



February 8, 2012

Co-Chair Mitch Greenlick  
Co-Chair Jim Thompson  
Honorable Members of the House Health Care Committee  
Oregon State Capitol  
900 Court Street NE  
Salem, OR 97301

Regarding: Opposition to House Bill 4109 – Generic drug purchasing through competitive bidding by the Oregon Health Authority.

Honorable Representatives of the House Health Care Committee,

I am writing you to oppose House Bill 4109. As a pharmacist taking care of elderly and mentally ill citizens of Oregon, I am very concerned that this Bill does not address the patient care issues that it would cause.

Limiting patients to one low priced generic is not safe. The following areas of concern need to be addressed or we will potentially be doing more harm and damage and lose money versus save money for the state:

1. The Bill does not address “narrow therapeutic” drugs such as antiepileptic/seizure drugs. The following is a quoted statement from 2007 from the American Epilepsy Society.

“There is equipoise about the therapeutic equivalence of the various formulations of Antiepileptic Drugs (AEDs) when used to treat people with epilepsy. The U.S. Food and Drug Administration (U.S. FDA) states that the current regulations guarantee that the approved AED formulations of each specific AED can be used interchangeably without concern for safety or efficacy and that no additional testing is needed when formulations of the same AED are interchanged. **However, physicians and patients, in several surveys including one performed of AES members in 2007, express a majority opinion that the various formulations of the same AED are not always therapeutically equivalent in every patient. Positions taken by several organizations including the American Academy of Neurology, the Epilepsy Foundation and the International League Against Epilepsy (French Chapter) reflect this equipoise and advocate for physician and patient consent prior to switching formulations. The AES recognizes that controlled, prospective data on therapeutic equivalence of different AED formulations in people with epilepsy is not available because appropriate studies have not been conducted.**”

2. Patients with mental illness do not accept changes very well to the drugs they are currently taking. If a switch is made and it changes the color, shape or size, they may be concerned that you are trying to harm them. This in turn may result in them not taking their medications which can result in the patient becoming unstable again and thus requiring hospitalization or harming themselves.
3. Clozapine is another medication used to treat patients with metal illness. This drug must be monitored via a national registry. Each generic manufacturer of this drug has its own registry. Having to switch will create additional problems in tracking the data in a timely manner.
4. In the past two years, pharmacies have seen more manufacturing recalls than ever before. There are hundreds of recalls occurring on a yearly basis. This alone should cause concern that all generics are not the same.
5. A by product of drug recalls is drug shortages. (This is a national issue of extreme importance to good patient care.) Recalls and shortages result in delayed patient care.
6. From a non patient care position, this Bill will cause pharmacies that use dispensing machines/robots to package adherence cards for nursing homes and patients with mental illness to have to pay additional cost for having each cassette recalibrated to stock the intended state “preferred” generic; and some of these “preferred” generics may not work in automated equipments at all.
7. Additional cost for stocking two sets of generics, those for Medicaid and those for all others insurances and private pay. Carrying multiple generics also will increase the shelve space needed. Most pharmacies do not have a lot of extra space, crowding could lead to medication errors.
8. Wholesalers of medications do not stock all the different generics either. Which means pharmacies will have to try and track down new wholesalers to find the “preferred” selected generic. All of this takes up valuable time in taking care of patients.

In closing, I would like to state that we understand that medication cost are considered high, but it also takes skilled technicians and pharmacist to properly dispense and counsel patients. Long term care pharmacies do not have other means to make a profit, we service Oregonians that need extra care and this Bill will further impede our ability to provide the best care possible.

I respectfully ask that you please oppose House Bill 4109.

Sincerely,

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