AMERICAN COLLEGE of RHEUMATOLOGY
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April 2, 2021

Scott Josephs, MD
Chief Medical Officer
Cigna
900 Cottage Grove Road
Bloomfield, CT 06002

Dear Dr. Josephs:

On behalf of the more than 7,700 U.S. rheumatologists and rheumatology health professionals represented by the American College of Rheumatology (ACR), I am writing to express concern about Cigna financially incentivizing rheumatic disease patients to switch treatments.

ACR members have reported that their patients are receiving letters from Cigna offering them a $500 pre-paid medical debit card if they agree to stop taking Cosentyx (secukinumab) and switch to a preferred treatment. This action jeopardizes patients' health, interferes with medical decision making and undermines the doctor-patient relationship. Using money to persuade patients to make a choice against their own health is highly irresponsible, especially when so many have suffered financially due to the ongoing pandemic and may be swayed by financial incentive to make a decision contrary to their health interests. This policy raises serious ethical concerns and we urge Cigna to rescind it immediately.

Cosentyx (secukinumab) and other biologic drugs are vitally important therapeutic options for patients with rheumatic diseases. These drugs are highly effective and have the potential to reduce long-term disability; however, they are not without certain risks. All classes of biologics used in autoimmune diseases may cause serious adverse events. Adverse events associated with biologics include, but are not limited to, infusion reactions, cytopenias, infections, anaphylaxis and even death. The decision to choose one biologic over another requires careful clinical evaluation and consideration by a physician and patient. Factors such as an individual patient's age, gender, diagnosis, medications, specific organ manifestations, antibody status, disease severity, comorbid conditions, and ability to tolerate the route of administration strongly influence the choice of each specific biologic. The complex medical decision making, and subsequent risks associated with these medications, fall on the physician and the patient, so these decisions should not be curtailed by a health plan's coverage policies.

The ACR has serious ethical concerns about using money to persuade stable patients to switch treatment. Due to the highly individual characteristics outlined above, the journey to finding an effective treatment is often long and challenging. Incentivizing patients who are finally stable on an effective therapy to abandon treatment for non-medical reasons needlessly puts them at risk for significant long-term consequences including irreversible joint damage and disability.

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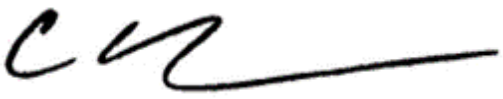
Patients who are switched to another treatment may experience serious disease flares, as even drugs with similar mechanisms of action have widely variable patient to patient effectiveness. Moreover, this program undermines the doctor patient relationship by possibly obliging rheumatologists to counsel patients to forgo the $500 payment in order to safeguard their health. This is particularly challenging in the current environment where the COVID-19 global pandemic has caused financial hardship for so many. To capitalize on this financial hardship as part of a strategy to force-switch patients to a preferred treatment is an egregious violation of patients' welfare. This policy will disproportionately affect patients of lower socio-economic status who have less ability to refuse such a payment. For those in difficult financial circumstances, this offer of money in exchange for compromising health borders on coercion. We are also aware that your choice of "preferred" drugs is not based on a truly cheaper or more effective drug, but rather those with preferred rebate status, which may change from year to year - thus setting a precedent where you can routinely incentivize patients to different drugs year after year to serve your financial interests. The ACR strongly believes that all coverage policies should be based on the best interests of the patient and take into account the available peer reviewed literature.

We realize that as biologic drug prices rise, rebate status increasingly drives formulary decisions, and we want to be very clear regarding what we regard as ethical behavior by payers in this space. While we believe all patients should have access to the treatment they and their provider feel is most appropriate, we recognize that formulary preferences for **new starts** may be a reality at this time. And while we **strongly** oppose formulary exclusions as they harm patients by obliging non-medical switching purely for profit, compensating a patient for this harm might be reasonable. However, financially incentivizing a patient to ask their provider to change them from one formulary drug to another is unacceptable and morally objectionable. We will follow up with state regulators and ask them to review the legality of this policy.

We appreciate your consideration of these concerns and urge Cigna to immediately discontinue the practice of paying patients to switch treatments. We would also appreciate the opportunity to schedule a call to further discuss this policy. To schedule a call or for additional information, please contact Meredith Strozier, ACR Director of Practice Advocacy at mstrozier@rheumatology.org or (404)633-3777.

Sincerely,



Chris Phillips, MD
Chair, ACR Insurance Subcommittee