

AMERICAN COLLEGE OF RHEUMATOLOGY

POSITION STATEMENT

SUBJECT: Therapeutic Substitution by Non-treating Providers

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: Members of the American College of Rheumatology
Pharmaceutical Councils/Representatives
Professional Pharmacists' Associations
Medical Review Organizations, e.g., AMCRA
Medicare Carriers/Private Insurers
State Insurance Commissioners

BACKGROUND:

1 Therapeutic substitution is the dispensing by a pharmacist of a different chemical entity from the
2 same therapeutic class instead of the drug prescribed by the physician or other licensed
3 prescriber. Therapeutic substitution is different from generic substitution. Generic substitution is
4 the selection of an alternate brand of the same chemical entity as the originally prescribed
5 medication.

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7 An important aspect of rheumatologic practice is the careful selection of medication for disease
8 management. Rheumatologists, rheumatology nurse practitioners, and physician assistants
9 prescribe drugs from diverse categories including nonsteroidal anti-inflammatory drugs
10 (NSAIDs), glucocorticoids, immunosuppressive agents, and other disease modifying anti-
11 rheumatic drugs (DMARDs) for their own patient based on knowledge of their disease status
12 from personal observation and assessment as well as input from the patient. Almost always,
13 current practice involves combinations of drugs from two or more of these categories. Each
14 therapeutic class has many drugs, some chemically similar and some very unique. Chemically
15 similar drugs can have vastly different benefits, allergic reactions and toxic side effects.
16 Individual patient response is not predictable.

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18 Patients who are stable on a particular combination of DMARDs, traditional or biologic, should
19 not have their medications changed by anyone except their treating physician. This is particularly
20 important with biologic DMARDs since there is no safety data for this practice, and safety and
21 efficacy may not be comparable between DMARDs even when they are of the same class.

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23 The treating rheumatologist, nurse practitioner or physician assistant has the clinical experience,
24 knowledge of disease states, and access to relevant patient-specific data to make informed
25 decisions about the appropriate pharmacologic agents for specific patients.
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27 **POSITION:**

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29 1. The American College of Rheumatology opposes legislation or regulation that would permit
30 prescription therapeutic substitution by pharmacists. The treating physician, nurse
31 practitioner or physician assistant should make decisions about choices for medications.

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33 2. Generic substitution may be appropriate when, in the judgement of the provider, the same
34 drugs from different manufacturers will provide equivalent efficacy and safety.

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36 3. The American College of Rheumatology opposes the therapeutic substitution of one biologic
37 DMARD for another unless approved by the treating physician, nurse, or physician assistant.

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41 Approved by Board of Directors:

05/00, 03/04, 08/08, 08/11