October 22, 2013

Pharmaceutical & Therapeutics Committee
Connecticut Department of Social Services
Connecticut Medical Assistance Program
Attn: Pharmaceutical & Therapeutics Committee
Submitted Electronically via: ConnecticutPDLQuestions@hp.com

Dear Pharmaceutical & Therapeutics Committee Members:

The Epilepsy Foundation is writing with regards to the upcoming meeting of the Pharmaceutical & Therapeutics Committee for the Connecticut Medicaid program, at which two drugs indicated for the treatment of epilepsy and seizures will be reviewed. The Epilepsy Foundation believes individuals living with epilepsy and seizure disorders must have access to all the available anti-epilepsy drugs (AEDs) and urges the Committee to preserve meaningful access for all AEDs in the Medicaid program. Limiting access to life-saving medications and interrupting proven treatment regimens due to drug formulary changes intended to cut costs can result in harmful changes to patient therapies mid-stream and be far more costly to the Medicaid program in the long run.

The Epilepsy Foundation, through our local affiliate, the Epilepsy Foundation of Connecticut, represents the residents of Connecticut living with epilepsy and seizures. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. For the majority of people living with epilepsy, AEDs are the most common and most cost effective treatment for controlling and/or reducing seizures. Limiting access to these medications for epilepsy patients with Medicaid is not only dangerous to their health, safety, and overall well-being but significantly increases their risk for premature death. Breakthrough seizures lead to significant medical costs and complications related to preventable seizures, along with lost wages and productivity, impacting not just the individuals living with epilepsy but also their families and communities. For these reasons, the Epilepsy Foundation opposes prior authorization, step therapy and similar policies intended to restrict access to physician-directed care that unnecessarily prolong ineffective treatment, and prevent patients from immediately starting the treatment their practitioners think is best.

Patients with epilepsy who have their medications switched, or who experience a delay in accessing their medication due to onerous prior authorization requirements, are at a high risk for developing breakthrough seizures and related complications. The American Epilepsy Society, the American Academy of Neurology, and the Epilepsy Foundation have expressed concerns with formulation substitution. According to key studies, limiting access to treatment options for epilepsy does NOT reduce overall healthcare costs. A 2009 report by the Epilepsy Foundation showed that 59% of patients that were forced to switch from a brand name AED to a generic AED suffered seizures and 49% suffered new side-effects. Moreover, more than 25% of patients that switched from generic to generic experienced problems. Studies have also shown that medication substitution may be associated with increased medical utilization and significantly higher direct healthcare costs even when considering prescription savings due to lower priced AEDs. It has also
been shown that emergency services can increase as a result of state mandatory substitution requirements. Even when no physical injury occurs, seizures often result in significant social, legal and developmental consequences, such as loss of independence, inability to drive, potential loss of employment and reduced quality of life. Furthermore, if a breakthrough seizure were to occur while engaged in the various life activities such as driving, it becomes a matter of both individual and public safety.

When reviewing the Medicaid formulary, the Foundation encourages the committee to:

- **Preserve meaningful access for all anticonvulsant medications**, because of the critical role physician directed treatments play in seizure control for individuals living with epilepsy.
- **Keep in mind the impact that limiting access of any one drug can have for patients who rely on the drug for another indication.**

Containing drug costs for the Medicaid population by restricting access to AEDs will not lead to more cost-effective healthcare for Connecticut. The cost and impact to individuals, their families and communities, of preventable seizures certainly outweighs any short-term savings generated by restricting access to AEDs. The inclusion of medications on formularies should be based upon clinical factors and access should be permitted so that care is dictated by the opinions of treating physicians, including specialists as necessary. This would achieve greater savings in the long run while preserving access to medications and protecting patient and public safety.

The Epilepsy Foundation opposes any changes to the Medicaid drug formulary that would restrict access to the AEDs upon which individuals living with epilepsy rely on to maintain seizure control and an improved quality of life. We would be happy to discuss this issue with you, please feel free to contact Angela Ostrom, Vice President of Policy and Advocacy at aosstrom@efa.org or 301-918-3766 with any questions or follow-up.

Sincerely,

Philip M. Gattone, M.Ed.
President & CEO
Epilepsy Foundation

Linda Wallace
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