

SAMPLE LETTER FROM PATIENT TO EMPLOYER ABOUT BENEFIT PLAN

[DATE]

[Employer/Company Name]
[Human Resources/Benefits Manager]
[123 Company Way
[City, State 12345]

[Your Name]
[123 Employee Street]
[City, State 12345]

This sample letter is meant to serve as a guide, and the talking points provided are examples. Be sure to include your personal experiences to help your employer understand the way this impacts you.

Dear [HR/Benefit Coordinator's Name],

I am writing today to express my concerns with [Insurance Company Name]'s decision to implement a policy requiring me to use a specialty pharmacy for my [medication]. This policy could disrupt or delay access to my medication, increase administrative work for both me and my doctor's office, and could even push me out of my doctor's office into the hospital to receive my treatments.

Healthcare provider offices are dedicated to cost-effective care, and they operate efficiently to make sure that I receive the care I need, when I need it. My healthcare providers understand my medical needs better than our insurance company. I want my providers to be able to continue managing my health to maximize my productivity and quality of life, while minimizing the amount of health care services that I need.

When my provider is free to source my medication from their distributor of choice, I don't have to be involved in all of the administrative work-- I can just arrive for my treatment as scheduled. A specialty pharmacy mandate gives patients like me one more thing to worry about. Under a specialty pharmacy model, I have to get involved in making sure the drug was approved, ordered, shipped, and arrived before my appointment. There is no reason to subject me and other employees to this when my provider's office has been doing this efficiently and effectively on their own.



Specialty Pharmacy mandates add unnecessary waste and costs. Under a specialty pharmacy policy, we all ([Insurance Company Name], [Company Name], and I) have to pay for my medications *before* I ever receive them, and even before they get shipped to my provider's office. If for any reason I'm not able to receive my treatment-- maybe my provider determines that it isn't working well and I need to change therapies-- that medication, which has already been paid for, is now *wasted*. By law, it cannot be returned, and it cannot be administered to another patient because it was already paid for specifically for me. These medications cost thousands of dollars and wasting them is completely avoidable.

Receiving the right medication at the right time is imperative to the success of my treatment and delays can have lasting impacts on my health. Specialty pharmacies add an unnecessary middleman to the process, increasing the risk of errors resulting in my provider's office receiving different quantities or doses than were ordered. Many medication dosages are calculated based on body weight, but when a specialty pharmacy is used the provider is unable to adjust the dose at the time of treatment. This leaves two equally bad options: receive a sub-therapeutic dose, or delay treatment waiting for additional medication to be ordered and shipped. When providers are able to stock medication themselves, they can keep a supply on hand to account for these issues. If I have to use a specialty pharmacy, these issues could delay my treatment causing a flare with serious health implications like **[symptoms of flare]**. It is crucial for patients like me to be able to receive the right medication, at the right time, and in the right setting, and a model like this threatens to disrupt that ability.

This policy threatens my ability to continue keeping my condition-- and symptoms-- under control. While I understand the need for **[Company Name]** to reduce healthcare costs, this policy is not the way to achieve that goal. Instead, it will disrupt access to office-based infusion settings. By allowing our insurer to force providers into inefficient, wasteful workflows, my provider may not be able to administer my medication in their office anymore. Losing access to my infusion center would mean **[personal reasons why infusion center is important to you]**, not to mention forcing me-- and others like me-- to receive my medication at a hospital infusion center, costing two or three times more for the same service. In some areas, there may not even be another site of care nearby; in those cases, patients will have to go off treatment altogether resulting in disease flares and the resulting costly complications. This sounds like it compounds the problem rather than creating a solution.

I urge **[Company Name]** to look at how this has played out in neighboring states, and listen to the countless healthcare providers and patients who have voiced similar concerns. Also, please look closely at who will *really* benefit from a specialty pharmacy mandate-- not **[Company Name]**, and certainly not patients like me. Office-based infusion centers are the most economical, high-quality settings to receive this specialized care; by choosing a health plan with a specialty pharmacy mandate, **[Company Name]** takes that option away from me. I trust that **[Company Name]** wants to make the best choice for the company and its





employees, and a plan requiring a specialty pharmacy mandate is not that choice. Thank you for your time and consideration, and I look forward to your response.

Sincerely,

[Signature]

[Your Name]



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