

POLICY PRIORITIES

STEP THERAPY/FAIL FIRST



AWIR is opposed to current utilization management tools prohibiting a patient from accessing a drug prescribed by their doctor until they fail on the preferred drug or set of drugs covered by their health plan. Preferred drugs are selected by Pharmacy Benefit Managers (PBMs) as a result of the rebate system and not based upon medical effectiveness. Many states do not have exceptions in place to bypass this process even when there is medical evidence proving the patient has already failed those drugs or they have a medical issue where it would be harmful for them to take that medication.

NON-MEDICAL SWITCHING/CONTINUITY OF CARE



Each year patients are affected by formulary driven switching for non-medical reasons. AWIR believes that medically stable patients should not be switched off of their medication for non-medical reasons at any point during their plan year and that the patient should be grandfathered with year over year protections. Legislation that AWIR supports would prohibit a patient's drug from being removed from the formulary or moved to a more restrictive or costly tier unless the drug was to be deemed unsafe by the FDA.

ACCUMULATOR ADJUSTMENT PROGRAMS



AWIR is opposed to "accumulator adjustment programs" which is a new utilization management tool that excludes co-pay assistance from counting towards a patient's deductible or other out-of-pocket maximum. Under accumulator adjustment programs, patients have to pay off the full value of their deductible after the value of their co-pay assistance runs out for the year. These costs may prove unmanageable for patients on expensive specialty medications, threatening adherence to their treatment plan.

PRIOR AUTHORIZATION



Prior authorization puts a large administrative burden on physicians. AWIR supports uniformed prior authorization legislation that (1) requires insurers to use the uniform prior authorization form, adopted by the Department of Insurance, for prescription medications, medical treatments and procedures (2) requires the form to be electronically accessible and able to be submitted electronically (3) Deem authorization granted if an insurer fails to respond to or accept the uniform prior authorization form within 5 business days or, for urgent requests, 1 business day upon receipt of a request.

GENDER EQUALITY

Female doctors are being paid less than their male counterparts. At the time of the Equal Pay Act's (EPA) passage in 1963, women earned merely 59 cents to every dollar earned by men. Enforcement of the EPA as well as other civil rights laws have helped to narrow the wage gap, however significant disparities remain and need to be addressed. Currently, women still earn only 77 cents on average for every dollar earned by men. Improvements and modifications to existing law are necessary to ensure there are effective protections for those subject to pay discrimination on the basis of gender. AWIR supports closing loopholes in existing laws which have resulted in pay disparities for women for decades.

FAIR DRUG PRICING & INCREASED TRANSPARENCY

A Pharmacy Benefit Manager (PBM) is hired by health plans to manage drug programs. AWIR supports requiring PBMs to regularly report the difference between what they charge a health plan for a given drug and what it reimburses the pharmacy for dispensing it. Drug pricing has been a major issue in recent years that has continued to affect a patient's ability to obtain their specialty medication.



WORKFORCE SHORTAGES

Growth in future demand for physicians will be the highest among specialties that predominantly serve the elderly. AWIR understands the need to address this issue and is supporting legislation that promotes the development of rheumatologists in the United States.



INTERNATIONAL PRICING INDEX MODEL (IPI) FOR PART B DRUGS

AWIR opposes the creation of middlemen in Part B and prefers an alternative in which physicians could remain in a buy-and-bill system. AWIR opposes requiring physicians to pay for distribution of Part B drugs, and also opposes mandatory participation in the program.

