

## NEW POLICIES THAT SUPPORT THE RARE DISEASE COMMUNITY IN MINNESOTA: WHAT YOU SHOULD KNOW

### Enhance the Drug Formulary Committee's (DFC) Processes to Improve Access to Rare Disease Treatments (SF 2645)

The Minnesota Drug Formulary Committee's current processes do not sufficiently consider the unique challenges of rare disease treatments, which are often limited, costly, and highly specialized. Current conflict-of-interest policies may unintentionally exclude essential rare disease experts from decision-making, while prior authorization (PA) requirements create delays in care. SF 2645 improves formulary decisions and PA processes with rare disease expertise and help reduce barriers for patients.

#### BACKGROUND

The Minnesota Drug Formulary Committee (DFC) determines which medications are covered under the state's Medical Assistance program, but its current processes do not adequately account for rare disease treatments, which differ in availability, cost, and necessity. Rare diseases, affecting fewer than 200,000 people nationwide, often have limited treatment options. Because so few experts exist, traditional conflict-of-interest policies may unintentionally exclude critical rare disease expertise from decision-making.

Additionally, prior authorization (PA) requirements can be especially burdensome for rare disease patients. Without standardized treatment protocols, insurers struggle to assess medical necessity, leading to delays or denials. Ensuring fair PA processes and incorporating rare disease expertise in formulary decisions will help reduce barriers to care.

#### KEY FACTS

What SF 2645 does:

##### Increases Transparency in the Public Comment Process

- Publicly post all submitted comments related to formulary decisions, allowing stakeholders to review and respond to concerns before decisions are finalized.

##### Ensures Rare Disease Expertise in Decision-Making

- Consult with the Minnesota Rare Disease Advisory Council (MNRDAC) before establishing prior authorization requirements or determining formulary placement for drugs treating rare diseases.

##### Streamlines Prior Authorization for Rare Disease Treatments

- A simplified and automatic prior authorization process for patients requiring oral liquid medications via a feeding tube (G-tube) using a standardized form allowing prescribers to indicate a patient's medical need, ensuring swift approvals and reducing administrative burdens.

#### CONCLUSION

What is common sense for common diseases is not always common sense for rare diseases. The unique nature of rare diseases requires tailored policies to ensure timely and appropriate access to essential treatments. By improving transparency, incorporating rare disease expertise, and streamlining prior authorization processes, this bill will reduce barriers to care for vulnerable patients. These reforms ensure that patients and providers have a stronger voice in formulary decisions, that rare disease expertise is embedded in policymaking, and that barriers to life-saving treatments are reduced.