

To: Members of the Ohio House Health Committee

Fr: Tim Maglione, JD, Senior Director, Ohio State Medical Association
Monica Hueckel, Director, Ohio State Medical Association

Da: March 21, 2017

Re: HB 101 – Epinephrine Access

On behalf of the 16,000 physician, resident and medical student members of the Ohio State Medical Association (OSMA), our organization **is writing as an interested party for House Bill 101.**

As you know, HB 101 seeks to authorize an epinephrine autoinjector substitution when a prescription is filled or refilled, and authorize epinephrine to be dispensed without a prescription under a physician-established protocol. A pharmacist dispensing an epinephrine autoinjector pursuant to a prescription that identifies a specific type of epinephrine autoinjector would be permitted to substitute the prescribed autoinjector with another epinephrine autoinjector, but only if the form of epinephrine contained in the autoinjector to be dispensed by substitution is either:

- Identical to the form of epinephrine in the type of autoinjector that was prescribed; or,
- A pharmaceutical equivalent of the form of epinephrine in the type of autoinjector that was prescribed in that it contains identical amounts of the identical active ingredients, but not necessarily the same inactive ingredients; it has been approved by the United States Food and Drug Administration (FDA); and it has not been excluded from recognition as a pharmaceutical equivalent form of epinephrine. There are some exceptions to the substitution permitted by this bill, including if the physician has included a “D.A.W.” or “Dispense as Written” order on the prescription.

The OSMA supports the substitution permitted by this legislation and believes it will help those patients at risk of severe allergic reactions, including anaphylactic shock, to have increased access to life-saving medication at a more affordable cost.

However, the OSMA has a few recommendations regarding the physician-established protocol as detailed in the bill. We would request that for those who will receive epinephrine via a physician/pharmacist protocol, the initial prescription be prescribed by a physician. We would also request that the primary care physician to the patient be notified when a pharmacist dispenses epinephrine via the protocol. We hope to work with the sponsor to make these adjustments to the language as currently proposed.

The OSMA appreciates the opportunity to be meaningful contributors to the legislative process. Please contact us with any questions you may have.