

March 31, 2010

The Honorable Bill Monning
Chair, Assembly Health Committee
California State Assembly
State Capitol, Room 6005
Sacramento, CA 95814

RE: Assembly Bill 2112 (Monning) - OPPOSE

Dear Assembly Member Monning:

On behalf of the California Healthcare Institute (CHI), whose more than 250 members include our state's premier life sciences companies and academic research institutions, I am writing to oppose AB 2112, a bill that would prohibit dissemination of clinically relevant and useful information to patients' healthcare providers. CHI's member companies have voiced serious concerns about AB 2112. Prescribing data helps physicians improve patient care, facilitates drug safety and clinical trial programs, and physicians are always able to opt out of having their prescribing data made available.

Prescribing data is often the only direct source of information pharmaceutical companies have about which physicians are prescribing their products. Most pharmaceuticals are distributed through wholesale networks in the United States, eliminating the direct relationship between prescribers and patients to the manufacturer of the drug. Without accurate prescriber data, CHI member companies face obstacles in training physicians on product safety and monitoring the FDA-required Risk Evaluation and Mitigation Strategies (REMS) program. Pharmaceutical companies are required to participate in REMS after drugs go to market to ensure that patient benefits outweigh risks – a task that is greatly facilitated by having access to prescriber data so that physician with first-hand knowledge of our products can be consulted and participate in the REMS process.

Prescribing data also enables physicians to provide greater levels of service to their patients. Our member companies believe that physicians who have more information about available therapies and products will be better positioned to counsel their patients on receiving the right treatment at the right time. Patients, too, will continue to benefit from being treated by caregivers who have working knowledge of the most current therapies approved on the market. Access to prescriber data is the most efficient means

to disseminate this information to the correct practitioners in the timeliest manner possible.

An example of this can be found in a recent report by the Massachusetts Biotechnology Council, which recently published the attached case study: "Treatment Delayed is Treatment Denied – The Unintended Consequences of State Laws to Ban the Use of Physician Level Data" (http://www.massbio.org/writable/editor_files/banzel_case_study_2.1.10.pdf). The report followed Eisai's experience using prescriber information for its drug BANZEL to treat a rare childhood disease known as Lenox-Gastaut Syndrome. From page 5 of the study:

The objective was to ensure that the product was made available as quickly as possible to appropriate physicians. The ability to use physician level data was essential in achieving that goal, not only in terms of communicating appropriate use and patient safety information, but it also allowed the most effective and efficient use of resources. Without this ability, the cost of identifying and communicating with the right physicians would have been exorbitant.

Additionally, the information shared through prescribing data travels in both direction and benefits both parties. For example, prescribing data often facilitates the conversation between physicians and researchers on the topic of unmet medical needs. These conversations can then be the starting point in the planning for the development of new therapies and treatments. Prescribing data also helps manufacturers of therapies identify practices, clinics, and communities that may most benefit from the availability of prescription samples for distribution.

Finally, physicians are always at liberty to opt-out of having their prescribing data made available to others. The American Medical Association (AMA) maintains a website to manage their Physician Data Restriction Program. Medical professionals need only visit www.ama-assn.org/prescribingdata to opt-out. The process takes only a few minutes to complete. Physicians can also use the same website to report entities that have used prescribing data inappropriately.

For all the stated reasons, we must respectfully oppose AB 2112. Please feel free to contact us if you have any questions or would like to discuss this further.

Sincerely,



Sandra Pizarro
Vice President – State Government Affairs

cc: Members, Assembly Health Committee
Assembly Republican Caucus