[Contact Name]:

We need your help again. We have continued “disruption of treatment” issues with a mandate from [Pharmacy Benefit Manager Group] requiring a “no buy and bill policy”. This is totally unacceptable, and I thought that we had this issue resolved.

Our member’s ID is XXXXXXXX. This patient is an urgent matter because they are overdue for their infusion now. They are on Remicade, J1745. We have been trying to get an authorization since [date] with no responses at all. Two communication logs have been documented which demonstrates:

* the mandate of no buy and bill policy by [Pharmacy Benefit Manager Group],
* the specialty authorization center states that Remicade is not going to be covered, However, they will not state why and have not sent any hardcopy confirmation response
* the inability of an exception policy or process for appeal being allowed and communicated that an exception process is not an option at this time
* a complete lack of responding after submitting what was requested to start new auth for infusion
* the insistence for us to call the main insurance line again so we go in a complete circle.

These patients are being interrupted on their treatment therapy and this is unacceptable. We therefore will exercise our rights with the following Clinical Reasons why an in-network provider/facility can’t provide appropriate care

1. [Practice Name] does not utilize specialty pharmacy programs within our practice.

2. [Practice Name] operationally is not set up to procure, inventory control, track, overhead expenditures to manage specialty pharmacy

3. [Practice Name] would need to send patient to the hospital. This would be denied as Washington State Hospitals do not infuse Rheumatic patients and they would lose their care. This patient is on Remicade, and furthermore, community clinics such as [Practice Name] are preferred low cost infusion centers for carriers and employers rather than Hospitals.

4. It is the policy of [Practice Name], that if a patient is infused at a hospital or other location other than [Practice Name], the physicians will not order the medication and take the responsibility and liability and instead they will recommend the treatment and the facility will have to find a physician to order the medication and do the pre-authorization required.

5. Patient would lose continuity of care, will lose the physician/patient tracking and monitoring and management of these patients, as well as lose sight of how well the patient is doing if patients are sent outside of our clinic

**Washington State #1879 Step Therapy Regulation Passed**

 Washington State #1879 Law passed: regarding prescription drug management utilization regarding process for appeals --

 A: Exception Process mandates that the Carrier needs to have accessible, convenient and clear exemption process on the entity’s web site. [Pharmacy Benefit Manager Group] does not have this and is in violation of our Washington State Law as well as violation of saying that there is “no option” of appeal process.

 B. An exception request must be granted if the health carrier or prescription drug utilization management entity determines that the evidence submitted by the provider or patient is sufficient to establish that:

 (d) the patient is currently experiencing a positive therapeutic outcome on a prescription drug recommended by the patient’s provider and changing to the required prescription may cause clinically predictable adverse reactions, or mental harm to the patient. In this case, a patient would be sent over to the hospital for infusions and 1) Hospital would deny patient infusion access in Washington State 2) Patient’s positive therapeutic outcome would be disrupted regarding continuity of care between patient and physician clinic. 3) [Practice Name] is considered a lower cost facility for infusion patients, 4) During COVID-19 crisis, this could cause mental harm to the patient as well as physical harm.

 (i) create a barrier to the patient’s adherence to or compliance with the patient’s plan of care: 1) Disrupt the continuity of care for this patient 2) There are many days that we change medications before their infusion, or change their dosing and we consider our office a Patient First Policy among our staff 3) Having to disrupt the physician/patient relationship by sending over to the hospital would disrupt the continuity of care and cause delays in the stability of the patient’s health outcomes. 4) [Practice Name] is located in a very short served area of need, and cover a huge referral based span including Eastern Washington, Idaho, Montana and some parts of Oregon area. 3) [Practice Name] manage and tracks in real-time how well the patient is doing at each infusion and clinical office visit, using a platform called [platform name] Please see the [platform name] chart note for efficacy, safety and disease activity of this patient’s care plan and the and how stable they have been on this treatment.

 (iv) Decrease the patient’s ability to achieve or maintain reasonable functional ability in performing daily activities. 1) As displayed by the [platform name] chart note, this patient is tracked and monitored at each infusion. Sending our patients outside of our care will diminish our ability to manage the patient appropriately, we lose sight of our patients. Value Based Care is the answer to the challenges that we face in healthcare.  Moving a market away from fee for service, where there is misaligned incentives will allow physicians who are in the position for making the right decision of treatment for the best clinical outcome and accountability for total cost of care.

I appreciate an immediate response in how to move forward with this urgent patient, but this is unacceptable, especially during this time.  If I do not get an adequate response very soon, I will be contacting our insurance commissioner on the violations represented by [Pharmacy Benefit Manager Group] on behalf of “interruption of care and treatment options” for their members.

Please contact me immediately regarding the continued treatment of our patients and to provide any additional medical necessity documentation again that you may need.

Sincerely,