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Connecticut Association of Community Pharmacies, Inc.

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Testimony in Opposition to H.B. No. 5610 (COMM) AN ACT CONCERNING THE DUTIES OF A PHARMACIST WHEN FILLING A PRESCRIPTION USED FOR THE TREATMENT OF EPILEPSY OR PREVENTION OF SEIZURES.

Good morning Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Carrie Rand-Anastasiades and I am the Executive Director of the CT Association of Community Pharmacies, a trade association representing chains such as CVS, Walgreens, and Big Y to name a few. I am here to testify in opposition to HB 5610 An Act Concerning the Duties of a Pharmacist When Filling a Prescription used for the Treatment of Epilepsy or Prevention of Seizures.

We feel that this bill places undue burden on the pharmacist to request that authorization be obtained from a physician to switch a patient from a brand name drug to a generic or from one generic to another. The predicament of the pharmacist is a precarious one. We do not choose which drug a patient is given. That is determined by the physician or insurance plan the client has. If a physician determines that his or her patient will have better outcomes with a branded product, they currently have the ability to write brand medically necessary on the prescription. If they feel the patient is able to have a generic drug, the choice is made by the patient's insurance plan. The formulary is set in place and we follow it.

The FDA maintains that there is no difference in equivalency of generic drugs in the same class. It is for that reason that prescription drug wholesalers swap one generic drug for another routinely in the orders that are filled for our pharmacies. One month we could receive generic Teva carbamazepine. Another month we could receive generic Barr carbamazepine. FDA is the leading authority of prescription drugs in the country. They back their findings by science, clinical trials and outcomes.

It is for this reason a pharmacy's whole system is based on FDA and their rulings. If one generic drug is substituted for another which are deemed equivalent, a pharmacist should not have to seek approval from the patient's physician. If patients and physicians have problems with this system, the issue should be taken up with the Federal Government and FDA itself.

We feel that this bill lacks patient responsibility. With a serious disease such as epilepsy we feel the patient or patient's representative should be in constant contact with their physician monitoring the medication they are taking. The patient always knows if there is a change in their prescription. If they notice that one month they receive a generic drug that is encapsulated in a yellow pill and the next month they receive medication encapsulated in a white pill, they should notify their physician. The responsibility should not be on the pharmacist to seek approval from the physician, when FDA deems the drugs equivalent. It is the patient's responsibility to map out the appropriate course of treatment, with their physician.

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In a chain pharmacy we process hundreds of prescriptions a day. To have to seek authorization from the physician in order to fill prescriptions of epileptic patients is unreasonable. The unintended consequence of such a law will be that patients will have to wait much longer for prescriptions than need be. How is the pharmacist supposed to contact the physician when his or her office is closed on Saturday and the patient needs the drug immediately? What is the pharmacist supposed to do when the doctor's office is overwhelmed and does not respond in a timely fashion to the request? A liability issue also comes in to play if a patient were to have an adverse reaction from not taking their medication.

We further feel that it is bad public policy to cherry pick certain disease states and treatments from established standards. While we feel epilepsy is a serious disease there are many other disease states that are just as serious to the patient who has the condition. Diabetics can seize just as easily as epileptics with life threatening consequences, and multiple sclerosis patients can lose the loss of their limbs or sight in an instant if an attack were to ensue. We treat all disease states with the same care, concern and established standards and we do not feel this specific disease state needs a different standard.

For these reasons we respectfully request the committee to reject HB 5610.

