Ohio House Health Committee
Proponent Testimony, House Bill 101

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Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the committee; thank you for this opportunity to testify in support of House Bill 101, which eases access to epinephrine auto-injectors and improves competition within the marketplace.

My name is Suzi Francis, and I am a pharmacist for Kroger Pharmacy, Cincinnati Division, which includes 84 community pharmacies in Ohio. For the past 15 years, I have dispensed hundreds of epinephrine injectable pens that could potentially reverse life-threatening anaphylactic allergic reactions. Unfortunately, I have also encountered many barriers when dispensing this medication – barriers that can be alleviated by the passing of HB 101.

Over the past decade, the cost of Mylan Pharmaceutical's Epipen 2-pack has risen dramatically to an average retail price near $600. Many prescriptions are written for two 2-packs because doses are required at multiple locations such as homes, schools and care sites. Frequently, high-deductible insurance plans result in copays at or near the full cost of the medication. Furthermore, epinephrine auto-injectors have short-dated expiration dates, requiring patients to purchase this medication annually, a cost that is difficult to accept for a product they hope to never use.

In my practice, I have spent excessive time calling physicians to write multiple prescriptions for various brands of epinephrine auto-injectors to find one that is affordable for the patient. Every patient's health plan is different, and with that, not all copay structures are created equal. Copays that are hundreds of dollars require the pharmacist to have a difficult conversation with the patient, advising the need for the medication to be purchased and available in case an emergency arises. Commonly copays – even with the help of manufacturer coupons – are still $100-$300, which often results in abandonment of the prescription by the patient. This unnecessary hassle and life-threatening risk would be eliminated by the passing of House Bill 101, because a pharmacist would be able to substitute a prescribed brand name epinephrine pen with any product that is pharmaceutically equivalent, meaning the medication contains the same active ingredient, dose and is administered by the same route.

Currently epinephrine auto-injectors are not able to be interchanged according to the FDA, because each product may have small differences in the exact mechanism of administration. These differences can be easily explained by the pharmacist when counseling the patient; for example how to prepare the pen for injection or dispose of after use. The variance in how the pen is prepared or administered has no bearing on the medication delivered to the patient and the final result of anaphylaxis reversal. Substitution through HB 101 would eliminate unnecessary burdens both at the pharmacy and the doctor's office, by empowering the pharmacist and the patient to work together to find an epinephrine auto-injector that best suits them.

The second aspect of House Bill 101 would improve access to this life-saving medication by allowing pharmacists to dispense epinephrine auto-injectors pursuant to a physician's protocol. Protocols between physicians and pharmacists have historically improved public health and access to care, such as with pharmacist-delivered immunizations and pharmacist dispensing of the opioid overdose antidote, naloxone.

One of the most vivid memories in my pharmacy career was a day when an adult began having difficulty breathing while waiting at the pharmacy following allergy shots earlier that day. She was quickly progressing and approached me with her hands around her throat gasping for an EpiPen. After calling 911, I had to make the decision to get a pen and administer it and then worry about the legal aspects of obtaining a prescription afterwards. This puts a pharmacist in a predicament, and there have been reports where the pharmacist has chosen to not dispense and administer the epinephrine, and the patient has died.

I know patients who have severe allergies to insects or foods but do not have epinephrine available if needed, because they minimize the threat and refuse to schedule an appointment with their physician to obtain a prescription. If a pharmacist could recommend and dispense epinephrine based on criteria set by a physician in a signed agreement, or protocol, in situations such as this, it may result in lives saved.

I thank the committee for the opportunity to present this perspective and I urge you to support House Bill 101. Please do not hesitate to contact me for additional information on this issue.

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