

Seniors Gain Access to Preventive COVID-19 Treatment

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The Alliance for Patient Access, founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants.

In 2012, AfPA established the Institute for Patient Access, a related 501(c)(3) non-profit corporation. The Institute for Patient Access is a physician-led policy research organization dedicated to maintaining the primacy of the physician-patient relationship in the provision of quality health care. In furtherance of its mission, IfPA produces educational materials and programming designed to promote informed discussion about patient access to approved therapies and appropriate clinical care.

Visit allianceforpatientaccess.org and instituteforpatientaccess.org to learn more about each organization.



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Starting next year, Medicare [will cover](#) monoclonal antibodies as a preventive treatment against COVID-19. (1) By including mAbs under Medicare Part B for the first time, the Centers for Medicare and Medicaid Services will expand patient access to these powerful – and now affordable – drugs.

Permanent coverage under Medicare Part B’s vaccine benefit means seniors can get mAbs at no out-of-pocket cost. This is a substantial change in the short term, especially with an anticipated [winter wave](#) of COVID-19. (2)

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An Important Precedent

Long-term, covering mAbs as prophylaxis for seniors signals the federal policymakers’ potential openness to covering them for children. This precedent points toward CMS eventually including preventive mAbs, a type of immunization, in the federal government’s Vaccines for Children Program.

If mAbs are approved for preventive care, at no cost, for one large population vulnerable to respiratory diseases – seniors- they should be available to *all* such patients, including infants and children.

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RSV and the Case for Inclusion

Infants, the principal beneficiaries of the Vaccines for Children Program, are at particular risk of the [respiratory syncytial virus](#). Indeed, 97% of all babies contract RSV by age 2, (3) which is the [leading cause](#) of bronchiolitis and pneumonia among infants. (4) Next-generation RSV preventive mAbs are already in development and could, for the first time, provide protection to all infants

and reduce the burden of RSV on both patients and the health-care system.

CMS's decision to provide seniors coverage for mAbs as a preventive treatment for COVID-19 may pave the way for other preventive mAbs that protect infants and children from [RSV](#). (5) Such a policy would undoubtedly be welcome news for parents and providers hoping to protect infants and young children from the really serious virus.

“CMS’s decision to provide seniors coverage for mAbs as a preventive treatment for COVID-19 may pave the way for other preventive mAbs that protect infants and children from RSV.”

References:

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3. <https://healthpolicytoday.org/2022/06/15/respiratory-syncytial-virus-takes-a-toll-on-families/>
4. <https://www.cdc.gov/rsv/index.html>
5. <https://healthpolicytoday.org/2022/03/31/alleviating-the-burden-of-rsv-for-infants-and-children/>

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