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November 30, 2011

Andrew Dreyfus
President and Chief Executive Officer
BCBS Massachusetts
Landmark Center
401 Park Drive
Boston, Massachusetts 02215

Dear Mr. Dreyfus,

Since July, we have received several complaints about BCBS of Massachusetts new “fail first” policies in connection with Rheumatoid Arthritis treatments as well as limited availability for innovative treatment for psoriasis patients. I am respectfully and urgently requesting a meeting with you at your earliest convenience to discuss these issues.

I am writing to you on behalf of the more than 50,000 members of CreakyJoints.org, an arthritis patient advocacy organization and RedPatch.org, a psoriasis patient advocacy community which are dedicated to building, sustaining and educating people with all forms of arthritis and psoriasis. CreakyJoints and RedPatch are a part of the Global Healthy Living Foundation, a 501(c)(3) non-profit organization.

Nearly 75 percent of CreakyJoints members have Rheumatoid Arthritis, and I would like to specifically address their concerns regarding BCBS of Massachusetts’ recent decision dated July 14th, 2011, to invoke what is commonly called a “fail first” policy regarding the use biologic injectables for the treatment of this debilitating disease.

Biologics, as you know, have changed the world for people with Rheumatoid Arthritis—but not all of them work for everyone. We receive comments from members across the country, including the nearly 3,700 members from Massachusetts, at least some of whom will be affected by your biologics policies in the treatment of their arthritis.

If I understand your policy correctly, our members insured with your company will not have the opportunity to decide, with their physician, the best course of treatment. They will instead be forced to fail on an injectable (etanercept or adalimumab – Enbrel or Humira) before a possibly more effective treatment for them can be employed, specifically infliximab (Remicade), golimumab (Simponi) or certolizumab pegol (Cimzia).

We believe strongly that it is the physician and the patient who need to make healthcare decisions. In addition, I am not aware of any clinical trials, or practice-based evidence that shows improved outcomes from this policy, or that one biologic should be used before any other biologics for improved outcomes. The same issues present themselves regarding use of oral DMARDS before biologics.

Additionally, during a review of your medical policy #004 dated July 14, 2011 we learned that BCBS of Massachusetts does not cover ustekinumab (Stelara) for the treatment of plaque psoriasis. This restrictive

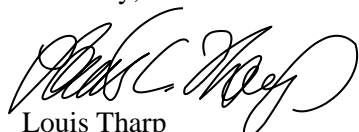
policy again places BCBS of Massachusetts between the doctor and the patient, and restricts the decision making to economics, given the FDA approval of Stelara as an effective treatment of this disease.

You can understand how our members can interpret your policies as being arbitrary, uncaring and needlessly intrusive in the doctor-patient relationship. We understand and support efforts to cut costs in today's economic climate. One of our most frequent requests from members is for advice on how they can reduce their medical costs, and we are always ready to work with carriers to help reduce costs and explain the reasons to our members.

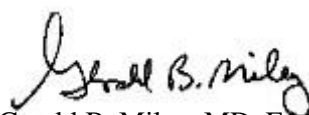
I think each of our organizations sees the world similarly. We both see people in pain, and we allocate our unique assets to help alleviate their pain, while being as compassionate and as efficient as possible. These two objectives, compassion and efficiency, do not necessarily occupy opposite ends of the treatment spectrum. For example, the number of patients affected by this policy change, we believe, is quite small when compared with the total BCBS patient population. The negative effect on these patients, therefore, is outsized compared with the small economic efficiencies realized. In addition, we think the per capita expense, while higher than for some medications, is mitigated by the small patient population and the proven efficacy of choice in biologic treatment protocols. These biologic treatment protocols have dramatically reduced long-term care costs, providing savings that can only be measured exponentially. A “fail first” policy risks incurring irreversible joint damage and mobility loss that will negate any small savings realized in the short-term.

With the utmost importance being patient care, and with regards to both short-term and long-term cost effectiveness, our organization respectfully requests that BCBS of Massachusetts reconsider its decision to implement this “fail first” policy. In addition, we, on behalf of our members, are requesting a meeting as soon as possible to work through this patient care issue in order to achieve an outcome that satisfies your business objectives as well as patient needs.

Sincerely,



Louis Tharp
Executive Director



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