

American Psychiatric Association
Washington Psychiatric Society

Re: B18-240 Prescription Drug Dispensing Practice Reform Act 2009

I am Dr. Hind Benjelloun, a practicing psychiatrist at the Georgetown University Hospital, and the President of the Washington Chapter of the Washington Psychiatric Society. I am presenting comments on behalf of the Washington Psychiatric Society and the American Psychiatric Association.

We wanted to provide comments to the committee regarding B18-240, the Prescription Drug Dispensing Practice Reform Act of 2009. It is our belief that the current pharmacy practice act fully supports the practice of generic substitutions by pharmacists and provides appropriate consideration of a physician's order to override by the use of the "Dispense as Written" (DAW) notations from prescribers.

However, we do have concerns that the proposed legislation as written creates a risk of therapeutic "substitution," which would allow pharmacists to substitute a drug with a different active ingredient than what the physician had prescribed.

Each class of psychiatric drugs has within it multiple specific agents which are in no way interchangeable. Choosing the correct mental health medication requires extensive clinical knowledge of both the patient and available medications, their indications, side effects, and safety profiles.

Generic substitution would allow for a therapeutically equivalent switch. For example, a patient could come to the pharmacy with a prescription for Prozac, and the pharmacist could appropriately dispense the generic equivalent, fluoxetine. However, it would be inappropriate for the pharmacist to choose to substitute fluoxetine for a different antidepressant, such as Effexor XR, venlafaxine, which has a completely different active chemical ingredient, different clinical uses, and side effect profile.

In addition, the bill has other implications in that it expands the scope of practice laws that govern pharmacists. We think that this presents new practice liability issues for pharmacists who substitute one drug for another.

In conclusion, we believe that there is no clinically defensible role for therapeutic substitution at the level of the pharmacy, and that the current law is sufficient to permit appropriate use of less costly generic medications.

Thank you for giving us the opportunity to share our concerns with you and the committee.

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