Specialty Pharmacy Mandates:
Media Resources for Practices

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Sample Social Media Posts for Practices

**TWITTER:**

In the age of #COVID19, restructuring the process to purchase in-office treatments adds an unnecessary barrier to care and treatment for #rheum patients & providers.

The current model of care allows #rheums to have the medicine their patients need, when they need it, and at a price they can afford.

The current model of care keeps patient access at the forefront and lowers out of pocket expenses for #rheum patients.

New insurance requirements for physician-administered treatments may have unintended consequences for #rheum patients’ access to care—in the midst of #COVID19.

I support the current model of care for in-office treatments for my patients.

**FACEBOOK:**

In the midst of a global #pandemic, restructuring the process to purchase in-office treatments for patients with rheumatic diseases and their physicians adds unnecessary barriers to care and treatment.

The current model of care keeps patient access front and center, minimizes administrative burdens for healthcare providers, lowers overall costs for patients, and reduces drug waste. It is still one of the best options for in-office infusion treatments.

If this new policy is implemented, some #rheum patients will have to seek treatment in more expensive out-patient settings which may increase their out of pocket expenses.

Using the current model of care keeps my #rheum patients’ out of pocket expenses low and allows my office to have the medicine they need, when they need it at a price they can afford.
Sample Pitch to Media

Hello <insert name>

I’m reaching out to let you know about a new insurance trend that will create new barriers to patient access to care and disrupt how I’m able to obtain in-office infusion treatments for my patients.

Many patients who suffer from debilitating rheumatic and inflammatory conditions, like rheumatoid arthritis, rely heavily on consistent access to their rheumatologists and rheumatology health professionals for treatments. This is why I’m so concerned about <company/plan name> requiring my practice and my patients to obtain life-altering medication through their specialty pharmacies.

In my practice, I’ve seen…. <Share one or two short examples of what you’re seeing at your practice (preferably examples that shine a light on these issues). Did you have to turn away 10% of your patients? Did you have to toss out a significant amount of medication from the specialty pharmacy because you couldn’t use it? Increased admin work?>

<You want to give good examples but avoid getting bogged down in the details because you want to share those details in an interview. This email is a synopsis of the issue.>

And this issue affects more than just the rheumatology specialty. In February, the American College of Rheumatology, along with medical societies representing rheumatology, ophthalmology, dermatology, gastroenterology and urology specialists, sent a comment letter to BCBST addressing this issue. You can read the letter at: https://www.rheumatology.org/Portals/0/Files/Multi-Specialty-Letter-BCBS-TN-Provider-Administered-Specialty-Drugs.pdf.

In the age of COVID-19, when patients and practices are already facing so many challenges and uncertainties, restructuring the process to purchase in-office treatments adds an unnecessary barrier to care and treatment.

I’m available for an interview to share more about this issue and the impact it will have on patients and providers.
Interview Tips

• If possible, prior to the interview, ask the journalist to send over his or her questions/topic areas. This will help you prepare. You can also ask how long the interview will take and when they expect it to be published.

• Before the interview, check with your employer on whether you can use your work credentials in the interview. If not, keep your title generic. For example: practicing rheumatologist in Anytown, USA instead of practicing rheumatologist with the Hospital for Special Surgery

• Make sure you are in a quiet, low traffic location especially if it is a video interview

• Stick to the messaging as closely as possible. Your message is what is outlined in your talking points.

• Avoid speculative questions. If you are unsure about an answer, it is OK to say that you don’t have a response for that particular question.

• Minimize the amount of unrequested information you share. Answer only the questions asked, as best you can, while sticking closely to the message in your talking points.

• Be mindful that unless you have an official leadership role with the American College of Rheumatology, you are not speaking on behalf of the ACR. Any detailed questions about ACR initiatives, projects, or official position statements should be directed to the ACR public relations office at pr@rheumatology.org.

• Remain policy focused and avoid conversations about political leaders or issues. The issue you are focused on is about a new model of care being implemented by insurers and the impact it will have on patients and providers. Share the impact it is having on your practice. Some of the best news stories are those that include stories impacting people personally.
Many important medications used to treat rheumatologic and other inflammatory conditions are administered by the provider in an office setting. This includes treatments for rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis, juvenile idiopathic arthritis (JIA), lupus, gout, Crohn’s disease, and multiple sclerosis, among others. These treatments are life changing for patients, reducing work absenteeism, hospitalizations, disability, and death.1 Because of the special handling requirements for these medications, physicians purchase them directly and store them at their practices until they are needed by a patient.

**Access to Physician-Administered Therapies Under Threat**

Recently, some insurance companies and pharmacy benefit managers (PBMs) are changing their processes for access to critical physician-administered treatments by requiring patients to purchase medications through specialty pharmacies that are owned by the PBM or insurer. This allows PBMs to make a large profit on the rebates they demand from drug manufacturers. This drives drug prices higher, and patients are stuck with higher out-of-pocket costs and reduced access to needed therapies. This has the potential to cause disruptions in care by adding a layer of red tape and financial burden to the patient.

**Physician Purchasing of Medications Promotes Access and Helps Control Costs**

**Greater Access to Treatment:** When insurers and PBMs require patients to purchase medications through their specialty pharmacy, rheumatologists are often unable to continue offering that treatment in their office. Patients are forced to seek treatment in a more expensive and less convenient site of care. Patients can lose access altogether when there is not another site of care.

**Lower Overall Costs:** Traditionally, physicians directly purchase medications for in-office administration, which helps control overall drug costs. When physicians negotiate a lower drug purchase price, any discounts or rebates they receive are factored into the drug’s average sales price (ASP), creating a downward pressure on drug prices. In contrast, rebates negotiated by PBMs lack transparency and lead manufacturers to increase drug costs to offset the large and profitable rebates the PBMs demand, and which are necessary to secure preferred formulary status.2 For patients, this change could create a financial hardship. Patients would have to pay their out-of-pocket costs for their drug before the drug could be delivered to the site of care, which would greatly diminish the ability of the physician’s staff to assist the patient, and it is also unclear whether patients would be able to use co-payment assistance, which many of them rely on to afford their medications.

**Better Oversight of Drug Chain of Custody:** Physician purchasing gives practices full control over the purchasing, handling, storage, and administration of these complex drug therapies. This is particularly important for biologic medications with significant potential toxicity and specific handling requirements.

**Potential for Less Drug Waste:** When patients are required to purchase drugs directly from a specialty pharmacy, the drug is designated for their use only. If that patient cannot use the medication for any reason (i.e., infection, change in medical history, intolerance), their doctor must throw away the unused medication, leading to hundreds of thousands of dollars in wasted medication.