

# S.92 - An act relating to interchangeable biological products

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Senate Committee on Health and Welfare  
March 15, 2017

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**BlueCross BlueShield  
of Vermont**

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# Amendment to Sec. 2. 18 V.S.A. § 4605

For purposes of this section, in determining the “lowest priced biological product” a pharmacist shall consider both the availability of a manufacturer pharmaceutical assistance program and the out-of-pocket costs to the purchaser.

- BCBSVT would prefer the decision to substitute be based upon the lowest ingredient cost
- Brand drug manufacturers could use their copay assistance programs to manipulate substitution decisions

	Brand Specialty Drug	Biosimilar Drug
Ingredient Cost	\$5,000	\$3,000
Member Copay	\$40	\$40
Copay Assistance	-\$40	\$0
Net Member Cost	\$0	\$40
Net Cost	\$4,960	\$2,960

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For purposes of this section, in determining the “lowest priced biological product” a pharmacist shall consider both the availability of a manufacturer pharmaceutical assistance program and the out-of-pocket costs to the purchaser.

- Biosimilar manufacturers are expected to offer copay assistance program similarly to brand drug manufacturers
- BCBSVT is considering putting biosimilars in the generic drug copay tier

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# Amendment to Sec. 2. 18 V.S.A. § 4605

**(c) When refilling a prescription, a pharmacist shall receive the consent of the prescriber to dispense a drug or biological product different from that originally dispensed and if the pharmacist receives the consent of the prescriber to dispense a drug or biological product different from that originally dispensed, the pharmacist**

- Asking pharmacists to contact a prescriber for permission to substitute is burdensome on pharmacists and will lead to fewer substitutions
- The bill already states that only biosimilars deemed interchangeable by the FDA can be substituted

# Amendment to Sec. 2

(3) If a pharmacy **or prescriber** does not have access to one or more of the electronic systems described in subdivision (1) of this subsection, the pharmacist or designee shall communicate to the prescriber the information regarding the biological product dispensed using telephone, facsimile, electronic transmission, or other prevailing means.

- Prescribers of specialty drugs are associated with hospital systems and large specialty practices which use electronic medical records (EMRs)
- If pharmacists don't know which prescribers have EMRs, they will have to contact everyone manually which will be burdensome

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# Specialty Drug Prescribers

- Of the 26 specialty drugs expected to lose patent protection over next five years, there were 400 new scripts in 2016 for BCBSVT members.
- Only 17 prescribers had six or more new scripts
  - Seven at UVM Medical Center
  - Three at Central Vermont Medical Center
  - Three at Dartmouth-Hitchcock Medical Center
  - One at Southwestern Vermont Medical Center
  - One each at Vermont Gastroenterology, Timber Lane Allergy & Asthma and Four Seasons Dermatology (all Chittenden County specialty practices)
- Specialty drugs are prescribed by a handful of doctors and who are affiliated with large advanced facilities

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