



Testimony offered on behalf of:

**EPIC PHARMACIES, INC.**

**IN OPPOSITION TO:**

**HB 664 – Pharmacists – Required Notification & Authorization Substitution – Lower-Costing Drugs, Medical Devices, and Biologicals**

House Health and Government Operations Committee  
Hearing 2/25 at 1:00PM

EPIC Pharmacies **Opposes HB 664** – Pharmacists – Required Notification & Auth Substitution – Lower-Costing Drugs, Medical Devices, and Biologicals.

Though EPIC Pharmacies appreciates the goal of this legislation in providing lower costs medications, devices, and therapies to patients, the mandates of the bill will grind pharmacy workflow to a halt and will result in delays in medications delivery, causing severe patient inconvenience with possible detrimental health outcomes.

When mandating a comparison for “therapeutically equivalent” products, we are talking about price comparison shopping for anywhere between 5 and 15 different brand and generic medications for each prescription.

For example, let’s say a prescriber prescribes Prilosec 20mg caps. With this bill the pharmacy would have to submit test claims (which are prohibited by some PBM’s and cost the pharmacy \$0.06 per transmission), for brand and generic Nexium, brand and generic Protonix, brand and generic Prevacid, Zegarid, Yosprala, Talicia, brand and generic Aciphex, Dexilant, and Kapidex. One could argue that H2 antagonists like Zantac are similar and for the same diagnosis, so now add 15 more drugs to try. All this for 1 prescription. Now multiply, the time, wait, and expense times the 4-5 prescriptions that a patient presents. Also, when this prescription is sent to the pharmacy from the prescriber, the medication can no longer be ready when the patient arrives, as the pharmacist has to go over this myriad of offerings with the patient prior to filling the prescription.

Independent pharmacists all over Maryland actually perform this therapeutic comparison for our patients during Medicare open enrollment to help our patients navigate the [www.medicare.gov](http://www.medicare.gov) website. This process takes on average 15 minutes per patient, without

dispensing a single tablet. It's a value-added service that we happily provide to our patients, and it's done by appointment. It simply cannot be done properly on the fly.

Me-too drugs are the result of manufacturers developing and marketing prescription medications for an indication where there are already ample treatments on the market. Please don't force patients to wait hours so we can comparison shop every me-too drug. Remember the comparison will be different for each different insurance contract, so we cannot even assume that two Carefirst cards will have the same preferred drug inventory. So, each Carefirst patient would require a whole new therapeutic search.

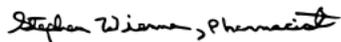
Regarding brand and generic prices for the same drug: Remember that PBM's (and some payers like Medicaid) use manufacturer rebates to determine formulary placement. Rebates are the crack cocaine of the insurance industry. Payers and PBMs can't get enough. Generic manufacturers DO NOT pay rebates. This has resulted in recent years in a perverted system where Brand Names are preferred over their equivalent counter parts, and if you are in the deductible phase of your insurance, you get burned.

Pharmacies and pharmacists did not develop Me-too drugs or rebate focused formulary placement; however, this bill is punitive in time to both the patient and the pharmacist for matters out of our control.

When dispensing a prescription, you want pharmacists focused on patient safety, accuracy, and counseling. Adding non health related mandates to an often over worked and understaffed pharmacy is a recipe for disaster.

As such, EPIC Pharmacies recommends an **Unfavorable Report on HB 664**.

Thank you,



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