

Letter From Healthcare Professional with MS Patients to Employer: *Impact of restrictive formularies on employee health*

If your patients with multiple sclerosis (MS) are having difficulty accessing their current MS medication, you may want to consider contacting your patients' employers about the policy of "grandfathering." Contacting an employer about access issues can be a difficult decision for patients because they may hesitate to disclose personal information about their health issues, fearing retaliation or discrimination. Many times patients prefer to keep their personal health issues private. However, it is important for employers to understand the ramifications of medication restrictions. Some employers are not aware of the impacts that coverage limitations or coverage changes may have on employees and their families.

As a healthcare professional treating patients with MS, after discussing and receiving permission from your patient, you can communicate the consequences associated with restrictive formularies and request grandfathering of current MS medications. There is no need to disclose patient names. Your patients will maintain their privacy while you act as a conduit for communicating this important information. All you need to do is alert their employers of the impact of coverage restrictions and the opportunity for them to grandfather medications for individuals currently using the restricted drug.

For assistance with contacting employers about grandfathering, please see the accompanying template letter.

Developed by the International Organization of Multiple Sclerosis Nurses (IOMSN) in partnership with Bayer HealthCare.



Healthcare Professional Letter to Employer: *Impact of restrictive formularies*

[Date]

[Contact Name at Company]

[Name of Company]

[Street Address]

[City, State, Zip]

Subject: Annual benefits provider decisions and “grandfathering” of prescription coverage

Dear [HR representative],

I am writing to you today to make you aware of the impact that the restrictive prescription drug formulary associated with [Company name] [name of health plan] prescription plan is having on my patient(s) with multiple sclerosis (MS). MS is a chronic disease characterized by extensive heterogeneity in clinical, paraclinical, and radiologic features.¹ Therefore, no one treatment has been determined to be effective for all patients with MS.¹ In view of this, I believe it is important for your organization to know there are often unintended consequences associated with formulary changes that limit patient access to any given MS treatment.

For patients with MS, it is crucial that they regularly take their medication without interruption. When MS drugs are removed from a prescription plan’s formulary, patients can no longer affordably access the drugs they need. Restrictions on a specific medication can put patients at risk of nonadherence to a medication that they have been stable on for years. I bring this issue to your attention because you may not be aware that you can opt for your employees and/or their spouses and dependents to have their existing medications “grandfathered” so they can continue to be covered and receive affordable access to the medications that help control their MS.

While I understand the desire to achieve cost savings when it comes to employee healthcare costs, I’m also concerned that these restrictions may ultimately contribute to higher costs for your organization. It is my understanding that medication switches that are forced may not lead to lower healthcare costs. In fact, there is research showing that while changes in formularies may lead to short-term cost savings, overall healthcare costs may increase because of disruptions in patient care.^{2,3} I urge you to please pursue options that allow patients to be “grandfathered” on their current MS medications, so that we can continue to provide access to effective treatments these patients so desperately need.

Thank you for your consideration.

Sincerely,

[Signature]

[Your Name]

[Street Address]

[City, State, Zip]

[Phone]

[E-mail]

References: **1.** Disanto G, Berlanga AJ, Handel AE, et al. Heterogeneity in multiple sclerosis: scratching the surface of a complex disease. *Autoimmune Dis.* 2010 Dec 9;2011. Article ID: 932351. **2.** Abourjaily P, Gouveia WA, Selker HP, Zucker DR. Evaluating the nondrug costs of formulary coverage restrictions. *Manag Care.* 2005;14(8):50-57, 62. **3.** Signorovitch J, Birnbaum H, Ben-Hamadi R, et al. Increased olanzapine discontinuation and health care resource utilization following a Medicaid policy change. *J Clin Psychiatry.* 2011;72(6):787-794.