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Senator Joseph J. Crisco, Co-Chair
Representative Robert W. Megna, Co-Chiar
Insurance and Real Estate Committee
Room 2800, Legislative Office Building
Hartford, CT 06106

WRITTEN TESTIMONY ON RAISED BILL 394-AN ACT CONCERNING REQUIREMENTS FOR INSURERS' USE OF STEP THERAPY

Senator Crisco, Representative Megna, and Member of the Insurance and Real Estate Committee

The Arthritis Foundation favors the provisions on step therapy in Raised Bill 394 that extend to those with commercial health insurance the same protections afforded Connecticut Medicaid patients. This bill protects people from having to fail a prescription drug more than once and limits the trial of a step therapy to 30 days.

Doctor-diagnosed arthritis affects one-fourth or 654,000 of our state adult population, according to the Centers for Disease Control and Prevention (CDC).[1] CDC also estimates that arthritis affects 3,400 children in our state.[2]

Step therapy is a practice that insurers sometimes use to control costs by requiring patients to fail less expensive prescription medications before receiving more expensive medications.

The Arthritis Foundation has no issue with requiring those newly diagnosed to fail preferred medications before trying non-preferred medications, where such sequencing is in concert with published medical guidelines for best practices for disease control. For instance, in arthritis, the American College of Rheumatology published guidelines for recognized therapies and recommended sequencing of therapies.

We are especially pleased that this bill includes an exemption provision, since in medicine there is no one size fits all. This provision allows a doctor to request an override of step therapy in one of three instances. These include: the medication has been ineffective in the past; is expected to be ineffective in the patient based on current research; or may cause adverse effects or other physical harm.

We encourage the committee to add the following two additional provisions:

1. Those stable on a therapy should not be required to switch to a preferred drug and fail it before getting back on a therapy that meet established criteria for disease control. Our state's Pharmacy and Therapeutics Committee has in the past grandfathered Medicaid patients

stable on an existing therapy in the interest of maintaining disease control. Disease control is particularly important in arthritis to avoid permanent damage to joints.

2. Step therapy provisions should follow currently accepted and published medical guidelines for progression of treatment for chronic diseases.

   For instance, the American College of Rheumatology (ACR) recommendations for the treatment of rheumatoid arthritis starts with disease-modifying anti-rheumatic drugs, most of which as available in generic form. These agents are given singularly then in combination before adding treatment with the more expensive biologic therapies.

   In the last several years, we have seen insurers require patients to fail two or more self-injectables before getting access to an infusible therapy, such as Remicade. Infusible therapies are often chosen when a patient can't inject because of hand deformity or in children where the dose needs to be adjusted for body weight.

The choice of an individual agent is complex and is undertaken with many variables in mind, including the diagnosis, the proximity of the patient to the physician's office, the patient's preference for mode of administration, the patient's ability to be mobile, and the physician's experience.

In summary, physicians, not insurers, should prescribe the most appropriate treatment for their patients. Thank you for your consideration.

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[1]CDC, Division of Adult and Community Health, 2010 (cdc.gov).
[2]Sacks J, Helmick CG, Luo YH et al. Prevalence of and annual ambulatory health care visits for pediatric arthritis and other rheumatologic conditions in the United States in 2001-2004. ArthRheum (Arthritis Care and Research) 57:8 1439-1445 2007