



## **EPILEPSY FOUNDATION**

NORTH/CENTRAL ILLINOIS, IOWA, NEBRASKA

*Not another moment lost to seizures.*

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### **IOWA EPILEPSY TREATMENT AND EDUCATION TASK FORCE**

#### **EXECUTIVE SUMMARY – January 21, 2013**

**To: Iowa General Assembly**

**From: Dale Todd, Chairman of Iowa Epilepsy Treatment and Education Task Force**

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The initial impetus for the creation of the task force was to assess and research the impact on people with epilepsy when their medication or generic equivalent of their anti-seizure medication was switched. Historically, this has been a very contentious issue within the medical community, among epilepsy advocates, pharmacists and within the pharmaceutical and insurance industries.

Past efforts in Iowa to create and pass legislation regulating the “switching of medications for epilepsy patients without the consent of their doctors,” has met stiff opposition from members of the pharmacy community. The creation of the Task Force has been a welcome attempt by the legislature to bring both sides of the issue together to research, discuss and work on recommendations in a productive and collaborative manner. It was a pleasure serving with such a diverse and respected group of stakeholders comprised of providers, pharmacists and family members of those living with epilepsy. While task force members had strong opinions, we worked together to build consensus and develop recommendations that will improve healthcare outcomes for epilepsy patients and caregivers throughout Iowa.

The issue of differences in the bio-equivalency of anticonvulsant medications and the potential risks to epilepsy patients is becoming more fully realized by those in the physicians, pharmacists and those in epilepsy community. Unlike other diseases, the dangers faced by epilepsy patients when their medication is received at a dose that is not effective can be catastrophic. This is the underlying principle that has unified Task Force members in their discussions and work throughout our meetings. While not a specific goal of HF 322, the creation of the Task Force has led to a productive dialog and new partnerships between physicians, patient advocates, pharmacists and other stakeholders in the epilepsy community. Therefore, as a collective group, we recommend the following legislative recommendations listed below.

#### **Legislative Recommendations – Moving Forward and Working Together**

1. The Task Force agrees to legislative language that a) provides authority to the Board of Pharmacy for oversight of non-resident pharmacies related to the drug product selection law, b) prohibits drug product selection for generic medications when a specific manufacturer’s product is prescribed and the diagnosis of epilepsy is written on the prescription, c) requires third party payers to cover the cost difference, and d) allows the pharmacist to provide an emergency supply of a substitutable equivalent of a specific generic manufacturer's product in the event the pharmacy is out of the prescribed medication. It will still require the pharmacist to alert the patient and prescribing physician of the substitution but allows a 72 hour window to resolve the shortage. This will clear up the confusion with the DAW (dispense as written) language.

2. With upcoming changes in insurance plans because of the Affordable Care Act, the potential for Medicaid expansion and the creation of State Healthcare Insurance Exchanges, the members of the task force believe it is important that Health insurance address the needs of individuals with chronic conditions and disabilities like epilepsy in order to achieve the goal of providing meaningful coverage. 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.

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.
3. Medicaid needs to eliminate barriers, so epilepsy patients have access to all anticonvulsants (seizure medications), particularly if it can help decrease costs to the system and improve patients’ healthcare outcomes.
    - Epilepsy patients should not be forced to fail two seizure generic medications, when the physician believes that there are brand medications on the market that would be effective.
    - There are at least four brand name anticonvulsants (Banzel, Vimpat, Onfi and Potiga) that are on the non-preferred Medicaid list which do not have generic equivalents, which need to be switched to the preferred Medicaid list. These products are relatively not used that much, but would go a long way towards helping patients gain better seizure control.

Efforts to increase education among patients, physicians and pharmacists about the risks posed by the generic switching of anticonvulsants should expand to include insurance company stakeholders and other healthcare representatives involved in improving patients’ healthcare outcomes. The task force has made progress in Iowa accomplishing this goal, but more remains. Therefore, the task force will continue to meet to monitor the education efforts across Iowa.