

## How to Get New Drugs to Epileptic Patients

By Jenniafer Walters

FDA regulators recently approved Aptiom, the first once-a-day epilepsy pill.<sup>1</sup> The medicine could help three million Americans -- roughly 35,000 of whom live in Oklahoma -- better manage their neurological disorder.<sup>2</sup>

But for too many patients in Oklahoma and around the country, Aptiom and similar drugs remain out of reach due to insurers' cost-sharing requirements. Now, our elected officials, may further reduce access to these medicines and prevent the development of new treatments.

Epilepsy treatment can be expensive. Common anti-epileptic drugs cost anywhere from \$50 to \$1,000 per month even with health insurance.<sup>3</sup> To rein in these costs, some members of Congress have put forward a bill that would allow the government to effectively dictate lower prices for drugs purchased through Medicare. Several state legislatures around the country have also recently attempted to impose outright price controls on prescription drugs.

Though well intentioned, these moves are short-sighted. They'll decrease patients' access to Aptiom and other innovative therapies, and seize up the development pipeline that could yield better treatments for my daughter and millions of other epileptic patients.

Epilepsy drugs, like the disorder itself, are complex. The major drug classes used today -- including anti-epileptic calcium channel blockers -- are the product of massive investments by drug firms.<sup>4</sup> The parent company responsible for the anticonvulsant Aptiom spent more than \$677 million in research and development expenditures last year.<sup>5</sup>

Pharmaceutical firms spend more than \$51 billion a year in research and development. In our free enterprise system, these firms should be able to charge suitable prices for innovated drugs in order to recoup the costs associated with developing them.

If state and federal lawmakers cap drug prices and limit drug makers' returns, there in be one inceptive for research and development. The stream of new treatments -- 51 new therapies were approved by the FDA in 2014 -- will slow to a trickle.<sup>6</sup>

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<sup>1</sup> <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm374358.htm>

<sup>2</sup> Using national rate applied to OK population. See here:

<http://quickfacts.census.gov/qfd/states/40000.html>

<http://www.cdc.gov/epilepsy/basics/fast-facts.htm>

<sup>3</sup> <http://www.healthline.com/health/cost-epilepsy-medications#MostCommonDrugs2>

<sup>4</sup> [http://www.manhattan-institute.org/html/mpr\\_06.htm](http://www.manhattan-institute.org/html/mpr_06.htm)

[https://books.google.com/books?id=35TzBwAAQBAJ&pg=PA44&lpg=PA44&dq=See+Maxwell+and+Eckhardt,+Drug+Discovery:+A+Casebook+and+Analysis,+44+\(Table+1\).&source=bl&ots=uNER1MPjif&sig=q1VrWMu61djKX-g0SnGGoRafgKU&hl=en&sa=X&ved=0CB8Q6AEwAGoVChMIwfW0xd3lxwIVRAeSCh1x3ANi#v=onepage&q=See%20Maxwell%20and%20Eckhardt%2C%20Drug%20Discovery%3A%20A%20Casebook%20and%20Analysis%2C%2044%20\(Table%201\).&f=false](https://books.google.com/books?id=35TzBwAAQBAJ&pg=PA44&lpg=PA44&dq=See+Maxwell+and+Eckhardt,+Drug+Discovery:+A+Casebook+and+Analysis,+44+(Table+1).&source=bl&ots=uNER1MPjif&sig=q1VrWMu61djKX-g0SnGGoRafgKU&hl=en&sa=X&ved=0CB8Q6AEwAGoVChMIwfW0xd3lxwIVRAeSCh1x3ANi#v=onepage&q=See%20Maxwell%20and%20Eckhardt%2C%20Drug%20Discovery%3A%20A%20Casebook%20and%20Analysis%2C%2044%20(Table%201).&f=false)

<sup>5</sup> I.e., in fiscal year

[http://www.ds-pharma.com/ir/library/annual/pdf/2014/annual\\_report2014.pdf](http://www.ds-pharma.com/ir/library/annual/pdf/2014/annual_report2014.pdf)

<sup>6</sup> <http://lab.express-scripts.com/insights/drug-options/fda-approvals-reach-18-year-high>

Capping drug prices won't help patients in the long run. Fortunately, regulators and lawmakers can ease the burden on patients without resorting to innovation-stifling price controls.

Policy makers could start by cracking down on high deductibles and copayments that many insurance companies require. For example, Blue Cross Blue Shield of Oklahoma's "Simply Blue" plan does not cover non-preferred drugs like Aptiom, which can cost more than \$700 a month.<sup>7</sup> Some patients must pay deductibles as high as \$7,500 before their insurance will start chipping in.

This cost-shifting is especially problematic for epileptic patients, since most take multiple drugs. High out-of-pocket costs can force epileptic patients to skip doses in an effort to make their medicines last longer. That can seriously threaten their health by making seizures more likely.

Reducing cost-sharing would transform patients' lives -- and help reduce overall healthcare spending. The average cost of an emergency room visit related to epilepsy is more than \$700,<sup>8</sup> and patients with uncontrolled seizures spend about \$6,000 to \$33,000 every year on hospital care.<sup>9</sup> So while drug treatment is often costly, it is an investment that can actually save patients from personal bankruptcy and the public from higher spending on government insurance programs like Medicare and Medicaid.

Regulators could also investigate pharmacies and drug discount cards. A Consumer Reports investigation found that some pharmacies make it virtually impossible to comparison-shop when using discount cards, leaving patients with unwelcome bills only after filling the script.<sup>10</sup> Other pharmacies advertise false discount claims and then refuse to process the rebates.<sup>11</sup> In an ongoing lawsuit, CVS customers allege that the pharmacy intentionally overcharged them for generic prescriptions.<sup>12</sup>

Epileptic patients depend on drug innovation and deserve access to these drugs at a reasonable price. Rather than target the innovators developing life-changing new treatments, regulators and lawmakers would do well to turn their attention toward the insurance companies and pharmacies that are forcing higher costs on to epileptic patients.

*Jenniafer Walters is the president of the Epilepsy Association of Oklahoma.*

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<sup>7</sup> [http://www.bcbsok.com/pdf/simply\\_blue\\_compare.pdf](http://www.bcbsok.com/pdf/simply_blue_compare.pdf)

<http://www.bcbsok.com/pdf/rx/rx-drug-list-std-5tier-ok-2015.pdf>

[http://www.bcbsok.com/medicare/pdf/ok\\_mapd\\_formulary\\_tulsa\\_2015.pdf](http://www.bcbsok.com/medicare/pdf/ok_mapd_formulary_tulsa_2015.pdf)

<http://formularyjournal.modernmedicine.com/formulary-journal/content/tags/aptiom/drug-overview-aptiom-eslicarbazepine-acetate?page=full>

<sup>8</sup> <http://www.cececares.org/cost-of-epilepsy-seizures.html>

<sup>9</sup> [http://www.valueinhealthjournal.com/article/S1098-3015\(10\)72671-1/pdf](http://www.valueinhealthjournal.com/article/S1098-3015(10)72671-1/pdf)

<sup>10</sup> <http://www.consumerreports.org/cro/2012/12/a-drugstore-tool-we-re-not-crazy-about/index.htm>

<sup>11</sup> <http://www.wdam.com/story/29941055/kmart-corporation-pays-14-million-in-false-claims-allegations>

<http://www.frierlevitt.com/articles/pharmacylaw/the-hidden-dark-side-of-prescription-discount-cards-what-your-pharmacy-needs-to-know/>

<sup>12</sup> <http://www.bloomberg.com/news/articles/2015-07-30/cvs-health-accused-in-suit-of-overcharging-for-generic-drugs>