

Empowering Patient/Provider Decision making, Eliminating Access Barriers and Lowering Out-of-Pocket Costs



LMDD Patient Principles and Call to Action

Barriers to accessing medicines and treatments, coupled with rising outof-pocket costs, continue to have a detrimental effect on our healthcare system. Higher costs for patients, avoidable health deterioration, and further delays for critical care and wellness continue to stand in the way of the doctor-patient relationship. Convincing policymakers, regulators, employers, and other decision makers to address these issues requires a sustained effort to consistently illustrate that these harmful barriers are preventable, costly, unnecessary, and - above all - fixable.

Since its launch in 2017, Let My Doctors Decide has expanded its reach and influence as a unique,

credible voice that represents patients, the autoimmune community, providers, and advocates. LMDD continues to serve as a "watchdog" organization, leading a variety of efforts to raise awareness about affordability and access issues.

LMDD's 2023 program will focus on achieving patient-centered health care coverage to improve wellness, lower costs, and protect the patient-physician relationship. Led by patient and provider groups, convened by the Autoimmune Association, LMDD will continue to build on its call to action, patient-centered principles, and work with policymakers and key stakeholders to ensure that treatment decisions are consistently made by patients and health care professionals, not insurance companies or pharmacy benefit managers.

LMDD's 2023 national scorecard study found that health insurance plans receive poor grades across the board when it comes to ensuring access for patients living with autoimmune diseases. Three

out of four plans scored a "C" or an "F" for treatment accessibility under their medical benefit for three access barriers studied.

A recent national poll and research found that a majority of consumers and rheumatology providers oppose prior authorization policies imposed by health insurance companies and PBMs which often result in access restrictions, increased patient costs, and delayed health and wellness.

The 2023 efforts are designed to achieve meaningful reforms and strongly encourage the adoption of straightforward principles that address the barriers that prevent patients and doctors from making treatment decisions. This includes changes at the national and state levels that improve benefit design, promote access and equality, and ensure coverage that empowers provider decision making, promotes access and adherence, and addresses affordability.

LMDD Patient Principles represent a set of the core beliefs and objectives:

- Assure what is best for the patient's health, determined by the patient/clinician, is top priority and is made transparent in health care contracting, benefit design, and coverage policies.
- Require that step therapy policies are clinically based on current evidence and used for medical reasons only. Leave the final decision as to whether a patient has failed on a therapy with the treating physician, not the insurer.
- Prohibit switching of medication for non-medical reasons without the prescriber's consent.

- ☑ Pass rebates, discounts, copay assistance, and other insurer and non-insurer savings directly to the patient at the pharmacy counter.
- ☑ Ensure all benefits from copay assistance programs are designed to directly assist patients. Increase transparency and affordability to avoid unexpected costs and barriers to access.
- Pursue health equity such that all people may achieve optimal health and wellness via equal access to and affordability of coverage.



2023 Call to Action

The patient and provider decision

making relationship is vital to a

healthy, functioning, health care

system. Expanded efforts in 2023

include raising awareness about

harmful switching practices that

affected patients and providers:

centered principles at the

Promote LMDD patient-

Expand efforts to grow

Raise awareness with

stronger alliances with

partners and groups at the

major provider groups and

• Convene patient and provider

harmful switching practices

discussions that highlight

federal level

state level

organizations





EMPOWER PROVIDER DECISION MAKING

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IMPROVE ACCESS TO TREATMENT

Protecting access to treatment is a critical goal – now, more than ever. As patients face increasingly narrower formularies, unequal access, and harmful utilization management practices that make it difficult for patients to access treatments, LMDD will continue to:

- Highlight harmful practices
- Educate key stakeholders on the evolving landscape
- Convene key patient and provider groups and drive the dialogue to inform and advocate for change
- Support policies that address access issues at the state and federal level including policy changes that counter inappropriate step therapy, copay accumulators and maximizers, prior authorization, non-medical switching, and other harmful practices that negatively impact patients



EMPOWER PATIENTS

As out-of-pocket costs grow and access to provider-prescribed medicines become more difficult to receive through restrictive formularies, PAs, and onerous utilization management protocols, patients are frustrated and paying more while wellness is further delayed. LMDD will address these issues by:

- Raising awareness of the harmful impact of access barriers through the voices of patients and providers
- Assisting patients who are hamstrung by barriers; provide tools and resources to fight back
- Expanding efforts with patient advocates for changes at the federal and state level

BARRIERS TO ACCESSING TREATMENT



COPAY ACCUMULATORS & COPAY MAXIMIZERS



PRIOR AUTHORIZATION



NON-MEDICAL SWITCHING



DENYING PHARMACY OF CHOICE



REBATE WALLS



STEP THERAPY



NOT SHARING DISCOUNTS



HIGH-DEDUCTIBLE HEALTH PLANS



COMPLEX APPEALS PROCESS



WHITE & BROWN BAGGING

RESOURCES FOR PATIENTS AND PROVIDERS

LET MY DOCTORS DECIDE HAS A VARIETY OF RESOURCES AVAILABLE ONLINE FOR PATIENTS AND PROVIDERS. SCAN THE QR CODE TO SEE ALL LMDD RESOURCES.







