

2018 Legislative Session Initiatives

S.B. 197 AN ACT CONCERNING BIOLOGICAL PRODUCTS

POSITION: Oppose

The CPA supports legislation that will define biologic drugs and allow for the interchangeability of biologic drugs as determined by the Food and Drug Administration (FDA). As the FDA establishes more guidelines on safely interchangeable biologic drugs, it is crucial that pharmacists are able to exercise good clinical judgment when dispensing an interchangeable biological product. However, the CPA still has concerns with the way language is written this bill.

IMPORTANT FACTS

- The number of documentation and notification requirements that this bill proposes is not only duplicative, but also burdensome for pharmacists.
- The ultimate power to allow or disallow substitution rests with the prescriber. If a prescriber does not want a pharmacist to substitute a drug or a biologic, he/she simply can state that on the prescription. It is impractical for a pharmacist to inform the prescriber about a dispensed biologic drug within 48 hours when the prescriber can simply state “No substitutions” or “brand medically necessary.”

SUGGESTED ACTION

CPA will continue to support legislation that provides alternative, affordable drugs products for patients while not creating unnecessary workflow burdens for our pharmacists. We recommend that electronic health records be the ultimate means of communication between the pharmacist and prescriber when a biologic drug is dispensed. Electronic health records provide quick access to patient records for more coordinated, efficient care.

S.B. 246 An Act Limiting Auto Refills of Prescription Drugs Covered Under the Medicaid Program

Position: Support

Rationale: This bill would prohibit the automatic refills of prescription drugs covered under the Medicaid Program except for drugs that are deemed eligible for this system. The CPA does not feel that automatic refills are beneficial under any circumstances, and would caution the development of criteria to identify eligible prescriptions for automatic refill under the Medicaid program.

IMPORTANT FACTS:

- Pharmacists have documented instances where patients continue to receive automatic refills for a prescription drug that they no longer take because of potential side effects. Some patients do not want to tell their pharmacist or prescriber that they are not taking their medication, so they continue to get the medication through the mail via autofill and “stockpile” it in their homes. This becomes not only a cost burden to the healthcare system, but also a patient safety issue since multiple medications are in the home for anybody to take. Auto refills can be harmful if patients assume that they should take all medications that automatically come in the mail.
- Auto refills also are harmful the environment. The National Community Pharmacists Association (NCPA) has documented many examples of mail order pharmacy waste that cost anywhere from \$2,000 to over \$10,000 (see handout).
- Although many prescribers and other healthcare professionals could argue that automatic prescription refills are a useful tool to improve medication adherence, there is value in other programs that continue to keep patients engaged in managing their medication. For example, refill reminder programs automatically inform the patient that their prescription is due for a refill, but it does not refill the prescription until the patient gives consent.

- Another tool to improve adherence is the medication synchronization program, which synchronizes patients' chronic medications' fill dates so they can pick up all of their medications once a month. In 2013, Public Act No. 13-131 allowed for medication synchronization programs in pharmacies.
- A study conducted by NCPA in 2013 found that patients who were enrolled in a medication synchronization program from their local pharmacy averaged more than 100 additional days of therapy annually. The study also found that 30% of these patients were more likely to take their medication as prescribed than patients who were not enrolled in a synchronization program.

Suggested Action: Support this bill. We believe that automatic refills should be prohibited in all healthcare plans. More importantly, we recognize the crucial role that pharmacists play in monitoring the appropriate, effective and safe use of medications through programs like medication synchronization. Through medication synchronization, pharmacists ensure adherence and reduce overall healthcare costs while providing more interaction with patients about their medications. In the state of Washington, third-party payers are required to pay for services that pharmacists provide beyond dispensing medication. We urge you to consider similar legislation in Connecticut, as the role of pharmacists will only expand moving forward.

H.B. 5384 An Act Concerning Prescription Drugs

Position: Support

Rationale: This bill aims to improve transparency among pharmaceutical manufacturers, pharmacy benefit managers (PBMs) and insurers through additional reporting requirements for prescription drug costs and rebates. The legislation gives the insurer a pathway to make a complaint to the Insurance Commissioner about a rise in prescription drug costs.

IMPORTANT FACTS:

- This bill directly aligns with the vision of the Governor's Healthcare Cabinet, which addressed higher consumer prescription drug costs in its final report this year.
- Although this bill attempts to address higher prescription drug costs fueled by pharmaceutical manufacturers and PBMs, it does not go far enough to protect patients from being exploited. This bill does not establish an auditing process for PBMs if a complaint is made by an insurer. Time and time again, pharmacists tell CPA how their patients are being overcharged in the current payment model. For example, a patient who has a health care plan with one of the biggest insurers in the state paid \$190 for a prescription drug, yet the pharmacy only received reimbursement of \$72 for that drug. Where did the remaining \$118 go? We don't know, but what we do know is that patients continue to struggle to pay higher and higher prices as their premiums continue to rise. Patients continue to pay drug costs based on what the pharmacy pays, yet the PBM negotiates a lower price that is never passed through to the consumer.
- Section 6 of this bill requires managed care organizations to report "the majority of any rebate" for a prescription drug covered in a patient's healthcare plan. Without the ability to audit the PBM, how do we know if they are passing on the majority of the rebate? This section falls short in ensuring that patients are truly benefiting from the PBMs' negotiated prices on their behalf. A co-pay should be based on the price that the PBM negotiated on behalf of the patient, not what the pharmacy actually has to pay for the drug—especially for patients who have a high-deductible plan and pay based on a percentage of cost.

Suggested Action: This bill is a first step towards more transparency, but we want to see legislation extend beyond additional reporting requirements for prescription drug rebates and prescription drug costs. More importantly, with the evolving trends of vertical integration in the healthcare landscape (i.e. the acquisition deal between a major PBM and a Hartford-based insurer), we need to ensure transparency between the entities since that may now fall under one company.