

Testimony on HB 785: Step Therapy or Fail-First Protocol – Revisions
House Health and Government Operations Committee
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SUPPORT

Submitted by: Shannon Wood, Director of Advocacy and Policy

The National Multiple Sclerosis Society strongly supports HB 785, to bring necessary and commonsense revisions to step therapy protocols in Maryland.

Multiple sclerosis, or MS, is an unpredictable disease of the central nervous system. Symptoms vary and can include disabling fatigue, mobility challenges, and cognitive and vision issues. Step therapy or “fail first” policies are a utilization management tool that health plans use to control the order in which patients take certain drugs. People with MS and providers have voiced concern regarding the potential harm of step therapy protocols when not paired with patient protections. Step therapy protocols transition medical decisions from a shared decision-making approach towards more standardized policies that might not consider detailed conversations between providers and patients, as they discuss the right medication for each person— taking into account things like efficacy, dosage, route of administration and side effects.

When patients must cycle through and document a “step”—or in some cases, multiple steps—the process may result in substantial delays in treatment deemed appropriate by their provider. This process may affect a person’s ability to immediately start treatment, or in some cases, their ability to continue a treatment that has been effective. Prolonging ineffective treatment may result in disease progression, which for those with MS, can be severe and disabling. Evidence supports the initiation of treatment with an FDA-approved disease-modifying therapy (DMT) as soon as possible following an MS diagnosis. It can take years to find the most effective course of treatment and when a patient does, they should remain on that drug uninterrupted. Considering the cost of MS medications, patients cannot afford to take drugs out of step order and without coverage. Last year, the median annual price of the MS DMTs was close to \$94,000.

Although insurers use step therapy to control cost, research has demonstrated that it 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.

In conclusion, the National MS Society respectfully urges this committee – and the larger legislative body – to pass HB 785 this session. If you have any questions regarding the Society’s position, please contact Shannon Wood, Director of Advocacy and Policy at shannon.wood@nmss.org. Thank you for your consideration.