March 14, 2017

RE: Vermont Hearing on H 309

Dear Members of the House Committee on Health Care,

The American College of Allergy, Asthma, and Immunology (ACAAI), the premier professional organization for over 6,000 practicing allergists, immunologists and health care professionals, and the Advocacy Council of the ACAAI would like to express our opposition to H 309 introduced by Representatives Lippert of Hinesburg and Donahue of Northfield.

The ACAAI and the Advocacy Council of ACAAI strongly advocates for our patients to have access to affordable treatments. We commend the sponsors for their desire to reduce the high cost of prescription medications for their constituents. We realize the intent of this bill is to lower costs for the patient.

Unfortunately, we believe H 309, as currently drafted, could be clinically harmful to the people of Vermont who must carry epinephrine in order to prevent life-threatening anaphylaxis. H 309 would give pharmacists, with patient consent, the authority to substitute one epinephrine auto-injector for another, less costly, auto-injector, even if the FDA has not determined the two devices are interchangeable.

As allergists, we know that not all auto-injectors function in the same manner, and most patients are not aware of this difference. If a patient has been trained on one type of auto-injector in the health care provider's office, but receives a different model at the pharmacy, the patient may not know how to use the injector correctly. This could be disastrous during a severe allergic reaction and could result in a deadly outcome.

The legislation must make a distinction between the interchangeability of the drug versus the interchangeability of the injector used to administer the drug.

To be clear, we do not oppose legislation that would allow pharmacists to switch from a branded medication to an interchangeable generic medication. Unfortunately, this bill as written will likely result in some health care providers writing "Dispense as Written" (DAW) on the prescription to ensure the patient receives the auto-injector that he or she was trained to use. Unfortunately, using the DAW designation on a branded product would prevent the patient from receiving a less costly generic drug if one is available for that device.

We recommend that the bill be revised to limit substitution to products determined by the FDA to be interchangeable. This would insure that patients receive an auto-injector which they will know how to use in an allergic emergency and still get the least expensive drug.

As currently written, this bill could jeopardize the health of the patient and therefore we must strongly oppose it.

Sincerely,

Stephen A. Tilles MD
ACAAI President

J. Allen Meadows, MD
Chair, Advocacy Council of ACAAI