



**Written Comments of the Generic Pharmaceutical Association to the Joint General Law
Committee Regarding Proposed House Bill No. 5784**

Submitted by
Hannah Green, Senior Manager State Affairs

Co-chairs Leone, and Baram, Vice Chairs Larson, and Kiner, Ranking Members Carter, and Witkos, and honorable members of the Joint General Law Committee, the Generic Pharmaceutical Association (GPhA) would like to express its concerns regarding Proposed H.B. No. 5784. GPhA represents the manufacturers and distributors of finished dose generic pharmaceuticals, bulk pharmaceutical chemicals, and suppliers of other goods and services to the generic industry. Generic pharmaceuticals fill over 86 percent of the prescriptions dispensed in the U.S. but account for only 27 percent of total drug spending.

We have concerns that Proposed H.B. No. 5784 would have the unintended consequences of increasing health care costs and limiting patient access to these important medications. GPhA is not opposed to abuse deterrent or tamper resistant opioid formulations (ADF). However measures aimed at mandating dispensation of only higher-cost abuse deterrent products shields drugs from competition, resulting in higher health care costs by limiting access to affordable versions of these crucial medications.

The proposed legislation prohibits pharmacists from substituting generic drugs for abuse-deterrent formulation brand name without the written permission of the prescribing health care provider. This is completely unnecessary as prescribers already have the ability to block automatic generic substitution in Connecticut by writing "NO SUBSTITUTION", or "BRAND MEDICALLY NECESSARY" on the prescription form. This check insures the prescriber determines which drug is appropriate during the patient's appointment.

Legislation like Proposed H.B. No. 5784 could increase health care costs. For example, a 2011 fiscal note accompanying ADF legislation in Tennessee showed a significant budgetary impact to TennCare, the state's Medicaid program. The fiscal note estimated that ADF legislation would increase state expenditures by \$11,873,100 as a result of preventing access to lower-cost generic versions of opioids.

We also have concerns that patient access would be delayed. If a pharmacist attempts to contact a physician to seek written consent to substitute a FDA-determined equivalent medicine, patients are unable to access their critical medications in a timely manner.

Automatic generic substitution is the standard, and the FDA allows substitution of interchangeable generic medications. This proposed legislation goes above and beyond Connecticut's current substitution practice, and is unnecessary. We have concerns about financial burdens to patients and to the state of Connecticut.

GPhA does *not* oppose abuse deterrent technology. GPhA does have concerns about attempts to limit generic substitution, which leads to increased costs. Unnecessary limitations on generic



substitution lead to delays for patients facing serious pain. GPhA respectfully requests that you consider these concerns.

Please let us know if we can provide any additional information. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Hannah Green". The signature is written in a cursive, flowing style.

Hannah Green
Senior Manager State Affairs
Generic Pharmaceutical Association