Written Testimony of
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Public Health Committee

House Bill 5307 -- An Act Concerning The Filling of Prescriptions for Antiepileptic Drugs

Good morning Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Robert Bonwetsch, I'm a Neurologist who treats patients with epilepsy and Board Member of the Epilepsy Foundation of Connecticut.

A seizure can be a life altering event. It can mean loss of a job and income, loss of a driver's license, loss of control and possibly even loss of ones life. This is the fear that a patient with epilepsy always has to live with. As a treating physician the first rule is to try to keep the patient with epilepsy from having any seizures whatsoever. Being completely seizure-free is the only criterion that improves the quality of life of patient's with epilepsy to that of the healthy population. To treat patient's with epilepsy we have several anti-epileptic medications to choose from. Each of these medications has its own side-effect profile. As a physician we have to keep the patient seizure-free and at the same time keep the side-effects to a minimum. This is walking a very fine line at times: a small increase in the available blood serum level of a medication can mean intolerable side-effects like dizziness, walking difficulties, drowsiness and double vision and a small drop in the available blood serum level of a medication can lead to breakthrough seizures with all its stigmatization and interruptions as well as loss of potential income.

The FDA requires that any generic anti-epileptic medication taken at a given dose provide a steady serum blood level. This steady serum level, however, can vary from one generic manufacturer to another as well as from a generic manufacturer to the maker of the brand medication. This means that if a patient is switched from a brand medication to a generic or from a generic medication from one manufacturer to the same generic medication from another manufacturer the serum blood level concentration can change in an unpredictable fashion. The result is that the patient can suddenly become toxic and have side-effects which will affect the quality of life and the level of functioning or even worse this can result in breakthrough seizures despite the patient taking their medication as prescribed and directed by their physician.

If unexpected the impact of this on a patient can be devastating. It can also lead to a compromise in the patient-physician relationship with the patient doubting in the competency of their physician and the physician doubting that the patient is taking their medication as directed. In addition the patient will doubt themselves, loose confidence and self-esteem.

I had to unfortunately learn this the hard way: A patient of mine with epilepsy was well controlled on her anti-epileptic medication. Due to economic reasons, she was switched without either her or my knowing, from a brand medication to a generic substitute. Two weeks later I was called by the emergency room. The patient had had a seizure at work in front of her co-workers. She dislocated her shoulder during the seizure requiring months of physical therapy. Prior to this breakthrough seizure she had been seizure-free for more than 3 years and had not told her current job about her condition as she was afraid of stigmatization. As a result of this seizure she lost her job. She also had to stop driving as required by law. She became depressed and it took her months to recover from this. It also took her and me quite a while before we identified the reason for her breakthrough seizure which caused a definite shift in our relationship.

All of this could have been avoided if the medication had not been changed from a brand medication to a generic medication without either of us being informed. If the physician is informed of a change in manufacturer we can explain the potential issues to the patient and we can both watch for warning signs. This is not an inconvenience for the physician or patient but a welcome safeguard. I would hope that pharmacists would be most interested in protecting patients and help us in this effort. In the end, the fact that neither the patient nor I were informed of the switch put an unnecessary strain on our patient-physician relationship. It took us quite some time before we understood the relationship between the medication and the seizure which filled the life of the patient with the unnecessary fear of yet another seizure with all its potential consequences.