

July 18, 2023

Suzanne Trautman, PharmD
Vice President of Pharmacy Services
Blue Cross and Blue Shield of North Carolina
4615 University Drive
Durham, NC 27707

Dear Dr. Trautman,

On behalf of the more than 7,700 U.S. rheumatologists and rheumatology health professionals represented by the American College of Rheumatology (ACR), I am writing regarding Blue Cross Blue Shield of North Carolina's new Autoimmune Pathways Program. The ACR is concerned that this program will harm patients' access to treatment and undermine the doctor-patient relationship.

It was recently brought to the ACR's attention that the new Blue Cross NC Autoimmune Pathways Program uses a web-based machine-learning technology platform to make decisions about patients' care and treatment. The stated goal of the program is to reduce costs, which is achieved by delaying the introduction of biologic therapy and encouraging dose tapering and/or medication holidays in patients who are in remission or show low disease activity.

Biologics are vitally important therapeutic options for patients with rheumatic diseases. These medications are often necessary when other disease-modifying anti-rheumatic drugs (DMARDs) are either ineffective or not tolerated by the patient. In addition to reducing pain and dysfunction related to inflammatory diseases, biologics reduce costly disease-related complications including cardiovascular disease, metabolic syndrome, and expensive procedures and surgeries. Early use of biologics in rheumatic conditions also reduces costs by preventing missed work, improving work performance, and avoiding long-term disability. Therefore, the ACR strongly opposes any effort that delays patient access to these critical treatments.

Additionally, the ACR has very serious concerns about the decision to allow a computer algorithm to decide whether and when a patient should stop biologic therapy. To be clear, we view this action as an affront to rheumatologists' clinical decision making and an egregious violation of the doctor-patient relationship. Use of biologic medications requires careful clinical evaluation and consideration. The complex medical decision making, and subsequent risks associated with these medications fall on the physician and the patient. The health plan does not have a role in clinical decision making. To suggest that a health plan or technology company can initiate, and direct safe biologic tapering is inappropriate and poses enormous risk for patients. We implore Blue Cross NC to share the data you are using to justify removing patients from therapy.

Rheumatic conditions can rapidly lead to irreversible joint damage and disability. And for many patients, the journey to find an effective treatment for their disease is lengthy and involves numerous treatment failures. Therefore, directing a patient who has finally reached low disease activity or remission to discontinue treatment simply to reduce health plan spending is a most egregious violation of patient welfare and runs counter to all treatment guidelines. The ACR recognizes that biologic drugs are costly; however, given their high value in achieving disease remission and overall wellness, patients should have affordable access to biologic therapy without undue delay. Delaying access to treatment or removing stable patients from therapy are NOT acceptable cost control strategies as they needlessly put patients at risk for significant long-term consequences.

We appreciate your review of our concerns and request the opportunity to speak with you further about this new program. Please contact Meredith Strozier, ACR Director of Practice Advocacy at mstrozier@rheumatology.org or (404)633-3777 with any questions or to arrange a conference call.

Sincerely,

A handwritten signature in blue ink, appearing to read 'RmCn', with a horizontal line extending from the end.

Rebecca Shepherd, MD, MBA
Chair, ACR Insurance Subcommittee