MYTH: *The biosimilar substitution legislation will benefit big biopharmaceutical manufacturers and the passage of this law will increase their profits.*

FACTS:

- This is a diversion tactic trying to distract from the intent of the bill, which is to allow substitution, which allows less expensive copies of brand drugs to be substituted, while putting patient safety first.
- The biopharmaceutical industry has historically been an advocate for patient access and safety issues.
- SB 460 will benefit the following groups in multiple ways:
- Patients/Consumers
    - Have access to safe and less expensive biologic medicines.
    - Are notified of the substitution.
- Doctors
    - Can offer their patients access to safe and less expensive biologic medicines.
    - This legislation enables physicians to update a patient's record to reflect a substitution of a biosimilar. information will be available in the patient's record at the physician's office.
    - Continue to have the ability to designate Dispense as Written (DAW).
- Pharmacists
    - This bill allows pharmacists to substitute interchangeable biologics.
    - Currently pharmacists do not have the authority to substitute any biologic medicines.
    - This bill strengthens the pharmacists role as part of a patient's health care team.

MYTH: *The American Medical Association (AMA) opposes physician notification.*

FACTS:

- The AMA released a statement on biosimilars in 2011 that strongly supported the existing state laws that allow for physician authority to designate which product (brand or generic) is dispensed by a pharmacist.
- 2011 paper was silent on the issue of physician notification. Silence does not equal opposition.
- AMA released a statement to clarify in 1/13 that says "When evaluating proposed legislation, questions that medical societies may wish to ask, include: In the absence of a physician's express direction to prescribe the brand name interchangeable biosimilar product, whether there should be a prior notification or post-notification process;"
- AMA supports DAW and extending existing statute that applies to traditional generic products. SB 460 matches existing statute, with the only exception being physician notification – which is a reasonable request for a new class of drugs.

MYTH: *Physician notification is not needed if the doctor has the ability to write DAW.*

FACTS:

- A patient's insurance may only cover an interchangeable biosimilar, and the physician knowing this information chooses not to check the DAW box.
- The doctor is okay with the substitution, but wants the substitution information to be sent back to the office to be included to have a complete patient record.

MYTH: *Doctors are not supportive of the physician notification part of the legislation.*

FACTS:

- A survey of physicians conducted by the Alliance for Safe Biologic Medicines found that 86 percent of physicians want to be notified before a patient is switched to a biologic medicine or biosimilar product other than the one prescribed