



**National  
Multiple Sclerosis  
Society**

January 24, 2016

Senator Mary Pilcher-Cook, Chair  
Senate Public Health and Welfare Committee  
Room 118-N  
300 SW 10th St.  
Topeka, Kansas 66612

Re: SB 341 Opposition

Dear Chair Pilcher-Cook and Committee Members:

I am writing on behalf of the National Multiple Sclerosis Society regarding SB 341, which would allow the use of step therapy protocols within KanCare plans. The National MS Society opposes, the elimination of the current protection against step therapy/first fail protocols in KanCare MCO plans. The passage of SB 341 could have a negative impact on people living with multiple sclerosis. We would recommend, at the very least, instituting strong patient protections within the step therapy process.

Multiple sclerosis (MS) is a chronic, often devastating disease of the central nervous system. The disease course is unpredictable and varies from person to person. Symptoms range from numbness and tingling in the extremities, to blindness and paralysis. Multiple sclerosis (MS) is typically diagnosed between the ages of 20 and 50, when most are raising families, advancing careers and maximizing their earnings. Yet studies show that only 40% are in the workforce ten years after their diagnosis. Others must transition to part-time employment to accommodate their disease.

MS can also be accompanied by a variety of life altering symptoms such as bladder problems, vision problems, and issues with gait, spasticity and extreme fatigue. These symptoms also often require physician or specialist prescribed medications. In fact, the initiation of treatment with an FDA-approved disease-modifying treatment is recommended as soon as possible following a diagnosis of relapsing MS.

Step therapy protocols require that patients must try at least one medication selected by their insurer before the plan will grant coverage for the drug originally prescribed by the healthcare provider. Through this method, insurers often require a patient to try a lower-cost drug or service, before they will cover a more expensive option. Since MS drugs range from \$50,000 to \$65,000 per year, these protocols often affect people living with MS.

If the non-preferred treatment fails to produce the desired outcome after a documented trial, the health plan may authorize payment for the original preferred treatment. In addition, if the patient has already tried the lower-cost drug and it did not work, or if the patient's healthcare provider believes it is medically necessary for



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the patient to be on the higher-cost drug, they may be able to contact the carrier to request an exception. In some cases, the provider's request is approved and the plan agrees to cover the treatment; if the request is denied, the provider has the option to appeal.

These practices involve a significant administrative burden to providers and can have negative consequences for patients. When patients are required to cycle through and document a "step"—or in some cases, more than one step—the process may result in substantial delays in receiving the 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 to access their treatment. Prolonging ineffective treatment (and delaying appropriate treatment) may result in disease progression for patients, increased trips to the emergency room, hospital stays and time away from work.

Should the State of Kansas chose to enact new step therapy protocols within KanCare, the National MS Society would suggest the following patient protections for consideration to lessen the risks under step therapy protocols for people living with MS:

1. Establishment and disclosure of a step therapy override process that providers could request at any time, if a patient is stable, or the physician expects the treatment will be ineffective or will likely cause an adverse reaction. This override process must be convenient for providers to utilize.
2. Step therapy protocols based on appropriate clinical practice guidelines or published peer-reviewed data developed by independent experts with knowledge of the condition or conditions under consideration.
3. Limiting the use of step therapy for any prescribed drug to no longer than 60 days.
4. Prohibiting insurers from requiring patients to fail a drug more than once.

In closing, I would like to respectfully urge the committee to maintain the current prohibition on step therapy in KanCare or consider amending SB 341 to insure that robust patient protections are written into the final step therapy protocols.

Sincerely,

Kari Rinker, MPA  
Senior Advocacy Manager  
Kansas, Missouri and Nebraska  
National MS Society 110 E Waterman, Ste 110  
Wichita, KS 67206  
316.854.0776  
kari.rinker@nmss.org