

# Cardiologist Perceptions of Access to New Therapies

## October 2016 CardioSurve

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# Methodology

- This research was designed to develop a general understanding from U.S. cardiologists of their perceptions of access to new therapies and usage for their patients with a focus specifically on ARNIs, PCSK9i and NOACs.
- Email invites were sent to all 405 CardioSurve panelists – current, active Fellows of the ACC
- Survey was live from October 12 – November 8, 2016
- A total of 151 panelists completed the survey for an overall response rate of 37%



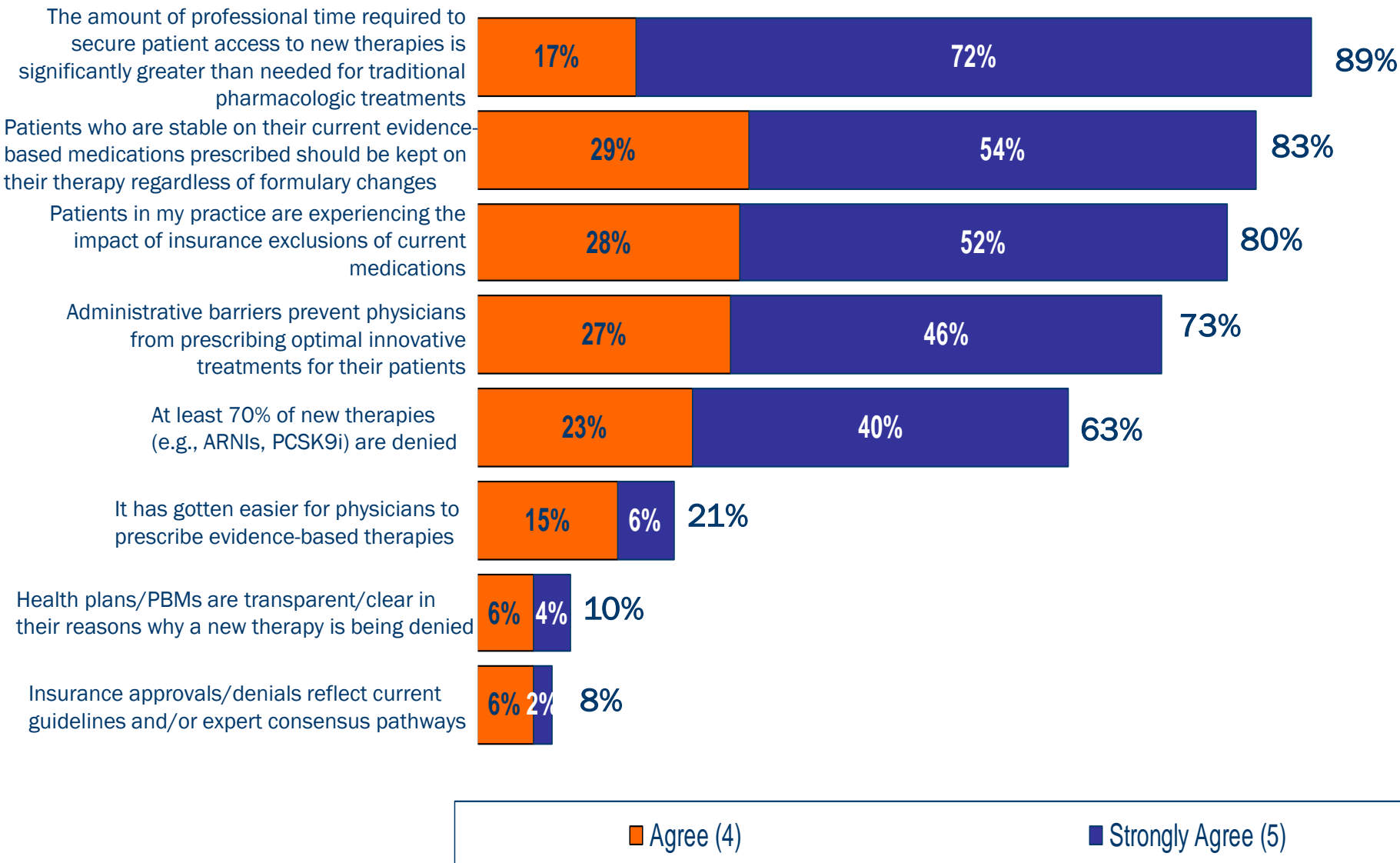
# Key Findings

- Implementing new therapies is a problem – it requires more professional time due to administrative barriers and the fact that most new therapies are denied with patients facing insurance exclusions.
- The top two barriers for cardiologists in trying the newest evidence-based/guideline-directed therapy for their patients are cost issues (co-payment, co-insurance, deductibles) and prior authorization documentation / administrative burden.
- Although getting access to new therapies from PBMs is difficult, cardiologists are very favorable toward prescribing new therapies.
- Formulary restrictions create disparities in care and contribute to patient confusion.
- Cardiologists would like to see the ACC take a leadership role in helping reduce the administrative burden.
- Of the three new therapies evaluated, PCSK9i is more likely to receive delays or denials. This is also the therapy that physicians are more likely to appeal.
- Not surprisingly, cardiologists would be much more likely to prescribe appropriate new therapies if they did not experience delays/denials.



# Perceptions of Access to Care and New Therapies

## Percentage of Total Agree

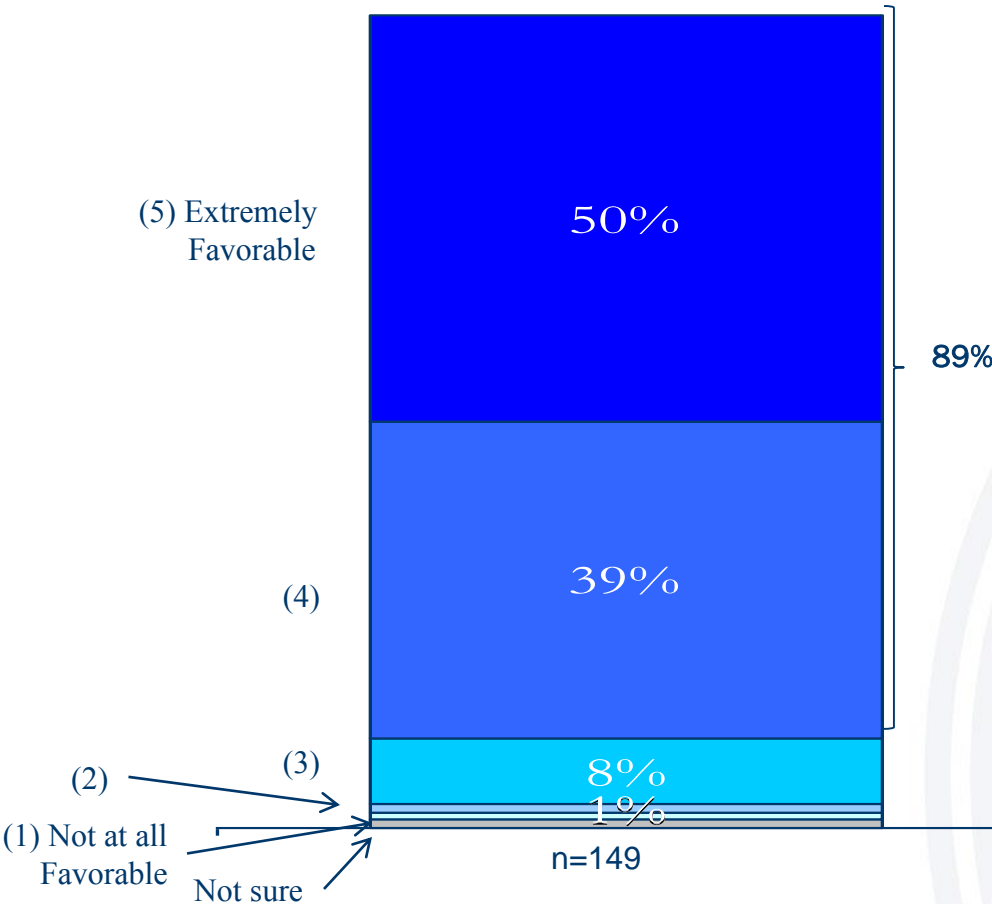


Q: Please indicate whether you agree or disagree with the following statements: (n=151)

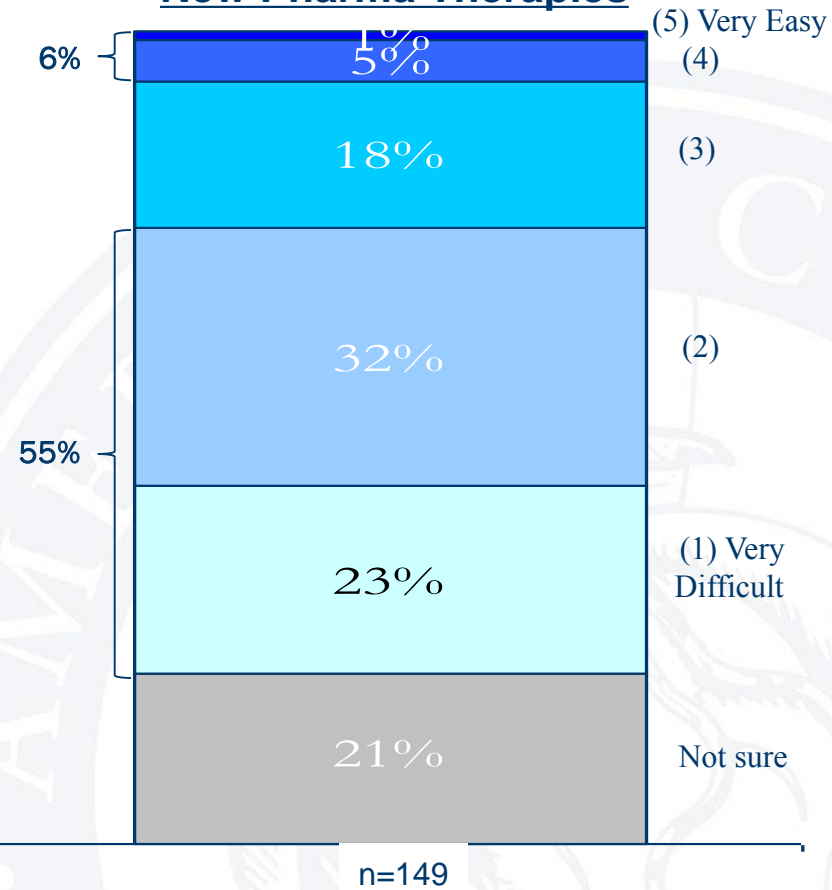
# Favorability Toward Prescribing and Access To New Pharmacologic Therapies

- Nearly 9 out of 10 cardiologists (89%) are very/extremely favorable toward prescribing new pharmacologic therapies supported by clinical trial results for patients who meet the evidence/guideline based indication for the condition.
- However, only 6% indicate that it is relatively easy to get access to these new therapies from health plans and PBMs, while the majority (55%) indicate that it is difficult.

## Favorability Toward Prescribing New Pharma Therapies



## Access To New Pharma Therapies



Q: In general, how favorable are you toward prescribing new pharmacologic therapies supported by clinical trial results for patients who meet the evidence / guideline based indication for the condition? (n=149)

Q: How difficult is it for you to get access to new pharmacologic therapies (e.g., ARNI/PCSK9i/NOACs) for your patients from health plans/pharmacy benefit managers (PBMs)? (n=149)

# Barriers in Trying New Therapies

- The top two barriers of cardiologists in trying the newest evidence-based/guideline-directed therapy for their patients are cost issues (co-payment, co-insurance, deductibles) (85%) and prior authorization documentation / administrative burden (78%). Other barriers on a lower tier include preferred drug lists (48%), difficult time prescribing medication in recent past due to administrative burden (44%), not knowing if therapy is on patient's formulary (36%), not knowing the cost relative to the benefits (32%), and patients switching to another medication without cardiologist knowledge/approval by insurance companies/pharmacies (28%).

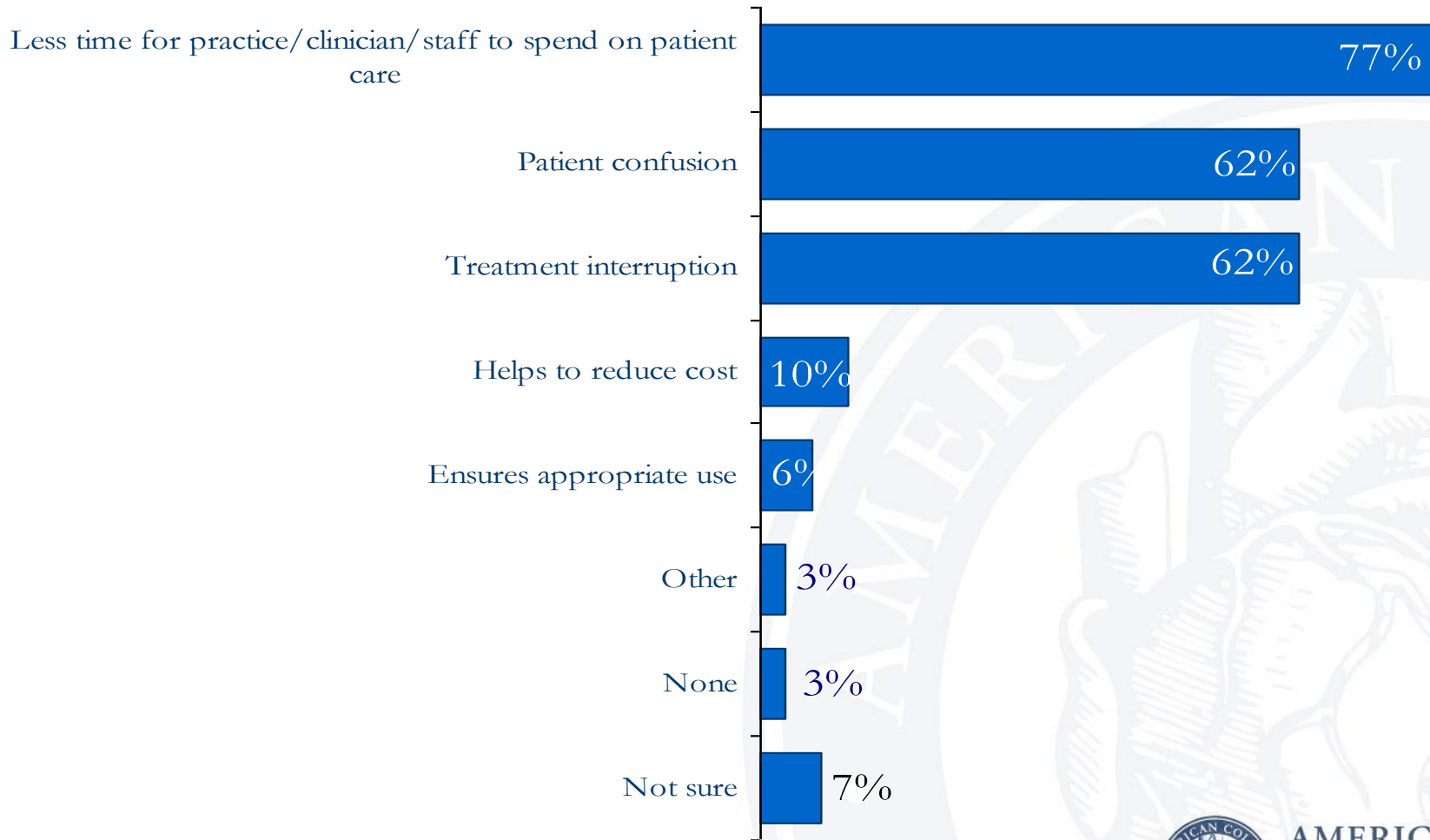


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Q: What are some barriers that you have encountered in trying the newest evidence-based/guideline-directed therapy for your patients?  
Please select all that apply. (n=149)

# Issues Related To Medical Documentation and PA Process

- More than 3 out of 4 cardiologists (77%) feel that there is less time for the practice, clinician or staff to spend on patient care as a result of the necessity of medical documentation and the prior authorization (PA) process. Nearly 2 out of 3 (62%) also feel that patient confusion and treatment interruption also result.

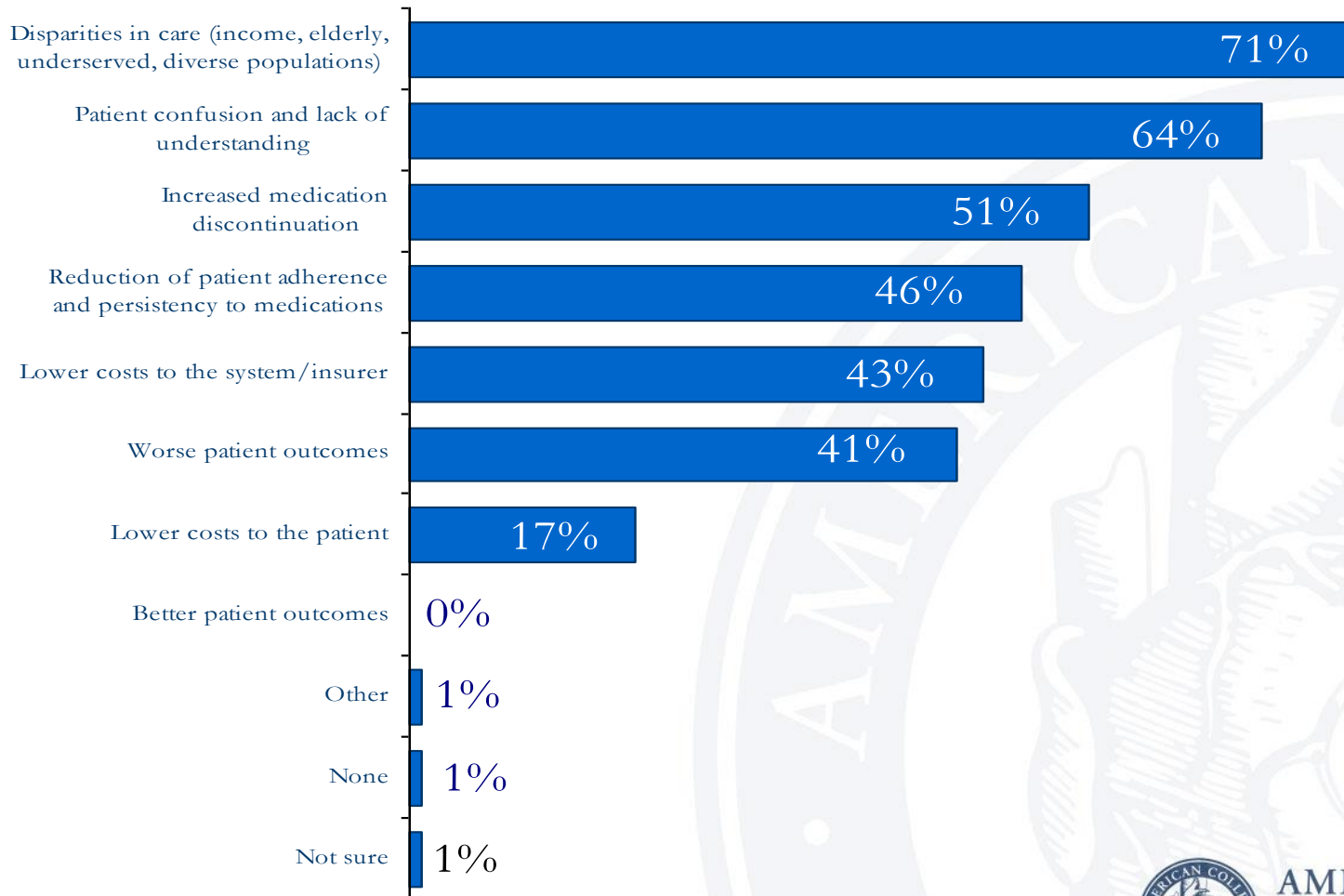


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Q: In thinking about your patient population, which of the following has occurred due to the necessity of medical documentation and the prior authorization (PA) process? Please select all that apply. (n=149)

# Impact of Medication Formulary Restrictions on Patients

- The majority of cardiologists believe that medication formulary restrictions lead to disparities in care (based on income, elderly, underserved, diverse populations) (71%) or lead to patient confusion and a lack of understanding (64%).
- About half feel that these formulary restrictions lead to increased medication discontinuation (51%) or reduction of patient adherence and persistency to medications (46%). About 2 out of 5 indicate that they lower costs to the system / insurer (43%), while almost the same percentage feel that they lead to worse patient outcomes (41%).



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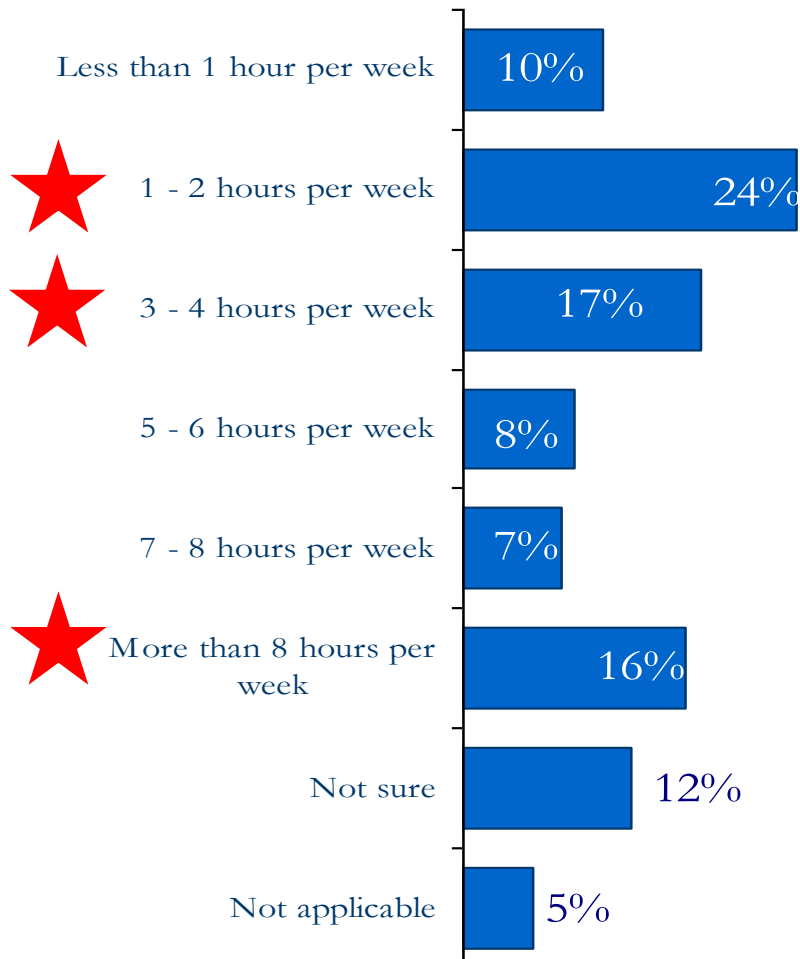
Q: In your opinion, how do medication formulary restrictions impact patients? Please select all that apply. (n=149)



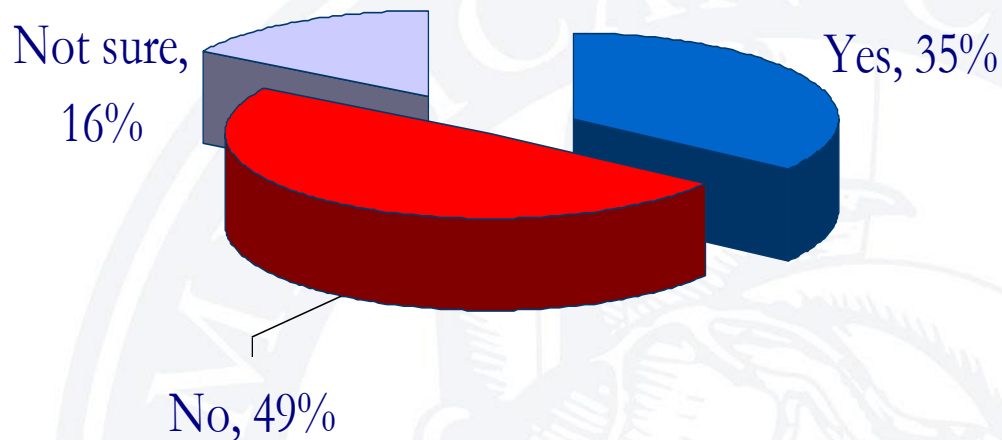
# Issues Related to Completion of Insurance / PBM Formulary Documentation

- About half of cardiologists (49%) indicate that their offices spend 1 - 6 hours per week or less on insurance/PBM formulary documentation.
- The same percentage (49%) indicate that they do not feel as though they have enough resources in place to properly manage the completion of insurance / PBM formulary documentation.

## Time Spent Per Week on Insurance/ PBM Formulary Documentation



## Do You Have Sufficient Resources In Place To Manage Insurance/ PBM Formulary Documentation?

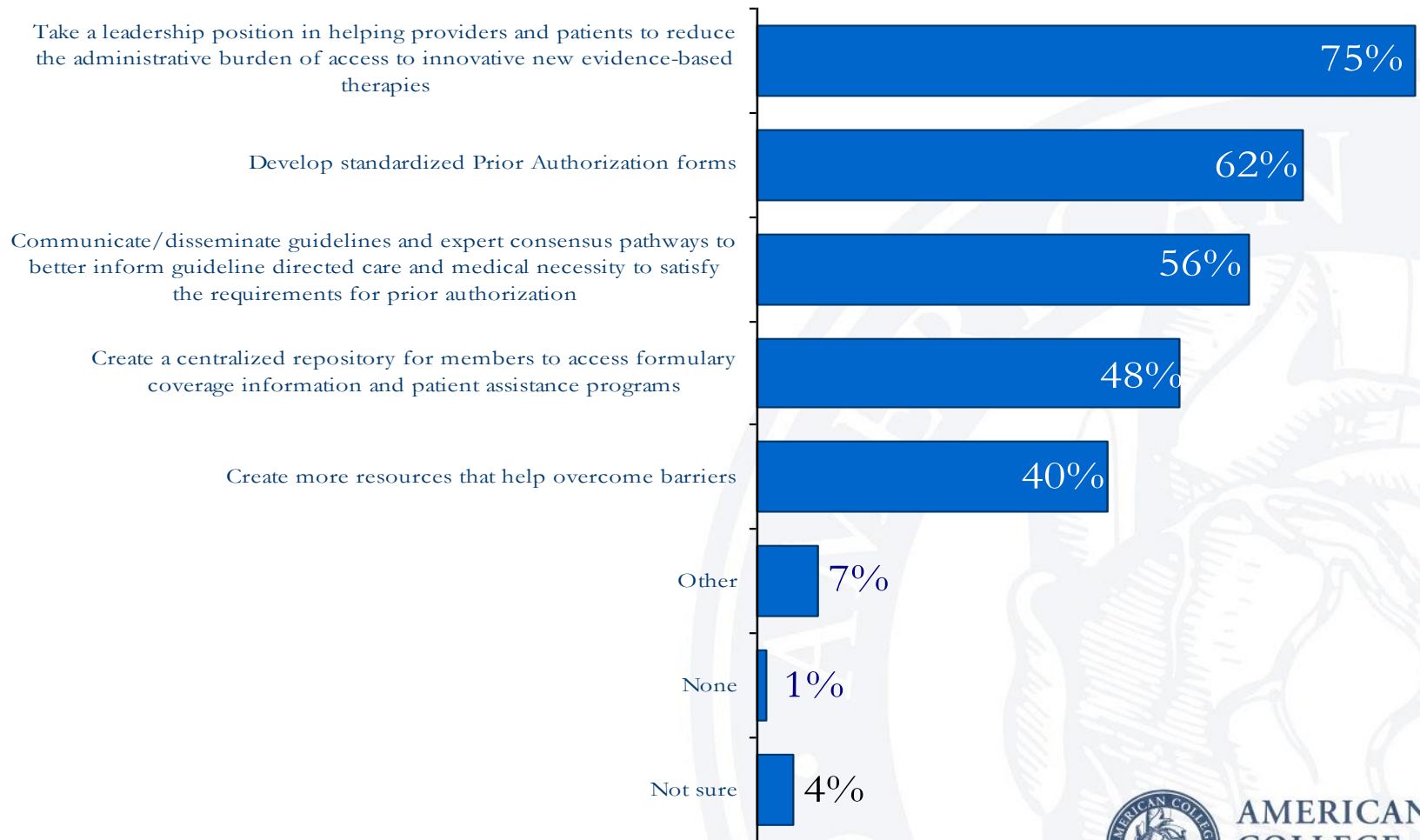


Q: In a typical week, how much time is spent in your office/practice on the completion of insurance / pharmacy benefit manager (PBM) formulary documentation processes? (n=149)

Q: Do you believe that you have sufficient resources in place to properly manage the completion of insurance / PBM formulary documentation? (n=149)

# Role of ACC in Easing Burden of PA's/Documentation and Overcoming Insurance Denials

- 95% of cardiologists would like the ACC to play a role in easing the burden of providing medication PA's/documentation and overcoming insurance denials. The role that most cardiologists (75%) would like to see the ACC have is to take a leadership position in helping providers and patients to reduce the administrative burden of access to innovative new evidence-based therapies.
- Next is to have the ACC develop standardized prior authorization forms (62%) closely followed by the communication/dissemination of guidelines and expert consensus pathways to better inform guideline-directed care and to satisfy the requirements for prior authorization (56%).



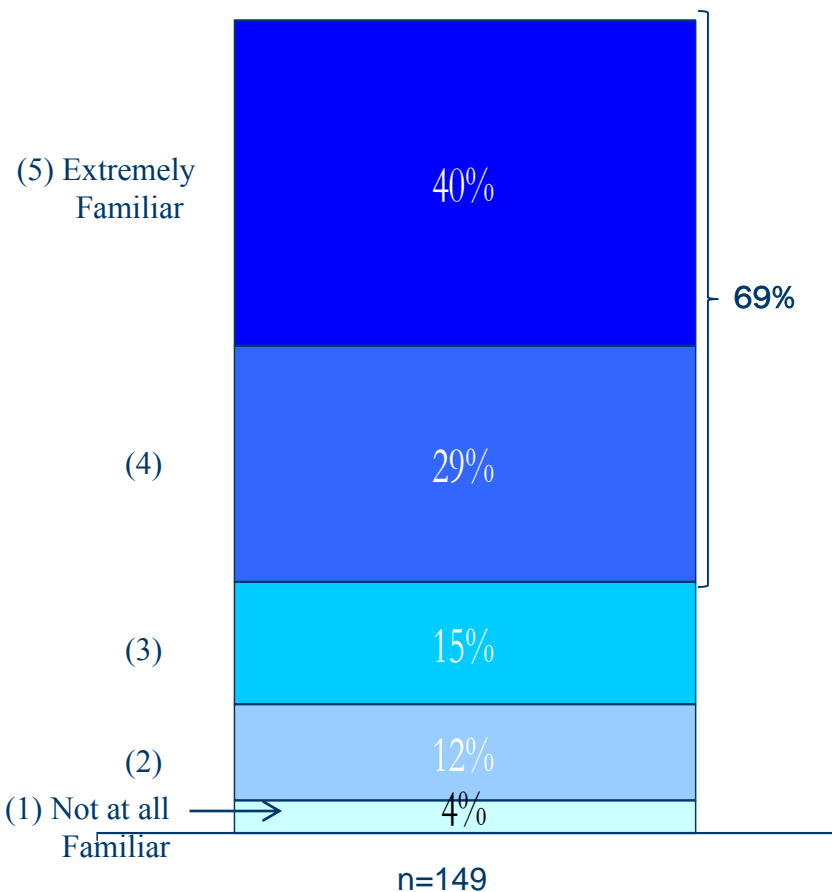
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Q: What role would you like to see the ACC have in helping to ease your burden of providing medication PA's/documentation and overcoming insurance denials? Please select all that apply. (n=149)

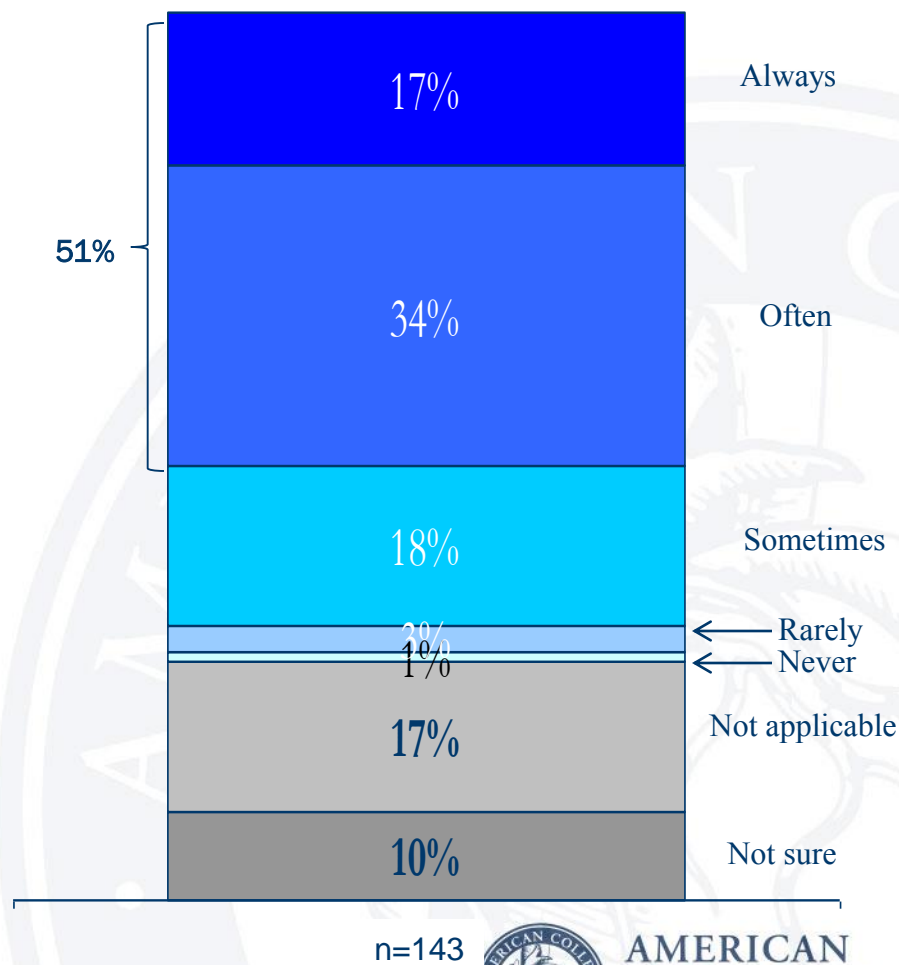
# Familiarity and Delays/Denials with New Pharmacologic Therapies - ARNIs

- Nearly 7 out of 10 cardiologists (69%) indicate that they are very/extremely familiar with ARNIs.
- About half of cardiologists familiar with ARNIs (51%) have experienced delays or denials from health plans/pharmacy benefit managers in prescribing ARNIs for their patients.

## Familiarity with ARNIs



## Experience of Delays/Denials with ARNIs



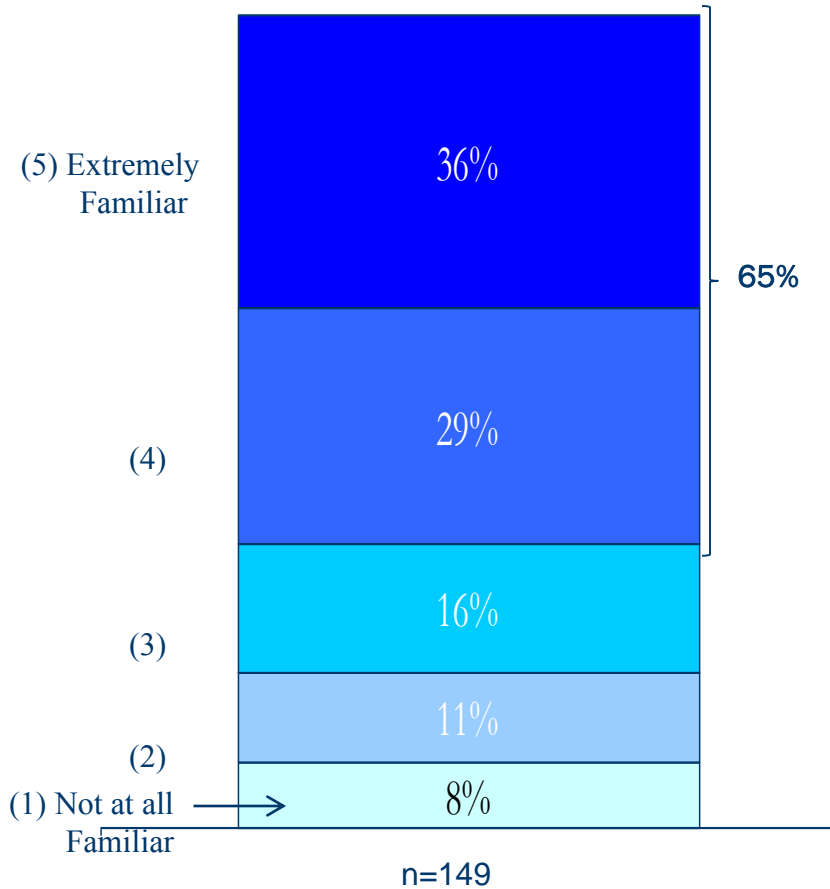
Q: Please rate your familiarity with each of the following new medical therapies. (n=149)

Q: How often have you experienced delays and/or denials from health plans/pharmacy benefit managers (PBMs) in prescribing new evidence-based/guideline-directed therapies for the following? (n=143)

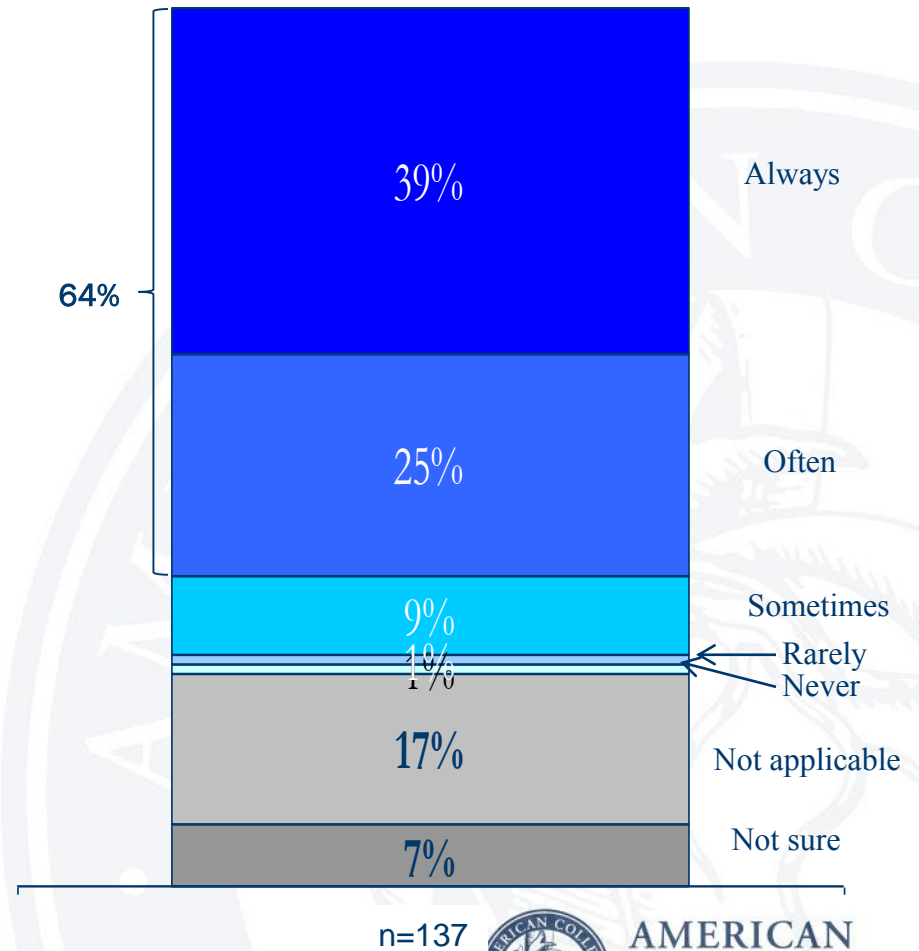
# Familiarity and Delays/Denials with New Pharmacologic Therapies – PCSK9i

- Nearly 2 out of 3 cardiologists (65%) indicate that they are very/extremely familiar with PCSK9i.
- Nearly the same percentage of cardiologists familiar with PCSK9i (64%) have experienced delays or denials from health plans/pharmacy benefit managers in prescribing PCSK9i for their patients.

## Familiarity with PCSK9i



## Experience of Delays/Denials with PCSK9i



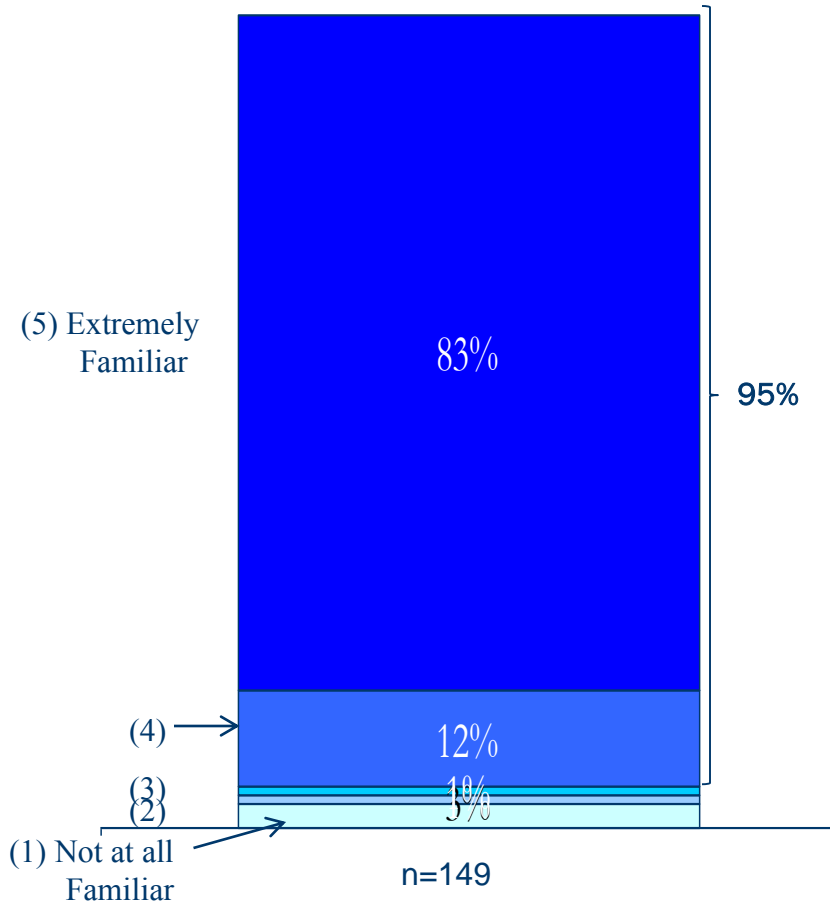
Q: Please rate your familiarity with each of the following new medical therapies. (n=149)

Q: How often have you experienced delays and/or denials from health plans/pharmacy benefit managers (PBMs) in prescribing new evidence-based/guideline-directed therapies for the following? (n=137)

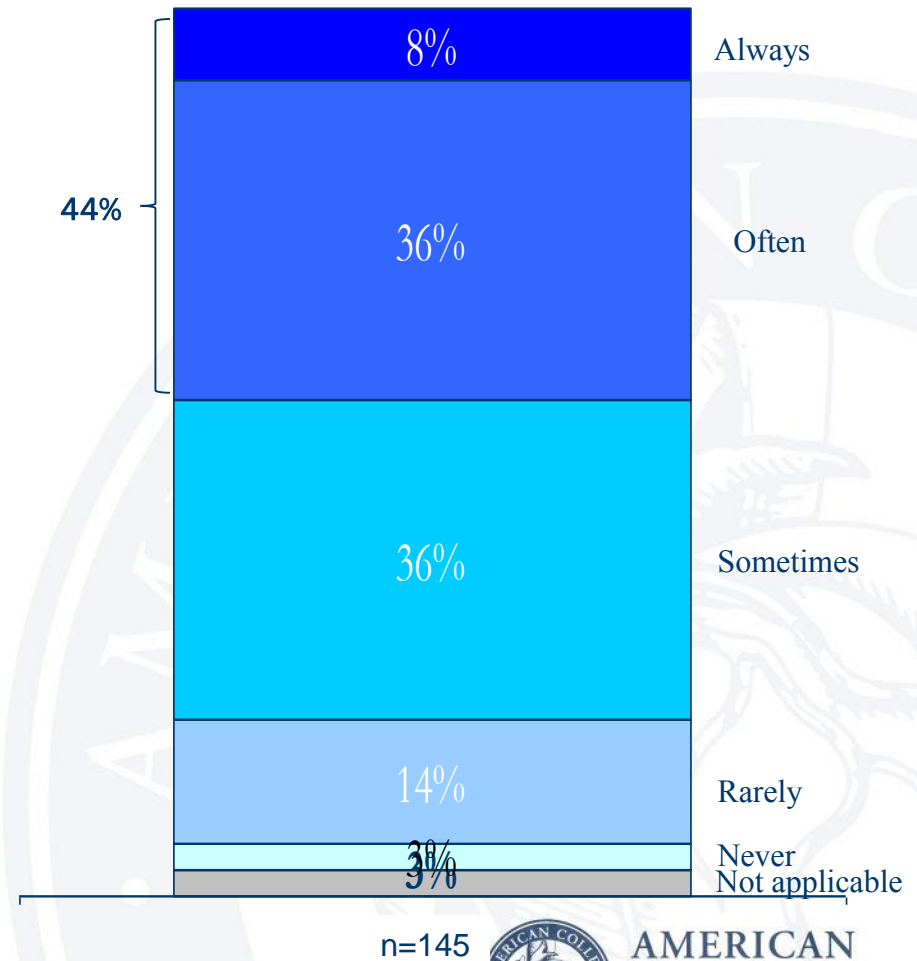
# Familiarity and Delays/Denials with New Pharmacologic Therapies – NOACs

- Familiarity with NOACs among cardiologists is very high – 95% are very/extremely familiar with them.
- Less than half of cardiologists familiar with NOACs (44%) have experienced delays or denials from health plans/pharmacy benefit managers in prescribing NOACs for their patients.

## Familiarity with NOACs



## Experience of Delays/Denials with NOACs



Q: Please rate your familiarity with each of the following new medical therapies. (n=149)

Q: How often have you experienced delays and/or denials from health plans/pharmacy benefit managers (PBMs) in prescribing new evidence-based/guideline-directed therapies for the following? (n=145)

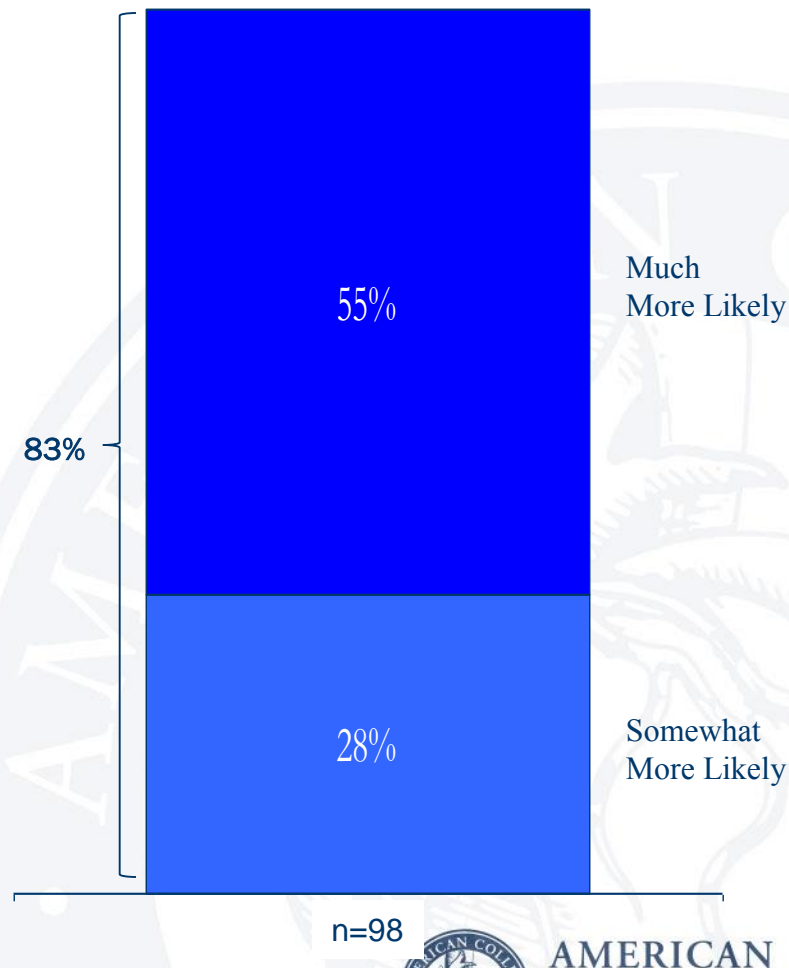
# Denial Related Issues with New Pharmacologic Therapies - ARNIs

- Nearly 8 out of 10 cardiologists (77%) are provided with a reason when an appropriate patient experiences a delay or is denied ARNIs. The top two reasons cited are the PA process / documentation burden (32%) or not on the formulary (27%). The most common action when a patient is denied is to appeal (54%) or to prescribe the formulary-approved medication (43%).
- If no delays / denials had occurred, then more than 4 out of 5 cardiologists (83%) indicate that they would be more likely to prescribe ARNIs.

<u>Reason for Delay with ARNIs</u>	<u>Have Delays with ARNIs (n=98)</u>
Yes, PA process / documentation burden	32%
Yes, not on formulary	27%
Yes, payers not following guidelines	12%
Yes, state by state differences in coverage	2%
Yes, confusion about coverage	2%
Yes, other	2%
No, no reason provided	18%
Not sure	5%

<u>What do you do when patient is denied?</u>	<u>Have Delays with ARNIs (n=98)</u>
Appeal	54%
Prescribe formulary-approved medication	43%
Other	3%
Not sure	2%

## Likelihood of Prescribing ARNIs if No Delays/Denials



Q: When an appropriate patient experiences a delay or is denied one of the new therapies below, are you provided with a reason? If "Yes", what is the most common reason for delay/denial?

Q: What do you do when your patient is denied insurance coverage for a new evidence-based prescribed medication?

Q: What is the likelihood of prescribing the following new therapies if you did not experience delays and/or denials?

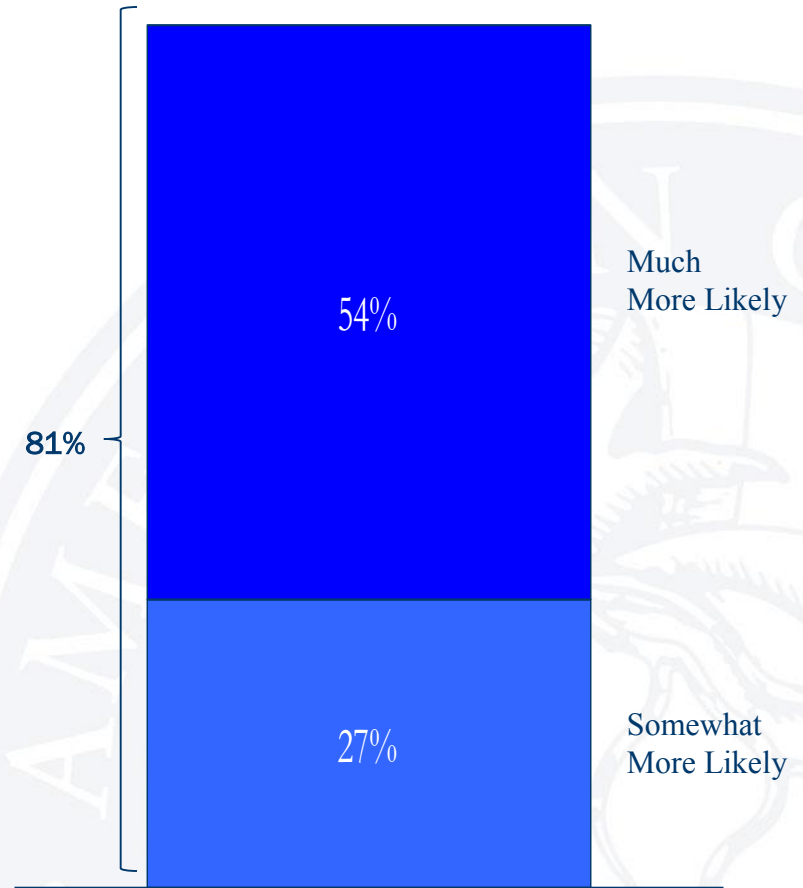
# Denial Related Issues with New Pharmacologic Therapies – PCSK9i

- More than 3 out of 4 cardiologists (76%) are provided with a reason when an appropriate patient experiences a delay or is denied PCSK9i. The top two reasons cited are the PA process / documentation burden (44%) or not on the formulary (23%). The most common action when a patient is denied is to appeal (60%) or to prescribe the formulary-approved medication (33%).
- If no delays / denials had occurred, then more than 4 out of 5 cardiologists (81%) indicate that they would be more likely to prescribe PCSK9i.

<u>Reason for Delay with PCSK9i</u>	<u>Have Delays with PCSK9i (n=100)</u>
Yes, PA process / documentation burden	44%
Yes, not on formulary	23%
Yes, payers not following guidelines	5%
Yes, state by state differences in coverage	2%
Yes, confusion about coverage	1%
Yes, other	1%
No, no reason provided	21%
Not sure	3%

<u>What do you do when patient is denied?</u>	<u>Have Delays with PCSK9i (n=100)</u>
Appeal	60%
Prescribe formulary-approved medication	33%
Other	7%

## Likelihood of Prescribing PCSK9i if No Delays/Denials



n=100

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Q: When an appropriate patient experiences a delay or is denied one of the new therapies below, are you provided with a reason? If "Yes", what is the most common reason for delay/denial?

Q: What do you do when your patient is denied insurance coverage for a new evidence-based prescribed medication?

Q: What is the likelihood of prescribing the following new therapies if you did not experience delays and/or denials?

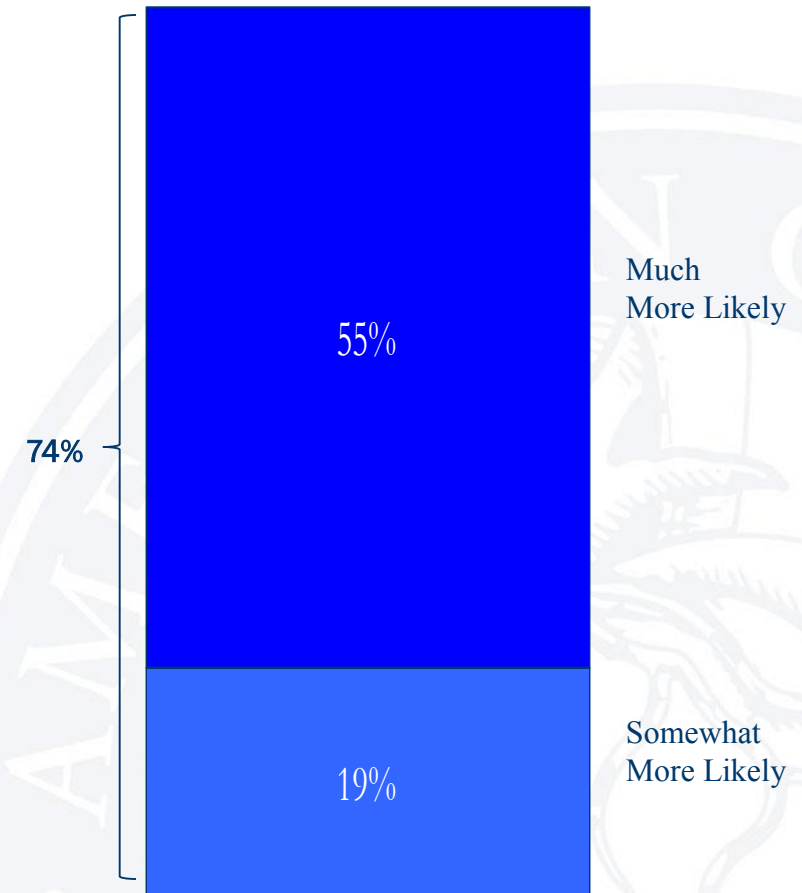
# Denial Related Issues with New Pharmacologic Therapies - NOACs

- More than 8 out of 10 cardiologists (82%) are provided with a reason when an appropriate patient experiences a delay or is denied NOACs. The top two reasons cited are not on the formulary (47%) or the PA process / documentation burden (22%). The most common action when a patient is denied is to prescribe the formulary-approved medication (55%) or appeal (44%).
- If no delays / denials had occurred, then almost 3 out of 4 cardiologists (74%) indicate that they would be more likely to prescribe NOACs.

<u>Reason for Delay with NOACs</u>	<u>Have Delays with NOACs (n=116)</u>
Yes, not on formulary	47%
Yes, PA process / documentation burden	22%
Yes, payers not following guidelines	4%
Yes, confusion about coverage	3%
Yes, state by state differences in coverage	2%
Yes, other	3%
No, no reason provided	15%
Not sure	3%

<u>What do you do when patient is denied?</u>	<u>Have Delays with NOACs (n=116)</u>
Prescribe formulary-approved medication	55%
Appeal	44%
Other	3%
Not sure	1%

## Likelihood of Prescribing NOACs if No Delays/Denials



n=116 AMERICAN

Q: When an appropriate patient experiences a delay or is denied one of the new therapies below, are you provided with a reason? If "Yes", what is the most common reason for delay/denial?

Q: What do you do when your patient is denied insurance coverage for a new evidence-based prescribed medication?

Q: What is the likelihood of prescribing the following new therapies if you did not experience delays and/or denials?