75th OREGON LEGISLATIVE ASSEMBLY - 2009 Regular Session **MEASURE: SB 876 B**
STAFF MEASURE SUMMARY **CARRIER: CONSENT**
House Committee on Health Care ****CORRECTED****

REVENUE: No revenue impact
FISCAL: Fiscal statement issued

Action:		Do Pass as Amended, Be Printed Engrossed and Be Placed on the Consent Calendar
Vote:		10 - 0 - 0
	Yeas:	Bruun, Cannon, Dembrow, Garrett, Harker, Kennemer, Kotek, Maurer, Thompson, Greenlick
	Nays:	0
	Exc.:	0
Prepared By:		Sandy Thiele-Cirka, Administrator
Meeting Dates:		5/22, 5/27

WHAT THE MEASURE DOES: Requires Department of Human Services (DHS) to pay for brand name rather than generic immunosuppressant drugs prescribed in connection with organ transplants if DHS determines the drug is a narrow therapeutic index drug. Requires DHS to determine whether immunosuppressant drug is a narrow therapeutic index drug within 180 days of expiration of United States patent on drug. Deletes requirement that if a licensed practitioner prescribes a brand name immunosuppressant in connection with an organ transplant and an equivalent generic immunosuppressant drug is available, the brand name drug be dispensed and DHS pay for the brand name drug without exception if the department has determined that the drug is a narrow therapeutic index drug.
Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Immunosuppressive medications critical to organ transplant patients
- Physicians' role in prescribing medication to transplant patients
- Proposed amendment
- Current DHS policy
- Clarification of narrow therapeutic index

EFFECT OF COMMITTEE AMENDMENT: Deletes requirement that if a licensed practitioner prescribes a brand name immunosuppressant in connection with an organ transplant and an equivalent generic immunosuppressant drug is available, the brand name drug be dispensed and DHS pay for the brand name drug without exception if the department has determined that the drug is a narrow therapeutic index drug.

BACKGROUND: Oregon's current state pharmacy practice law regulates generic substitutions for brand name pharmaceuticals. For drugs with generic alternatives, federal Medicaid law requires states to pay no more than the Federal Upper Limit for the drugs. The Food and Drug Administration (FDA) has a pre-approval methodology for bioequivalency testing for generic products. In tracking side effects and adverse drug events, the FDA has determined there is no difference between brands and generics it has approved. Generic products are required to fall within the same bioequivalency standards as the FDA allows brand name manufacturers to have within their own lot-to-lot variations. Innovators of brand name drugs reformulate their products and are held to the identical bioequivalence tests by the FDA.