SENATE BILL REPORT
SB 5594

As of February 9, 2025

Title: An act relating to reducing prescription drug costs by eliminating barriers impeding access to biosimilar medicines.

Brief Description: Concerning biosimilar medicines.

Sponsors: Senators Harris, Cleveland, Hasegawa and Shewmake.

Brief History:
Committee Activity: Health & Long-Term Care: 2/11/25.

Brief Summary of Bill

- Permits or requires health plans and pharmacies to substitute a biosimilar for a reference biologic product under certain circumstances.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Greg Attanasio (786-7410)

Background: When a prescription drug is restricted through the use of a utilization management protocol, the patient and prescribing practitioner must have clear and convenient access on the health carrier's or prescription drug utilization management entity's website to request an exception and, the exception approval criteria must be clearly posted. Carriers must disclose all rules related to the prescription drug utilization management process to all participating providers, including the information and documentation that must be completed for a request to be complete.

A carrier or review organization may require a patient to try an AB-rated generic equivalent or a biological product that is an interchangeable biological product before providing coverage for the equivalent branded drug.

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Qualified health plans offered on the Health Benefit Exchange must comply with any requirements established by the Health Care Authority to address the amount expended on pharmacy benefits including, but not limited to, increasing generic utilization and use of evidence-based formularies.

Every drug prescription shall contain an instruction on whether or not a therapeutically equivalent generic drug or interchangeable biological product may be substituted in its place, unless substitution is permitted under a prior-consent authorization.

A biosimilar is a biological product that is highly similar to the reference product notwithstanding minor differences in clinically inactive components, and there are no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product.

Summary of Bill: A carrier or review organization may require a patient to try a biosimilar before providing coverage for the equivalent branded prescription drug.

Qualified health plans offered on the Health Benefit Exchange must comply with any requirements established by the Health Care Authority to address the amount expended on pharmacy benefits including, but not limited to, increasing generic or biosimilar utilization and use of evidence-based formularies.

A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select a biosimilar or interchangeable biological product unless the prescribing provider indicates orally or in writing the prescription should not be substituted or must be dispensed as written. There shall be no liability on the prescribing provider for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product under this act. In no case shall the pharmacist substitute a drug product unless the drug product selected costs the patient less than the prescribed drug product.

Unless the prescribed biological product is requested by the patient or the patient's representative, or the prescribing provider has indicated "do not substitute," or words of similar meaning, the pharmacist must substitute an in stock biosimilar or interchangeable biological product if the wholesale price for the biosimilar or interchangeable biological product to the pharmacist is less than the wholesale price for the prescribed biological product.

Appropriation: None.

Fiscal Note: Requested on February 5, 2025.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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