Great West Region
Utah Office
4424 South 700 East Suite 180
Salt Lake City, UT 84107
Toll-free: (888) 391-9389

Serving those with arthritis in Alaska, Northern California, Colorado, Idaho, Montana, Oregon, Utah, Washington and Wyoming

Testimony of Lisa Fall, Chief Mission Officer, Arthritis Foundation, Great West Region
Regarding HB 279, Prescription Notification Amendments
Before the House Health and Human Services Committee, February 23, 2015

The Arthritis Foundation, Great West Region works on behalf of the 383,000 adults and 2,900 children in Utah with doctor-diagnosed arthritis. We champion the fight to conquer the nation's leading cause of disability and find a cure for arthritis through life-changing information, advocacy, science and community.

For Utahns with arthritis and other rheumatic conditions, biologic medications are life-changing treatments. In many cases, they mean the difference between a lifetime of disability and full participation in work and civic life. But, biologics are complex medications – and rheumatic conditions are complex diseases, requiring a high level of communication between all players on the healthcare team. Individual patients can experience different reactions from different batches or preparations of current, branded biologic medications – and there is a great deal of variation between patients.

Biosimilars are products that are similar to a reference biologic drug. **Biosimilars are not interchangeable generics.** Generics are identical to their reference drugs. Biosimilars are similar, but not identical, to their reference biologic drugs. In the near future, the Food and Drug Administration will likely make a determination that some of these medications are "interchangeable biosimilars" – meaning that they are therapeutically very similar to their reference product. For patients who need biologic medications to control their diseases, but who struggle to afford these therapies, biosimilars and interchangeable biosimilars offer hope for more affordable access to treatments.

Because these medications – and the diseases they treat - are very complex, the Arthritis Foundation urges the Legislature to adopt legislation that keeps patients' best interests at the forefront.

When providers have all the information at hand, patients receive the best care.

- *Providers need to know precisely what product patients are given; without notice of a substitution or change of medication, the medical record is not complete.*
- Regardless of what we call the exchange of information about substitution, it is necessary for providers to know about a change.
- Communication from pharmacy to physician encourages providers to allow for substitution knowing they will be informed of changes and able to care for patients with full knowledge.

Accurate information about <u>all</u> instances of substitution must be made available to providers to ensure patient safety and the maintenance of an accurate medical record for pharmacovigilance purposes.

- Patients want the assurance that the information about precisely which medication they take is made available to their doctors through the most efficient means possible.
- In the vast majority of prescriptions, this will happen with no added effort on the part of pharmacists through electronic prescribing systems.
- To cover the infrequent occasions when electronic prescribing systems are not in use, or not available to physicians, legislation needs to include more traditional methods such as electronic, fax or phone communication. In these cases, the minor inconvenience of sending a fax, sending an email or making a phone call is far outweighed by the best interests of patients with complex conditions.

On behalf of the Arthritis Foundation and the 383,000 people in Utah with arthritis whom we serve, I thank you for your consideration and ask you to pass HB 279.