



## ACR Principles on Prescription Drug Prices and Access to Treatment

The ACR believes that safe and effective treatments should be accessible to all patients at the lowest possible cost. We support policies rooted in scientific evidence that support shared decision-making between patients and providers and that decrease barriers to patients accessing treatment.

### Topline Principles

1. Provide patients safe access to high-quality rheumatology treatments to control disease activity and prevent disability, permanent damage to joints and other organ systems, and early death.
2. Reduce and streamline "utilization management" tools used in the drug distribution system, including Medicare Part D, which delay and prevent patients from accessing medicines.
3. Ensure patients' safe access to Medicare Part B treatments in monitored settings.
4. Promote the use of treatment guidelines, when available, adapted for individualized treatment decisions made by doctors and patients.
5. Improve FDA capacity and manufacturer ability to bring safe, effective biosimilars to market to maximize access to treatment by lowering costs.

### Treatment Access

#### The ACR supports policies that will:

- Provide patients safe access to high-quality rheumatology treatments to control disease activity and prevent disability, permanent damage to joints and other organ systems, and early death.
- Ensure physicians have the ability to prescribe the most appropriate drug(s) and method of delivery for the individual patient.
- Provide continuous access to treatments without interruption, including biologic drugs that are controlling disease activity.
- Reduce and streamline "utilization management" tools in the drug distribution system such as step therapy, prior authorization (PA), non-medical switching, and out of pocket costs. Policy reforms should:
  - Eliminate excessive patient cost sharing usually required by formularies' specialty tiers, as seen in the commercial market and Medicare Part D.
  - Prevent Part B services from being subject to prior authorization requirements, as this would increase instances of delayed treatment, with associated harm to patients, and increase physician time spent on administrative tasks and reduce availability for patient care.

- Provide a clear and standardized appeals process for patients and providers to obtain coverage for medicines.
- Ensure that any “peer-to-peer” reviews utilize physicians from the same specialty/subspecialty as the ordering physician.
- Prohibit non-medical switching among biologic medications. Decisions about which therapy to use should remain between patients and their doctors.

## **Transparency**

### **The ACR supports policies that will:**

- Decrease the concentration in the pharmacy benefit manager (PBM) market and other segments of the supply chain.
- Limit the adverse impacts of mergers and acquisitions in the pharmaceutical, pharmacy, PBM and insurance industry that adversely impact patient access and market competition.
- Increase transparency in how pharmaceutical companies, PBMs, and health insurance companies determine the cost of prescription medication.
- Increase transparency of any incentives given by drug companies to PBMs or health insurance companies related to the dispensing or promotion of their manufactured drugs.
- Encourage prescription drug price and cost transparency among pharmaceutical companies, PBMs, and insurers.

## **Patient Safety and Efficiency**

### **The ACR supports policies that will:**

- Protect patient safety as a paramount and central component of patient access to safe, effective, and affordable therapies.
- Ensure patients’ safe access to Part B treatments in monitored settings. Proposals such as moving Part B treatments to Part D would make necessary Part B drugs less accessible and less safe for patients, due to utilization management access barriers and lack of physician monitoring and safety controls in Part D.
- Avoid creating needless clinical challenges or allowing inappropriate patient safety risks such as having patients transport intravenous medications to their provider.
- Minimize utilization management techniques, such as step therapy and prior authorization, which often delay or prevent patients receiving the right therapy at the right time.

## **Innovation**

### **The ACR supports policies that will:**

- Improve FDA capacity and manufacturer ability to bring safe, effective biosimilars to market to maximize access to treatment by lowering costs.
- Expand patient access to off-label therapies supported by guidelines and/or clinical studies by improving updates, access, navigation and readability of the Compendia.
- Facilitate alternative payment models (APMs) that could address challenges such as drug distribution and affordability problems.
- Ensure demonstration projects remain voluntary, rather than compulsory.