



November 28, 2016

Dirk Wales
Chief Medical Officer
Cigna-HealthSpring
9009 Carothers Parkway
Franklin, TN 37067

Re: Nonmedical Switching of Cigna-HealthSpring's Grandfathered Plan Enrollees

Dear Chief Medical Officer:

We, the undersigned organizations, are writing to you regarding the recent release of Cigna-HealthSpring 2017 Formulary List ("List"). We encourage Cigna-HealthSpring not to employ nonmedical switching practices for individuals who reenroll in existing health plans (*i.e.*, "grandfathered plans").

As you may know, nonmedical switching occurs when an insurer requires a stable patient to switch from his or her current, effective medication to a less costly, alternative drug by removing the medication from the formulary list, moving a drug to a higher cost tier, or increasing the out-of-pocket costs owed. We are not against switching a patient from a brand medication to a generic version of the drug that exhibits the same levels of effectiveness and safety. However, we are against policies that force stable patients to switch to a therapeutic equivalent.

Health care providers often work with patients for years to find a therapy that helps stabilize their conditions, manage their disease, prevent re-emerging symptoms, or develop new side effects. Often, patients with heart conditions, cancer, mental health disorders, and several other conditions affected by the changes to Cigna-HealthSpring's List try and fail on at least one if not several medications before finding one that is both effective and well tolerated. Forcing these stable patients to switch medications simply to save on cost can disrupt that carefully achieved equilibrium. Even the slightest variation of a drug may trigger adverse responses in patients or negatively impact their quality of life. Additionally, when a patient switches off a medication and later switches back onto it after failing on other medication in between, that once effective treatment may lose its effectiveness due to built up tolerance or immunogenicity.

Moreover, nonmedical switching will not save on costs in the long run. Physicians, pharmacists, and other healthcare administrators have reported that nonmedical switching increases administrative time, increases side effects or new unforeseen effects, and increases downstream costs to plans.¹

¹ *E.g.*, Bryan R. Cote & Elizabeth A. Petersen, Impact of Therapeutic Switching in Long-Term Care, 14 AM. J. MANAGED CARE SP23 (2008); D.T. Rubin, et al., P354 Analysis of Outcomes After Non-Medical Switching of Anti-Tumor Necrosis Factor Agents, EUR. CROHN'S & COLITIS ORGANISATION (2015), <https://www.ecco-ibd.eu/index.php/publications/congress-abstract-s/abstracts-2015/item/p354-analysis-of-outcomes-after-non-medical-switching-of-anti-tumor-necrosis-factor-agents.html>.

Although we appreciate Cigna-HealthSpring's letter to current enrollees—notice is not enough. In some states, consumers have begun suing insurers for bait-and-switch claims for changing coverage from year-to-year.² Additionally, several states are considering legislation that will limit insurers' ability to conduct nonmedical switching.³ By adopting best practices that prevent nonmedical switching in grandfathered plans, Cigna-HealthSpring will be a leader amongst its peer.

Considering these concerns, we strongly encourage Cigna-HealthSpring to reconsider using nonmedical switching practices that exclude or impose additional cost-sharing hurdles on medically necessary medications in its List for individuals in grandfathered plans, including those in need of heart disease treatments, such as anticoagulants, blood modifiers, and cardiovascular agent. In doing so, Cigna-HealthSpring can avoid having a negative impact on patients who truly need these treatments.

Thank you for considering our recommendation on this matter.

Sincerely,



Stacey L. Worthy
Executive Director
Aimed Alliance

Aimed Alliance
Alliance for Patient Access
Center for Medicine in the Public Interest
HealthyWomen
Lupus and Allied Diseases Association, Inc.
National Infusion Center Association
Patients Rising
RetireSafe
US Pain Foundation

² Complaint, *Lehman, et. al., v. Blue Cross of California*, Los Angeles County Superior Court Case No. BC567361 (Dec. 19, 2014), available at http://www.consumerwatchdog.org/resources/healthnet_class_complaint_-_filed_12-19-14-131851.pdf.

³ Florida H.B. 915 (2015-2016); MA S.B. 1219 (2015-2016); WA H.B. 2319 (2015-2016).