

SB 654 AAC THE AVAILABILITY OF PRESCRIBED ANTIPILEPTIC DRUGS

Members of the public health committee, I am Richard Carbray, owner of Apex Pharmacy and Home Care Center in Hamden, Conn. I also serve as co-chairman of the legislative committee of the Connecticut Pharmacists Association, an association which represents over 1000 pharmacists in Connecticut. I am here today to speak in opposition to SB654 as it is proposed and discuss the reasons this legislation is not appropriate.

In addition, I would suggest to the committee an alternative solution which would not require new legislation, but would utilize existing legislation that could be amended to accomplish the same intent of the proposed bill and result in a very controlled and patient oriented manner to improve patient outcomes with anti-epileptic medication therapies. Under this amendment, SB 654 would be unnecessary.

SB654 would mandate a pharmacist to obtain physician consent on a new or refill prescription for any brand to generic or generic to generic substitution of epileptic medications. It is important to note that brand to generic substitution has already been addressed. Current state statute already exists for a do not substitute (DNS) by the physician. This generic to generic substitution would create barriers to patient access to generic drugs through unnecessary waiting time for substitution approval required from physicians to pharmacists via fax, phone, or written communication. Furthermore, both the AMA and FDA have restated their public policies determining that it is not necessary to approach any therapeutic class of drugs any differently from any other class and that a more stringent generic substitution process for narrow therapeutic index drugs is not warranted.

This brings us to a very rational solution involving the amendment of the existing Conn. Statute Sec. 20-631 the Collaborative Practice Act which currently allows a physician to enter into an agreement with a pharmacist to manage a patient's medication through a protocol. Protocols are patient specific and developed by the physician in order to enable the pharmacist to participate in maximizing patient outcomes.

In the case of the epileptic patient, if the prescriber wants a pharmacist to inform him/her if a generic to generic substitution is necessary due to a manufacturer change or unavailability of a certain generic drug product, it could be accomplished with the notification protocol. The protocol could simply state that the pharmacist must notify the physician via fax whenever the generic manufacturer of a patient's epilepsy medication is changed.

The benefit of this collaborative practice amendment is threefold: (1) provides a solution for physicians to manage their patient's medication regimen without carving out one therapeutic class of drugs. All classes of medications could be monitored through this protocol, (2) it focuses the attention to the group of patients who will receive the most benefit from more stringent monitoring, and (3) it encourages collaboration between health care professionals to optimize patient care and therapeutic outcomes.

In summary, we as an association are confident that the amendment to the collaborative practice act is the most efficient manner to ensure that the health, safety, and welfare of the patient is not only maintained but enhanced. This in fact was the foundation on which collaborative practice was built when it was first proposed. This amendment is a natural addition to that foundation. It was through the leadership of both Sen. Handley and Rep. Sayers that we have this vehicle for health care professionals to interact for the benefit of all their patients. We are grateful for that and look forward to your consideration on this issue. Thank you for the opportunity to present to you today.