

**TESTIMONY SUBMITTED REGARDING CONNECTICUT RAISED BILL 1046**

**PUBLIC HEALTH, INSURANCE AND REAL ESTATE AND HUMAN  
SERVICES COMMITTEES**

**Submitted by:**

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Mister and Madame Chairmen and members of the joint Committee, my name is Andrew Friedell and I am a Director of Government Affairs for Medco Health Solutions, Inc., which is a pharmacy benefits management company, or "PBM." I would like to thank you for this opportunity to testify today in opposition to Raised Bill 1046. We believe this bill will adversely affect patients being treated with specialty medications by limiting the amount of information available to their physician on the complex medications they are receiving.

Medco is a leading provider of comprehensive, high-quality, affordable prescription drug care in the United States. As a PBM, Medco is hired by large employers, unions, health plans and public sector entities to help manage the quality and affordability of the drug benefit these plans offer to their members or employees. Medco provides drug benefits to roughly 60 million people nationwide and about 20 percent of the Connecticut population. In 2008, we mailed approximately 965,000 prescriptions to state residents and we also operate a specialty pharmacy in Vernon, Connecticut.

Specialty patients, or those patients with rare diseases, receive specialized care from physicians who are accustomed to treating this niche population. These patients are frequently treated with high-cost, complex and injectable medications that include very specific dosing and administration requirements.

Because physicians with specialty patients are familiar with this very small patient population, they develop not only an expertise in the disease, but also in the medications used to treat those illnesses as well. In addition, as more patients are treated with a specialty drug over time and as the drug's manufacturer receives additional data from the field, it is not unusual to see changes in the recommended dosing and administration guidelines for the drug. Therefore, there are good clinical reasons why the manufacturer of a specialty drug and the doctors who treat patients with that medication should be in contact. This allows them to communicate information on new dosing or administration guidelines and to share feedback from the field.

In fact, because of the nature of specialty drugs, the FDA sometimes imposes certain requirements on the manufactures and distributors such as requiring the specialty pharmacy to exchange and track data on certain patients. In other instances where an actual FDA requirement may not be in place, these same processes may still be applicable as a matter of best practice.

Prescribers that treat patients with common illnesses such as diabetes or high cholesterol can often be identified relatively easily by their specialty (such as a cardiologist or endocrinoloigist). But when dealing with rare diseases such as Gaucher disease, which has an incidence rate of 1 in every 125,000 people (and costs roughly \$200,000 per year to treat) or mucopoly-saccharidoses (MPS I) which has an incidence rate of 1 in every 100,000 (and costs roughly \$100,000 per year to treat) -- locating the prescribing physicians can be much more difficult. In these instances, the manufacturer often relies on purchasing claims data to locate the doctors who are treating patients with a particular specialty drug. Specialty pharmacies, such as Medco's Accredo division can be a source of that information.

The sharing of this information can often be invaluable to the care continuum for the small population of a specialty pharmacy. For example, a small biotech company that is manufacturing a specialty drug for a very small population will have only a few representatives who communicate with doctors to raise awareness of new products and to help them understand the often complex dosing and administration requirements of the drug. This type of legislation would conceivably prohibit those educational activities by making it virtually impossible to locate the relevant prescribers.

That's because Raised Bill 1046 could prohibit our pharmacies from sharing prescriber information with a manufacturer of a specialty drug. To the extent this will make it harder for manufacturers of these complex medications to locate and communicate with the prescribers of these drugs, this bill will be bad for specialty patients and those suffering from rare diseases. I appreciate the opportunity to outline our concerns and am available to address any questions from you or the members of your committee.