



**National
Multiple Sclerosis
Society**

Chair Tina Liebling and Committee Members
MN House Finance and Policy
2105 Minnesota Senate Building
St. Paul, MN 55155

Dear Representative Liebling and Members:

On behalf of the National Multiple Sclerosis Society, we applaud the intent of HF 17 as it attempts to address and even limit the costs of medications that treat chronic diseases such as multiple sclerosis (MS). We are pleased to share our support for the Prescription Drug Affordability Act Sections 7-14. The resulting prescription drug affordability board established through this legislation could provide the meaningful oversight needed to reform the system to work better.

Multiple sclerosis (MS) is an unpredictable disease of the central nervous system. Currently, there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS.

Impact of escalating DMT prices

While the progress, severity, and specific symptoms of MS in any one person cannot yet be predicted, a growing body of evidence indicates that early and ongoing treatment with a disease-modifying therapy (DMT) is the best way to modify the course of the disease, prevent the accumulation of disability and protect the brain.

People with a chronic illness like MS need to know they can afford the life-changing medication they need when they need it.

Nearly three-quarters of MS medications average more than one price increase per year. In 2013, the average price of MS DMTs was around \$60,000; in 2018, the median price of brand DMTs increased to \$80,000; four years later, in 2022, the brand median price was close to \$94,000. Six MS DMTs have increased in price by more than 200% since they came on the market, and nine are now priced at more than \$100,000 per year. We continue to see significant annual price increases for most of these medications.

The current trajectory of DMT costs is unsustainable for the government, taxpayers, and those living with chronic conditions such as MS. In a recent MS Society survey, 40% of people with MS



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shared that they altered or stopped taking their medications due to high cost. They may have stopped treatment, skipped or delayed filling a prescription, skipped or delayed treatment, or didn't take the medication as prescribed to try and make it last longer.

Solutions for people with MS

We thank Senator Kelly Morrison for chief-authoring this bill that has the potential to help address the high costs of MS medications. Prescription drug affordability boards (PDAB) can provide important oversight needed to protect consumers, including people living with MS.

We appreciate that the Prescription Drug Affordability Act sections of SF 168/HF17 utilize a multi-stakeholder approach in forming the prescription drug affordability council, acknowledging the roles of health plans, employers, clinical researchers, drug manufacturers, patients, and others. The National MS Society believes that no single stakeholder has all the solutions; we can only find the solutions together, and we strongly support the inclusion of patient and healthcare consumer perspectives.

A robust board would have the authority to conduct cost reviews of high-cost prescription drugs. If found to create affordability challenges for the state health care system or patients, the PDAB could set an upper payment limit (UPL) for what is paid in the state of Minnesota for that medication. This would put downward pressure on drug prices throughout the supply chain for all payers and similar classes of drugs.

The National MS Society supports the intent of HF 17/SF 168 to help shed light on complex issues in the prescription drug market and stabilize the price of medications through the UPL established in section 14. SF168/HF 17 increases transparency so that more information and notification about drug pricing is available.

The Society is here to serve as a resource, so we hope you will feel free to contact us if you have any questions about our position. Prescription drugs cannot improve lives if people can't afford to access them.

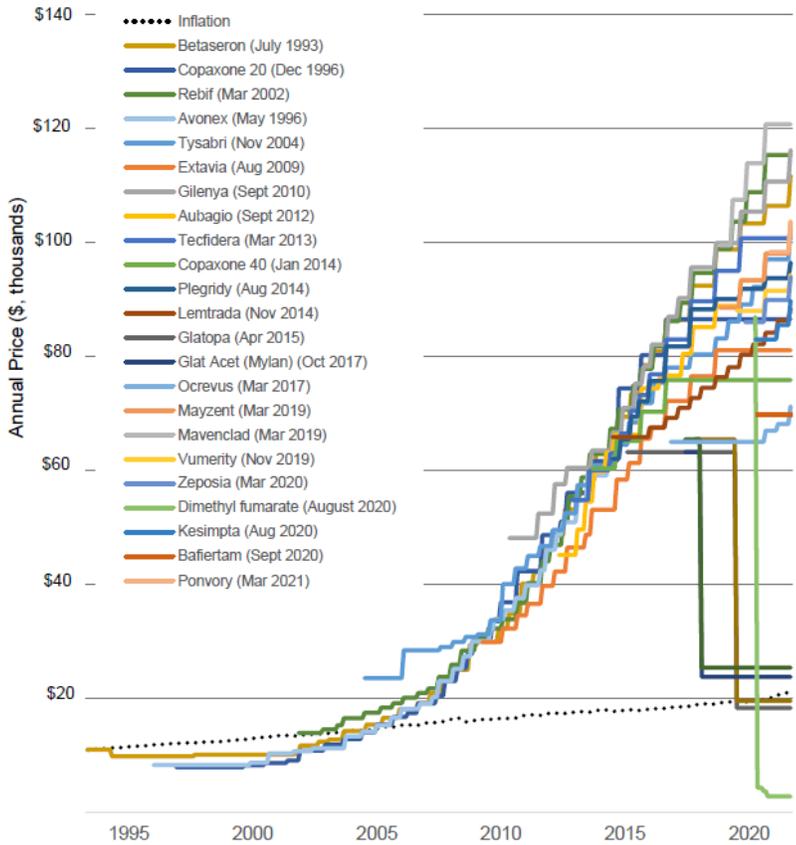
Sincerely,

Christina Pierson

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P.S. In case it is helpful, I've attached a chart that shows the trends in price for disease-modifying therapies for MS; 1997 to 2022

Trends in annual price for disease-modifying therapies for multiple sclerosis; 1997 to 2022



Drug (manufacturer)	1 Year Change*	Annual Price 2022
Self-administered Injections		
Betaseron (Bayer)	5.0%	\$111,721
Avonex (Biogen)	3.0%	\$96,487
Rebif (EMD Serono)	0.0%	\$115,351
Extavia (Novartis)	0.0%	\$81,071
Plegridy (Biogen)	3.0%	\$96,482
Kesimpta (Novartis)	8.2%	\$89,765
Glatiramer Acetate		
Copaxone 20 (Teva)	0.0%	\$86,554
Copaxone 40 (Teva)	0.0%	\$75,816
Glatopa (Sandoz)	0.0%	\$18,250
Glatopa 40 (Sandoz)	0.0%	\$19,500
Glat Acet (Mylan)	0.0%	\$23,725
Glat Acet 40 (Mylan)	0.0%	\$25,350
S1P Receptor Modulators		
Gilenya (Novartis)	5.0%	\$116,193
Mayzent (Novartis)	5.0%	\$102,938
Zeposia (Celgene)	4.5%	\$93,914
Ponvory (Janssen)	5.4%	\$103,660
Fumarates		
Tecfidera (Biogen)	0.0%	\$100,690
Vumerity (Biogen)	3.0%	\$94,265
Bafiertam (Banner)	0.0%	\$69,770
Dimethyl fumarate**	-25.0%	\$2,738
Other Oral DMTs		
Aubagio (Genzyme)	5.7%	\$103,643
Mavenclad (EMD Serono)	0.0%	\$120,742
Infusions		
Tysabri (Biogen)	5.2%	\$102,126
Lemtrada (Genzyme)	5.0%	\$88,343
Ocrevus (Genentech)	6.3%	\$71,187

Notes: Annual price estimated from wholesale acquisition costs (First Databank)
 Market entrance date in parenthesis
 Dashed line is projected annual price of Betaseron assuming only inflationary increases in price (CPI)
 Lemtrada is based on four 12 mg vials (Package insert dosing: 12 mg/day (5 vials) for five consecutive days in first year; 12 mg/day (3 vials) for three days in year 2);
 *2021 to 2022 (January); **lowest price dimethyl fumarate reported
 Updated 2.15.2022 (Data through January 2022)



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