Little Hercules Foundation

5522 Avery Road, Dublin, Ohio 43016 | 614.361.4537 | littleherculesfoundation.org

April 21, 2025

Dear Independence Blue Cross Blue Shield:

As organizations representing the rare disease community, we are very concerned about Independence Blue Cross Blue Shield's (IBX) policy (08.02.35) that excludes coverage for FDA-approved rare disease treatments approved through the accelerated approval pathway.[1] We ask IBX to immediately rescind this policy as it undermines the FDA's authority as the gold standard for safety and efficacy and undercuts the fundamental purpose of the accelerated approval pathway which is to speed the availability of novel treatments to patients with serious conditions where there is a high unmet medical need – like Duchenne Muscular Dystrophy (DMD), Amyotrophic Lateral Sclerosis (ALS) and Fabry Disease.

Accelerated approval meets the FDA 's gold standard of safety and efficacy and is a lifeline for rare disease patients.

The accelerated approval pathway was established in 1992 in response to the HIV/AIDS epidemic as a pathway to more quickly get treatments to patients with urgent and unmet medical need. Accelerated approval transformed the treatment of HIV/AIDS from a fatal disease to a manageable chronic illness. Today, a majority of drugs approved through the accelerated approval pathway treat cancer patients, often rare cancers, and has been a game-changer in advancing research and development for many non-oncology rare disease treatments.

The accelerated approval pathway allows FDA to use a surrogate endpoint or biomarker that is reasonably likely to predict clinical benefit and can be measured in a shorter time period than a functional endpoint that may take years in a slow progressive disease. A post-marketing confirmatory trial is required to verify and confirm the predicted clinical benefit. Surrogate endpoints are scientifically rigorous measures, which can have advantages over the use of clinical outcomes. Importantly, drugs granted accelerated approval meet the same rigorous safety and efficacy standards that all medicines must meet[2] and therefore are not considered experimental, investigational or having met a lower evidentiary standard.

For many rare diseases, accelerated approval is the only reasonable pathway to approve a treatment for use by patients with substantial unmet need given the rarity and heterogeneity of disease, combined with a long disease course. These characteristics necessitate small volume and very lengthy clinical trials to confirm clinical benefit. By using surrogate endpoints, patients are able to access approved treatments more quickly while being assured of their safety and efficacy.

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[1] https://medpolicy.ibx.com/ibc/Commercial/Pages/Policy/de7d3013-68f6-43c9-84d3-44d39f7a38de.aspx#:~:text=Drugs%2C%20biologics%2C%20or%20gene%20therapies%20that%20receive%20an%20accelerated%20approval,must%20be%20verified.%E2%80%8B%E2%80%8B

[2] 21 U.S.C. § 356(e)(2).

IBX is discriminating against rare disease patients with limited to no treatment options.

IBX is applying this policy to all rare disease drugs approved via the accelerated approval pathway and will revisit this non-coverage decision when new data is available for each applicable drug, at a minimum 18-months post FDA approval. IBX specifies this policy is not applicable to oncology drugs, thus creating a haves and have nots situation.

Rare diseases are unique. Oncology and rare disease drug development is innately different. Cancer is typically well understood, often allowing researchers to re-use surrogate biomarkers. This is an advantage that is not scientifically feasible for rare diseases, which requires the use of a novel biomarker relative to each disease.3 Given this reality, confirmatory trials for cancer are able to be conducted in a faster manner with an average length of 3 years.[4] Trials are often measuring survival or tumor reduction, outcomes which can be measured in a short time period. Many rare diseases are slow progressing, necessitating longer confirmatory trials – measuring clinical function in a slowly progressing disease can take years.

For many rare diseases, it is unlikely that additional data 18-months post approval will be available, which sets up a paradigm in which IBX will continue to exclude rare disease FDA-approved accelerated approval drugs. Yet, rare disease patients often have no other treatment options as accelerated approval drugs are often the first and only treatment to market. Forcing a patient with a progressive rare disease to wait an additional 18 months at a minimum for an FDA-approved drug means some patients may lose function that they will never regain. Currently, there are 28 rare disease accelerated approval drugs that will be excluded from IBX's policy, leaving those patients with limited to no treatment options.[5] Leaving rare disease patients waiting while their disease continues to advance is 100% contrary to Congress' intent of the accelerated approval pathway.

IBX should uphold the FDA's authority and authorize treatment for rare diseases when prescribed by their expert physician.

The accelerated approval pathway has the potential to drive innovation in challenging genetic diseases. Patients benefited from such an outcome in HIV/AIDS and now in oncology where the pathway has provided a lifeline to cancer patients. From 1992 to 2017 there was a 29% reduction in cancer death rates, largely due to novel treatments.[6] Rare disease patients deserve the same groundswell of innovation, which is only possible if patients can access the treatments once FDA-approved.

Rare disease physicians are experts in their field, spending decades conducting research, running clinical trials and treating patients. They are best informed to determine what is medically necessary for their patients. Patients deserve access to all FDA approved treatments deemed medically necessary by their clinicians. A health insurance company stepping between the doctor and patient decision-making to treat a

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[3] Domike R, Raju GK, Sullivan J, Kennedy A. Expediting treatments in the 21st century: orphan drugs and accelerated approvals. Orphanet J Rare Dis. 2024 Nov 8;19(1):418. doi: 10.1186/s13023-024-03398-1. PMID: 39516878; PMCID: PMC11549740.

[4] https://www.fda.gov/media/184831/download

[5] https://npcnow.org/sites/default/files/2025-01/Accelerated_Approval_Policy_Evidence_Brief_January%2029%202025%20UPDATE.pdf

[6] https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21590

disease with an FDA-approved drug is inappropriate and could cause irreversible harm. On behalf of the rare disease community, we urge IBX to overturn this discriminatory policy immediately.

Sincerely,

Kelly Maynard, President
Little Hercules Foundation

Alliance for Aging Research
ALS Association
American Association of Kidney Patients (AAKP)
Avery's Hope
Barth Syndrome Foundation
Biomarker Collaborative
CancerCare
Charcot-Marie-Tooth Association (CMTA)
Charlie's Cure
Coalition to Cure Calpain 3
Color of Gastrointestinal Illnesses
Crohn's & Colitis Foundation
Cure CMD
Cure LGMD 2D Research Foundation
Cure LGMD2i Foundation
Cystic Fibrosis Research Institute
Everylife Foundation for Rare Diseases
Exon 20 Group
Friedreich's Ataxia Research Alliance (FARA)
Global Liver Institute
HCU Network America
Health Hats
Hope for Gus Foundation
Hydrocephalus Association
HypoPARAthyroidism Association
ICAN, International Cancer Advocacy Network
Infusion Access Foundation
Institute for Gene Therapies
International Pemphigus & Pemphigoid Foundation
JB's Keys to DMD
Kindness Over Muscular Dystrophy
K-T Support Group
LGMD Awareness Foundation
LGMD2D Foundation
Lupus and Allied Diseases Association, Inc.
McColl Lockwood Lab for Muscular Dystrophy Research

M-CM Network
MET Crusaders
MPN Cancer Connection
National MPS Society
National Organization for Rare Disorders
No Patient Left Behind
Parent Project Muscular Dystrophy
Partnership to Fight Chronic Disease (PFCD)
Partnership to Improve Patient Care
Patients Rising
PD-L1 Amplifieds
Pulmonary Fibrosis Foundation
Pulmonary Hypertension Association
PWSA | USA - Prader-Willi Syndrome Association
RTW Foundation
Team Titin, Inc.
The Bonnell Foundation: Living with cystic fibrosis
The Speak Foundation
United MSD Foundation
Walking Strong, Inc.