



Opposition to Senate Bill 165

Senate Public Health and Welfare Committee

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Madam Chair and members of the committee. Thank you for the opportunity to submit testimony in opposition to Senate Bill 165.

Express Scripts is the nation's largest pharmacy benefits manager or PBM, providing the prescription drug benefit to over 85 million Americans. We improve health outcomes by making the use of prescription drugs safer and more affordable. Express Scripts administers pharmacy benefits for Kansas employers, health plans, labor unions, Medicare beneficiaries, and TRICARE, the health plan for active-duty military, retired military and their dependents.

While we have no position on New Section 2 of the bill, we do appreciate the opportunity to address New Section 1(a) and what it requires. As a pharmacy benefit manager, we use proven tools and techniques, including the use of formularies, retail networks, generic drugs and mail order to help our clients manage prescription drug spending.

SB 165 mandates that 3 brand name abuse deterrent formulation (ADF) opioid drugs will be required to be covered on a health plans' formulary. SB 165 also severely limits a health plan from utilizing prior authorization by requiring that the prior authorization requirements are the same for a brand name abuse deterrent form of the drug as the generic non-abuse deterrent form. (page 2, lines 7-15).

SB 165 also does not allow the use of step-therapy if the first level drug is a non-abuse deterrent form of the drug. (page 1 lines 32-35). There are no generic abuse deterrent form products on the market and the bill goes on to say that a plan must cover at least one abuse deterrent form product "per opioid analgesic active ingredient" on the plans formulary. (page 1, lines 28-31).

There are 9 abuse deterrent opioid drugs on the market and there are 3 different active ingredients among the 9 drugs. Four use Oxycodone as their opioid agonist active ingredient, three use Morphine sulfate and two use Hydrocodone. So requiring one abuse deterrent per active ingredient would mean that a plan would be required to have not just one, but at least 3 abuse deterrent forms on its formulary.

In summary, SB 165 requires health plans to have 3 brand name abuse deterrent forms of an opioid analgesic product on its formulary, does not allow for a step therapy requirement that a member first try a generic non-abuse deterrent opioid and severely limits any meaningful use of prior authorization for those brand name ADF drugs.

For these reasons we respectfully oppose SB 165. I'll be happy to answer any questions.