members explained that there is a greater need for education geared toward policymakers on the challenges providers regularly face. Reimbursement continues to be a challenge for many providers, especially with biologic treatments. Physician shortages create rifts and make it hard for patients to receive care.

Working group members also highlighted that utilization management tactics and other barriers to patient-centered care may take an emotional toll on patients and providers. Policies must support providers' wellbeing and prevent burnout.

Next Steps

Working group members discussed policies that promote patient-centered care for cancer patients and those who receive biologic therapies. The Alliance for Patient Access will continue to advocate on these issues by creating educational materials, launching advocacy campaigns and working with policymakers.

Get Involved

To learn more about AfPA's Biologic Therapy Access and Oncology Therapy Access Working Groups, please contact Casey McPherson at cmcpherson@allianceforpatientaccess.org.



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