



**National
Multiple Sclerosis
Society**

February 22, 2019

Senator Gene Sullentrop, Chair
Senate Public Health and Welfare Committee
Re: SB 93 Proponent

Chair Sullentrop and Committee Members:

I appear today on behalf of the National Multiple Sclerosis Society regarding SB 93. The National MS Society fully supports SB 93, which proposes to improve the laws regarding step therapy protocols for prescription drugs.

Multiple sclerosis is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS.

Step therapy or “fail first” policies are a form of utilization management that health plans may use as a mechanism to control the order in which patients take certain therapies. Step therapy protocols require that patients must try one or more medications selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. Under step therapy protocols, for a given diagnosis, insurers cover specific drugs in a specific order, meaning an individual must be prescribed medications in the step order so that they are covered by the insurer. Plans rely on this process, among others, to help guide utilization of prescription drugs or other services and control the cost of treatment.

Patients and healthcare providers have voiced concern regarding the potential adverse effects of step therapy, when it is not paired with protections for patients. Step therapy protocols transition medical decisions from a shared decision-making approach, between the provider and the patient, towards more standardized policies that focus on cost-effective care. These policies may not take into account detailed conversations between healthcare providers and patients, as they discuss the right medication for each person—factoring in things like efficacy, dosage, route of administration and side effects.

Staff in provider offices must dedicate time to communicating with insurance companies to find out whether a prescribed drug will be covered—or appealing treatments that are denied. The time providers spend on these often-burdensome processes affects the office workflow and leaves them with less time to treat patients.

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When patients are required to cycle through and document a “step”—or in some cases, more than one step or medication—the process may result in substantial delays in treatment deemed appropriate by their healthcare provider. This process may affect patients’ ability to immediately start treatment, or in some cases, their ability to continue a treatment that has been effective. Prolonging ineffective treatment (and delaying the medication initially prescribed by the healthcare provider) may result in disease progression for patients. For those with diseases such as multiple sclerosis, which may be severe or debilitating, delaying treatment can be a serious outcome. According to “The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence,” a consensus paper by the Multiple Sclerosis Coalition, evidence supports the initiation of treatment with an FDA-approved disease-modifying treatment as soon as possible following a diagnosis of relapsing MS.

Although insurers utilize step therapy as a means to control cost, research has demonstrated that step therapy can in fact lead to higher spending over time. For example, while Georgia’s Medicaid program initially saved \$20 per person per month after introducing step therapy protocols for schizophrenia medications, the state ultimately ended up spending \$32 per person per month on outpatient care, due to the use of ineffective medications by patients (Clinical Therapeutics, 2008, as cited in Health Affairs, 2016). The use of ineffective treatment has been associated with higher costs due to additional office visits, increased drug costs, and even the increased likelihood of needing additional treatment or hospitalization. Additionally, in the case of MS, effectiveness of the drug should not be the only factor considered. The risk profile of the medication as well as side effects and the ability for an individual to adhere to the medication must also be taken into account.

The National MS Society urges this committee – and the larger legislative body – to pass Senate Bill 93 this session. Allowing individuals, especially those with chronic diseases such as MS, access to step therapy protocol exceptions will not only improve their quality of life but may ultimately end up saving the state money. Protect your constituents and insure that they receive the best care possible.

Sincerely,

A handwritten signature in blue ink that reads "Kari A. Rinker". The signature is written in a cursive, flowing style.

Kari Rinker, MPA
Senior Advocacy Manager
National MS Society

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