



Rhode Island Pharmacists Association

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[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan Donovan Chair, House Committee on Health & Human Services

82 Smith Street

Providence, RI 02903

RE: H5855 (McGaw)– An Act Relating to Businesses & Professions – Pharmacies - SUPPORT

Dear Chair Donovan and members of the Committee:

The Rhode Island Pharmacists Association is in **support of H5855** which would allow pharmacists to interchange certain medications and devices (ie. glucose monitoring devices) that are deemed equivalent. It would also provide consultation by RIPA, RIMS, and NPARI to assist in reviewing such medications

Therapeutic interchange involves substituting a prescribed drug (or also monitoring devices) with another drug (or device) in the same therapeutic class believed to have substantially equivalent therapeutic effects, but is chemically different and often less expensive or do not require a Prior Authorization (Vanderholm et al., 2018).

This is different than generic substitution, as the drug may not be the same active compound, but does fall into the same class, and has the same mechanism of action.

Benefits:

- A study showed a 10% cost saving over two years with statin medications due to therapeutic interchange.
- Another study cited average savings of \$20.31 per prescription for managed care organizations and \$14.76 for patients (Vanderholm et al., 2018).

Current Practices and Legislation:

- Therapeutic interchange is common in over 80% of U.S. hospitals but less so in community pharmacy settings due to legislative restrictions.
- In 2018, only Arkansas, Idaho, and Kentucky had laws supporting therapeutic interchange in community pharmacies (Vanderholm et al., 2018).
- These laws do require the original prescriber's opt-in and notification, leveraging the health plan's formulary for decision-making.

Safety and Regulatory Concerns:

- Concerns include patient safety for narrow therapeutic index drugs and differentiating therapeutic interchange from generic substitution.
- Idaho prohibits interchange for narrow therapeutic index drugs explicitly (Vanderholm et al., 2018), which could be a consideration here in RI.

Canadian Context:

- Seven out of thirteen Canadian provinces allow therapeutic interchange, **sometimes even without physician opt-in, demonstrating a safe practice track record.**

Legislative changes, as seen in three (3) U.S. states and several Canadian provinces, illustrate successful integrations into community settings (Vanderholm et al., 2018).

Therapeutic interchange can significantly reduce healthcare costs and streamline pharmacy operations without compromising patient safety, reduce administrative burden on both the pharmacy and prescriber.

We look forward to discussing this bill, and please reach out with any questions.

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¹ Vanderholm, T., Klepser, D., & Adams, A. J. (2018). State Approaches to Therapeutic Interchange in Community Pharmacy Settings: Legislative and Regulatory Authority. *Journal of Managed Care & Specialty Pharmacy*, 24(12), 1260-1263.

*Affiliated with the American Pharmacists Association and the
National Community Pharmacists Association*