

Dear **[Insert Your HR Benefit Manager's Name Here]**;

I have been an employee of **[Company Name]** for the past \_\_\_\_\_ years. I live with **[insert "an autoimmune disease", "a complex, chronic illness" or, you can divulge specific diagnosis"]** and I am writing to you today to express my concerns about BlueCross BlueShield of Tennessee's (BCBST) harmful specialty pharmacy mandates that affect my ability to afford and access my necessary medications.

Specialty pharmacy mandates are a barrier to care, as they create additional, unnecessary challenges for both patients and providers. As a patient in need of consistent, effective, and affordable treatment to manage my chronic condition, I rely on my healthcare provider to be able to offer me that care. However, a specialty pharmacy mandate makes that task increasingly difficult by increasing the amount of work required of me and my provider to order, coordinate, track and receive my medication. When providers are free to source my medication from their distributor of choice, I don't have to be involved in that process - I just arrive for my infusion appointment as scheduled. When I have to use a specialty pharmacy, it is up to me to make sure my medication is ordered, authorized, shipped and received in time for my next treatment.

With the mandate in place, my healthcare provider may no longer be able to treat me due to the costly administrative burdens created when they are no longer able to buy my medication through the channel of their choice. If my provider can't justify the increased cost of treating patients whose health plans require specialty pharmacy, those patients will be forced to find a new site of care - likely a hospital setting. I have seen the data - hospital infusions cost at least twice as much, adding significant stress and financial burden to my care and disease management. Personally, I try to avoid hospitals as much as possible for many reasons, and would feel much safer being treated in the comfort of an infusion suite. It is also important to mention that changing sites of care always delays my treatment, which for me, results in flares in my symptoms which gravely impact my ability to work and go through my daily activities.

Additionally, specialty pharmacy mandates add unnecessary waste and costs. Here is a hypothetical example: I've been on Medication X, a drug that myself and my employer pay for *before* it gets shipped to my provider. My provider receives this drug (that has already been paid for) and has determined that I need to change medications. The medication that my employer and I have already paid for (can be upwards of a thousand dollars) is **wasted**. It cannot be returned and it cannot be administered to another patient, because it was already paid for specifically for me. Then I (and my employer) have to pay for the correct drug, on top of the drug we've already paid for that I won't be able to take. This is outrageous, wasteful, and inefficient. These medications are much more expensive than the drugs most people are familiar with. I cannot afford to share the cost of a drug that I don't take, and my employer shouldn't have to either!

As you can imagine, due to the complex and costly nature of my condition, I rely on being able to take as many steps necessary to minimize the economic burden of my treatments. My

healthcare provider helps to assist me in navigating alternate payment options such as copay assistance programs, manufacturer coupons and allowing payment plans. Unfortunately, if my provider has to obtain my medications through a specialty pharmacy, I would not be granted that same flexibility or financial assistance. I worry that with my treatments escalating in cost, I would no longer be able to afford them, and thus my health and productivity at work would suffer.

I am passionate about my work and am dedicated to upholding my responsibilities in my job. Therefore, I value and prioritize managing my disease, so that my work productivity and performance does not suffer. Managing my disease is imperative to work productivity and quality of life. If I have an increased number of flares, it could lead to additional doctor's visits and even hospitalization. This could increase my number of sick days taken.

As the benefit manager, I feel it is important that you understand the serious consequences that can take place if this requirement of a specialty pharmacy mandate is not removed from the plan. As explained above, this is not the best way to save money or protect patients under this insurance coverage - specifically those that are chronically ill like myself.

Please let me know if you would like additional information on this issue, and thank you for your consideration.

Sincerely,

**[Your name]**