

National Multiple Sclerosis Society

February 6, 2019

Senator Monnes-Anderson, Chair Senator Dennis Linthicum, Vice Chair Senators Beyer, Fagan, and Knopp

Senate Committee on Health Care

RE: Support SB 139, Restrictions and Reporting on Utilization Management

Chair Monnes-Anderson and Committee Members,

I am writing today on behalf of the National Multiple Sclerosis Society in support of Utilization Management reform, SB 139.

MS is an unpredictable, often disabling disease of the central nervous system. MS interrupts the flow of information within the brain and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. There is currently no cure for MS and since the disease is not fatal, a person can live with the disease their entire life. Research shows that early and ongoing treatment with a disease-modifying therapy (DMT) is the best way to slow the course of disease and disability from relapsing forms of MS.

Step therapy and Prior Authorizations are forms of utilization management health plans may use as a mechanism to control the order in which patients take certain medications. 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. If a physician prescribes a drug outside of the step-edit order, it may not be covered unless a drug on the step-edit order is tried and failed first. Prior Authorizations require physicians ask insurance companies before undertaking certain medical procedures or prescribing certain medications.

Utilization management practices, such as prior authorization and step therapy are important tools to contain costs and ensure quality of care. However, they can often result in delayed treatment, abandonment of treatment, and higher administrative burdens. For patients living with serious or chronic illnesses like MS, prolonging ineffective treatment (and delaying access to the right treatment) may result in increased disease activity, loss of function and possible irreversible progression of disability.





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Following a diagnosis of relapsing MS, the initiation of treatment with an FDA-approved disease-modifying treatment is recommended as soon as possible. Movement from one disease-modifying treatment to another should occur only for medically appropriate reasons as determined by the treating clinician and patient.

Senate Bill 139 seeks to ensure that utilization management protocols are fair, transparent, evidence-based, and best support the health needs of the patient. The key concerns addressed by SB 139 are to prevent treatment delays and treatment abandonment.

Primarily, this bill improves the efficiency of this process to support better patient outcomes, by:

- Allowing patients to maintain prescription drug coverage for 12 months. By removing the requirement to seek PA again and again for the same drug, there will be less disruption in the treatment process for the patient. In some cases, disruptions can result in significant loss of health.
- Allowing patients to continue with treatments that have already been approved, for a reasonable and customary length of time not less than 90 days. Again, the PA process in this case can interrupt the treatment and result in loss of progress towards health.
- Continuing to require reimbursement for a prescription drug that is benefiting the patient, even if it is removed from the formulary after the end of an enrollment period.
- Creating a clear, accessible, and convenient process for the prescribing practitioner to request a step therapy exception and allowing a patients' ST history to follow them. This would spare patients the requirement of repeating step therapy or utilizing a step therapy protocol which has prior documented evidence of individual patient harm.

We thank and urge the committee to support and pass SB 139. Please do not hesitate to contact me if you have any questions on this issue and its connections to persons living with Multiple Sclerosis.

Regards,

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