

MedChi

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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Emily Shetty

FROM: J. Steven Wise
Pamela Metz Kasemeyer
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Richard A. Tabuteau

DATE: February 25, 2020

RE: **OPPOSE** – House Bill 1119 – *Pharmacists – Required Notification and Authorized Substitution – Lower-Cost Brand Name Drug or Device Product*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **opposes** House Bill 1119.

House Bill 1119 allows a pharmacist to substitute a “therapeutically equivalent brand name drug” for another brand name drug. MedChi shares the concerns of the sponsor and others about the costs of prescription medications but does not agree that this type of substitution is appropriate for patient safety.

Maryland law already allows for pharmacists to substitute a generically equivalent drug. However, what House Bill 1119 proposes is wholly different than this because a generic drug, by definition, is the same as the brand name drug. According to the U.S. Food and Drug Administration, “A generic drug is a medication created to be the same as an existing approved brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics.” See <https://www.fda.gov/drugs/generic-drugs/generic-drug-facts>. Accordingly, allowing the pharmacist to substitute a generic product when it is less expensive makes sense and poses little risk to the patient.

On the other hand, House Bill 1119 allows the substitution of a “therapeutically equivalent brand name drug” for another brand name drug, something MedChi is not sure even exists. Substituting another brand name drug involves substitution of a drug that is of a different chemical composition than the original, which will likely have different effects on the patient. A prescription does not indicate why a specific drug was selected, and the prescriber may have selected a certain brand name to address possible interactions with other medications or illnesses, or other clinical indications that the pharmacist is not aware of. Allowing brand to brand substitution by the pharmacist, while aimed at the admirable goal of lowering prescription costs, poses too high a risk for patients in our view.

Finally, under the bill the pharmacist who makes the substitution “incurs no greater liability in filling the prescription and dispensing the drug...than would be incurred in filling the prescription by dispensing the originally prescribed brand name drug...”. While this language may be appropriate when substituting generic drugs for brand name drugs, since they are same, it is not appropriate for this scenario where the two drugs are not the same.

For these reasons, MedChi opposes House Bill 1119.

For more information call:

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