

Addendum: The Impact of CHC Cyberattack on North Carolina Patients and Community Pharmacy

NCPA's North Carolina members compiled a survey of how their patients and businesses were negatively impacted by the Change Healthcare (CHC) cyberattack. The following is their April 24 report.

Many patients went without life-saving medication. Some patients made difficult financial decisions to pay for their necessary medications without copay assistance they rely on, and have not been reimbursed to date. Additionally, community pharmacies have not received payment for claims that were processed in delay as a result of the cyberattack, creating limited cash flow for operations.

Pharmacy #1. Several patients either went without, or paid a much higher price for, their diabetes, heart, and psychiatric medications due to the CHC cyberattack. Specific examples include the following:

- A patient with chronic kidney disease and heart failure could not afford her medication because the manufacturer rebate that is usually processed through CHC would not work due to the cyberattack.
- A parent was faced with the decision of either having to pay \$650 for their child's psychiatric medication, or go without because of the CHC cyberattack. The child missed weeks of medication until her parents were able to raise the necessary funds.
- Patients requested to receive potentially life-saving vaccines. During the CHC cyberattack, the pharmacy was unable to process immunization claims for them. For some, the pharmacist already administered the vaccine and paid the wholesaler for it, all without knowing when the pharmacy will be paid.

Pharmacy #1 (continued): CHC has kept our pharmacies in the dark for weeks. Personally, **CHC owed my business just under \$55,000 that went over 45 days without a single payment.** That is over two payrolls for my small business. I had already exhausted my business savings and had to go into my personal savings just to make payroll and pay my wholesaler bills. I finally received a payment a little over a week ago for under half of what I am owed. CHC still owes my business just under \$35,000 with no indication of when I will get paid. They were "kind" enough to offer me a loan from their vertically integrated bank, Optum Bank, to help. They offered \$15,000, less than half of what they still owe me. Furthermore, I spoke with my manufacturer representative, to see what they could do. I was told by my representative that the manufacturer had already funded CHC to reimburse pharmacies. CHC is sitting on all that money while small businesses such as mine must borrow just to make ends meet.

UHG needs to be held accountable for their actions/inaction during the cyberattack. **UHG's monopolistic practices are negatively impacting the people you represent by delaying care, denying care, and forcing providers either to sell to them or go out of business.** They harass our elderly population with never-ending phone calls to try to coerce them to use a UHG owned provider or pharmacy. They are relentless in trying to expand their monopoly.

Pharmacy #2. Patient with type 2 diabetes was started on Trulicity. She was already taking oral antidiabetic medications, and a GLP-1 agonist was the next step in therapy. She had a high deductible health plan that

led to a copay >\$200. There is a manufacturer coupon available that would have reduced the copay by \$150, but we were unable to process the coupon due to the CHC cyberattack. The patient could not afford the medication without the coupon card, so she was forced to go without an essential medication to help manage her diabetes.

We help a local hospital by using a one-month free Brilinta coupon card for patients that have experienced a heart attack. We work with the inpatient cardiology team to ensure that these patients get their medication before they get back home from the hospital. We were unable to process this one-month free Brilinta coupon during the CHC cyberattack outage, so patients were forced to pay a high copay to obtain the Brilinta, or they had to switch to an alternative medication that the cardiology team potentially views as the second-best option for the patient's condition.

We had an eleven-year-old patient that is autistic getting a medication called Azstarys indicated for ADHD. We had found a coupon card to bring the copay down to \$25 per month's supply, but with the CHC cyberattack outage, the mother was faced with a significantly higher copay of \$70. For a family struggling to make ends meet, this is a huge blow and it broke my heart to explain the situation to them. They were understanding, but I was incredibly frustrated and disheartened that our vertically integrated healthcare system had failed this patient.

Pharmacy #3. Caplyta is prescribed to treat certain mental health conditions like schizophrenia. During the recent cyberattack of CHC, we recently encountered a distressing situation involving a homebound patient who had been stable on a prescription of Caplyta. During the cybersecurity attack of CHC, we were unable to transmit claims through insurance if they were processed via CHC. This left our patient taking Caplyta in a situation no one should face—having to choose between paying the cash price *or* going without vital medication and risking severe adverse effects. The longer a patient remains stable on an antipsychotic, the greater the risk of severe and unpredictable adverse effects upon discontinuation. Therefore, this patient not taking Caplyta would face a severe risk of withdrawal symptoms and relapse, particularly considering their stability on the medication for a long duration of time. Unfortunately, the patient did not have the \$200 required for the cash price, forcing them to put the expense on a credit card. To provide context, the usual insurance copay with CHC functioning is about \$15. **It is unacceptable that a patient should be forced to make such a choice, especially due to their insurance company's inadequate cybersecurity or contingency planning.** Additionally, the hard decision for the patient to use a credit card to pay for their medication delayed the delivery process. Our delivery driver had to make an extra trip late that evening to ensure the patient did not run out of their medication that day.

Pharmacy #4. We have a patient on Farxiga. This is a prescription medication approved to reduce the risk of further worsening of kidney disease, end-stage kidney disease, death due to cardiovascular disease and hospitalization for heart failure. For the past 12 months, records indicate the patient did not have any out-of-pocket costs due to a coupon card assistance program offered by AstraZeneca. The patient was due for a medication refill early March, during the CHC cyberattack. The pharmacy was unable to process the coupon card. The patient agreed to pay the \$114 out of pocket cost with the expectation that her coupon card

would be applied after cyberattack solutions were in place. When the solutions were released, **Optum Support reported that they were not able to assist the patient in applying a coupon for her March refill. They noted that they did not have a solution in place to assist patients that had a prescription drug claim for the first 15 days in March.** Optum Support noted that the patient should reach out to AstraZeneca directly. Upon calling AstraZeneca, the representative referred the patient back to Optum Support to remedy the situation. The patient does not understand why she is expected to cover such high out of pocket costs because of the cyberattack. **The issue has not been resolved to date.**

Pharmacy #5. Our pharmacy has not received payment from Optum in over 2 months. **This comprises over 40% of our pharmacy business.** The cyberattack has caused a significant hindrance to cash flow putting our pharmacy at risk of closure.

Pharmacy #6. We have a patient using Xiidra eye drop, and who has a CHC discount card that helped offset high copay. The patient had been on this medicine for a year. The copay without CHC's discount card is \$80 per month. The patient did not understand why the discount card was not working.

We have another patient who was prescribed Slynd, an oral contraceptive. The patient's primary insurance, Caremark, would not cover the medication. The patient relied on CHC's discount card to offset the \$200 monthly cost. The discount card did not work after the cyberattack and the patient was unable to continue treatment.

A third patient presented with an Eliquis prescription after being discharged from the hospital with arrhythmias which put the patient at high risk of blood clots and stroke. The patient's primary insurance would not cover the medicine. The patient relied solely on the CHC discount card to help pay for the \$950 medication. The patient was not able to afford the medication. The pharmacy had to notify the attending provider to determine a second-choice prescription that would be a more cost-effective option.

Pharmacy #7. Our pharmacy experienced many encounters where patients depend on the manufacturer coupon to afford their medication. The CHC cyberattack caused patients to be inconvenienced, and many went without necessary medication. Examples include:

- A patient was prescribed Combigan eye drops (for glaucoma), which costs the patient \$212 without the coupon and \$25 with the coupon. The patient was unable to afford it.
- A patient was prescribed Dynavel XR (for ADHD), which costs the patient \$100 without the coupon and \$25 with the coupon. The patient paid the \$100 so they would not be without medication.
- A patient was prescribed Ubrelvy (for management of migraine headaches), which costs the patient \$1014.97 without the coupon and \$80 with the coupon. The patient was unable to afford it.
- A patient was prescribed Gralise (for neuropathy), which costs the patient \$60 without the coupon and \$20 with the coupon. The patient was unable to afford it.
- A patient was prescribed Rybelsus (for diabetes management), which costs the patient \$949 without coupon and \$10 with coupon. The patient was unable to afford it.

- A patient was prescribed Repatha (for hyperlipidemia), which costs the patient \$78.58 without coupon and \$5.00 with coupon. The patient elected to purchase the medication despite their low socioeconomic status.

Conclusion

The above examples, both globally and in North Carolina, demonstrate the financial hardship and substantial healthcare risks that patients experienced due to the CHC cyberattack. This reinforces the importance of cybersecurity measures in healthcare systems to ensure continuous access to necessary medications; patients should never have to choose between their health and financial strain due to their insurers' cybersecurity issues. The examples above also demonstrate how community pharmacies continue to be disadvantaged by the cybersecurity attack.