

May 14, 2021

Steve Miller, MD Chief Clinical Officer Cigna Corporation 900 Cottage Grove Road Bloomfield, CT 06002

Re: \$500 Debit Card Program

Dear Dr. Miller:

Aimed Alliance is a 501(c)(3) non-profit health policy organization that seeks to protect and enhance the rights of health care consumers and providers. We are writing to voice our concern about Cigna's recent decision to offer \$500 debit cards to patients if they switch from one psoriasis medication to another for nonmedical reasons.

In March 2021, the American Journal of Managed Care reported that Cigna, through its pharmacy benefit manager Express Scripts, is offering \$500 debit cards to patients as an inducement to switch from one biologic (secukinumab) to another (ixekizumab).<sup>1</sup> Both medications treat psoriasis and psoriatic arthritis. Patients will receive the debit card if they fill the first prescription before August 31 and the second before December 31, with the card to follow six to eight weeks after that.<sup>2</sup>

The debt card program is another form of nonmedical switching. Nonmedical switching occurs when a health insurer or pharmacy benefit manager (PBM) encourages a stable patient to switch from his or her current, effective medication to an alternative by restricting access, increasing out-of-pocket costs, or offering other incentives or disincentives for the originally prescribed treatment. As a result, the patient switches to an alternative, therapeutically equivalent medication. Therapeutically equivalent products do not need to be chemically equivalent, bioequivalent, or generically equivalent, and therefore, can affect the patient differently than his or her original treatment.<sup>3</sup> Forcing a patient to switch to a therapeutically equivalent medication can compromise his or her clinical stability, which can expose him or her to avoidable negative health outcomes and increased costs for both the insurer and the patient. As such, we are opposed to policies that encourage stable plan enrollees to switch to a therapeutically equivalent medication for nonmedical reasons.

Moreover, the debit card is akin to a kickback or inducement. For example, the federal Anti-kickback Statute (AKS) prohibits parties from knowingly and willingly offering "payment of 'remuneration' to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care

- <sup>2</sup> <u>https://www.ajmc.com/view/express-scripts-dangles-500-to-persuade-patients-to-switch-psoriasis-drugs</u>
- <sup>3</sup> <u>https://www.fda.gov/drugs/drug-approvals-and-databases/drugsfda-glossary-terms#T;</u>

http://www.gabionline.net/Biosimilars/General/Glossary-of-key-terms

<sup>&</sup>lt;sup>1</sup> <u>https://www.ajmc.com/view/express-scripts-dangles-500-to-persuade-patients-to-switch-psoriasis-drugs</u>

services for Medicare or Medicaid patients)."<sup>4</sup> While Cigna and Express Scripts are not subject to kickback laws like the AKS, such activity should still be discourage because it violates the spirit of such laws. Here, Cigna and Express Scripts are offering the payment of remuneration (i.e., the debit card) to induce plan beneficiaries to use certain items (i.e., ixekizumab) the payable by their health plan.

The debit card program is intended solely to incentivize stable patients to switch to a new drug, regardless of their financial situation or whether their health care professional has determined that the new drug is appropriate for their individualized needs. Should Cigna seek to offer assistance to patients in need, it should do so by assisting them to afford their currently prescribed medication, which is in patients' best interest, rather than coercing a switch that is in the insurer's best interest.

In conclusion, we ask Cigna to end its debit card program given that it may result in nonmedical switching. Thank you for your consideration in this matter.

Sincerely,

Stacey L. Worthy Counsel

<sup>&</sup>lt;sup>4</sup> <u>https://oig.hhs.gov/compliance/physician-education/01laws.asp</u>