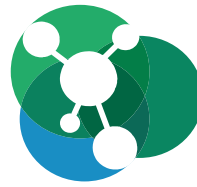




**Oncology
Therapy Access**
Working Group



**Biologic
Therapy Access**
Working Group

2024 Meeting Summary

The Alliance for Patient Access hosted a joint meeting of its Oncology Therapy Access and Biologic Therapy Access Working Groups on August 23-24, 2024 in Washington, D.C. The meeting brought together clinicians, advocates and stakeholders from across the United States to discuss care for cancer patients, the biologics landscape and common access challenges.

Utilization Management

Utilization management practices place a heavy burden on both patients and providers, and often delay care. Meeting participants discussed how these tactics hinder patient access and can harm the patient-provider relationship – even leading to what one physician deemed “moral injury,” harm to health care providers who simultaneously know what patients need but are unable to provide it due to insurance barriers.

Prior Authorization

One of the most harmful tactics that patients and providers experience is prior authorization. For cancer patients, any delay in treatment is a moment where their condition can progress. Waiting for a prior authorization to be approved can lead to life-threatening delays and denials.

This tactic also harms the patient-provider relationship, meeting participants pointed out. Patients may feel frustrated that they can't receive their treatment, and that frustration may turn into distrust of their provider.

Step Therapy

Step therapy is another tactic that participants identified as a serious problem while trying to care for patients. Health plans often embed step therapy into the prior authorization process, participants explained, and it is used purely as a cost-saving method, rather than as a tool to help find the best treatment for a patient. In many instances, step therapy requirements don't follow the health care community's best practice guidelines.

Specialty Tiers

Meeting participants also discussed how specialty tiers place an undue burden on patients. When health plans place a treatment on a specialty tier, patients may have to pay a coinsurance rather than a copay to receive their medication. Instead of a set amount, patients are required to pay a percentage of the total list price. Patients may face a bill of thousands of dollars for their medication, something they simply can't afford.

Meeting participants discussed how frustrating these tiers are and how they hinder patients and providers.



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Alternative Funding Programs

A recent and increasingly widespread challenge is alternative funding programs, or AFPs. Kim Czubaruk, Associate Vice President of Policy for CancerCare and member of the Alternative Funding Program Task Force, joined to explain how AFPs operate. Under an AFP, third-party vendors work with self-insured employers to simply carve specialty medications out of coverage, instead pushing insured patients into alternative methods of accessing their medication. These methods may include using patient assistance programs intended for the uninsured, or even drug importation. These programs cause a number of problems for both patients and the health care system. There's also no guarantee that insured patients will be able to receive their treatment. These programs pose a serious threat to patient access. And, by draining patient assistance programs intended to support uninsured, underinsured and needy patients, AFPs pose a challenge for the overall health care system.

Pharmacy Benefit Managers

One major decision maker in the health insurance industry is the pharmacy benefit manager. PBMs are the classic “middleman,” negotiating with the manufacturer, to determine what health plans will and won't cover.

Pharmacy benefit managers often craft formularies not with patient savings in mind, but with the goal of maximizing company profit. Patients are left to pay higher out-of-pocket costs, while pharmacy benefit managers pocket the rebates they receive from the manufacturer.

Participants highlighted that these companies pose a serious threat to patients, who may not be able to access or afford their care.

Medicare and the Inflation Reduction Act

As a part of the Inflation Reduction Act, Medicare can now negotiate prices for prescription drugs, a process that is now ongoing for Part D medications. Clinicians discussed potential challenges, including reduced innovation and more restrictive formularies.

But there are some benefits. Participants expressed that the cost-sharing reforms put into place may help with patient affordability. These reforms include a \$2,000 out-of-pocket cap and a new measure, the Medicare Prescription Payment Plan, which will allow patients to spread their costs evenly throughout the year. Working group members identified advocacy opportunities and discussed future educational materials to support Medicare patients with cancer and those receiving a biologic therapy.

Next Steps

To learn more about AfPA's Oncology Therapy Access and Biologic Therapy Access Working Groups, contact Ryan Crump at rcrump@allianceforpatientaccess.org.



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