Epilepsy Care & Essential Health Benefits

**Background:** As health care reform moves forward, states are working to create state-based affordable insurance exchanges. These exchanges are intended to offer an individual an easy way to compare and shop for an insurance plan. Each plan must also offer a comprehensive package of items and services, known as essential health benefits.

While federal regulations will require specific broad categories of essential health benefits to be included in every insurance plan, the states that choose to establish their own exchange will have a great deal of flexibility in determining specific benefits and coverage. Those states that opt for the Federal exchange will defer to Federal standards as defined by HHS. As government policy leaders work to design and make decisions about what “essential health benefits” will be included in the exchanges the epilepsy community encourages healthcare providers and patients to share their story about the importance of patient access to quality healthcare with key policy makers. As part of this process, consider sharing your perspective on the following questions:

- What type of care and treatments are critical for people with epilepsy?
- How have insurance policies responded to your request for coverage of epilepsy treatment and care on behalf of your patients (e.g., have you/your patients coverage, do you have an appeals process)?
- How do monthly premiums, copays, and coinsurance costs impact adherence to medical treatment and access to care (e.g., staying on a therapy or going to scheduled/suggested physician appointments)?
- How have different insurance policies (e.g., employer small or large; private individual market insurance; or government employer insurance) provided/restricted access to care?
Policy Statement: The epilepsy community and organizations listed strongly support affordable access to treatment options and specialty care as essential to a health benefit package. Health insurance must address the needs of individuals with chronic conditions and disabilities like epilepsy in order to achieve the goal of providing meaningful coverage. Lack of access to neurologists and to appropriate treatments makes a dramatic impact on the health, family and employment situation for individuals living with epilepsy and their caregivers. The spectrum of epilepsy is a complex and severe disorder, unique from many other chronic medical conditions. Due to diversity in patient demographics and seizure types/severity, the management of epilepsy patients is often complex and requires an individualized approach based on etiology as well as co morbidities, concomitant medications, and patient preference. The physician/patient relationship is critical to the successful management of epilepsy.

In essential health benefits developed under the Affordable Care Act, oversight of the state health insurance exchanges, and health insurance products we urge you to strongly consider the impact on epilepsy care. People with epilepsy must have access to:

- **Specialist care and a robust physician network** that will serve patients in the plan’s coverage network, without arbitrary barriers (visit limitations or burdensome prior authorization requirements) to needed specialty care
- **Physician directed care and epilepsy treatment innovations**
- **A robust prescription drug formulary that allows patients to maintain access to antiepilepsy drugs (AEDs) without bureaucracy such as “fail first” or prior authorization procedures**
- **Nondiscriminatory practices that protect access with clear coverage and appeal rights**

**Prescription Drug Coverage & Epilepsy Treatment:** When developing policies for epilepsy and chronic seizures it is important to note these conditions affect 1 to 2 percent of the population. Out of the millions of dollars spent on pharmaceutical products and the massive volume of drugs being dispensed every day, the number of people who rely upon antiepileptic medications to maintain seizure control is a small proportion of the overall dollars and volume of medications dispensed.

The following are critical considerations that should be taken into consideration when creating health benefits that will provide for the needs of the epilepsy community within prescription drug formularies and coverage:

According to key studies, limiting access to treatment options for epilepsy does NOT reduce overall healthcare costs. Studies have also shown that medication substitution may be associated with increased healthcare utilization and significantly higher direct healthcare costs even when considering prescription savings due to lower priced AEDs. Cost of medications should be only 1 factor only in medication selection as determined by
medical experts in the specialty.

- Cost structures should not be discriminatory or limit access. Tiering or cost structures that make physician directed care unaffordable could negatively impact adherence and improved health outcomes.

**Careful consideration must be given to mandatory substitution requirements, prior authorization requirements and prescription limits as related to antiepilepsy medications.**

- The American Epilepsy Society (AES), the American Academy of Neurology (AAN), and the Epilepsy Foundation have expressed concerns with formulation substitution without physician and patient approval.4,5
- AES also opposes all state and federal legislation that limits the ability of physicians to determine which AED formulations to prescribe.5
- Some have argued that emergency services have increased as a result of state mandatory substitution requirements.6-8

The "fail first" requirement of some insurers may be problematic with antiepilepsy medications.

- It is estimated that two-thirds of patients diagnosed with epilepsy will become seizure free on the first or second drug administered.4
- 20% to 30% of epilepsy patients have intractable or uncontrolled seizures or have significant adverse effects secondary to medication9,10 and some patients may have drug resistant epilepsy (defined as a failure to achieve seizure freedom after adequate trials of two tolerated, appropriately chosen and used antiepileptic drug schedules (whether as monotherapies or in combination).11
- The inclusion of medications on formularies should be based upon clinical factors and the opinions of medical experts, including specialists as necessary.

**Plans should provide clear and transparent policies for the management of chronic and specialty diseases within their medication management programs.**

- Information should be disclosed to all plan participants and prospective participants concerning which products are covered and the nature of the coverage.
- A simple and expedited appeals process for inclusion and coverage of medications not on a formulary should be available, and information on how to appeal should be well publicized.

**References:**