

March 4, 2016

Senator Carlo Leone, Co-Chair
Representative David Baram, Co-Chair
General Law Committee
Connecticut General Assembly
Legislative Office Building, Room 3500
Hartford, CT 06106

RE: Senate Bill 313, an Act Concerning Biological Products – Support

Dear Senator Leone and Representative Baram

On behalf of the Global Colon Cancer Association, an international not for profit organization, we are writing to request that you **support SB 313** regarding the pharmacy substitution of biosimilar medical products. As patient advocates, we are often the first contact with newly diagnosed patients and we have decades of seeing the impact colon cancer patients have had from biologic medicines and recognize the promise of biosimilars expanding access to more treatments.

“Copies” of these medicines, called “biosimilars” have the potential to provide these therapies at reduced cost. Yet unlike generic versions of chemical drugs biosimilars are not exact duplicates of their reference products. Indeed, the complexity of biologics and their proprietary manufacturing processes mean that these “copies” can only ever be similar, never the same. Even the smallest structural difference between a biologic and its attempted copy can have a significant impact on a patient. Therefore, the issue of interchangeability has been a new challenge for policymakers.

We believe that when interchangeable biosimilar products are substituted, communication between patients, pharmacists, and health care providers is essential to patient care. We fully support **SB 313** and are concerned that patient safety will be compromised if this legislation is not enacted. It is our view that **SB 313** appropriately reflects the importance of pharmacist-physician communication and keeping treatment decisions the purview of the physician and patient, without posing undue or onerous burdens upon the pharmacist:

- It provides that only “interchangeable” biosimilars (those determined by the FDA to produce the same effects in a patient as the reference product without additional risks) or which are “therapeutically equivalent” to their reference products may ever be substituted.
- It allows a physician to prevent a substitution they consider inappropriate for their patient by writing “do not substitute” on the prescription.
- Finally **SB 313** requires that the pharmacist communicate to the physician within a reasonable time frame (5 days) which biologic the patient actually received – whether that prescribed by the physician or a substituted biosimilar- so that an accurate patient record can be kept by all parties.

SB 313 will extend these valuable protections to Connecticut’s patients while increasing their access to biologic therapies.

Thank you in advance for taking the necessary steps to keep patient safety a priority in Connecticut by supporting SB 313.

Sincerely,



Andrew Spiegel, Esquire
Executive Director