



**Testimony
Connecticut Joint Committee on Judiciary Hearing
Bill Number 5029
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**Submitted by
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Good afternoon Chairman McDonald, Chairman Lawlor and members of the Committee, thank you for the opportunity to submit comments on bill number 5029. I am Suman Wason, Senior Director for Global Medical Affairs for Wyeth Consumer Healthcare in Madison, New Jersey. I am a physician trained in clinical pharmacology, medical toxicology and pediatrics with over 15 years of clinical experience.

The issue we face today is how to deal with the serious public health and societal problems caused by the illegal production of methamphetamine while protecting access for the millions of Americans who legitimately use over-the-counter medications to relieve cold and allergy symptoms.

Simply put, how do we balance access for more than 141 million Americans and closer to home, 2.3 million Connecticutans to legitimate over-the-counter cough, cold and allergy treatments with our desire to curb the illegal manufacture of methamphetamine?

First, Wyeth believes that package limits and retail measures, such as surveillance cameras, product placement near store clerks, age limits, identification for purchase and MethWatch programs are a first step to curbing the problem.

Secondly, we also support moving the medications most widely used for illegal purposes behind a counter.

In Connecticut, classifying medicines as Schedule V automatically requires a prescription for the purchase of these products. Forcing patients to see a doctor and receive a prescription for common cough, cold and allergy ailments will significantly limit access for legitimate patients. In Connecticut approximately eighty-five percent of all retail stores do not have on-site pharmacies -- pharmacy only measures would significantly limit patient access to these medications,

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especially in rural areas. More than ten percent of Connecticutans live in rural areas -- under prescription only, we anticipate that approximately 400,000 Connecticutans will face an undue burden in seeking treatments for their colds and allergies.

To further complicate consumers' ability to buy products, we anticipate that all reformulated products will not be immediately available to patients when this law goes into effect. While we anticipate that the majority of reformulated products under the FDA approved monograph system will be available by September 2006, other newer and often consumer-preferred ingredients such as ibuprofen and the non-sedating antihistamine combinations, approved under the FDA's New Drug Application process, will not be on shelves until late 2007, early 2008.

Americans buy more than \$1.6 billion worth of cough, cold and allergy medicines to self-treat each year. And because Americans are treating their symptoms, these over-the-counter medications save the economy and the healthcare system nearly \$5 billion each year. This proposal could reverse this trend. Many consumers may go without medications since they cannot afford the increased costs of doctor visits and perhaps, increased prices of prescription drugs as some pharmacies may charge a dispensing fee.

This prescription proposal also will increase costs for the state. In 2004, more than 400,000 Connecticutans received Medicaid services worth more than \$4 billion. At a time when Connecticut is attempting to control state healthcare costs, it is counterintuitive to pass measures that will inevitably raise Medicaid and managed care expenses by requiring patients to see their doctor and seek a prescription for their common cold and allergy ailments.

Converting over the counter medicines to prescription status is complicated and burdensome -- especially for the state of Board of Pharmacy that may be charged with implementing 5029's provisions. Case in point is the state of Oregon's Board of Pharmacy, which has been challenged by the practical implications of the Oregon pseudoephedrine (PSE) prescription law. They have been deciphering how to place dispensing labels on packages so they don't cover up consumer product information; who will be able to write prescriptions; and whether or not a pharmacist will have to repackage existing OTC packaging to comply with the prescription pill count. Oregon also has had to deal with how to handle prescriptions that request amounts larger than its nine-gram limit -- in Oregon, consumers found with more than nine grams of PSE products can be prosecuted.

Add to this burden, the consequences for consumers -- especially low-income families on Medicaid or individuals with no health insurance. It is unclear if

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Medicare, Medicaid and private insurance will cover these traditional OTC medications. And how will patients with no health insurance have access to these products to treat their cough and cold symptoms?

5029 is well intended; however, it poses significant access and cost challenges to consumers and the state. There is a better way to balance access while deterring illegal methamphetamine activity. The only way to curb the methamphetamine problem is through a combination of strict law enforcement, tough penalties for violators, patient and community education, and precursor chemical supply restrictions at all levels including our national borders (where the greatest illicit supply comes from), state borders and retail distribution. The recently enacted federal law does all of these things while preserving patient access to non-prescription medicines. As an alternative, we encourage the legislature to consider H.B. 5476, which is similar to the federal bill, placing products behind any counter. It strikes a balance between consumer access, while providing real solutions to the meth issue.

Thank you for the opportunity to submit comments.