

Testimony of Marty Irons, Vt. Pharmacists Association, H.309

Under current Vermont generic substitution law, epinephrine autoinjectors cannot be substituted by pharmacists, unless there is an authorized generic product available (such as the Mylan authorized EpiPen generic, substitutable with their brand EpiPen product). Bill H. 309 would allow substitution to occur with the goal of providing a patient with the most cost effective option, however there are multiple concerns this raises for the pharmacist filling the epinephrine autoinjector prescription. The legislation places undue burden on pharmacists filling prescriptions for these devices. The process would involve the pharmacist creating multiple different prescriptions to submit multiple claims to the patient's insurance. While the generic epinephrine autoinjector may be cheaper based on cash price, for the majority of patients with insurance coverage a claim would have to be submitted for each device to determine which would be the least expensive. Each claim submission has a cost to the pharmacy and the time required to perform this task is much greater than what is usually required to fill a prescription. Another concern from a pharmacist's perspective not addressed in the bill may be liability if the substitution is made, but the patient uses the device incorrectly in an emergency situation.

One thought to achieve the goal of providing patients with the most cost effective solution without enacting legislation specifying the drug by name would be to encourage providers to write prescriptions for the 'epinephrine autoinjector' instead of 'EpiPen'. This would provide pharmacists the discretion to fill the prescription with the least expensive alternative product or the product required by insurance formularies without the requirement to contact the prescriber. This would provide pharmacists with the autonomy to use their professional discretion in choosing the best option both in terms of past product use and cost for the patient. It would also prevent the pharmacist from needing to call a prescriber to request a change to the prescription.

The goal of this legislation to provide the most affordable option to patients is great. However, the process to accomplish this should not place further burden on pharmacists who do not dictate drug pricing or insurance coverage.