



May 21, 2025

Washington State Health Care Authority
Washington State Prescription Drug Affordability Board
Olympia, WA 98501

RE: Drug selection policy comments

Dear Washington State Prescription Drug Affordability Board:

Thank you for the opportunity to offer comments on issues confronting the Washington State Prescription Drug Affordability Board (Board). The National Multiple Sclerosis Society (Society) continues to appreciate and support the Board's work on lowering the cost of prescription medications for all Washingtonians. These comments are intended to provide the Board with additional context as they work to identify prescription medications which pose an undue cost burden on both the state and its residents.

Background

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. While there is not yet a cure, we do know that early diagnosis and treatment are critical to minimizing disability. Significant progress is being made to achieve a world free of MS.

Costs of living with MS

People with MS have a variety of healthcare needs including but not limited to addressing neurological symptoms; emotional and psychological issues; rehabilitation therapies to improve and maintain function and independence; and long-term care. These needs vary dramatically from person to person and can change yearly as the disease progresses. Prescription medications are central to most treatment regimens.

Due to the range of health care and associated needs, the average total cost of living with MS is calculated at \$88,487 per year¹. MS may impact one's ability to work and can generate steep out-of-pocket costs related to medical care, rehabilitation, home & auto modifications, and more. For individuals with MS, medical costs are an average of \$65,612 more than for individuals who do not live with the disease. Medications for MS, known as disease-modifying therapies (DMTs), are the single largest component of these medical costs.

Multiple sclerosis disease-modifying therapies and generics

Brand name MS DMTs had a median price of over \$112,000 as of April 2025. When we discuss the cost of MS DMTs, we are not just talking about products new to the market. There are now over 20 DMTs on the market to treat relapsing-remitting courses of MS. Twelve of these DMTs have been on

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9109149/>

the market for at least a decade, some of those for even longer. Seven of the nine DMTs that have been on the market for at least 12 years are priced at over \$100,000 annually and continue to see regular price increases. (fig. 1).

Generic drugs have a role in driving down high prices and making medications more affordable. However, as we see within the MS DMT class, the existence of generics alone does not guarantee affordability for people who rely on these medications. Today, there are generics for five brand DMTs. While the generic prices have dropped considerably since introduction into the market, people with MS are struggling with affordability, largely because of their formulary placement.

People living with MS do not get to choose which generic is used to fill their prescription which can affect affordability. The generic dimethyl fumarate, for instance, ranged in price from \$1,369 to \$4,258, and the fingolimod generics ranged from \$2,679 to \$27,022 annually. These generics are often placed on specialty tiers with high co-insurance rates, making them as financially out of reach as their brand alternatives. This means that even though the generic may be the lowest priced option, a person with MS may still have a high copay or even co-insurance, where they are responsible for a percentage of the cost of the medication.

Recent data published by Avalere Health² in the Medicare Part D space shows a shift of generics away from generic tiers, which traditionally have lower cost-sharing for patients, towards preferred brand, non-preferred, and specialty tiers which have higher cost-sharing requirements. Most MS DMTs, especially the most widely prescribed, are dispensed primarily via these specialty pharmacies, specialty mail order, or facility-based infusion centers at either a hospital or other medical facility.

Therapeutic equivalents and alternatives

When considering therapeutic equivalents - or biosimilars - the Board should keep in mind that for some chronic illnesses, including MS, there has been little research done on multi- or cross-switching and its impact on patients. Because of the lack of clinical evidence around the safety of multi-switching, many experts in the field recommend against the practice until more research is done.

Out-of-pocket costs and application based, time-limited patient assistance programs

Individual out-of-pocket costs are but one element within our complex drug pricing and health care system. The Society advocates that the Board considers total member cost, not just at the point of service, but wholistically to include deductibles, copays, and patient assistance programs related to the specific prescription medication.

Survey results have shown that over 70% of people with MS have relied on copay assistance to maintain access to their MS disease modifying therapy (DMT) and 40% of individuals living with MS alter their treatment plans due to cost. Several manufacturers of MS DMTs offer application-based, time-limited financial assistance. These programs, however, are tightly controlled, often limited in duration, and do not assist all users of a prescription drug. Because of this, patients cannot necessarily rely on access to those programs from year-to-year and may see steep increases in cost. The Society encourages the Board to reference any costs *before* the application of the manufacturer assistance. This should give a better and more realistic picture of costs to the state for a specific medication.

² <https://advisory.avalerehealth.com/insights/57-of-covered-generic-drugs-not-on-part-d-generic-tiers-in-2025>

It is reasonable to question the role of copay assistance programs and the potential role they inadvertently play in raising costs. However, until real solutions to the challenges of unaffordable MS DMTs and other prescription medications are found, application based, manufacturer patient assistance programs will continue to play a necessary and vital role in keeping these products accessible. Loss of this assistance would be devastating.

Data sources for affordability reviews

The Society sees affordability reviews as key to partially understanding prescription drug pricing within the broader healthcare system. We continue to recommend that any affordability review include all available sources of data in which the scientific methodology is sound, and the sources are considered both reputable and knowledgeable. These sources may include but not be limited to; all-payer databases, state-produced reports, and data and reports from other state reviews.

Specifically, the Board identified data sources include the WA State All-payer Claims Database, current state boards including the Health Care Costs Transparency board, yearly submitted manufacture reporting data, Pharmacy Benefit Manager reporting data, and additional pricing information from trusted and respected databases. These sources should provide the Board with a more complete data snapshot of the pricing range and methods.

The Society supports review provisions that enable the Board to look at the full picture of the drug pricing and healthcare system, including both wholesale and out-of-pocket costs. The Society is pleased to see a wide range of data within the proposed methodologies and review criteria and continues to be supportive of the review process. Importantly, all analysis discussing the affordability of prescription drugs should differentiate between long-term usage for chronic conditions and shorter utilization for acute conditions.

Drug selection criteria, additional considerations

In addition to the required selection criteria outlined in statute (RCW 70.405.040) the Society supports the 12 (twelve) considerations discussed by the Board in previous sessions as detailed in the May 21 meeting materials. These considerations, in addition to statute, should provide a clearer, more wholistic picture of patient costs when the Board undertakes affordability reviews.

People with MS cannot wait, and the system must change to strike a better balance between access to innovative therapies and affordability. We thank you for your continued attention to these important and complicated issues and remain committed to working with you to find solutions for Washingtonians living with MS.

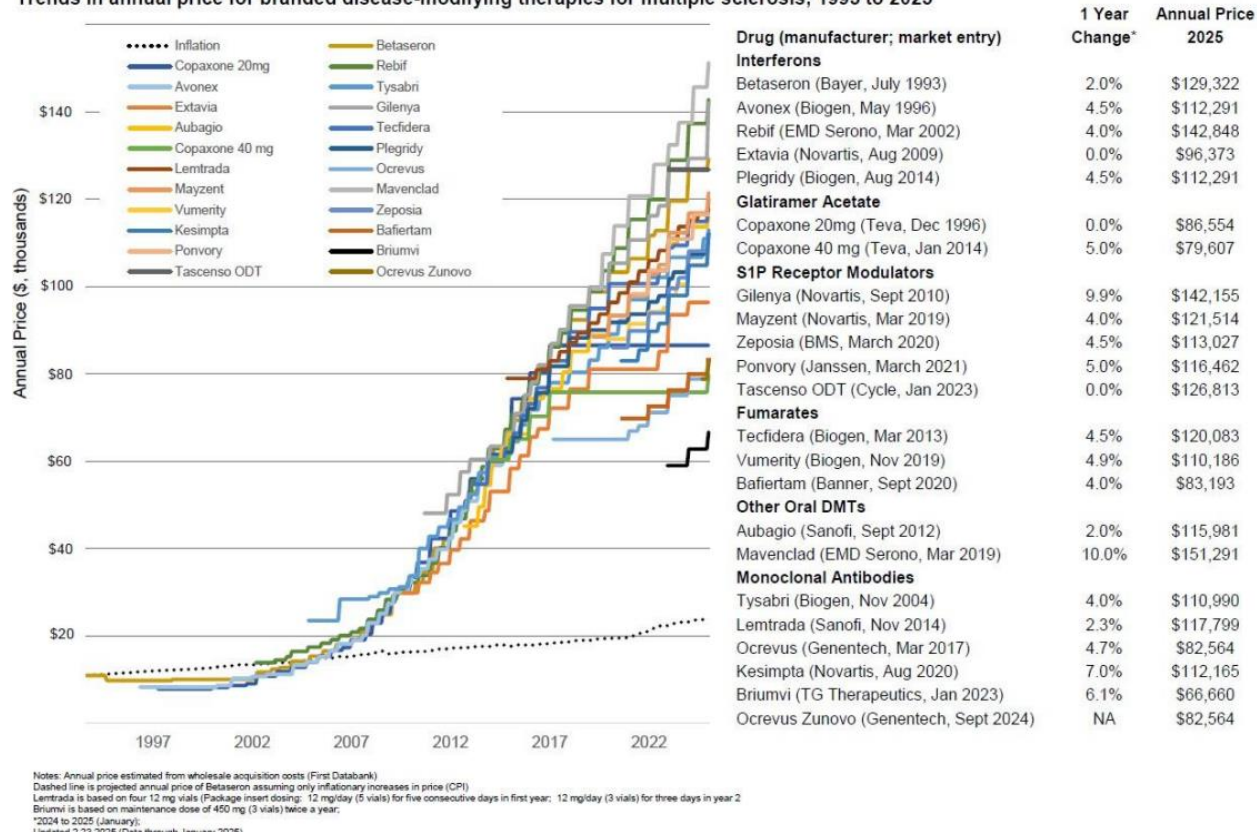
The Society continues to thank the Board for the opportunity to comment throughout the process with the shared goal to improve affordability and access to prescription medications for all Washingtonians. Should you have any questions, please contact Seth Greiner, Senior Manager, Advocacy, at seth.greiner@nmss.org.

Respectfully,

Seth M. Greiner
Senior Manager, Advocacy

Figure 1

Trends in annual price for branded disease-modifying therapies for multiple sclerosis; 1993 to 2025



Source: OHSU Dr. Daniel Hartung, 2025

MS Society disclosure: The MS Society receives up-to-date drug price information twice a year through a contract with health economist/researcher Dr. Daniel Hartung, OHSU.