



Respiratory Therapy Access Working Group

2024 Meeting Summary

The Alliance for Patient Access hosted its Respiratory Therapy Access Working Group meeting on September 6-7, 2024 in Washington, D.C. Clinicians, advocates and stakeholders met to discuss respiratory care in the United States and policy solutions to treatment access challenges.

Utilization Management

Utilization management tactics often hinder providers from effectively caring for their patients. Meeting participants highlighted numerous roadblocks that regularly crop up while providers care for their patients, complicating treatment decisions and delaying care.

Prior Authorization

One of the most common – and most challenging – utilization management tactics that providers face is prior authorization. Providers must submit a prior authorization request before their patient can access a treatment. This process can drag on and delay much-needed care for respiratory patients. These requests take care decisions out of providers' hands and allow health plans to influence what a patient can and can't receive.

Step Therapy

Another meddlesome tactic is step therapy. Patients are forced to try and fail other treatments before they can receive their prescribed medication, but insurers often aren't consistent with medical guidelines. Patients may have to fail medications that aren't approved for their condition. Participants also explained that step therapy may lead to disease progression.

Formulary Exclusions

One increasing challenge in recent years is formulary exclusions, which omit coverage for specific medications. Health plans refuse to cover them, forcing patients to fully pay for the cost of their prescribed medication or switch to a treatment that is not preferred by their health care provider.

When a patient needs a treatment and their health plan doesn't cover it, they may experience a non-medical switch. These exclusions place a heavy burden on patients and force them onto alternatives that may not be right for them.



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Pharmacy Benefit Managers

One major decision maker in the health insurance industry is the pharmacy benefit manager. The companies negotiate with the manufacturer to determine what health plans will and won't cover, ultimately making decision to decide what drugs will be excluded.

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 patient access, as formulary exclusion numbers continue to skyrocket and patients choose to pay for other essentials rather than their expensive treatment.

Innovation & Biologic Therapy Access

Innovative treatments can be a game-changer for respiratory patients, meeting participants explained. However, it is critical that policies continue to allow for future treatments to be developed, meeting participants explained.

New biologic therapies are becoming available, and meeting participants expressed that biologics and future biosimilar options can offer patients additional choices to manage their health conditions. But patients must be able to access these innovative therapies for them to have a meaningful impact on their health.

Copay Diversion Programs

Meeting participants also discussed copay diversion programs, a cost-sharing tactic that has posed serious problems for many

patients. Copay accumulator and maximizer programs prevent a copay card from counting toward a patient's deductible, often letting health plans take that money not once, but twice from the patient.

Another copay diversion tactic is alternative funding programs. 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 often place a significant financial burden on patients, meeting participants explained, and can lead to delays in care or a failure to adhere to treatment.

Next Steps

Working group members identified advocacy opportunities and discussed plans for educational materials to promote patient-centered care for respiratory patients.

To learn more about AfPA's Respiratory Therapy Access Working Group, contact Ryan Crump at rcrump@allianceforpatientaccess.org.



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