PACDS

PENNSYLVANIA PHARMACISTS ASSOCIATION

Testimony of

Pennsylvania Association of Chain Drug Stores

Pennsylvania Pharmacists Association

September 18, 2012

Good morning Chairwoman Harhart, Chairman Readshaw and committee members. I thank you for the opportunity to be here today. My name is Janet Hart and I am here to speak to you on behalf of both the Pennsylvania Association of Chain Drug Stores (PACDS) and the Pennsylvania Pharmacists Association (PPA) and to express our concerns with House Bill 1635 regarding tamper resistant formulas of opioid analgesics.

PACDS represents 29 chain pharmacy companies operating in Pennsylvania and PPA represents over 2,000 individual pharmacists, including the owners of most independent pharmacies in the Commonwealth.

H.B. 1635 would direct the Pennsylvania Board of Pharmacy (the Board) to establish and maintain a list of opioid drugs which incorporate tamper-resistant formulations (TRF). In addition, the bill would prohibit pharmacists from substituting generic versions of these TRF prescription drugs without first obtaining written consent from the prescribing physician. Our members believe that if this legislation is passed and implemented patient access to their prescribed medicine would be needlessly delayed

while pharmacists are tasked with seeking additional consent to substitute an FDA-determined equivalent medicine. This would be in contradiction to current generic substitution laws in Pennsylvania and general accepted practices.

Community pharmacies take the issue of prescription drug abuse and misuse very seriously. Both chain and independent pharmacies are committed to partnering with law enforcement, policymakers and others to work on viable strategies to prevent drug diversion. In many states our members supported and now participate in Prescription Drug Monitoring programs that track controlled substance prescriptions and provide information identify abuse. However, as we pursue solutions to abuse and diversion, it is critical that we do not hinder access for those legitimate patients with legitimate medication needs.

PACDS and PPA believe that creating special generic substitution requirements for TRF prescription drugs, beyond what the Food and Drug Administration (FDA) has already deemed appropriate, would be unjustified. To date, there is no empirical data that indicates that this technology actually deters abuse. Unfortunately, addicts and abusers can easily find the means to circumvent this technology. It is also important to note that FDA has not made a determination that TRF prescription drugs are any safer to a patient than an equivalent non-TRF prescription drug. Tamper-resistant technology is intended to prevent the opioid medication from being crushed, dissolved, chewed, or cut; but this does not prevent a potential overdose or the development of an addiction from the traditional or typical use of the drug when taken as intended by the manufacturer.

By impeding regular generic substitution practices, this legislation would impose financial burdens on patients, health insurers and other third party payors, including

Medicaid. In these economically challenging times, this legislation stands to create a significant fiscal burden to the state, yet has no proven commensurate public health benefit. For example, a similar bill was considered in Tennessee and the Tennessee Medicaid agency estimated that it would increase their expenditures by $11,873,100.

PACDS and PPA are opposed to this legislation which layers on special requirements to the existing generic substitution laws only for TRF prescription drugs. Current statute already ensures that prescribers retain ultimate authority over whether or not a prescribed drug can be substituted with a generic equivalent for a particular patient. A prescriber's decision on this point is clearly articulated to the dispensing pharmacist on the written prescription, as with all prescriptions. The redundant requirement for pharmacists to reconfirm prescribers' earlier decisions by obtaining an additional written and signed consent after a prescriber has already made the determination would serve only to hinder cost-effective generic substitution practices.

We would also ask you to consider the fact the TRF formulations are not yet covered by many insurance plans. If this legislation was to pass, patients may find themselves in the position of having to wait while the pharmacist reconfirms the prescriber's original instructions on the prescription, only to find that their insurance will not pay for it anyway. This could potentially inconvenience seriously ill patients with legitimate medical needs.

There are approximately 2,753 community pharmacies, chain and independent, across the State which collectively employ over 150,275 full and part-time workers, including almost 7,263 pharmacists and contribute more than $900 million in state tax revenue. Pennsylvania's community pharmacies play a vital role across the state providing high quality pharmacy care to our residents. The services provided by

pharmacies help to keep people healthy and in the community, prevent other more costly health interventions such as hospitalizations and emergency room and doctor's office visits.

In light of the numerous concerns that we have discussed above, PACDS and PPA strongly oppose HB 1635, as it would unnecessarily increase state costs and complicate patient access to medicine. I would like to stress again, that if the physician feels a patient would benefit from a drug with TRF, he or she can prevent any substitution by indicating so on the prescription per current law and everyday practice. We simply cannot see the need for employing additional steps beyond this already provided safeguard.

We thank you for the opportunity to submit our comments and we look forward to working with you on this and other legislation involving pharmacy.