

April 16, 2021

Steve Miller, MD  
Chief Clinical Officer  
Cigna

Re: Cigna's Letters to Patients and Providers on Cosentyx

Dear Dr. Miller:

Patient groups, advocates, and providers have seen disturbing media reports about Cigna's recent letter to patients and providers regarding the use of Cosentyx. In the letter, patients are encouraged to switch to a Cigna-preferred drug, as Cosentyx was removed from the preferred drug list. To further encourage patients to switch to another drug, Cigna is incentivizing individuals with a \$500 debit card. The letter also suggests a number of Cigna-preferred brand options, many of which are not of the same mechanism of action.

This non-medical advice, paired with a financial incentive for the express purpose of moving a stable patient to a different drug, circumvents shared decision-making in the provider-patient relationship and undermines the doctor's advice on what medicines and treatments are best. Targeting patients and enticing them with a financial incentive, particularly during a pandemic – where finances and employment for many are uncertain and patients taking Cosentyx are already experiencing heightened fear of serious illness or death – makes this letter not only unethical, but unconscionable.

AARDA, Let My Doctors Decide, and the undersigned organizations believe your recent action regarding Cosentyx is an example of coercing a non-medical switch that can potentially harm those suffering from autoimmune diseases and other chronic conditions. This practice by insurers poses undue stress, possible interruption of care, and potentially diminished health – especially as we address the fallout from COVID-19. Our objection to this action is independent of the medication cited in the revised policy or its therapeutic alternatives.

Putting patients first and preserving the patient/provider relationship is critical to improved health and wellness, as outlined in the Let My Doctors Decide principles supported by AARDA and other patient and provider groups.

- 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 Cigna can and should reverse this harmful policy change by allowing patients to stay on the drug that their clinician prescribed and creating a seamless pathway for stable patients to remain on this medicine until, if and when, an alternative treatment is prescribed by their provider. We urge Cigna to revisit its position and review its policies on non-preferred drugs, and to set future clinical policies to be consistent with the Let My Doctors Decide patient-centered principles that put patients first to improve health and wellness.

Please contact Brett McReynolds, Vice President, Policy at AARDA ([bmcreeynolds@aarda.org](mailto:bmcreeynolds@aarda.org); 615.594.0145), should you have questions. We look forward to hearing from you.

Signed,

Advocacy & Awareness for Immune Disorders Association (AAIDA)  
Advocates for Responsible Care  
Aimed Alliance  
Allergy & Asthma Network  
Alliance for Balanced Pain Management  
Alliance for Patient Access  
American Academy of Allergy, Asthma, and Immunology  
American Autoimmune Related Diseases Association  
American Behcet's Disease Association (ABDA)  
American Kidney Fund  
Applied Pharmacy Solutions  
APS Foundation of America, Inc  
Arthritis Foundation  
Association of Gastrointestinal Motility Disorders, Inc. | AGMD |  
Association of Women in Rheumatology  
Autoimmune Encephalitis Alliance  
Beyond Type 1  
Caring Ambassadors Program  
Coalition of State Rheumatology Organizations  
Color of Crohn's & Chronic Illness  
Conquer Myasthenia Gravis  
Consumers for Quality Care  
Cutaneous Lymphoma Foundation  
Cystic Fibrosis Lifestyle Foundation  
Cystic Fibrosis Research Institute (CFRI)  
Derma Care Access Network  
Digestive Disease National Coalition  
Dysautonomia International  
Florida Society of Rheumatology  
Global Liver Institute

HealthyWomen  
HIV+Hepatitis Policy Institute  
IBDMoms  
ICAN, International Cancer Advocacy Network  
Infusion Access Foundation (IAF)  
International Association of Hepatitis Task Forces  
International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)  
International Pemphigus Pemphigoid Foundation  
Lupus and Allied Diseases Association, Inc.  
MANA, A National Latina Organization  
MCTD Foundation  
Multiple Sclerosis Foundation  
National Adrenal Diseases Foundation (NADF)  
National Eczema Association  
National Infusion Center Association (NICA)  
National Organization of Rheumatology Management  
National Psoriasis Foundation  
Patients Rising  
RetireSafe  
Scleroderma Foundation  
SCTPN - Sickle Cell Thalassemia Patients Network  
Siegel Rare Neuroimmune Association  
Sjogren's Foundation  
Solve ME/CFS Initiative  
STAR  
The Bonnell Foundation: Living with cystic fibrosis  
The Sumaira Foundation  
The Wall Las Memorias  
Triage Cancer  
U.S. Pain Foundation  
Vets Place Northwest-Welcome Home  
Virginia Society of Rheumatology