To the Editor

In the primary data file for the Original Investigation titled “Assessment of Variation in State Regulation of Generic Drug and Interchangeable Biologic Substitutions,” members of the study team discovered errors pertaining to the coding of policies for interchangeable biologic substitution relative to small-molecule generics, which resulted in the misclassification of some states. We therefore re-reviewed the statutes and regulations related to interchangeable biologic substitution, re-coded the results, and identified necessary corrections.

The corrected Table 2 and accompanying text show no differences in consent, refill, or cost rules for substitution of interchangeable biologics relative to small-molecule drugs. By contrast, 6 states made substitution permissive rather than mandatory; 8 states required additional patient notification; 45 states required additional physician notification; 1 state protected pharmacists from greater liability; and 19 states required US Food and Drug Administration rather than pharmacist determination of interchangeability.

We further re-reviewed the statutes and regulations related to small-molecule generic substitution and identified a small number of misclassifications. The corrected Figures 1 and 2 and accompanying text show that 31 states and Washington, DC, mandated patient notification independent of the drug’s packaging and that 23 states noted a right of patients to refuse substitution without requiring that they consent.

The identified errors do not affect the primary finding—that 45 states have imposed more stringent requirements for interchangeable biologic substitution—the interpretations of the results, or our conclusions that there is a need for optimizing state drug product selection laws to promote generic and interchangeable biologic substitution.

I confirm that we have identified no other errors in the article, data, or analyses. My coauthors and I apologize to the readers and editors of the journal for these errors and any confusion this has caused, and we have requested that the article be corrected.2

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CORRECTION

Coding Errors Resulting in Some US State Misclassifications: In the Original Investigation titled “Assessment of Variation in State Regulation of Generic Drug and Interchangeable Biologic Substitutions,” published online August 31, 2020, misclassification of some US states resulted from coding errors in the primary data file. The identified errors do not affect the primary finding, interpretations of the results, or conclusions. The article has been corrected online, and the corresponding author has offered an explanation for the errors in a Letter to the Editor.2


Error in Author Order of the Byline: In the article titled “Implications of Early Health Care Spending Reductions for Expected Spending as the COVID-19 Pandemic Evolves,” published online on November 9, 2020, there was an error in the author order of the byline, Ali Russo was the second, rather than the third author. This article was corrected online.


Errors in Group Information Supplement and End Matter: In the article titled “Effect of Tocilizumab vs Usual Care in Adults Hospitalized With COVID-19 and Moderate or Severe Pneumonia: A Randomized Clinical Trial,” published online on October 20, 2020, there were errors in the group information Supplement and the rendering of group information in the end matter. The group collaborators were previously not listed in PubMed and that has also been corrected. This article was corrected online.