

## **Teva Neuroscience and the National Multiple Sclerosis Society**

### **Announce Release of *Multiple Sclerosis Trend Report***

#### **For Immediate Release**

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#### **For More Information**

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(Kansas City, Mo.) Teva Neuroscience and the National Multiple Sclerosis Society announce *The Multiple Sclerosis Trend Report: Perspectives from Managed Care, Providers, and Patients*.

The National Multiple Sclerosis Society—in conjunction with a group of managed healthcare professionals, physicians, and academicians—researched current issues in the care of multiple sclerosis patients in order to assess trends in the management of MS.

The research surveys were distributed to managed care organizations (MCOs); neurologists; those responsible for reimbursement, billing, and coding; specialty pharmacy companies; case managers; and MS patients.

#### **MCOs**

The questions designed for MCOs targeted trends in managing treatment for MS. Eighty-two managed care executives participated in the research.

- Only 8% percent of the surveyed plans have mature disease management programs in place;
- Less than half of the plans have a partially developed disease management program
- 27% of the plans do not track even the absolute number of members with MS within their organization

Few of the surveyed plans have fully developed outcome improvement programs in place.

### **Key MCO Findings**

The results show that a major focus of the MCOs surveyed is on controlling the cost of medications for MS. This finding is not surprising, given the per-patient per-month costs of the drugs used to treat patients with MS.

As new MS drugs are introduced, insurers tightly control new molecular entities, especially those in competitive categories or those whose use is largely off-label.

Numerous strategies—including higher cost sharing with the patient, increased use of preferred categories, differential prior authorization rules to encourage the use of specific drugs, and delayed acceptance of new products—are in use, or under consideration, for managing biologic and other new classes of drugs.

While cost containment is an important issue for insurers, 67% of respondents reported that ensuring appropriate utilization of the drug in question is the most important objective of prior authorization requirements for biologic or injectable therapies.

### **Neurologists and MS Specialists**

One hundred forty-three general neurologists and MS specialists were surveyed on the provision of MS healthcare. They were asked about the management of MS symptoms and the use of disease-modifying therapies. They were also queried about the difficulties involved in diagnosis, treatment, and reimbursement.

Neurology practices continue to face challenges in:

- The profitability of their contracts (nearly 30% said most of their contracts with MCOs are not profitable)
- The appeal of claim denials
- The negotiation of contracts

### **Key Neurologist Findings**

Many providers face a range of difficulties in obtaining payments from MCOs for the treatment of patients with MS (see Figure 45). Specifically:

- Nearly two-thirds of the respondents said that insurance barriers interfere with their ability to diagnose and treat MS patients

- More than two-thirds (70%) of the respondents reported that insurers at least sometimes try to restrict the use of infused disease-modifying drugs
- Neurology practices find their communication with MCOs burdensome, especially in obtaining answers to questions from managed care representatives and in trying to streamline referral and reimbursement processes (see Figure 49)
- Nearly two hours per week are devoted to reimbursement issues, and approximately three-fourths of the respondents said they have had to hire additional staff to handle prior authorizations or payment issues
- Close to two-thirds of the respondents (60%) indicated that managed care organizations should increase payment for procedures such as nerve conduction studies, while almost 30% believe insurers should increase payment for patient evaluation and treatment visits

Results indicate that neurologists would like insurers to assist them with continuing education. They say insurer-supplied educational articles would enhance the value of an insurer's contract and prove an effective tool for keeping both doctors and medical directors on the cutting edge of MS treatment.

In addition, easier access to information, quick and simple answers to questions, and better access to customer representatives would improve profitability for providers and would facilitate better relations between MCOs and providers.

## **Other Neurologist Findings**

- Although nearly 59% of respondents said most of their contracts with MCOs are profitable, 29% said they are not
- Many emphasized the need for more communication between insurers and practitioners, such as providing a panel of experts to consult with MCO medical directors about new FDA-approved medications, agents for symptom management, the use of off-label prescriptions, and ancillary care such as physical therapy
- Respondents would also welcome an increased role by specialty pharmacies in the management of MS patients, since numerous biologic and other MS drugs and symptomatic therapies are on the market or in development
- Patient depression, including its causes and treatment, proved of particular concern, and neurologists responded that specialty pharmacy case managers could help with self-assessment and screening tools for depression

In addition, respondents said that specialty pharmacy programs could help ease neurologists' work load, which averages 48 hours of clinical practice and five hours of administrative work per week.

## **Coding**

The survey on neurology reimbursement and coding, as they apply to MS, indicated obstacles to service for patients with MS.

While demonstrating that some progress has been made, the responses of 68 coding and reimbursement staff from doctors' offices highlighted many areas in which an

exchange of information and ideas might lead to streamlined systems and reduced costs both for providers and for MCOs.

### **Key Coding Findings**

- Most practices (79%) reported that they do their own billing; 54% of the respondents maintain solo neurology practices, while 46% practice in a group setting
- Close to 60% of the respondents remain on hold for 15 minutes or longer when contacting their insurer by telephone; close to 10% never get through to a live customer service representative; and 19% must leave a message every time they place a call
- Respondents desire consistency in explanations of claims denials; more accurate and timely dissemination of information on the telephone with insurance staff; and greater knowledge on the part of insurers of the differences between injectable and infusible MS disease-modifying agents and of the positive effects of symptomatic therapies

The findings indicate that neurologists' offices would greatly benefit from more direct lines of communication with managed care organizations. Simplifying claims processing and easing the administrative time demands of those involved in treating MS patients would lead to better quality care.

## **Patients**

The patient survey involved 1,935 persons with MS and focused on the diagnosis and treatment of MS, quality of life for MS patients, and insurance issues.

### **Key Patient Findings:**

- More than 90% of the patients who participated in the survey said they rely fairly heavily on their neurologist for treatment, assistance in obtaining medications, support, and education about their disease
- More than two-thirds (68%) of the patient respondents expressed satisfaction with their insurance coverage; many cited comprehensive coverage, overall affordability, and relatively low co-pays for expensive MS drug therapies as the major reasons for their satisfaction
- However, more than a fifth (22%) of those surveyed said they are burdened with such difficulties as denials of claim reimbursements, requirements for prior authorization, and high co-payments or deductibles
- When asked about the least satisfactory aspect of their insurance coverage, respondents cited lifetime caps on medications and many other obstacles to treatment
- Nearly two-thirds of the respondents (63%) are currently being treated with one of the FDA-approved MS immunomodulatory drugs
- Among the 63% of respondents currently on one of the MS immunomodulatory drugs, 22% reported difficulties with drug therapy reimbursement by their

insurance plans, including high co-payments and/or deductibles (38%),  
difficulties with prior authorization (24%), and denials for drug coverage (8%)

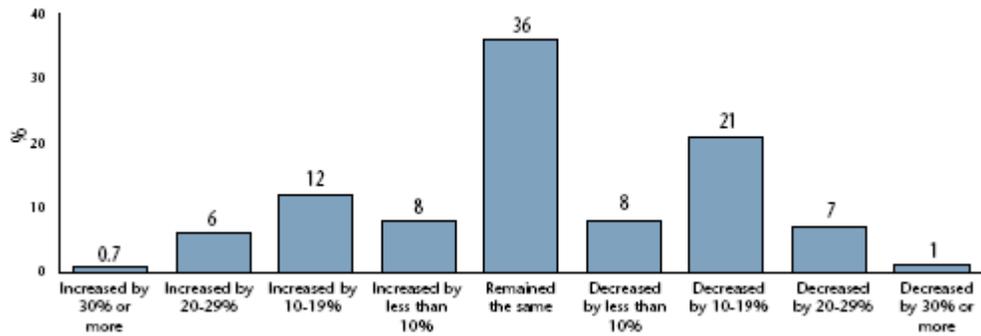
Respondents agreed that denials of prescribed drugs and the ensuing time-consuming appeals, the need for referrals to specialists, lack of patient information specifically related to MS, ignorance on the part of insurers about the differences between MS disease-modifying agents (particularly infusible drug therapies) and drugs that treat MS-related symptoms all translate into the message that the managed care industry—as a whole—does not fully understand MS, and therefore does not allow doctors to treat it appropriately (see Figure 76).

*To obtain a complimentary copy of this report, call the National Multiple Sclerosis Society at 1-800-344-4867. For questions, contact Nicholas G. LaRocca, PhD, associate vice president of Health Care Delivery and Policy Research at the National Multiple Sclerosis Society, at 212-476-0414 or [nicholas.larocca@nmss.org](mailto:nicholas.larocca@nmss.org); or contact the publisher, Peter Sonnenreich, at 202-246-2525 or [peter@pharmaamerica.com](mailto:peter@pharmaamerica.com).*

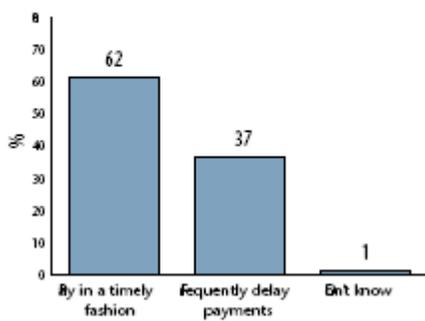
**Some suggested charts that health care editors or writers might want to use:**

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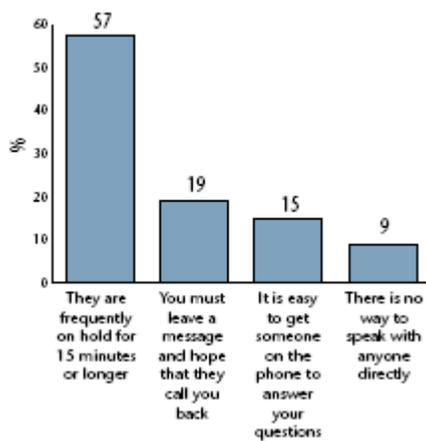
**Figure 20. How has your take-home income changed over the last two years?**



**Figure 45. The majority of the managed care plans with whom we contract ...**



**Figure 49. When staff need to speak with a representative from a managed care plan:**



**Figure 76. What are the most frequent complaints of MS patients regarding access to the injectable MS drug products they are prescribed?**

