

SENATE BILL REPORT

SSB 5838

As Passed Senate, February 10, 2006

Title: An act relating to the substitution of a preferred drug for a nonpreferred drug in hepatitis C virus treatments.

Brief Description: Limiting the substitution of preferred drugs in hepatitis C treatment.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Kastama, Benson, Poulsen, Brandland, Deccio, Keiser, Thibaudeau, Franklin and Rasmussen).

Brief History:

Committee Activity: Health & Long-Term Care: 3/2/05 [DPS, w/oRec].

Passed Senate: 3/16/05, 40-8; 2/10/06, 34-4.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5838 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Franklin, Kastama, Kline and Poulsen.

Minority Report: That it be referred without recommendation.

Signed by Senators Brandland and Parlette.

Staff: Jonathan Seib (786-7427)

Background: In 2003, the Legislature passed SB 6088 establishing an evidence-based prescription drug program for state agencies. The program includes a preferred drug list (PDL), which is a list of prescription drug classes that have gone through an evidence-based review process to determine the best choice of drugs within the class; and a therapeutic interchange program, through which a provider may endorse the PDL, thus requiring a pharmacist to exchange the preferred drug for any nonpreferred drug that the provider prescribes. The requirement to exchange the preferred for nonpreferred drug, however, does not apply to prescriptions for a refill of an antipsychotic, antidepressant, chemotherapy, antiretroviral, or immunosuppressive drug.

Summary of Bill: Under the state's prescription drug program, the requirement that a pharmacist exchange a preferred drug for any nonpreferred drug does not apply to a refill of an immunomodulator/antiviral treatment for hepatitis C for which an established, fixed duration of therapy is prescribed for at least twenty-four weeks but no more than forty-eight weeks.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The bill reflects good medicine. Once begun, it is crucial that patients stay on therapy and not have any interruptions. This is a fragile population for whom the choice of medications should remain with the doctor and the patient.

Testimony Against: None.

Who Testified: Michael Ninburg, Hepatitis Education Project; Barbara Hernandez, American Liver Foundation; Debbie Bauers, Roche Pharmaceuticals; Kitty Candelaria, National Hepatitis C Institute; Ken Bertrand, Group Health.