The Honorable Senator Vickie Schmidt

Dear Senator Schmidt and Committee:

I am writing to express my support for Kansas HB 2107 concerning biosimilar medications. I am a rheumatologist who has been practicing in Kansas for the past 22 years and have formed a single specialty rheumatology practice with a partner in 2001. I am also a member of Kansas Rheumatology Alliance (KRA), a group of rheumatologists across several practices in the region who have formed to advocate for optimal patient care. We actively administer complex biologic infusions in our office as well as routinely prescribing injectable biologic drugs for the treatment of various inflammatory rheumatic diseases. I have witnessed over the course of my career how these medications have truly revolutionized the management of rheumatoid arthritis and other inflammatory illnesses by powerfully suppressing proliferative joint tissue, thus attenuating damage, reducing disability, and improving quality of life. There is also emerging evidence that these medications reduce the incidence of cardiovascular disease in rheumatoid arthritis patients.

Having said this, I will acknowledge that the introduction of these drugs has come with a price. Certainly, it is incumbent upon us as clinicians to wisely select which of our patients would most benefit from these medications, balancing risks, benefits, and costs. The introduction of biosimilar drugs aims to reduce costs without sacrificing safety or efficacy, which is a laudable goal. While we as members of KRA are in favor of providing options, these options should only be available if certain safeguards are in place. It is for this reason that we support HB 2107. No biosimilar drug should be brought to the market unless it can show equivalence and interchangeability with existing agents, both in terms of safety and efficacy. No insurer or pharmacist should have the power to switch from an originator biologic drug to a biosimilar for non-medical reasons without the notification and approval of the prescribing physician. Finally and perhaps most importantly, no patient should have their medication switched without being duly informed. Without such checks and balances, we fear that if and when adverse events arise, there would be great confusion about how to track them and attribute them to the correct agent. Additionally, if patient outcomes are impacted by the introduction of a medication that proves to be less effective for a certain individual, we can more readily modify treatment in a prudent manner.

We at KRA believe HB 2107 would achieve all of these goals. Failure to adopt such legislation would have the potential to adversely impact outcomes and obfuscate decision-making. It is our hope that the adoption of this bill into law would prevent any unintended consequences from the introduction of biosimilar drugs. We appreciate your willingness to receive our input in this very important matter.

Timothy S. Shaver, M.D., F.A.C.P.

Arthritis and Rheumatology Clinics of Kansas

Kansas Rheumatology Alliance