Value & Access
Partner Spotlight Webinar Series
November 14, 2018
WELCOME

We convene. We spark conversation. We accelerate collaboration.
<table>
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<tr>
<th>Time</th>
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<th>Speaker &amp; Affiliation</th>
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| 12:30 | Welcome & Introductions | John Clymer  
Executive Director  
The National Forum for Heart Disease & Stroke Prevention |
| 12:32 | Patient Health Insurance Guide | Daniel Hernandez, MD  
Medical Advocacy Liaison  
Global Healthy Living Foundation |
| 12:40 | Clinical Tool for Best Practices in the Use of PCSK9 Inhibitors | Brian Hart, JD  
Executive Director  
National Lipid Association |
| 12:48 | Q & A | |
A PATIENT’S GUIDE TO INSURANCE ENROLLMENT

NOVEMBER 14, 2018
Overview

The need for this guide

Insurance specific information

Highlighting the newest threat to patients

Real-life lessons
3 rules we followed:

**Readability**
- 8th grade reading level
- Short, clear
- Resources to calculate what reading level content is at: [https://www.webpagefx.com/tools/read-able/check.php](https://www.webpagefx.com/tools/read-able/check.php)

**Visual cues**
- Universal Patient Language
- Infographics

**Simplify**
- Give simple directions, don’t overwhelm by giving every wrong turn they can take
- Insurance specific information
A Patient’s Guide to Health Insurance 2019

Purpose: Providing support to people living with chronic disease to better understand and make decisions about health insurance coverage options.
Health Insurance: How to Get Covered & Tips on Picking a Plan

Living with a chronic disease is difficult enough without the added pressure of making sure to choose the correct insurance company, and once you have it, knowing what to do in the unfortunate event a medication you need gets rejected. We are here to walk you through the process and hopefully alleviate as much of the pressure as possible. The more you know, the less you’ll owe.

Need health coverage?
Choose what best describes you:

- My employer offers health insurance. Find out what questions to ask about your employer-sponsored health insurance.
Insurance information by type:

My employer offers health insurance

How to Pick a Health Insurance Plan

There are a few important things to consider when choosing one, especially if you are living with a chronic illness.

- Find out the different types of private insurance available. There are many to choose from.
- Find out what information you need before applying for insurance. Start in order to make this process as fast as possible.
- Find out if your medication is covered. Each health insurance plan covers different things. Use our step-by-step instructions on how to find out if your prescription is on a formulary.
- Find out what out-of-pocket costs you're responsible for. Your health insurance plan may have a deductible, co-insurance, and out-of-pocket maximum. Determine how much you will be paying.
- Learn about the various financial assistance programs available. There are many options that can help reduce costs.
- Find out if you should expect a delay in getting your prescription. If it does, your healthcare provider must fax a request to the insurance company.
Insurance information by type:
My employer offers health insurance

Employer-Based Health Insurance FAQs

Can I negotiate with my employer about my health insurance coverage?

If you work for an employer that is considered small (2-100 employees), the carrier dictates the terms of coverage so there is no ability to negotiate. Conversely, if you work for a larger employer that is self-insured, there may be an opportunity for you to ask your Human Resources department or your employer to assist in modifying the terms of the health plan to provide assistance in paying for medications.

Also, ask if there is a coupon or pharmacy card available and how it can work. It is best to ask the pharmacy rather than the insurance carrier as the pharmacist fills a prescription by running the cost of the prescription through the insurance carrier software system.

My employer offers multiple plans. What do I need to know when I am comparing the plans that they offer?

1. Ask yourself: which plan will cover it and how will they cover it? What steps are necessary for accessing the medication I need or the doctor I see?

It is helpful to work backward and figure out which plan covers your medications and doctors.

- There may be trade-offs when looking at your plan options, and you may need to decide by weighing the importance of these trade-offs. For example, if your specialist isn’t in-network on a plan, you may decide to pay out-of-pocket and have your prescription or specialty drugs covered because your relationship with your doctor may be a priority for you. If you need to make decisions about these trade-offs, think about what your priority is. Your prescription drugs? Your specialty doctor coverage? The general costs?

Information on pharmacy cards
Insurance information by type:

I need to buy my own health insurance
Insurance information by type:

I need to buy my own health insurance
Insurance information by type:
I am over age 65 or I have a disability

Medicare

If you are age 65 or older, legally disabled, or have end-stage renal disease for Medicare health insurance. If you have a chronic illness that requires medications, it’s especially important to understand Medicare Parts C and D to get the best coverage possible. This is what Global Healthy Live.
What patients can expect to learn

Health Insurance: How to Read an Insurance Drug List (Formulary)

How to Read an Insurance Formulary and check if your medications are covered in 7 easy steps:

1. Go to the insurance formulary (usually found through your insurance company’s website)
What patients can expect to learn

Health Insurance: Ways To Pay

HEALTH INSURANCE
- Getting Started
- Employer Based Insurance
- Non-employer Based Insurance
- Medicare

DIFERENT WAYS TO HELP PAY FOR YOUR OUT-OF-POCKET COSTS

If you have a private insurance plan, there are several ways that you can find financial assistance to help pay for your out-of-pocket costs.

Employer Based Health Insurance: Checklist

What you will need to register for Health Insurance Checklist

Make sure you have all of this information before you start in order to make this process as fast as possible. You will need:

Basic Information about you and your household
Be prepared to answer questions about each member of your household, even if they are not looking for coverage. This information can include the number of people in your family, their relationship to you, full legal names, birthdates, social security numbers, and household address.

Social Security numbers
Be sure to know the social security numbers of each member of your household, even if they are not looking for coverage.
Real-life lessons to learn from:

**Patient Real-Life Lesson: Yvonne’s Story**

Yvonne B., Maryland

Despite living with migraine disease and being recently diagnosed with rheumatoid arthritis, Yvonne is an active and resilient health advocate who donates her time to such causes as CreakyJoints, Poor Peoples Campaign, and Miles for Migraine. Enrolled in Medicare, Yvonne often faces significant hurdles in accessing the medications her doctors prescribe. Many require prior authorization, despite there being no generic equivalent. Delays in treatments are worrisome and, even worse, some medications are not covered by Medicare Part D, which creates additional out-of-pocket costs. So before Yvonne selects her drug coverage...

**Patient Real-Life Lesson: Lisa’s Story**

Lisa G., Pennsylvania

Lisa G., from Pennsylvania, juggles a busy career, marriage, and raising two children all while living with rheumatoid arthritis. Having worked at the same company for more than 11 years, she had steady health insurance coverage that allowed her to access and maintain her prescribed therapies. Lisa preferred a high deductible plan because once she applied co-pay assistance toward her expensive RA medications, her deductible was reached early in the year. Co-pay assistance is essentially like a coupon from your drug manufacturer that can help lower the cost of your medications, sometimes dramatically.

**Patient Real-Life Lesson: Kip’s Story**

Kip B., Illinois

A health psychologist living with psoriatic arthritis, Kip B., 35, from Illinois, works for an insurance company to explain benefits to customers. But ironically, Kip’s ability to understand the nuances of insurance policies hasn’t prevented him from having his own vexing health insurance problems. Since his PsA diagnosis five...
A Patient’s Guide to Health Insurance 2019

For More Please Visit: http://www.50statenetwork.org/Patient-Guide-Health-Insurance
A Patient’s Guide to Health Insurance 2019

Help us get the word out by sharing this through:

- Inserting into newsletter
- Distributing at events
- Post link on your website
- Through social media
A Patient’s Guide to Health Insurance 2019

Social media links:

- Sharing the guide through Twitter
- Sharing the guide on Facebook
- Emailing this guide to your network
Contact:

Daniel Hernandez, MD
Medical Advocacy Liaison, Global Healthy Living Foundation

Email: d hernandez@ghlf.org
Best Practices Guide: PCSK9 Inhibitors

Therapeutics Committee
Therapeutics Committee

**Purpose:** A multidisciplinary committee established to facilitate a discussion of lipid disorder therapies and the barriers to using certain therapies.

**Deliverables:** The committee will author articles on the newest therapies and provide guidance to identify the right patients for particular types of therapies.
Best Practices Guide: PSCK9 Inhibitors

LipidSpin
  • Fall 2018
  • Volume 18, Issue 3

First of several anticipated best practices statements from the NLA Therapeutics Committee
**Indications**

**Evolocumab** is indicated as follows:
- to reduce the risk of myocardial infarction, stroke and coronary revascularization in adults with established cardiovascular disease.
- as adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for treatment of adults with primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH]) to reduce low-density lipoprotein cholesterol (LDL-C).
- as an adjunct to diet and other LDL-lowering therapies (e.g., statins, ezetimibe, LDL apheresis) in patients with homozygous familial hypercholesterolemia (HoFH) who require additional lowering of LDL-C.

**Alirocumab** is indicated as follows:
- an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with HeFH or clinical atherosclerotic cardiovascular disease who require additional lowering of LDL-C.
Update on the use of PCSK9 inhibitors in adults: Recommendations from an Expert Panel of the National Lipid Association

Carl E. Orringer, MD, (Chair)
Terry A. Jacobson, MD, (Co-Chair)
Joseph J. Saseen, PharmD
Alan S. Brown, MD
Antonio M. Gotto, MD, DPhil
Joyce L. Ross, MSN, CRNP
James A. Underberg, MD, MS


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**Table 2  2017 Recommendations of the NLA Expert Panel on treatment with PCSK9 inhibitors**

<table>
<thead>
<tr>
<th>ASCVD</th>
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<tbody>
<tr>
<td>1. PCSK9 inhibitor therapy should be considered for ASCVD risk reduction in patients with stable atherosclerotic cardiovascular disease, particularly in those with additional ASCVD risk factors, on maximally-tolerated statin therapy ± ezetimibe, with on-treatment LDL-C ≥70 mg/dL or non-HDL-C ≥100 mg/dL. Strength A, Quality: High</td>
</tr>
<tr>
<td>2. PCSK9 inhibitor therapy may be considered to further reduce LDL-C in patients with progressive atherosclerotic cardiovascular disease on maximally-tolerated statin therapy ± ezetimibe, and on-treatment LDL-C ≥70 mg/dL or non-HDL-C ≥100 mg/dL. Strength B, Quality: Moderate</td>
</tr>
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**LDL-C ≥ 190 mg/dL (including polygenic hypercholesterolemia, heterozygous FH and the homozygous FH phenotype)**

3a PCSK9 inhibitor therapy may be considered to further reduce LDL-C in patients aged 40 to 79 years with pre-treatment LDL-C ≥190 mg/dL, no uncontrolled ASCVD risk factors, or other key additional high-risk markers*, and on-treatment LDL-C ≥100 mg/dL or non-HDL-C ≥130 mg/dL on maximally-tolerated statin therapy ± ezetimibe. Strength B, Quality: Moderate |

3b PCSK9 inhibitor therapy may be considered to further reduce LDL-C in patients aged 40 to 79 years with pre-treatment LDL-C ≥190 mg/dL, and the presence of either uncontrolled ASCVD risk factors, key additional high-risk markers*, or genetic confirmation of FH, and on-treatment LDL-C ≥70 mg/dL or non-HDL-C ≥100 mg/dL on maximally-tolerated statin ± ezetimibe. Strength: B, Quality: Moderate |

3c PCSK9 inhibitor therapy may be considered to further reduce LDL-C in patients aged 10 to 39 years with pre-treatment LDL-C ≥190 mg/dL, and the presence of either uncontrolled ASCVD risk factors, key additional high-risk markers*, or genetic confirmation of FH, and on-treatment LDL-C ≥70 mg/dL or non-HDL-C ≥130 mg/dL on maximally-tolerated statin ± ezetimibe. Strength: E, Quality: Low |

3d PCSK9 inhibitor therapy may be considered to further reduce LDL-C in patients with heterozygous familial hypercholesterolemia, either of unknown genotype, or those known to be LDL receptor defective, on maximally-tolerated statin therapy ± ezetimibe, with on-treatment LDL-C ≥70 mg/dL or non-HDL-C ≥100 mg/dL. Strength B, Quality: Moderate |

**Very-high-risk/statin intolerance**

4. PCSK9 inhibitor therapy may be considered to further reduce LDL-C in selected very-high-risk patients who meet the definition of statin intolerance (as previously defined by the NLA Statin Expert Panel) and who require substantial additional atherogenic cholesterol lowering, despite the use of other lipid-lowering therapies. Strength C, Quality: Low |

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*Including history of uncontrolled high blood pressure, diabetes, current cigarette smoking, or family history of premature ASCVD or additional risk markers (coronary calcium ≥30 Agatston units or ≥75th percentile for the patient's age, gender, and ethnicity); Lp(a) ≥50 mg/dL using a uniform insensitive assay, hs-CRP ≥ 2 ng/L or CKD including albumin/creatinine ratio ≥ 30 mg/g). |

Note: All patients considered for PCSK9 therapy should have updated screening for secondary causes of hypercholesterolemia, parathyroidism, nephrotic syndrome, obstructive liver disease and drug therapy.
Document Features

Aspects covered:

1. Safety of the therapy class
2. Review of outcomes studies
3. Keys to successful prescribing
Barriers to PCSK9 inhibitor prescriptions for patients with high cardiovascular risk: Results of a healthcare provider survey conducted by the National Lipid Association
Keys to Successfully Prescribing PCSK9 Inhibitors

- **Indication and documentation of medical conditions**
  - The NLA Barriers survey found that inadequate documentation, particularly of FH, was a common reason for denial. FH patient documentation must clearly show:
    - History of an LDL-C level > 190 mg/dL and
    - Family history of a first-degree relative with premature ASCVD or elevated LDL-C\(^2\).\(^3\)
    - If available, include pre-treatment LDL-C level, presence of tendon xanthomas, corneal arcus in a person <45 years of age, a history of premature ASCVD (men age <50 years or women age <60 years), or positive genetic testing for a mutation in the genes coding for the LDL receptor, ApoB or PCSK9 will strengthen the FH diagnosis and should be documented and submitted along with the preauthorization paperwork to improve the likelihood of approval.

- **Recent lipid panel** (<30 days old)
Keys to Successfully Prescribing PCSK9 Inhibitors

• Statin history
  • The NLA Barriers survey found that inadequate documentation as to why the patient was not on high-intensity statin or a maximally tolerated statin was the 3rd most common reason reported for denial in ASCVD patients and 2nd most common reason in FH patients
  • Recommends:
    • How to try a patient on high-intensity statins
    • Re-challenging statin therapy
    • Documenting intolerance
    • The NLA Barriers survey found that 75% of respondents tried 3 or more statins before considering a high-risk patient to be statin intolerant

• LDL- cholesterol goal
  • Documentation that despite statin, patients is not at goal
Keys to Successfully Prescribing PCSK9 Inhibitors

• **Adjuvant therapy**
  • Many health plans require that other agents be added to a statin prior to considering PCSK9 inhibitors
    • Individual health plans’ requirements should be evaluated carefully to determine what should be tried and failed prior to considering PCSK9 inhibitors.
    • The prescriber must document the use of adjuvant non-statin LDL-C-lowering medications and also document in their office note that the patient has been counseled on intensive lifestyle changes.
  • The NLA Barriers survey found that inadequate documentation
Keys to Successfully Prescribing PCSK9 Inhibitors

• Success/failure
  • Be prepared for rejection

• Appeals process
  • The appeals process will be outlined in the denial letter
  • Correct deficiencies in the submission
  • Consider support of a specialty pharmacy
  • Request a peer to peer
  • Request secondary appeal denial
  • File complaint for inappropriately denied coverage
  • The NLA Barrier found that 97% of respondents took further action upon receiving a denial
Recordings Available

- Slides and audio from previous spotlights available at https://www.nationalforum.org/value-access-member-spotlight-webinars