

COMMENTS OF HEIDI L. HENNINGER, M.D.

IN SUPPORT OF

L.D. 1672, AN ACT TO REQUIRE A PHARMACIST TO PROVIDE PRIOR NOTIFICATION TO AND OBTAIN CONSENT FROM THE PRESCRIBING PHYSICIAN BEFORE CHANGING FROM ONE FORMULATION OR MANUFACTURER OF AN ANTIEPILEPTIC DRUG TO ANOTHER

FEBRUARY 9, 2010

To: The Honorable Joseph Brannigan, Senate Chair
The Honorable Anne Perry, House Chair
Members, Joint Standing Committee on Health & Human Services

As an Epileptologist practicing in ME for more than 7 years, I follow approximately 1000 patients with epilepsy. This is probably more than all the other neurologists in the entire state. More than 2/3 of my patients are poorly controlled and require multiple drugs. While I am an advocate of generic drug use whenever possible, there are definite differences in efficacy in about 2-3% of patients, higher for certain drugs (phenytoin, carbamazepine and valproic acid/sodium valproate).

I often will start a new patient on a generic, particularly with oxcarbazepine or zonisamide or ttpipitamate. However, when a patient is started on brand name and gets switched, a certain number do breakthrough or devope side effects. This occurs about 2-3 patients per month for me, sometimes 1-2 per week.

When I consciously choose to try generic, I have patients get blood levels before and 1 week after the switch. Notification of providers is no more onerous for a pharmacy than asking for a refill. Many pharmacies already do notify. This law emphasizes patient safety and doctor responsibility and recognizes the unique dangers a patient with epilepsy faces with respect to loss of seizure control. I urge favorable action.

Respectfully submitted:

Heidi Henninger, M.D.