

Feb. 9, 2012

To: Members of the House Health Care Committee

Fr: Chris Bouneff, executive director, NAMI Oregon

Re: Comments on House Bill 4109

NAMI Oregon (National Alliance on Mental Illness) generally supports a transparent and competitive process in the selection of generic medications as outlined in House Bill 4109. However, the bill should be altered to make accommodation for critical mental health medications because when it comes to medications such as atypical antipsychotics, antidepressants, anticonvulsants, and ADHD medications, all generics are not created equal.

NAMI Oregon recommends:

→ That HB 4109 clearly ensure that Oregon's tradition of open access to Class 7 and Class 11 medications (antipsychotics and antidepressants) be retained for multiple generic medications of the same brand-name drug.

There are great variations even among generics of the same brand-name medication. Different manufacturing processes, different fillers, and different time releases of active agents all contribute to how a patient will respond to a particular medication. This is one reason that individuals with identical mental health conditions respond differently to the same medication, and why we see people who respond to a branded medication fail on the generic equivalent.

For example, a generic form of Wellbutrin XL was released around 2006. Soon thereafter, patient complaints for those who switched from Wellbutrin to the generic equivalent spiked as their symptoms and side effects worsened. It turned out that although the generic had the same active ingredients and dosages, the time release into the blood stream differed enough to make the generic ineffective for many patients. The Food and Drug Administration issued a news bulletin about this variation less than a year later.

We also see variations among generics. For example, there are two manufacturers of generic clozapine, which is used to treat serious cases of schizophrenia. Some patients respond differently to each. It may be due to different manufacturing processes or the different fillers, but the variation in response determines whether an individual living with schizophrenia will relapse or will recover and stabilize. Limiting patient access to a single generic would be detrimental to some patients.

→ That HB 4109 protect mental health patients who are stable on a specific medication from being forcibly switched to another version.

Whether switching from a brand name to a generic or from one generic to another, the simple act of switching medications presents significant problems for a number of individuals living with mental illness. As mentioned above, the actual efficacy among medications varies. In addition, some individuals living with significant mental illness view forced switches in medications warily and interpret them as threatening. This would endanger their ability to consistently take medications that enhance their recovery and prevent relapse.

If a patient is stable and doing well on a specific medication — whether brand name or generic — he or she should not be forced to switch to another generic.

→ That HB 4109 ensure access to multiple generics for anticonvulsants and attention deficit hyperactivity disorder.

These classes of medications do not fall under the mental health medication “carve out,” but they have significant use in mental health treatment. As with other mental health medications, there is a wide variation in patient response to each medication, even among generics of the same brand name.

For example, there are multiple generic version of Depakote, which is used to treat bipolar disorder. The medication has a narrow therapeutic index. If levels are too high, then the medication is toxic. And if levels are too low, the medication is ineffective. The balance is delicate enough to require quarterly blood draws of patients on Depakote or generic versions to measure whether the right dose is being consistently delivered.

As with medications mentioned earlier, people respond differently to the brand name and to the multiple generic versions available. Access to these variations should be protected.

NAMI Oregon thanks you for your consideration and urges the adoption of these changes to HB 4109. Please contact Lara Smith or myself if we can answer any questions you may have.

National Alliance on Mental Illness

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