



***Written Testimony Supporting S.B. 241
Submitted to the Senate Business and Labor Committee
By Susan G. Komen® Utah***

Mr. Chairman and Members of the Committee, for the record, my name is Linda Spira, and I represent Susan G. Komen Utah. Thank you for the opportunity to provide testimony supporting S.B. 241, which would ensure a health benefit plan may not make coverage of a prescription drug dependent on the completion of a fail-first, or other step therapy, protocol for those with stage-IV advanced metastatic cancer.

Susan G. Komen believes that everyone deserves equal access to quality treatment to reduce their risk of dying from breast cancer. We also believe patients and their physicians should be free to make treatment decisions based on what is best for that patient rather than insurance design.

Step therapy, also referred to as “fail first”, requires a patient to first try a preferred (often generic alternative) drug prior to receiving coverage for the originally prescribed drug. Step therapy is a method of utilization management that health plans employ to control costs by beginning treatment with a more cost-effective drug therapy and then progressing to the newer, more costly treatments only if necessary.

According to a study published in the American Journal of Managed Care, step therapy may create barriers for members to receive medication, and ultimately result in higher medical utilization costs. These protocols should optimize affordable, effective and appropriate access to care, not lead to delayed treatments, poor patient outcomes and increased medical costs.

Currently, in the U.S. more than 154,000 people are living with metastatic breast cancer. Metastatic breast cancer is an advanced stage of breast cancer where tumor cells have spread to other parts of the body. It is estimated that nearly all of the more than 42,000 breast cancer deaths expected this year will be a result of metastasis.

Although metastatic breast cancer cannot be cured, the disease, and side effects, can be treated. Treatment is highly personalized and must be based on decisions made by the patient and their healthcare providers, as they are most capable in determining the appropriate treatment for patients. Unfortunately, most step therapy protocols rely on generalized information regarding patients and their treatments as opposed to considering unique patient experiences and responses to different treatments.

To date, Komen has provided more than \$166 million in over 400 research grants to more than 40 clinical trials focused on metastatic breast cancer. This research has resulted in a better understanding of breast cancer and improvements in both quality of life and survival rates. Ensuring patients are receiving consistent and effective treatments is even greater in situations when treating patients with potentially life ending diseases such as metastatic breast cancer, any delays or deviations could be deadly.

Patients and physicians should have the opportunity to choose the best treatments and therapies without the burden of overly restrictive cost-containment policies. As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have access to the treatments that may save, or prolong, their lives. As such, Komen Utah supports S.B. 241 and urge you to pass this critical legislation.

Thank you for your consideration.

**Linda Spira
Susan G. Komen Utah**



March 6, 2019

The Honorable Karen Mayne
Minority Leader, Utah State Senate
5044 W Bannock Circle
West Valley City, UT 84120

Dear Minority Leader Mayne,

Susan G. Komen Utah® is proud to support S.B. 241, prohibiting a health benefit plan from requiring step therapy to treat stage-IV advanced metastatic cancer. Komen Utah believes that everyone deserves equal access to quality treatment to reduce their risk of dying from this disease. We also believe patients and their physicians should be free to make treatment decisions based on what is best for that patient rather than insurance design.

S.B. 241 prohibits a health benefit plan from requiring step therapy for certain drugs used to treat stage-IV advanced metastatic cancer or associated conditions.

Step therapy, also referred to as “fail first”, requires a patient to first try a preferred (often generic alternative) drug prior to receiving coverage for the originally prescribed drug. Step therapy is a method of utilization management that health plans employ to control costs by beginning treatment with a cheaper drug therapy and then progressing to the newer, more costly treatments only if necessary.

According to a study published in the American Journal of Managed Care, step therapy may create barriers for members to receive medication, and ultimately result in higher medical utilization costs. These protocols should optimize affordable, effective and appropriate access to care, not lead to delayed treatments, poorer patient outcomes and increased medical costs.

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Although metastatic breast cancer cannot be cured, it can be treated. Treatment is highly personalized and must be based on decisions made by the patient and their healthcare providers, as they are most capable in determining the appropriate treatment for patients. Unfortunately, most step therapy protocols rely on generalized information regarding patients and their treatments as opposed to considering unique patient experiences and responses to different treatments.

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Patients and physicians should have the opportunity to choose the best treatments and therapies without the burden of overly restrictive cost containment policies.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equal access to the treatments that may save their lives. As such, we support S.B. 241 and look forward to working with you to pass this critical legislation. If we may be of further assistance, please contact Molly Guthrie, Director of Public Policy and Advocacy, at mguthrie@komen.org.

Sincerely,

Susan G. Komen Utah®

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Cancer Network®

National Comprehensive Cancer Network

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NCCN Categories of Evidence and Consensus

- **Category 1:** Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- **Category 2A:** Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- **Category 2B:** Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
- **Category 3:** Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

All recommendations are category 2A unless otherwise indicated.

NCCN Categories of Preference

- **Preferred intervention:** Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability
- **Other recommended intervention:** Other interventions that may be somewhat less efficacious, more toxic, or based on less mature data; or significantly less affordable for similar outcomes
- **Useful in certain circumstances:** Other interventions that may be used for selected patient populations (defined with recommendation)

All recommendations in the NCCN Guidelines are considered appropriate.

For more information on the NCCN Categories of Preference click [here](#).

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