Patient Registries

CMS Has Made Discrimination Against Alzheimer's Patients an Official Policy *Set a Dangerous Precedent for Others Living with Serious or Life-Threatening Illnesses with Limited to No Treatment Options*

Despite public outcry in opposition, the Centers for Medicare & Medicaid Services (CMS) adopted restrictive coverage with evidence development (CED) requirements in its April 7, 2022 Medicare National Coverage Decision (NCD) for Monoclonal Antibodies (mAbs) Directed Against Amyloid for the Treatment of Alzheimer's Disease.

What does this mean?

Only an extremely narrow band of beneficiaries suffering from Alzheimer's can get access to an important new class of treatments targeting this intractable and permanently degenerative disease.

CMS's restrictions on mAb coverage are unprecedented. They will:

1. Deny beneficiaries with Alzheimer's disease comparable access to Food and Drug Administration (FDA)-approved treatments as that provided for treatments for cancer, HIV/AIDS, and other serious medical conditions.
2. Persist indefinitely unless CMS reconsiders or withdraws its NCD, which the agency appears unwilling to do until manufacturers can meet some as-yet-unarticulated standard of comparative evidence.

In setting such requirements and identifying the likely source of evidence, CMS has consigned desperate patients to waiting years longer for any hope of meaningful access to new Alzheimer's treatments.

The Agency has suggested that such evidence could come from patient registries for Alzheimer's disease if the registry is used in conjunction with a CMS-approved prospective comparative study.

To gain CMS approval, the sponsor must:

1. submit a complete trial protocol;
2. share a detailed analysis plan for answering the CMS CED questions; and
3. satisfy 13 standards of scientific integrity.

What is a patient registry?

Registries are used for a broad range of purposes in public health and medicine as "an organized system for the collection, storage, retrieval, analysis, and dissemination of information on individual persons who have either a particular disease, a condition (e.g., a risk factor) that predisposes [them] to the occurrence of a health-related event, or prior exposure to substances (or circumstances) known or suspected to cause adverse health effects."[i]

In short, they are a forum to collect and disseminate health data, usually for a specific condition, to answer a set of specific a priori questions about the safety and efficacy of a specific treatment for a specific condition or set of conditions. The evidence from registries is sometimes used in coverage decisions.

While patient registries can serve an invaluable purpose in collecting and disseminating evidence over a period of years, it is **extraordinarily rare to require registries for Medicare coverage of drugs or biologicals that have already been approved as safe and effective by the FDA**. Further, beneficiary inclusion in a registry is not independently sufficient to ensure coverage: CMS's NCD only authorizes coverage for mAbs used in Alzheimer's treatment if furnished in a study that meets stringent CMS approval criteria, including either a prospective comparative study that may use a registry or a randomized control trial.

Why do registries take years to design and launch?

Patient registries can take years to design and launch, **offering no hope in the immediate and short term to patients suffering with degenerative diseases**. Even when deploying vast resources, the process of implementing a registry is a slow one that can take multiple years of work. For example, a multinational drug manufacturer began a patient registry in 2016 after being told by the European Medicines Agency to develop more evidence for a particular rare disease treatment. Even summoning the resources of a large corporation, nine large medical centers, and modern recruitment methods such as social media, it still took two years to populate the registry with the 350 required number of patients.[ii] Moreover, designing and implementing registries for rare diseases (200,000 or fewer patients) can be especially difficult given the low numbers of patients and lack of disease awareness.

Until registries can be developed meeting CMS's new NCD criteria, **Medicare beneficiaries will be categorically denied coverage of mAbs for the treatment of their Alzheimer's disease**. In conditioning coverage on evidence it suggests come from patient registries, CMS is also delaying access to treatment for a permanently degenerative condition.

Obtaining useful evidence from registries takes even longer.

The CED restrictions imposed by the NCD will also remain in effect until CMS reconsiders or withdraws the NCD. CMS has yet to even articulate the evidentiary standard it will require before it seriously considers removing its CED restrictions, and CMS has long history of allowing CED restrictions to persist for years or decades.

For example, CMS has imposed CED restrictions on certain uses of cochlear implants since 2005. Similarly, the agency has imposed CED restrictions on transcatheter aortic valve replacement (TAVR) for over nine years.

How do access delays hurt patients?

While patient registries are valuable tools for collecting and disseminating clinical data over time, **their utilization in the restrictive NCD is a disservice to patients suffering from degenerative diseases**.

1. Even one specific large-scale clinical trial, designed to treat 7,000 Alzheimer's disease patients with radiation[iii] will only treat a fraction of the estimated nine to thirteen million Americans who may have Alzheimer's disease.
2. Moreover, the case of Alzheimer's disease presents a particularly pernicious paradox. While new medicines have an FDA indication to treat those with mild cognitive impairment, Alzheimer's is degenerative. This means patients with mild cognitive impairment today will have their conditions worsen and no longer be eligible to receive the medicine tomorrow.

It's imperative that CMS find a better way to get today's patients today's treatments.

i. See National Committee on Vital and Health Statistics, Frequently Asked Questions About Medical and Public Health Registries, http://ncvhs.hhs.gov/9701138b.htm (Aug. 14, 2012).

ii. Penn Medicine News, A Patient-Powered Registry Boosts the Study of a Rare Disease (Jan. 25, 2021).

iii. See U.S. Nat'l Library of Med., New IDEAS Study, ClinicalTrials.gov, https://clinicaltrials.gov/ct2/show/NCT04426539 (last updated Feb. 15, 2022) (description of New IDEAS Study).