



General Law Committee
Legislative Office Building, Room 3500
Hartford, CT 06106

March 5, 2015

To Members of the Connecticut General Law Committee:

I am writing to support H.B. 6918: An Act Concerning Changes to Prescription Drugs Dispensed to Certain Patients. We also applaud Representative Linda Orange's leadership on this issue. This bill would increase health care transparency by requiring pharmacists to obtain prescriber approval before switching stable patients to a different medication. The treating physician has the clinical experience, knowledge of disease states, and access to sufficient patient specific data to make informed decisions about the appropriate agents for specific patients. In all due respect, pharmacists do not have access to this information.

Before a change is made to the original medication prescribed, the original prescriber should be consulted. Switching can have serious, negative health implications. It can negatively impact clinical outcomes because individuals respond differently to different medicines. For certain patients, an alternative drug might not work as well or may have different side effects, interact badly with certain foods, other prescriptions, OTC medications or dietary supplements, or have a less convenient dosing schedule.

Lack of transparency hinders patient self-care. Therapeutic substitution frequently lacks transparency which reduces patient access to information and undermines a patient's ability to manage his or her own care. Patients stabilized on specific medications, particularly those with chronic conditions such as pain, should not be switched to other drugs except when medically indicated.

In the eyes of the US Pain Foundation, there are top reasons why switching can hurt patients:

- When It Undermines the Physician-Patient Relationship. Patient safety and health is compromised when insurance companies interfere with treatment decisions made between physicians and patients.
- When It Prioritizes Profits Over Patient Health. Patient health should be the top priority and not motivated by potential cost savings to insurers.
- When It Ignores Important Differences Between Medicines. Medicines in the same class, intended to treat the same condition, have different active ingredients and work in different ways – and thus have significantly different side effects, safety profiles, dosages and risks.
- When It Reduces Adherence to Treatment. Studies have shown that patients who are switched to a different medicine do not take it as consistently.
- When It Leads to Dose Confusion. New medicines may be prescribed or may only be available in a higher or lower dose than the original medicine. This can lead to confusion and non-adherence, which can affect both the safety and effectiveness of the medicine for the patient.

Please support the successful passage of H.B. No. 6918: An Act Concerning Changes to Prescription Drugs Dispensed to Certain Patients.

Respectfully Submitted,

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