

MEMO OF SUPPORT

H.766 (Black & Houghton)

Dear Chairwoman Lyons, Vice-Chairman Weeks, ranking members of the Committee:

On behalf of the over 15,000 Vermont residents with psoriatic disease, we write in support of H.766, an act that will amend the rules and enforcement of step therapy protocols to better protect patients. We urge the Committee to pass this bill.

As you know, step therapy policies, also referred to as “fail first,” require insured individuals to try and fail on one or more insurer-preferred treatments, sometimes with adverse effects, before the insurer or pharmacy benefit manager will cover prescribed treatments. Such policies can be unethical and inconsistent with sound scientific and clinical evidence, resulting in interference with practitioner-patient relationships and significant delays in access to prescribed treatments. For patients with progressive diseases, such as cancer, time-consuming step therapy policies may worsen their diseases, cause irreversible effects, or even result in death.

If passed, H.766 would protect residents of Vermont from burdensome and unnecessary forms of step therapy by creating a set of criteria that patients could cite to apply for a step therapy exception. Importantly, the bill does *not* ban the practice of step therapy. Instead, it protects patients from excessive or abusive forms of step therapy by creating a set of bases for exception requests that patients and their doctors could use to shorten or bypass step therapy protocols if they can demonstrate that the protocol would require the patient to “fail” on one or more therapies that are clearly inappropriate for the patient’s condition. For instance, under H.766 a patient could request a step therapy exception if they had already tried and discontinued treatment on one or more drugs in the step therapy protocol due to “lack of efficacy or effectiveness, diminished effect, or an adverse event.”

As an organization representing the interests of people with psoriatic disease, NPF believes that these reforms are an important guarantee of effective and timely healthcare for people living with psoriasis and psoriatic arthritis. The catch-all category of “psoriatic disease” encompasses a wide range of disease manifestations, severities, and possible comorbidities that each require their own treatment approach, and treatment options for psoriatic disease stretch across several therapeutic classes and a wide range of price points. Taken together, this set of facts creates a powerful incentive for insurers to create step therapy protocols that subject the patient to several treatment options that might treat *some* form of psoriatic disease but are unlikely to treat the patient’s *specific* condition. According to NPF’s most recent access survey, over 50% of patients who are prescribed a biologic on a commercial plan experience some form of step therapy and over 70% of patients who experience step therapy have access to their original prescription delayed by at least 3 months. These delays can lead to serious health problems, including irreversible joint damage from psoriatic arthritis.

By increasing transparency around the practice of step therapy and providing patients and doctors with the tools they need to request exceptions in situations where step therapy is clearly inappropriate, H.766 would protect residents of Vermont from inappropriate delays in care and prevent insurers and PBMs from disregarding the doctor/patient consensus on how the patient’s health should be managed. For these reasons, the National Psoriasis Foundation **supports** the above referenced legislation and urges the Senate Committee on Health and Welfare to pass H.766.

Sincerely,

The National Psoriasis Foundation