



ADVOCACY PRIORITIES

ADVOCATING FOR PATIENTS TO IMPROVE ACCESS TO CARE AND REDUCING ADMINISTRATIVE BURDEN TO RHEUMATOLOGY NURSES AND ADVANCED PRACTICE PROVIDERS.

PRIOR AUTHORIZATION

Prior Authorization is a cost-monitoring process utilized by insurance companies which requires providers to obtain approval prior to initiating certain treatments and therapies which they deem appropriate. The RNS believes that a drug or therapy of choice should be a shared decision between the provider and the patient. The prior authorization process varies widely depending on the guidelines determined by each insurance provider, which leads to administrative burden and can delay the patient's timely access to proper treatment. Therefore the RNS is opposed to the current prior authorization processes and advocates for a more universal and efficient process.

STEP THERAPY / FAIL FIRST

The RNS is opposed to the issue of step therapy, also known as fail first, which is defined as the practice utilized by insurance providers that requires patients to first try a preferred medication or medications, decided upon by Pharmacy Benefit Managers (PBMs) before allowing a treatment recommended by the provider. The right to determine the best course of treatment should be the sole decision of the patient and provider. The decision should not be determined by an outside authority Pharmacy Benefit Manager (PBM).

NON-MEDICAL SWITCHING

The RNS is opposed to the issue of non-medical switching, also known as formulary-driven switching. This is a policy designed by insurance drug plans that forces a patient to switch medications for non medical reasons regardless of efficacy of the medication originally prescribed. When this decision is made by an insurance company, and not the provider and patient, it has the potential to put the patient at risk, especially those that are medically stable on their current medication.

DRUG TRANSPARENCY

The RNS supports the issue of drug transparency, and the need to increase the level of transparency, in which a Pharmacy Benefit Manager (PBM) reports the difference in what they pay the pharmacy for dispensing the drug versus the health plan and what they charge for that given drug. This will help ensure patients have access to affordable drug therapies regardless of available rebate programs or kickbacks.

ACCUMULATOR ADJUSTMENT PROGRAMS

Accumulator adjustment programs, also known as "out-of-pocket protection", are new utilization management tools that exclude co-pay assistance from counting towards a patient's deductible or other out-of-pocket maximum. This could impact adherence due to the cost of medications and patients having to pay off their entire deductible after a co-pay assistance program runs out for the insurance year. The RNS opposes these programs due to the fact we believe it is not in the best interest of the patient.