DESPITE NEW CHANGES, HIGHMARK POLICY STILL THREATENS PATIENTS WITH PRIMARY IMMUNODEFICIENCY DISEASES

Highmark’s Policy Revisions Still Leave Adult Patients with Primary Immunodeficiency Diseases at Risk

Harrisburg, Pennsylvania – Beginning April 1, Highmark Blue Cross Blue Shield (Highmark) will force a number of their insured patients with primary immunodeficiency diseases and other rare disorders to switch their prescription to a single brand of immunoglobulin (IgG - a blood plasma product), regardless of their current IgG therapy. Under the new Highmark “formulary,” even patients who are being treated successfully with another brand of IgG will have to “fail first” on the new treatment, before being allowed to switch back to their original product. In other words, patients must become ill and suffer possible life-threatening reactions before Highmark will even consider covering another IgG product for that patient.

“IImmediately after our public protest last week of this unconscionable intrusion into the patient and physician relationship, Highmark responded with some proposed modifications,” stated Dr. Michael Blaese, Consulting Medical Director of the Immune Deficiency Foundation (IDF). “But they still fail to address the fundamental issue at hand - instead of doctors who are experienced in treating primary immunodeficiency diseases, Highmark will be making the determination about which IgG therapy will be the most appropriate for patients.”

IgG therapy is a biological treatment that, unlike most prescription drugs, is not generic or interchangeable. While all IgG products are FDA approved therapies for patients with primary immunodeficiency diseases, the FDA recognizes each as a unique therapy as a result of the manufacturing processes, stabilizers used, and other factors that make each product different. In fact, patients can experience a wide range of adverse reactions to one IgG product while tolerating others without problems. Medical literature indicates that up to 34% of patients who switch from one IgG product to another will suffer adverse reactions, including severe and life-threatening reactions.

“Late last week, Highmark indicated that it is prepared to provide exemptions of its single therapy requirement for children currently stable on ‘non-preferred’ products and for patients with a history of intolerable adverse reactions when switched. But, using figures provided by Highmark, they know that this ignores 85% of the affected patient base, the adults with primary immunodeficiency diseases,” added Dr. Blaese. “Why should these adult patients be forced to go back and fail on a new therapy, when they are already stabilized?”

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“And, what happens to 17 year-olds who turn 18 in a few months? Will they now be penalized for becoming an adult?” added Dr. Blaese. “Even with the newer Highmark revisions, they may need to switch to a different therapy and risk adverse reactions, even though they’ve been stabilized for years. And this is hoisted onto them just at the time in their lives when they graduate high school, seek new careers, go to college and face other major transitions.”

Last week, IDF launched the “Highmark Is Not My Doctor” campaign with the goal of reversing Highmark’s April 1 introduction of the new formulary and to generate awareness among physicians, patients, policymakers and the public about the harmful effects of this action. The campaign includes a blog site, www.HighmarkIsNotMyDoctor.com, to provide information about primary immunodeficiency disease and to educate patients and physicians about the new formulary and what to do to join in the opposition.

“Doctors should decide which therapy is best for a patient’s health, not Highmark. ‘Failure first’ medicine should never be an option when treating a patient – this is a terrible precedent that Highmark is setting and totally unnecessary, stated Lawrence A. LaMotte, Director of Public Policy at IDF. “For the past several months, we have talked to Highmark about the need to reconsider this draconian plan. We provided reasonable suggestions based on medical evidence that are in the best interest of the patients, yet allow the company to consider costs.”

IDF has asked that any Highmark policy should:
• Not determine the specific IgG therapy a patient must use
• Ensure that patients already stabilized on an IgG therapy not be switched to another therapy without medical cause
• Allow physicians an opportunity to prescribe an alternative if they determine it is in the best interest of the patient
• Better inform patients and physicians about its policy plans and gain direct feedback on their recommendations.


About the Immune Deficiency Foundation
The Immune Deficiency Foundation is the national patient organization dedicated to improving the diagnosis, treatment and quality of life of persons with primary immunodeficiency diseases through advocacy, education, and research. www.primaryimmune.org

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