Vermont Association of Chain Drug Stores

Date: **March 16, 2017**

To: **Rep. Bill Lippert; Chairmen**
Cc: **House Health Care Committee**

RE: **H.309 An act relating to substitution of epinephrine autoinjector devices**

The Vermont Association of Chain Drugs Stores find H.309 very problematic. In the context of epi auto-injectors, per the FDA Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations, the FDA has given all epi auto-injectors a "B" rating. This means that the FDA has determined that there is insufficient data to show that a pharmacist can safely substitute another product for a prescribed "B" rated product. FDA created the Orange Book and its rating system to inform prescribers and pharmacists of safe prescribing and substitution practices, so that they know when a given drug substitution is safe or not. Given that FDA has not determined that safe substitution exists for epi auto-injectors, the appropriate place for epi auto-injector prescription decisions is within the prescriber's office in a conversation between the prescriber and patient.

Changing policy on one drug dispensed would drastically change pharmacy practice. The best way to get the right product with the right price is at the prescriber level. A pharmacy knows the patient has a prescription and a copay but a pharmacist has no idea what the drug cost is for comparative purposes. We would need to run each claim through to the insurance carrier to get the final price.

The prescriber can better determine if another form of delivery works prior to prescribing, if the delivery method is appropriate and discuss with the patient. We need consistency not carve out per drug, a price today can change within several months. State policies should not move towards a drug by drug evaluation at the dispensing level.

We strongly suggest that you not move forward with H.309.