



# American Autoimmune

Related Diseases Association, Inc.

www.aarda.org

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A nonprofit association bringing a national focus to autoimmunity, the major cause of chronic disease

Lewis G. Sandy, MD, FACP  
Executive Vice President, Clinical Advancement  
UnitedHealthcare  
January 25, 2021

Re: UnitedHealthcare's Mid-Year Change in Remicade Coverage a Concern for Stable Patients

Dear Dr. Sandy:

The American Autoimmune Related Diseases Association (AARDA), other patient advocates and providers understand that UnitedHealthcare intends to move Remicade from preferred to non-preferred coverage in February 2021. This abrupt change by the plan could be disruptive to stable patients and their care, and undermines the treatment regimen set by patients and their prescriber. We ask that you amend this decision by granting prescribers the ability to keep patients on a specific medication if they determine it to be medically necessary.

AARDA and the undersigned organizations believe your recent actions regarding Remicade is an example of a non-medical switch that can potentially harm people with autoimmune diseases and other chronic conditions. This change late in the enrollment process and in some cases after enrollment was completed will require prior authorization and other steps to assure continued access for patients stable on Remicade. This action by the plan, and not the patient's prescriber, in the midst of the pandemic will cause undue stress, possible interruption of care, and potentially diminished health. Our objection to this action is independent of the medication cited in the revised policy or its therapeutic alternatives.

We believe that this decision is inconsistent with the principles laid out by Let My Doctors Decide, that are endorsed by AARDA and others:

- Require that step therapy policies are clinically based on current evidence and used for medical reasons only.
- Prohibit switching of medication for non-medical reasons without the prescribers' consent.
- Leave the final decisions to whether a patient has failed on a therapy with the treating physician, not the insurer.
- Pass rebates, discounts, copay assistance, and other insurer and non-insurer savings directly to the patient at the pharmacy counter.
- Assure what is best for the patients' health is the top priority and is made transparent in health care contracting, including benefit design and coverage policies.

We believe that you, in your leadership role, can make a difference by allowing current patients to stay on the drug that their clinician prescribed by creating a seamless pathway for stable patients to remain on this medicine until, if and when, an alternative treatment is prescribed. We urge UnitedHealthcare to revise this announced change to be immediately consistent with the principles stated above that AARDA and the undersigned organizations believe best achieve our mutual goals for patient health and well-being.

Thank you for your consideration of this request.

Sincerely,

Brett M. McReynolds  
Vice President, Policy & Programs  
AARDA  
On Behalf of the Undersigned Organizations

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Advocacy and Awareness for Immune Disorders Association  
Advocates for Responsible Care  
Aimed Alliance  
Alliance for Patient Access  
American Academy of Allergy, Asthma & Immunology  
Beyond Celiac  
Born a Hero  
Children's Hospital of Philadelphia  
Chronic Care Policy Alliance  
Chronic Disease Coalition  
CURED Nfp  
Digestive Disease National Coalition  
HealthHIV  
International Cancer Advocacy Network  
International Pemphigus and Pemphigoid Foundation  
Massachusetts Independent Pharmacists Association  
Multiple Sclerosis Foundation  
National Coalition for LGBT Health  
National Eczema Association  
Ohio Association of Rheumatology  
Patients Rising Now  
RetireSafe  
Rx in Reach GA Coalition  
Scleroderma Foundation  
Sjogren's Foundation  
Spondylitis Association of America  
Triage Cancer  
United Ostomy Associations of America  
Whistleblowers of America