Ryan Gough
Executive Director
Partnership to Advance Cardiovascular Health
2020 K Street NW
Suite 505
Washington, DC 20006

November 30, 2022

Ken Yamaguchi, MD, MBA
Executive Vice President, Chief Medical Officer
WellCare Prescription Insurance, Inc.
Centene Plaza
7700 Forsyth Boulevard
St. Louis, MO 63105

Dear Dr. Yamaguchi,

The Partnership to Advance Cardiovascular Health (PACH) is a nonprofit cardiovascular stakeholder coalition of patient, provider, and advocacy organizations dedicated to advancing public policies and practices that accelerate innovation and improve cardiovascular health for patients. As a platform for patients and providers, PACH advocates at the federal, state, and health plan levels for reforms that increase access and personalized care for patients with cardiovascular and related conditions.

We are writing on behalf of the cardiovascular community concerned about the recent formulary change that will drastically increase the price of apixaban for Medicare Part D WellCare participants. By placing apixaban on a higher formulary tier, medically fragile seniors will pay five times as much for their life-saving direct oral anticoagulant (DOAC).

As you are aware, many seniors rely on DOACs to treat and prevent blood clots and prevent strokes. DOACs are also the mainstay treatment for deep vein thrombosis (DVT) and pulmonary embolism (PE), collectively referred to as venous thromboembolism (VTE).

According to the National Council on Aging, more than 15 million Americans aged 65+ are economically insecure, living at or below 200% of the federal poverty level (FPL). A drastic price increase means that

stable patients at high risk of stroke and other cardiovascular events are forced to switch to an anticoagulation therapy that their clinician did not prescribe.

Sudden and disruptive formulary changes that upset care for stable patients pose a growing challenge, so much so that they assumed the name “non-medical switching.” Non-medical switching occurs when a managed care plan changes its formulary or cost-sharing requirements to force stable patients off their prescribed medication. Non-medical switching is problematic for patients and providers because it actively discourages adherence to therapy and increases the paperwork burden for clinicians and their staff. For patients on anticoagulant therapy, in particular, nonadherence can be debilitating, even deadly.

As a result, patients who can least afford the change will be left with limited options and are likely to give up on the medication regimen prescribed by their doctor. This fact was documented this year when CVS Caremark switched hundreds of thousands of patients off our clinician-prescribed DOAC.

In fact, the American Society for Preventive Cardiology recently released a survey citing that DOAC patients who experienced a non-medical switch from the CVS Caremark policy this year experienced increased physician visits, lab tests, and hospitalization. Visits like these lead to an increased burden for patients but also increased costs to the health care system.

Even more alarming, about 1 in 5 patients stopped taking their blood thinner altogether, exponentially increasing their risk for heart attack or stroke.

We strongly urge you to reconsider your formulary changes concerning the DOAC class. Doing so would encourage adherence, honor the decisions made by patients and their providers, and prioritize the health and well-being of seniors who face cardiovascular risk.

Thank you for your consideration, and the organizations listed below look forward to continued dialogue at rgough@advancecardiohealth.org or at (202) 964-2644.

Sincerely,

Ryan Gough
Executive Director

AfPA Alliance for Patient Access
Anticoagulation FORUM
Always Learning. Forever Leading
AA Arrhythmia Alliance
ASPC
PPAHS Physician-Patient Alliance for Health & Safety
HCMA Hypertrophic Cardiomyopathy Association
Heart Valve Voice US
Mended Hearts
PCNA Preventive Cardiovascular Nurses Association
StopAfib.org
WOMENHEART