

June 2022

REJECTED

How Life-Saving Heart
Medication Eludes
Women, Southerners
& People of Color



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**



Introduction

Every 36 seconds, someone in the United States dies from cardiovascular disease. In fact, heart disease is the leading cause of death in America, responsible for one in every four adult fatalities.¹

Making sure patients can access medication that protects their hearts should be a top national health care priority. But recent insurance claims data for patients with high cholesterol, a major risk factor for heart disease, paint a different picture.

For cholesterol-lowering PCSK9 inhibitors specifically, medication access remains a hurdle. Female, Black and Hispanic people's prescriptions are routinely rejected by their insurers, as are those of people living in the American South.

Even as overall access improves, these patient groups are disproportionately denied medication that can improve their health and save their lives.



Access & Outliers

When PCSK9 inhibitors first came to clinic in 2015, insurance rejections were commonplace. In 2018, commercial insurers and Medicare rejected more than half of patients.²

Since then, insurance companies' refusals to cover the prescribed drug have gradually become less common. By 2021, rejection rates for commercial insurers were down to 21%.³

The improvement in patient access followed aggressive price cuts from the drugs' manufacturers, who slashed the drugs' price by 60% in 2019.⁵ Nevertheless, some insurers continue to block access to cholesterol-lowering PCSK9 inhibitors.

Certain groups in particular are still shut out.

What are PCSK9 inhibitors?



- Injectable drugs designed to lower high cholesterol.
- Typically prescribed to patients who cannot get their cholesterol down enough through statins alone.
- Shown to decrease cholesterol by up to 70% and cut the risk of a heart attack by almost one-third.⁴

Rejected & At Risk

Commercial claims data for 2019 to 2021 reveal disparities in medication access.⁶ While national rejection rates for PCSK9 inhibitors average 21%, certain patient groups face a more uphill battle. Patients living in certain southern states are denied access more often, as are women and Black and Hispanic patients.

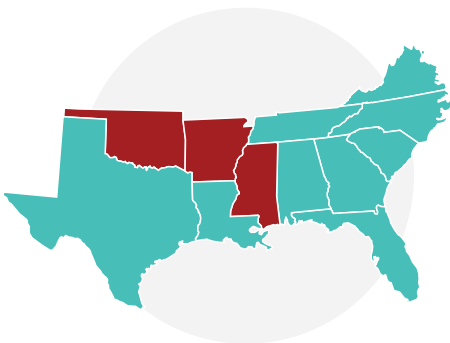
Without their prescribed medication, these groups face a heightened risk of a heart attack, stroke or cardiovascular-related death.



Women Are Rejected More Often than Men

When it comes to PCSK9 inhibitors, women are more likely to have their claims denied.

- Women are rejected **21% more often** than are men.
- Nearly **one in four women** doesn't have her PCSK9 Inhibitor prescription covered by her health plan.



Southern States Have Higher Rejection Rates

Southern states have some of the highest PCSK9 inhibitor rejection rates by commercial payers:

In Arkansas:

- Rejections are **67% higher** than the national average.
- More than **one in every three** patients who's prescribed a PCSK9 inhibitor is denied coverage by their health plan.

In both Mississippi and Oklahoma:

- Rejections are **29% higher** than the national average.
- **One in every four patients** who's prescribed a PCSK9 inhibitor is denied coverage by their health plan.

The disparity is not just unfortunate; it's dangerous.

These states also have a higher-than-average proportion of people living with high cholesterol.⁷ High rates of disease, compounded by barriers to medication access, put patients in these southern states at increased risk.





Black and Hispanic Patients Are Rejected More Often

Black and Hispanic patients are denied coverage for PCSK9 inhibitors more often than white patients are.

- Black patients are rejected at a **20% higher rate** than are white patients.
- Hispanic patients are rejected at a **25% higher rate** than are white patients.
- About **one patient in every four** Black or Hispanic patients is denied access by their health plan.

Here again, the higher rates of rejection worsen an already dangerous situation. These populations have higher-than-average rates of cardiovascular disease.

Among Hispanic adults, 52% of males and 43% of females have heart disease. So do nearly 48% of Black women and 44% of Black men.⁸ Disproportionately rejecting a patient population that already bears the brunt of high cholesterol is a dangerous habit for health plans.



Some Patients Face A Compounded Effect

Patients who find themselves in more than one of the disparately impacted populations can be doubly impacted. That includes women living in states with higher-than-average rejection rates:

- In Arkansas, rejection rates for women are **74% higher** than the national average for women.
- In both Oklahoma and Mississippi, rejection rates for women are **26% higher** than the national average for women.

Rejections rates are similarly compounded for women who are also Black or Hispanic:

- For Black women, rejection rates are **13% higher** than the national average for women.
- For Hispanic women, rejection rates are **17% higher** than the national average for women.

These trends could have dangerous consequences for patients.

Differences Among Health Plans

Across the country, certain health plans reject patients' claims for cholesterol-lowering PCSK9 inhibitors at higher rates than others do. As shown by 2019-2021 data, some plans reject more than two-thirds of patient claims.

The table below identifies the organizations with the highest rates of rejection for cholesterol-lowering PCSK9 inhibitors.

Of note, Blue Cross Blue Shield plans appear three times in the list of plans with

the highest rejection rates. The Blue Cross network covers 107 million members across the country.

Maxor Plus and Sav-Rx are both pharmacy benefit managers. These are middlemen tasked by health insurers with managing and controlling costs for prescription drug benefits. As with TriCare and the Federal Employee Benefit Plan, Maxor Plus and Sav-Rx are national entities. Their high rejection rates reflect a high number of affected patients across the country.

Insurers with Highest Rejection Rates

Reject About Three-Fourths of Patients



MODA HEALTH PLAN
87%

MAXOR PLUS
86%

FEDERAL EMPLOYEE BENEFIT PLAN
75%

Reject About Half of Patients

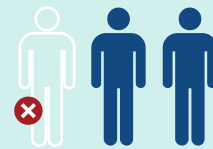


BLUE CROSS BLUE SHIELD ARIZONA
51%

BLUE CROSS BLUE SHIELD ARKANSAS
45%

INDEPENDENT HEALTH
44%

Reject About One-Third of Patients



SAV-RX
37%

TRICARE MILITARY HEALTH SVC SYS
37%

BLUE CROSS BLUE SHIELD MISSISSIPPI
36%

* Includes health plans with at least 500 claims for PCSK9 inhibitors.



Understanding Barriers to Access

How are patients denied access to the medication their doctor prescribes? And why?

The answer is complex.

The nature of the insurance system is a key factor. In particular, coverage problems are exacerbated by the outsized role that pharmacy benefit managers play in the health care system.

These middlemen often impose policies that limit the use of advanced medications. This includes implementing a complex approval process – called prior authorization – for patients who need drugs like PCSK9 inhibitors. Coverage limitations may be financially advantageous for the health plan but are often bad for patients. And they can wind up being more expensive in the long run.

Physicians may fill out and submit extensive approval paperwork only to be denied. Heart patients may discover at the pharmacy counter that coverage for their prescribed medication has been denied. They can appeal, though they may be denied once again. Frustration, confusion and time constraints sometimes lead patients and providers to simply give up.

The outcome is concerning. Research shows that people who are at high risk for cardiovascular events, including those with familial hypercholesterolemia, experience more heart attacks, strokes and other cardiovascular events when they cannot obtain their prescribed PCSK9 inhibitor.^{9,10}



Conclusion

There is no question that having high cholesterol raises the risk for heart disease, which kills roughly 659,000 people in the United States each year.¹¹

But while high cholesterol endangers people of all demographics, data show that insurers routinely deny medication access to those at higher risk for adverse events.

Heart disease doesn't discriminate. Now's the time for commercial insurers to provide premium-paying patients access to their prescribed medication – regardless of those patients' gender, race or geographic location.

References

1. Heart disease facts. Centers for Disease Control and Prevention. <https://www.cdc.gov/heartdisease/facts.htm>. February 7, 2022.
2. National Statistics: PCSK9 Inhibitors. Health Plan Coverage Report Card. Institute for Patient Access. http://instituteforpatientaccess.org/wp-content/uploads/2019/03/IfPA_National-Report-Card_PCSK9-Access_March-2019.pdf. March 2019.
3. Symphony Health, an ICON plc Company. Collected January 1, 2019 through December 31, 2021.
4. PCSK9 inhibitors: How they manage cholesterol and side effects. Cleveland Clinic. <https://my.clevelandclinic.org/health/drugs/22550-pcsk9-inhibitors>. February 17, 2022.
5. Liu A. PCSK9 price-cut matchup is on, as Regeneron and Sanofi Slash Praluent List Tag 60%. Fierce Pharma. <https://www.fiercepharma.com/pharma/pcsk9-pricecut-matchup-as-regeneron-and-sanofi-slash-praluentlist-tag-60#:~:text=But%20Regeneron%20and%20Sanofi%20are%20engaged%20in%20just,level%20Amgen%20has%20reached%20with%20head-tohead%20competitor%20Repatha>. February 11, 2019.
6. Symphony Health, an ICON plc Company. Collected January 1, 2019 through December 31, 2021.
7. America's Health Rankings Analysis of CDC, Behavioral Risk Factor Surveillance System. United Health Foundation. https://www.americashealthrankings.org/explore/annual/measure/High_Chol/state/ALL, 2019.
8. Heart Disease and Stroke Statistics—2021 Update. American Heart Association. https://www.ahajournals.org/doi/10.1161/CIR.0000000000000950?utm_campaign=ahajournals&utm_source=heart&utm_medium=link&utm_content=statshome. February 23, 2021.
9. Familial Hypercholesterolemia and Rates of Cardiovascular Morbidity. MedPageToday. <https://www.medpagetoday.com/resource-centers/approaches-primary-hyperlipidemia-mixeddyslipidemia/familial-hypercholesterolemia-and-ratescardiovascular-morbidity/3141>. January 27, 2021.
10. Myers KD, Kelly D, Myers Kelly D, Myers, Farboodi N, et al. Effect of access to prescribed PCSK9 inhibitors on cardiovascular outcomes. *Circulation: Cardiovascular Quality and Outcomes*. <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.118.005404>. Published July 23, 2019. Accessed May 24, 2022.
11. Heart disease facts. Centers for Disease Control and Prevention. <https://www.cdc.gov/heartdisease/facts.htm>. February 7, 2022.



PARTNERSHIP TO ADVANCE Cardiovascular Health

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in more treatment options and improved cardiovascular health for heart patients around the world.



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