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HEART FAILURE AND CARDIOMYOPATHIES

THE FOUR CORNERS: THE CARDIOVASCULAR TEAM CORNER

Overcoming Financial Barriers to Optimal Guideline-Directed Medical Therapy for Patients With Heart Failure

Ronald J. Campbell, PharmD, BCPS,[a] Jennifer Kliner, CRNP, ACNP-BC,[b] Heather Goetze, PharmD,[a] James C. Coons, PharmD, BCCP[b,c]

ABSTRACT

Optimizing guideline-directed medical therapy in patients with heart failure with reduced ejection fraction is paramount. The cost of the newer medications can be a financial barrier for many patients. There are numerous resources available for patients to help overcome financial barriers using team-based care. Here, we discuss a case of a 79-year-old woman with heart failure with reduced ejection fraction who gained access to all 4 pillars of guideline-directed medical therapy by utilizing patient assistance resources through a medication optimization clinic. (JACC Case Rep. 2025;30:102994)

Efficient implementation of guideline-directed medical therapy (GDMT) for patients with heart failure (HF) with reduced ejection fraction (EF) substantially improves morbidity and mortality.[1,2] Treatment with an angiotensin-receptor-neprilysin inhibitor, beta-blocker, mineralocorticoid receptor antagonist, and sodium glucose cotransporter-2 inhibitor (SGLT2i) serves as the mainstay of quadruple therapy. Unfortunately, the economic burden of HF is substantial with medications being the second highest direct medical expense for patients, trailing only hospital costs.[1,3] Angiotensin-receptor-neprilysin inhibitor and SGLT2i therapies, in particular, add considerably to the individual patient's fiscal impact. One study reported that patients who incurred $20 or more for each prescription were 2-fold more likely to not receive their medications from the pharmacy vs those who had no cost.[4] The financial burden that patients face is further exacerbated by the fact that most have numerous comorbidities that require additional polypharmacy with high costs.[1] Consequently, the 2024 American College of Cardiology Expert Consensus Decision Pathway (ACC ECDP) for HF

TAKE-HOME MESSAGES

- This case highlights the use of team-based care to address affordability and ensure optimal medication treatment for patients with heart failure.
- Medication-related financial burdens can be overcome using various resources to ensure optimal GDMT.

From the [a]Department of Pharmacy, Allegheny Health Network, Pittsburgh, Pennsylvania, USA; [b]Heart and Vascular Institute, UPMC Presbyterian-Shadyside Hospital, Pittsburgh, Pennsylvania, USA; and the [c]Department of Pharmacy and Therapeutics, University of Pittsburgh School of Pharmacy, Pittsburgh, Pennsylvania, USA.
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ABBREVIATIONS AND ACRONYMS

EF = ejection fraction

GDMT = guideline-directed medical therapy

HF = heart failure

SGLT2i = sodium glucose cotransporter-2 inhibitor

recommends periodic reassessment of affordability and access of all GDMT to ensure persistence with treatment.[1] Furthermore, it proposes cost-reduction measures to help overcome financial barriers, including use of generics when possible, identification of copay assistance programs, and comparative price matching at pharmacies for the lowest costs.[1] Financial assistance programs may also be available at certain institutions to help patients with high-deductible copayments, Medicare coverage gaps, or with limited ability to pay out-of-pocket medication costs. The ACC ECDP also highlights that optimizing care with the most financially manageable program is recommended.[1]

Navigating insurance coverage and patient assistance programs to successfully conduct a GDMT program for patients with HF requires a multidisciplinary team effort. Team-based medication optimization clinics that focus on rapid initiation and titration of GDMT to target doses overcome therapeutic inertia and improve outcomes.[1] We highlight a brief patient journey to illustrate commonly encountered financial barriers with medications.

A 79-year-old white woman with a relevant past medical history of dyslipidemia, paroxysmal atrial fibrillation, osteoporosis, and newly diagnosed HF with reduced EF (EF = 20%-25%) was referred to the medication optimization clinic. She had weekly phone visits with an advanced practice provider to initiate and titrate medications until optimal or maximally tolerated GDMT was attained. The details of the medication optimization clinic program have been previously published.[5] Her first visit included assessment of medication affordability and current GDMT that included valsartan 80 mg twice daily, bisoprolol 2.5 mg daily, and spironolactone 25 mg daily. She had Medicare insurance, and it was determined angiotensin-receptor-neprilysin inhibitors and SGLTi were cost-prohibitive. The patient was enrolled in and received approval for a manufacturer-sponsored (Novartis) patient assistance program for sacubitril/valsartan. She was enrolled in an SGLT2i assistance program (AZ&ME Prescription Savings Program) for dapagliflozin. These patient resources, and several others, are highlighted in **Table 1**. After her final visit, GDMT included sacubitril/valsartan 97 to 103 mg twice daily, bisoprolol 2.5 mg daily, spironolactone 25 mg daily, and dapagliflozin 10 mg daily. Note that the beta-blocker was not at target dose due to persistent bradycardia. **Table 1** summarizes resources that could be used routinely for screening patients to assist in overcoming barriers to medication access.

ADDRESS FOR CORRESPONDENCE: Dr Ronald Campbell, Department of Pharmacy, Allegheny Health Network, 320 E. North Avenue, Pittsburgh, Pennsylvania 15212, USA. E-mail: Ronald.Campbell@ahn.org.

TABLE 1 Resources Available for Overcoming Patient Financial Barriers

	Mfg Coupon Cards or Cost Support[a]	340B Clinics[b]	PAPs[c,d]	Extra Help/ Limited Income Programs[d,e]	State Program[d,f]	GoodRx	Cost+Fee Pharmacies or Prescription Savings Services[g,h]	Non-Profit[d,i]
Commercial insurance	✓	✓	✓					✓
Medicaid				✓				✓
Medicare		✓	✓	✓	✓			✓
Uninsured	✓	✓	✓			✓	✓	✓

[a]Examples are copay discount programs or uninsured savings programs located on the manufacturer (Mfg) website. [b]Registered covered entities that may purchase outpatient medications from manufacturers at a discount. [c]Program-specific; some insurance types are excluded. [d]Require financial screening. [e]Federal programs for Medicare Part D patients. [f]State Pharmaceutical Assistance Programs (SPAP) may be Medicare or disease-specific. Example is Pharmaceutical Assistance Contract for the Elderly (PACE) in Pennsylvania. [g]Examples are markcubancostplusdrugcompany.com or GoodRx. [h]Located on the manufacturer website, typically one-per-lifetime offer. [i]Examples are PAN Foundation or HealthWell Foundation.

PAP = Patient Assistance Program.

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