

NAVIGATING CF: COMMON ISSUES WITH CF DRUG COVERAGE

When it comes to health insurance, the details in the plan matter.

This document provides an overview of common issues with cystic fibrosis drug coverage that can impact access to treatment and overall out-of-pocket expenses.

It is not always possible to circumvent these issues. But even in these cases, it is helpful to know what to look for and what steps you can take. Remember, you are not alone. Compass and your care team can help at each stage of a drug coverage issue.

CF Foundation Compass case managers can:

- Identify and navigate prior authorizations, accumulators, maximizers, and alternative funding programs.
- Verify other insurance options (if appropriate) during open enrollment to help identify a plan that minimizes coverage issues.
- Assess options during the next open enrollment period.
- Compass may also share this information with the policy and advocacy team to explore options for CF Foundation engagement with the payer directly.

Get help by calling 844-COMPASS (1-844-266-7277),
emailing compass@cff.org, or submitting an online request form
at cff.org/compass.



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COVERAGE OF THERAPY IS DENIED

Prior Authorization: Process where insurers review the medical necessity of certain treatments or procedures before providing coverage.

Also called: PA,
pre-authorization, prior
approval, pre-certification

Step therapy: Requires an individual to first try a certain, less expensive drug on the plan's formulary before moving up a "step" to a more expensive drug.

Also called:
"Fail first" therapy,
"try and fail"

TIPS for navigating prior authorizations and step therapy:

- Some payers will allow a bypassing of step therapy if your care team submits a prior authorization for your preferred drug and documents any other versions of the treatment that you have already taken.
- Prior authorization and step therapy appeals can take time to receive a response. If you are close to running out of a medication and/or have not heard a response to the prior authorization after a week, highlight this to your care team.



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COST OF THERAPY IS HIGH

Copay Accumulator: A program that does not allow copay assistance dollars to count toward annual deductibles and out-of-pocket maximums, potentially adding undue financial burden on people with CF.

Also called: copay optimization program.
Look for any pharmacy limitations and exclusions for keywords such as "coupon", "co-pay card", "manufacturer", "rebate", "third-party", "accumulate" and "discount"

Copay Maximizer: Either a third-party company or program within a person's health plan that sets an individual's cost-sharing amount to be the maximum value of the manufacturer's copay assistance, applied throughout the year. Maximizers also include an accumulator component: this assistance does not count toward the person's deductible and out-of-pocket maximum.

Also called: copay optimization program, third-party, administered-by, discount program, cost-saving

TIPS to help identify accumulators or maximizers:

- Ask an insurance representative: Does manufacturer copay assistance count towards your deductible and out-of-pocket max?
- Ask an insurance representative: Is there a requirement to enroll in copay assistance to get coverage for the drug? (Specific to maximizers.)
- Sometimes insurance representatives are not familiar with manufacturer copay assistance and accumulator language. In these cases, it can be helpful to give an example, such as: "If a specialty drug has a copay of \$100, of which the manufacturer pays \$70 and I pay \$30, will the \$70 paid by the manufacturer apply towards the deductible and out-of-pocket?"
- The insurance plan's evidence of coverage (EOC) may also contain the accumulator and/or maximizer language.



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TIPS for navigating accumulators and maximizers

Accumulators:

- Manufacturers may allow for reimbursement from their assistance program. If feasible and you have an accumulator, you can pay out-of-pocket and get reimbursed from a manufacturer. This will help you meet your out-of-pocket maximum. It is important for you to confirm this is allowed by your insurance plan and discuss this process with the manufacturer.

Maximizers:

- Some maximizer programs refuse to talk to care team members. To assist people with CF, some care teams have had success when a caregiver or person with CF calls the maximizer and informs them that their care team is also on the line as a resource.
- Other care teams have had success when the pharmacist has called on behalf of the pharmacy and not on behalf of the care team. This only works for pharmacists who also work in pharmacies that refill the person with CF's medications.

Both:

- Certain manufacturer assistance programs limit the amount of copay assistance for people with CF who have an accumulator or maximizer as a part of their plan. If you exhaust your copay assistance and have a maximizer, the maximizer may need to issue an override so that you can continue receiving your medication at no- or low-cost. Take note of when your manufacturer assistance will run out to make sure the maximizer submits the override, avoiding any unexpected costs or delays in treatment. For issues, contact the maximizer directly.



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ALTERNATIVE FUNDING PROGRAMS

Alternative Funding Program: Third party companies that partner with self-funded employers to help individuals obtain medications for free from patient assistance programs, such as those operated by pharmaceutical manufacturer programs and independent charitable foundations. Often, drugs impacted by alternative funding programs will be carved out of the formulary and not covered by the employer plan or covered with a very high-cost sharing (such as 100% of the drug cost). Alternative funding programs are confusing, time-consuming, and can cause barriers to drug access.

Also called:
alternative vendor program,
AFP, specialty drug carve-
out program, cost-saving
program

TIPS to help identify alternative funding programs:

- Be aware if there is pressure to apply for a manufacturer patient assistance program or free drug program.
- Look for mention of a drug being temporarily covered or covered by a month-to-month override.
- Take note if a drug is covered at 100% patient cost responsibility.

TIPS for navigating alternative funding programs:

- AFPs only exist on self-funded employer plans. Confirming if a plan is self-funded during open enrollment can help determine the likelihood of one of these programs being a part of benefit design.
- AFPs can often be complex and take significant time (from both care teams and people with CF) to navigate. These programs may also vary from self-funded plan to self-funded plan.
- Some manufacturers will not permit people with CF who have AFPs to enroll in their patient assistance program. Obtaining a written denial letter from the manufacturer and sharing that with the AFP can sometimes help with accessing medications.



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