

# VERMONT MEDICAL SOCIETY

**Date:** February 28, 2017

**To:** Senate Health & Welfare Committee

**From:** Jessa Barnard, VMS Vice President for Policy  
Paul Harrington, VMS Executive Vice President

**Re:** VMS Proposed Amendments –  
S.92, An Act Relating to Interchangeable Biological Products

Thank you for allowing the Vermont Medical Society to submit additional comments regarding S. 92 and substitution practices for biosimilar products. As Mr. Harrington previously testified, overall VMS has a neutral position on the concept of substituting interchangeable biosimilar products at the pharmacy level. As the Committee proceeds with S.92, VMS does recommend that the Committee make the following changes to the bill.

- 1. Ensure that prescribers receive notice of a substitution and that those who do not have access to electronic systems receive that information via alternative means.**

Sec. 2 (Alternative Drug or Biological Product Selection):

...

(e)(1) Except as described in subdivision (4) of this subsection, within five business days following the dispensing of a biological product, the dispensing pharmacist or designee shall communicate the specific biological product provided to the patient, including the biological product's name and manufacturer, by submitting the information in a format that is accessible to the prescriber electronically through one of the following:

- (A) an interoperable electronic medical records system;
- (B) an electronic prescribing technology;
- (C) a pharmacy benefit management system; or
- (D) a pharmacy record.

~~(2) Entry into an electronic records system as described in subdivision (1) of this subsection shall be presumed to provide notice to the prescriber.~~

(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.

- 2. Begin to address issue of medication adherence.** Studies show that nearly 30 percent of patients fail to fill a new prescription.<sup>1</sup> Researchers have highlighted the impact that

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<sup>1</sup> Tamblin R, Eguale T, Huang A, Winslade N, Doran P. The Incidence and Determinants of Primary Nonadherence With Prescribed Medication in Primary Care: A Cohort Study. Ann Intern Med. 2014;160:441-450, <http://annals.org/aim/article/1852865/incidence-determinants-primary-nonadherence-prescribed-medication->

non-adherence to prescribed medications can have on patient morbidity and mortality as well as the increase to healthcare costs.<sup>2</sup> Research has also discussed ways in which prescribers can increase medication adherence, such as improving patient-prescriber communication to ensure patients understand the importance of the medication, and scheduling appropriate follow up.<sup>3</sup> However, a key factor missing is how prescribers learn that their patients are not taking or filling their prescriptions. Prescribers do not have easy access to this information, hampering efforts to improve outcomes and reduce health care costs. Currently the primary mechanism is via patient self-report, which can be inaccurate and tends to overestimate adherence.<sup>4</sup> With an increase in e-prescribing, use of electronic medical records, claims databases and other electronic data sharing, there may be more effective ways of communicating to prescribers when a prescription is actually filled by a patient. **Therefore, VMS recommends adding:**

Sec. 6:

The Green Mountain Care Board in conjunction with Vermont Information Technology Leaders shall examine the technological feasibility, costs and benefits of informing prescribers when a patient prescribed a drug or biologic product fills that prescription. The study shall include an examination of the methods by which this information can be provided to prescribers, how to minimize any administrative burdens for pharmacies or prescribers, and potential benefits in terms of patient drug adherence and the resulting improved health outcomes and cost savings. On or before November 15, 2017, the Green Mountain Care Board shall report its findings and recommendations to the Senate Committee on Health and Welfare and the House Committee on Health Care.

On behalf of Vermont's physicians, thank you for considering these suggestions.

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[primary-care-cohort-study](http://primary-care-cohort-study); Improving Prescription Medicine Adherence is Key to Better Health Care, [http://phrma-docs.phrma.org/sites/default/files/pdf/PhRMA\\_Improving%20Medication%20Adherence\\_Issue%20Brief.pdf](http://phrma-docs.phrma.org/sites/default/files/pdf/PhRMA_Improving%20Medication%20Adherence_Issue%20Brief.pdf)

<sup>2</sup>Fischer MA, Stedman MR, Lii J, et al. Primary Medication Non-Adherence: Analysis of 195,930 Electronic Prescriptions. Journal of General Internal Medicine. 2010;25(4):284-290,

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2842539/pdf/11606\\_2010\\_Article\\_1253.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2842539/pdf/11606_2010_Article_1253.pdf)

<sup>3</sup> Jimmy B, Jose J. Patient Medication Adherence: Measures in Daily Practice. Oman Medical Journal.

2011;26(3):155-159. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3191684/pdf/OMJ-D-10-00107.pdf>

<sup>4</sup> Id.