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December 22, 2020

Lewis G. Sandy
Senior Vice President, Clinical Advancement
UnitedHealth Group
9900 Bren Road East, MN008-T830
Minnetonka, MN 55343

RE: UHC December Bulletin announcement to change the medical benefits for commercial and community plan patients who are currently stable on REMICADE® (infliximab)

Dear Dr. Sandy,

The Coalition of State Rheumatology Organizations (CSRO) has a long-held tenet opposing the practice of switching medications for non-medical reasons (non-medical switching). We are writing to officially oppose the United Healthcare (UHC) December Bulletin announcement to change the medical benefits for commercial and community plan patients who are currently stable on REMICADE® (infliximab).

The CSRO is comprised of a group of state and regional professional rheumatology societies throughout the country formed to advocate for excellence in rheumatologic disease care and to ensure access to the highest quality care for the management of rheumatologic and musculoskeletal diseases. Our nationwide coalition serves practicing rheumatologists in charge of patient care for these illnesses.

The UHC announcement comes when most patients have already chosen and are locked into their 2021 insurance plan. There is an implicit expectation that the formulary on which their decision was made would not be altered one month after the onset date of their insurance – January 1, 2021. Most employers would have already set a deadline and this egregious process would not have provided sufficient time and notification for making adequate decisions regarding plan choices. Additionally, during the stress of this pandemic, this policy disrupts the stability and consistency that United patients need and deserve.

While the CSRO supports the uptake of biosimilars and a robust biosimilar market, we do not support switching medically stable patients for non-medical reasons during a plan year, as it potentially puts patients at an unnecessary risk and can increase healthcare costs. We do understand the complexities of formulary construction and support this policy for new start patients.

Because UHC has failed to be fully transparent in its untimely notification regarding medical benefits, we strongly suggest that medically stable patients should continue to receive the medication needed to maintain control and stability of their condition. This is in the best interest of our patients. We urge your consideration for this request for optimum policy transparency, patient choice and patient care.

Respectfully,



Madelaine A. Feldman, MD, FACR
President
Coalition of State Rheumatology Organizations

The Undersigned:

- Arkansas Rheumatology Association
- Alaska Rheumatology Alliance
- California Rheumatology Alliance
- Florida Society of Rheumatology
- Michigan Rheumatism Society
- MidWest Rheumatology Association
- Mississippi Arthritis and Rheumatism Society
- New Jersey Rheumatology Society
- North Carolina Rheumatology Association
- Rheumatology Alliance of Louisiana
- Rheumatology Society of New Mexico
- South Carolina Rheumatism Society
- Virginia Society of Rheumatologists
- Washington State Rheumatology Alliance
- West Virginia Rheumatology Society