

Statement Before
General Law Committee
Tuesday, February 17, 2015

HB 5784 An Act Concerning Pharmacists & Abuse-Deterrent Opioid Prescriptions

Good Afternoon Senator Leone, Rep. Baram and members of the General Law Committee. My name is Margherita Giuliano and I am both a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1,000 pharmacists in the state of Connecticut. I am submitting testimony today to **oppose** HB 5784 *An Act Concerning Pharmacists and Abuse-Deterrent Opioid Prescriptions*.

This proposed legislation requests that the general statutes be amended to prohibit pharmacists from making substitutions when an abuse-deterrent opioid is prescribed, unless the pharmacist receives written permission from the prescribing health care provider. This creates unnecessary and costly processes that pharmacists, patients, taxpayers and insurance companies absorb. It will also create a barrier to access for the patient. If the pharmacist cannot reach the prescriber, the patient may have to come back at a later time to get their medication which in turn could lead to non-adherence as well.

Pharmacists currently cannot substitute a medication with a different delivery formulation without approval from a prescriber. Additionally, prescribers currently have the authority to determine what brand or what generic medication a patient should receive by writing "no substitution" or "brand medically necessary" on the prescription. When a prescriber indicates that there is to be no substitution, the pharmacist is obligated to follow those instructions and if there is a problem, the pharmacist would then need to contact the prescriber.

I have included the sections from pharmacy law that currently address this issue to illustrate my point that this legislation is unnecessary.

Sec. 20-619. (Formerly Sec. 20-185a). Substitution of generic drugs. Regulations.

(a) For the purposes of section 20-579 and this section:

(4) "Dosage form" means the physical formulation or medium in which the product is intended, manufactured and made available for use, including, but not limited to, tablets, capsules, oral solutions, aerosol, inhalers, gels, lotions, creams, ointments, transdermals and suppositories, and the particular form of any physical formulation or medium that uses a specific technology or mechanism to control, enhance or direct the release, targeting, systemic absorption, or other delivery of a dosage regimen in the body;

(b) Except as limited by subsections (c), (e) and (i) of this section, unless the purchaser instructs otherwise, the pharmacist may substitute a generic drug product *with the same strength, quantity, dose and dosage form* as the prescribed drug product which is, in the pharmacist's professional opinion, therapeutically equivalent. *When the prescribing practitioner is not reasonably available for consultation and the prescribed drug does not use a unique delivery system technology, the pharmacist may substitute an oral tablet, capsule or liquid form of the prescribed drug as long as the form dispensed has the same strength, dose and dose schedule and is therapeutically equivalent to the drug prescribed.* The pharmacist shall inform the patient or a representative of the patient, and the practitioner of the substitution at the earliest reasonable time.