Proposal to amend K.S.A. 65-2837a

The pharmaceutical company we represent is Shire, and the drug to treat moderate and severe Binge Eating Disorder (B.E.D.) is Vyvanse.  The U.S. FDA approved Vyvanse as a treatment for moderate to severe B.E.D. in adults, on January 30, 2015, and there are no other pharmacological treatments approved for this condition.  According to the American Psychiatric Association (APA), B.E.D. is a distinct psychiatric condition explained by recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control over eating and marked distress. These episodes occur at least once a week for three months.  In addition, after a binging episode, a person with B.E.D. may feel disgusted with oneself, depressed and/or very guilty about the episode.  An estimated 2.8 million US adults suffer from B.E.D., making it more prevalent in the U.S. than anorexia nervosa and bulimia nervosa combined.

The statutes in question are KSA 65-2837, which, in subsection (b)(11), prohibits physicians from prescribing amphetamines or sympathomimetic amines unless they are specifically authorized by KSA 65-2837a.  (See both statutes attached.)  These statutes were approved in 1984, before Vyvanse was approved by the FDA to treat adults with moderate to severe B.E.D. in 2015 and before the APA formally recognized B.E.D. in 2013 as a distinct psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®). This, unfortunately, has resulted in a gap between medical practice rules and current scientific and medical understanding.

A physician filed a petition with the Board of Healing Arts to approve the use of such drug pursuant to KSA 65-2837a(b)(8).  That petition was approved by the Board at the August 14 BOHA meeting.

In response to your question when we talked, I understand that B.E.D. was mentioned in the DSM-IV as a note to the provision for a diagnosis of Eating Disorders Not Specified, so we believe that insurance reimbursement should not be a major issue.  We are still trying to discover if there any insurers who will not reimburse Vyvanse at this point, and when I get that, I will get back with you.

We would specifically request the support of the Mental Health Coalition on our bill, a draft of which is also attached.  This bill will insure that this drug is available to patients who need it for treatment of B.E.D.

Thanks so much for your cooperation and consideration on this issue.

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