



American
Heart
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The Honorable, Toni Harp
The Honorable, Toni Walker
Joint Committee on Appropriations
Room 2700
Hartford, CT

Dear Chairman Harp and Chairman Walker,

The American Heart/Stroke Association is the largest voluntary health organization in the world who is working to build healthier lives, free of cardiovascular disease (CVD) and stroke-the number-one and number-three killers in Connecticut. The American Heart Association Expert Panel on Cardiovascular Drugs has created a policy statement concerning drug formularies and various forms of substitution for prescribed drugs.

The budget proposes to create a step-therapy, or fail-first program in the Medicaid pharmacy budget. The bill would require that Medicaid patients must be prescribed a medication that is on the Preferred Drug List before being given any other medication. If the patient fails on the medication on the preferred drug list, then the physician can then prescribe a drug that is not on the preferred drug list.

The AHA opposes therapeutic substitution in any patient care setting. Open formularies provide the best opportunity for optimal physician management of the wide range of cardiovascular risk factors and diseases. Where closed formularies are deemed to be necessary, the AHA could support their use including the practice of generic substitution in designated circumstances, only if the following conditions are met; the formulary system must be under the supervision of qualified physicians, pharmacists, and other appropriate health professionals; openly provide detailed methods and criteria for the selection and objective evaluation of all available pharmaceuticals including the right to specify a brand name drug or a more expensive preparation where significantly superior outcome or cost/benefit date can be demonstrated; have policies for the development, maintenance, approval and dissemination of the drug formulary and for periodic - at least yearly -- and comprehensive review of formulary drugs; provide protocols for the procurement, storage, distribution, and safe use of formulary and non-formulary drug products; provide active surveillance mechanisms to regularly monitor both compliance with these standards and clinical outcomes where substitution has occurred, and to intercede where indicated; provide notification to the prescriber when therapeutic interchange has occurred; and provide a mechanism that allows the prescriber to override the system when necessary for an individual patient without inappropriate administrative burden.

Formularies should give attention to special dosage/delivery products which, while a generic or less expensive version might exist for substitution, can be shown to significantly improve compliance or lowering ongoing medical care costs because of improved outcomes. The State's intent is to save money in the Medicaid budget, yet this policy could have the opposite effect and dramatically increase costs. Delaying a patient from receiving the prescriber's first choice for treatment costs the patient their general health over time. Step therapies could therefore result in larger spending in other areas of the health care budget (e.g. hospitalizations, more frequent visits to a physician or emergency room for medication adjustment) when patients do not receive the right care at the right time.

Physician costs and hospital costs usually are among the largest line items in the health care budget. It seems counter-productive to implement a policy of minimal savings in one line item (pharmacy) that could result in larger increases to Medicaid's largest line items of the budget, i.e., hospital and physician costs.

Thank you for your time and attention to this matter.

Sincerely,

John Bailey
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