Patient safety must be priority for insurers, too

Published: Sunday, February 26, 2012, 1:13 AM

By Patriot-News Op-Ed

BY DR. DONALD S. HARPER

This month, I felt forced to jeopardize my patient’s safety because of an insurance policy.

My patient lives with a primary immunodeficiency disease, which means she suffers the complications of a malfunctioning or nonexistent immune system.

Her disease makes her extremely vulnerable to viral, fungal and bacterial infections of all types.

Many patients, including my patient, living with PIDD rely on a routine regiment of lifelong Immunoglobulin Replacement Therapy (commonly known as Ig) to lead normal, productive lives.

This is not an optional life-enhancing therapy, it is life saving.

Ig therapy is a biologic product that replaces the disease-fighting antibodies that those living with PIDD cannot produce themselves.

Several Ig products are FDA approved and available for use.

Several factors impact how a patient will tolerate and respond to a particular brand of Ig, including the patient’s medical conditions and the product’s characteristics.

The body reacts differently to each product, and there is not a one-size-fits-all approach to prescribing an Ig product.

Finding a compatible Ig product that causes little to no harmful side effects often is a challenge for a patient with PIDD.

Because Ig products are biologically unique, the FDA identifies each product as individual and not biologically equivalent.

If the FDA has determined these products are not interchangeable, then insurance companies should not treat
these products in the same manner as other pharmaceutical products that might be interchanged without significant complications.

According to the Immune Deficiency Foundation’s survey research, about a third of all adverse reactions to Ig therapies occur in the context of trying a new product.

My patients have experienced a range of adverse reactions to Ig therapy, ranging from minor to more severe reactions that include migraines, intractable nausea and vertigo/dizziness.

These reactions often necessitate a change in Ig product, adjustment of dose or other measures to minimize the risk of further side effects.

These adjustments require a detailed understanding of the patient’s other medical conditions, psychosocial factors and treatment goals.

I’ve been working with my patient in question for more than two years and have stabilized her on an Ig product that was well-tolerated and clinically effective at preventing infections.

But all of that was jeopardized when her health insurance plan forced her to switch to its preferred product, presumably not to improve the health of my patient but to save money.

Coventry HealthAmerica in Pennsylvania introduced a restrictive formulary that is negatively impacting many patients who are living with PIDD.

This policy mandates a change in my patient’s Ig product, even if they are clinically stable and thriving with her current Ig replacement.

I feel strongly that HealthAmerica’s policy is encroaching on my role as a physician in prescribing the safest and most effective therapy product for each patient living with PIDD.

My patient had no previous history of significant adverse reactions to her Ig infusions over the past two years.

Within an hour of my patient’s infusion of Coventry’s preferred product, she developed a severe migraine, experienced partial
Patient safety must be priority for insurers, too

facial paralysis and suffered acute shortness of breath, wheezing and chest pain.

Thankfully, she was in a hospital setting where her reactions to the product were being monitored. She received urgent treatment in the hospital.

She also required several outpatient re-evaluations in the days following the infusion with additional medications required to treat her symptoms.

Her wheezing and shortness of breath took almost a week to fully resolve.

Following this reaction, I submitted a non-formulary request to Coventry HealthAmerica, and it agreed to switch my patient back to her previous product.

Besides dictating what Ig products patients receive, Coventry HealthAmerica is now mandating that the infusions be administered in the patient’s home by a company specified by Coventry HealthAmerica.

Home infusion is appropriate for some patients.

Other patients are best treated in an appropriately staffed infusion center.

While this case was mildly severe in nature, I am sharing this because there are many other patients at risk of experiencing a similar or even more severe situation.

Insurers are not doctors, and there is no medical justification for jeopardizing patient safety.

**DR. DONALD S. HARPER** is a certified physician in internal medicine, allergy and immunology. He practices at Medical Arts Allergy, PC in Carlisle and Harrisburg.

© 2012 PennLive.com. All rights reserved.