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Baltimore, MD – District 46

Good afternoon. I'm Dr. Maury. I'm a solo practitioner rheumatologist in Glen Burnie Maryland. As you know, in 2014, Maryland was one of the first states to enact step therapy protections, which have benefited many Marylanders. I'm here today in support of SB 952 which would strengthen Maryland's step therapy protections to cover cases that are not addressed in the current law. I have many examples of such cases but will only cover a few in my remarks today.

First, step therapy has required my patients to try treatments that would cause an adverse reaction. For example, I have a few patients with severe latex allergies. Typically, I submit an authorization request to get a latex-free option for self-injectable medication covered by their health insurance, but my requests are routinely denied. The responses state that the patient must first fail the LATEX-containing treatment required by the step therapy protocol. After many appeals, I get the latex-free option covered. In one case, I had to get the State Attorney General's office involved to get approval.

Step therapy also requires patients to try treatments that have the same mechanism of action as a treatment they have failed. For example, I have a patient with Ankylosing Spondylitis. The PBM wanted him to try infliximab before going to Cosentyx even though he had failed a drug in the same class as infliximab. Based on my knowledge of the patient, the medications he had tried and the behavior of his disease, my clinical judgement told me he would be better off on Cosentyx, a different class of drug. They forced me to put him on infliximab which did not control his disease. After he went through many months of suffering, Cosentyx was finally approved. Within 6 weeks of starting it, he was dramatically better. The PBM could have SAVED money and prevented suffering of my patient had they listened to my clinical judgement. SB 952 would allow a patient like this to go straight to Cosentyx instead of trying another drug in a class he had already failed.

Lastly, there is only 1 rheumatoid arthritis medication considered safe in pregnancy and breast feeding. For my young women who want to start families, the only medically appropriate option is the one that is SAFE during pregnancy, but step therapy prevents them from accessing it even though it is covered by their insurance. I had a PBM deny this medication to a woman with very active rheumatoid arthritis who was still breastfeeding her infant. After many appeals, it was finally approved but her treatment was delayed by 3 months which significantly increased her risk of long-term disability.

I spend a lot of my personal time after hours dealing with arbitrary denials and writing appeal letters. I have one employee whose main job is dealing with authorizations and appeals. This is a complete waste of time and money. I could have her dealing with other patient care issues, instead she spends hours on hold for each appeal. It's an administrative nightmare. My staff and I suffer, my business suffers, and most importantly, my patients suffer. SB 952 would alleviate many barriers to timely and appropriate therapy for patients in the state of Maryland.