

Division of health Care Financing and Policy, State of Nevada,
Attention: Pharmacy

Dear division of healthcare financing policy state of Nevada,

thank you for taking the time to read my comments.

I write to advocate for my patients with epilepsy as well as for the citizens of Nevada who have epilepsy and their families.

My point of view is that of a pediatrician and neurologist that specializes in the treatment of people with epilepsy. I work in private practice and I also have an academic appointment at UNR to train the Child Psychiatry Fellows in their Child Neurology Rotations.

I am a licensed physician in the state of Nevada and I am trained as a pediatrician, and a pediatric neurologist, I am board-certified in neurology and in epilepsy by the American Board of Psychiatry and Neurology.

These are the items that I wish to comment on:

Patients with epilepsy should have access to all anti-seizure medications and not be forced to switch medicines due to changes in the preferred drug list.

Patients with epilepsy should not be subject to “Fail first / step therapy” this is dangerous, and results in pain, suffering, morbidity and mortality, as well as great distress and expense.

Patients who are already controlled on existing therapy should not be forced to switch drugs due to changes in the preferred drug list.

The main cost associated with epilepsy is medical care like emergency treatment, emergency room visits, hospital visits and urgent – emergency medical interventions due to loss of seizure control, not medication costs.

Unapproved medication substitution is also associated with increased medical costs and loss of seizure control.

Breakthrough seizures due to medication changes caused by logistic and administrative barriers can be life-threatening and may result in significant suffering, injury, and stress for patients and families, and great expense.

Please consider the approval of lorazepam / Ativan as a medication for treatment of epilepsy even though it does not have FDA approval for epilepsy.

With many of my patients we are forced to prescribe diazepam instead of lorazepam for the acute treatment of breakthrough seizures, due to lack of approval from Nevada Medicaid.

The standard of care across the country is that lorazepam is superior to diazepam when used as a PRN oral medication for the short term control of seizures.

Please accept my gratitude in having the opportunity to communicate my recommendations to the committee.

I make these recommendations with this sincere intention of giving the point of view of a healthcare provider that treats patients with epilepsy.

I appreciate very much the efforts that the committee has made over the years in trying to administer medical resources with wisdom.

Sincerely,

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