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Good morning. I would like to thank the Senate Healthcare and Welfare Committee members for inviting me to provide testimony regarding the proposed S92 legislation. I would like to add that I recognize and appreciate the need to use system changes and legislation to promote better use of healthcare resources and reduce healthcare costs.

I have two concerns regarding the proposed legislation regarding interchangeable biological products.

I believe making substitution automatic may result in confusion and delay with regard to filling prescriptions. The legislation does not specify exactly when in the process of filling the prescription the substitution may be made. Will it occur when the patient comes in for a refill on a pre-existing prescription, or only when a brand new prescription is written? If the former, that would make it impossible for the prescriber to anticipate and indicate "brand name only" and will create confusion and delay for the patient. To avoid this situation, I recommend that the legislation specify that patients already on biological drug therapy are "grandfathered" such that substitution would only occur with a newly written prescription, rather than an old one being refilled. This would allow the prescriber and the patient have had a chance to discuss the change and assess the risks and benefits prior to starting the new medication.

My other concern is cost. Biosimilars will be less expensive than Trade Name, but not necessarily inexpensive. The current Trade Name biologicals have co-pay assistance programs to help patients pay for their treatment. Will biosimilars have co-pay assistance also? If not, that may be a significant impediment leading to prescription delays and confusion. For some patients, remaining with a Trade Name medication may be the better financial option. To avoid this situation, I recommend that legislation should specify that substitution occur only if it results in less cost to the patient as well as to the system.

I recognize that healthcare has changed and there are many important aspects and influences external to clinicians and patients that must be managed. I support efforts to manage costs, with the hope that legislation will continue to support and preserve the sanctity of the clinician-patient relationship, and the ability to individualize therapies to provide the best and highest quality care. I am willing to collaborate with you and other interested parties to work on specific legislative solutions should that be of value to the committee. Thank you for your attention.