



We're all to blame for the EpiPen price hikes

By Claire McCarthy, M.D. | September 7, 2016

Nobody should ever hold the lives of children hostage for a profit. And no one should sit by and let it happen. Especially people who should be looking out for children – including pediatricians like me.

That's what has been happening with EpiPens, the medication that can literally save the life of someone having a severe allergic reaction. When Mylan acquired the product in 2007, a two-pack – generally recommended by doctors – cost about \$100. It now costs about \$600, for no other reason than profit.

This stuff, to be clear, is cheap. Epinephrine costs less than a dollar a dose. The plastic packaging and spring-loaded, pre-filled syringe add to the cost, but doesn't get it to \$100, let alone \$600. Although Mylan is coming out with a less expensive version, it's still far more than many families will be able to manage.

And they shouldn't have to. We shouldn't make them.

The standard advice I give families of children with life-threatening allergies is that they should have at least two sets of EpiPens: one for home and one for school or daycare. Three is better, because then

one can travel with the child wherever they go. I've actually continued to give that advice, as have most of my colleagues, despite the fact that for many families, it's simply not economically feasible.

Some families may feel forced to cut corners. Since schools and daycares require EpiPens for any child with a life-threatening allergy, families may only fill one prescription – and hope for the best. Children could die; some likely will. What makes it worse is that with a little more effort and creative thinking, we could prevent those deaths.

My third child was born with a severe brain defect. He only lived a year, but that year was full of seizures that regular medications couldn't control. When he had a particularly bad seizure, we gave him diazepam into his rectum, using a syringe.

In 1997, the Food and Drug Administration approved a pre-measured syringe for doing this: a simple delivery method, not unlike the EpiPen. But in 1996, when my son was alive, no such technology was on the market. We had to draw up the diazepam in a syringe ourselves. We did this regularly, and we taught everyone who cared for him to do it too.

Granted, giving a rectal medication is easier than giving an injection. But we teach families and caregivers how to give injections all the time when children have diabetes, growth hormone deficiencies, or other conditions that require injected medications at home. We could do this with epinephrine.

You can buy a 1 mL vial of epinephrine, more than enough medicine for two injections, for about \$5. A box of 100 syringes and needles goes for about \$20. Even if you add the cost of training, it's still startlingly less than anything Mylan charges.

You can also buy 30 mL of epinephrine for about \$75 – which means that for around \$100 a year, any school or daycare could be fully equipped to handle 100 to 200 episodes of anaphylaxis, depending on the size of the child. Given that sometimes anaphylaxis is the first sign of a food allergy, it would be good to have the medication on hand for any child. Families of children with known allergies could chip in to help cover the cost, if needed; it would cost them far less than buying the medicine themselves.

My point is that we have options aside from letting a company risk lives for profit. Aside from moving away from EpiPens entirely, we could make it easier for new similar products to come on the market, which would drive down prices. We could legislate that certain medications, like epinephrine, must be made available at a minimal cost to patients and insurance companies, and at no cost to anyone who

can't afford them. I am sure there are other options as well – but we need to have the will to pursue them. We need to take responsibility for the lives of children, rather than leaving it to the market.

So far, we haven't.

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