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# Assessment of Barriers to Fair Access: Evaluating Coverage Policies in 2022

## Findings and Reflections

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# Today's Speakers



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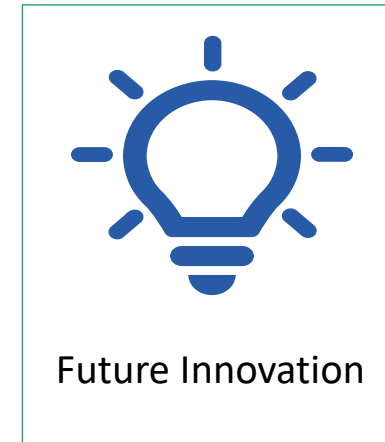
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# ICER: Who Are We?

- Independent, non-profit **health technology assessment (HTA) group** founded in 2006
- Use **evidence** in a **transparent** way to **align prices with the benefits** for patients and families
- **Improve access and affordability** while retaining the incentives necessary for future innovation



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# Acknowledgements

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- Marina Richardson, MSc, Senior Health Economist
- Matt Seidner, BS, Director of Policy Implementation
- Max Lee, PharmD, Pharmaceutical Intelligence Manager
- Meaghan Cummings, MBA, Special Assistant to the President
- Molly Beinfeld, MPH, Former Senior Research Lead, Evidence Synthesis
- Serina Herron-Smith, BA, Associate Research Manager
- Steven D. Pearson, MD, MSC, President
- Victoria Lancaster, PharmD, MSc, MBA, Former Fellow
- Yvette Venable, BA, Former Vice President of Patient Engagement
  
- *Barriers to Fair Access Working Group Members\**
  
- *MMIT Analytics Market Access Database*

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# Background

- Input from members of ICER's Policy Leadership Forum (life sciences companies, health plans, and PBMs), clinical societies and patient groups led to:
  - 2020 White Paper *Cornerstones of "Fair" Drug Coverage: Appropriate Cost-Sharing and Utilization Management Policies for Pharmaceuticals*\* introduced full set of criteria
  - Goal: To serve as a starting point for dialogue and action to achieve fair access

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# How we did our analysis

- Identified **15 largest commercial formularies, 2 largest state ACA exchange plans** from MMIT Analytics Market Access Database to obtain tiering and prior authorization documentation (supplemented by information provided directly from the payers) – focus was **19 drugs across the 5 therapeutic areas** reviewed by ICER in 2020
- *New this year* – reviewed formulary information from **Veterans Health Administration**
- *New this year* - exploratory analysis on a select set of drugs and formularies on criteria related to the **relative burden of prior authorization** and the **transparency of cost sharing and clinical eligibility criteria**
- Evaluated specific criteria within **cost sharing, clinical eligibility, step therapy, and provider qualifications**
- Included **data and experiences from leading patient advocates** from the five therapeutic areas

# Results

# Concordance by Fair Access Criterion

Number of Coverage Policies Available and Overall Rate of Concordance with Fair Access Criteria Assessed

Fair Access Criterion	Drug-formulary combinations with relevant policies available out of maximum possible of 420, n (%)	Concordant Policies, n/N (%)
Cost sharing	84/84 (100%)	59/84 (70%)
Clinical eligibility criteria	322/322 (100%)	310/322 (96%)
Step Therapy	322/322 (100%)	316/322 (98%)
Prescriber restrictions	322/322 (100%)	322/322 (100%)



# Step Therapy

Drug (Brand)	Most Common # of Steps	Range	Formularies with Highest Number of Steps
Nurtec	2	0-2	CVS, United, OptumRx, Anthem, Elixir, Blue Shield CA, BCBS MI, BCBS MA, Premera, Highmark, VHA
Reyvow	0, 1, 2	0-4	United, OptumRx, BCBS MI
Ubrelvy	2	0-2	BCBS MA, BCBS MI, Blue Shield CA, Cigna, CVS, Elixir, Express Scripts, Florida Blue HIX, HCSC, Highmark, MedImpact, OptumRx, Premera, United, VHA, Anthem

# Concordance by drug (examples)

	Cost Sharing	Clinical Eligibility	Step Therapy	Prescriber Restrictions
Drug (Indication)	<i>Concordant Policies, n/N (%)</i>	<i>Concordant Policies, n/N (%)</i>	<i>Concordant Policies, n/N (%)</i>	<i>Concordant Policies, n/N (%)</i>
Adakveo (Sickle Cell Disease)	N/A	16/16 (100%)	16/16 (100%)	16/16 (100%)
Hemlibra (Hemophilia A)	9/16 (56%)	13/17 (76%)	15/17 (88%)	17/17 (100%)
Inflectra (Ulcerative Colitis)	9/11 (82%)	16/17 (94%)	17/17 (100%)	17/17 (100%)
Nurtec (Acute Migraine)	12/18 (67%)	18/18 (100%)	18/18 (100%)	18/18 (100%)
Symdeko (Cystic Fibrosis)	N/A	17/17 (100%)	17/17 (100%)	17/17 (100%)

# Concordance by formulary

	Cost Sharing	Clinical Eligibility	Step Therapy	Prescriber Restrictions
<b>Three Tier Formularies</b>				
CVS	3/4 (75%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
Express Scripts	3/5 (60%)	17/17 (100%)	17/17 (100%)	17/17 (100%)
United	3/3 (100%)	19/19 (100%)	17/19 (89%)	19/19 (100%)
Cigna	4/5 (80%)	15/16 (94%)	16/16 (100%)	16/16 (100%)
OptumRx	5/6 (83%)	18/18 (100%)	17/18 (95%)	18/18 (100%)
BCBS MA	5/5 (100%)	10/18 (56%)	18/18 (100%)	18/18 (100%)
MedImpact	5/6 (83%)	18/19 (95%)	19/19 (100%)	19/19 (100%)
Highmark	1/3 (33%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
Premera	3/6 (50%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
BCBS MI	3/3 (100%)	19/19 (100%)	17/19 (89%)	19/19 (100%)
Elixir	6/6 (100%)	13/14 (93%)	14/14 (100%)	14/14 (100%)
<b>Four-Tier Formularies</b>				
Anthem	2/6 (33%)	10/10 (100%)	10/10 (100%)	10/10 (100%)
Blue Shield CA	0/2 (0%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
Kaiser HIX	1/6 (7%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
<b>Other</b>				
VHA	6/6 (100%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
Kaiser	4/6 (67%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
HCSC	3/3 (100%)	19/19 (100%)	19/19 (100%)	19/19 (100%)
Florida Blue HIX	2/3 (67%)	18/19 (95%)	18/19 (95%)	19/19 (100%)

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# Transparency

- Exploratory analysis focused on drugs for migraine (Nurtec, Ubrovelvy) and ulcerative colitis (Humira, Xeljanz) treatments
- Simulated experience of individuals shopping for health plans
  - **16/18 (88%) payers** had updated prescription lists available for their respective formularies
  - **9/13 (64%) of health insurers** provided transparency into prior authorization policies
  - **4/5 (80%) of PBMS** do not provide publicly available coverage policies under their own name

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## Prior Authorization Burden

- Evaluated prior authorization forms for a sample of **11 drugs** for two conditions (acute migraine and ulcerative colitis)
- Assessed median and range of required questions in one of two categories: general or patient specific
  - **Range of required questions for migraine drugs was 25 - 56 questions**
  - **Range of required questions for ulcerative colitis was 22-71 questions**

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# Changes to Formularies After July 28, 2022

- **Five** payers changed policies and/or tiering in ways that brought their coverage into concordance with fair access criteria
  - Coverage policies changed on a total of **11** drugs
  - Most of these changes affected tier placement, however someone reflected changes to clinical eligibility criteria

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## Examples of changes made by payers

- Oxbryta for sickle cell disease - updated clinical eligibility criteria to include patients ages 4 and older (Anthem)
- Number of previous therapies required changed for 8 ulcerative colitis drugs (BCBS MA)
- Migraine drug moved to preferred brand tier (Blue Shield of CA)
- Hemlibra moved to preferred brand tier (Premera, MedImpact)

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# Key Limitations

- Many fair access criteria cannot be assessed from viewing insurance coverage and tiering information alone
- Appropriate implementation of coverage could not be assessed
- Tiering is a rough surrogate for cost sharing experienced by patients
- Average net prices across all payers used in cost-sharing analysis, will not represent one particular payer's price
- It is possible that the formularies selected provide superior -- or inferior -- coverage than formularies covering fewer individuals offered by the same payers



# Summary

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# Summary

- Among criteria able to be assessed, most payers are abiding by fair access criteria, with the notable exception of cost-sharing
- The changes in coverage policies following initial assessment mirror those seen in 2021
  - Payers are listening, and transparency may lead to positive change
- Work beginning now for the 2023 report that will cover drugs reviewed in 2021, such as those for high cholesterol, lupus nephritis, myasthenia gravis

# Questions from the Audience

# Barriers to Fair Access

## Final Report

<https://icer.org/policy-papers/fair-access-2022/#timeline>