

September 12, 2017

Dear Members of the House Health Committee,

As a licensed pharmacist and clinical sales manager for over 115 community-based pharmacy locations in Ohio, I am writing in opposition to House Bill 231.

While the intent of the bill is to help curb abuse of addictive narcotics or opiates, the language is overly broad by including all controlled substances. For example, Schedule III includes drugs such as testosterone used to treat erectile dysfunction, depression and breast cancers. Schedule IV includes Eluxadoline (Viberzi) to treat irritable bowel syndrome with diarrhea. Schedule V includes Lyrica for fibromyalgia and Lotomil for diarrhea.

The bill is an unfunded mandate where there are no requirements for the pharmacy to be able to recoup the extra costs these special vials have. For a similar bill introduced in Maryland this year, their Department of Legislative Services reported that "...pharmacies will be required to purchase and provide such vials at an estimated cost of \$3.00 to \$5.00 per vial (based on State of Illinois estimates; such vials retail for \$18.00)." There is also the additional cost of printing and distributing the educational statement on prescription drug abuse and diversion required by the bill. Even though the bill would allow patients to choose if they want the lockable or tamper-evident container, pharmacies would still have to carry the inventory at a substantial cost.

We receive a significant number of prescriptions electronically with no patient interaction prior to the prescription being filled. This bill would require one of two things to occur. First, the patient has to wait until the pharmacy could ask them this question and then dispense the medication by placing the medication in the vial, affixing labels, performing a drug utilization review and final verification of the prescription. Second, if the pharmacy already performed these functions before the patient requests such a container, some of the process has to be duplicated, adding extra costs for the pharmacy to re-dispense the prescription and extra waste from the original labels and vials having to be discarded.

A more reasonable compromise would be a general requirement that pharmacies have these products available for purchase by the patient. There are many products that can be made available, from lockable vials, boxes, cases or pouches. Allowing the patient the opportunity to purchase from a variety of products will allow the consumer to select the best lockable container that meets their needs. Many patients may prefer an easy open or regular child-proof vial lid but then store multiple vials in a lockable case. This also resolves the unfunded mandate of the current language.

Professionally yours,

Stephen C. Burson

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