

Costs for emergency allergy injectors still high for some?

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People with severe allergies now have more choices for which epinephrine auto-injector to carry in case they suffer a life-threatening attack, and most pay less for it than they did when the EpiPen was the primary option, a new study shows. But for a significant minority, the amount they pay has stayed high—largely due to their health insurance plans.

"Our findings suggest that the availability of lower-priced competitors did not solve the affordability problem for all [patients](#) who use epinephrine auto-injectors, particularly those covered by plans that require deductible and co-insurance payments for drugs," said lead author Kao-Ping Chua, M.D., Ph.D., a U-M pediatrician and member of the Susan B. Meister Child Health Evaluation and Research (CHEAR) Center and the U-M Institute for Healthcare Policy and Innovation. Chua and his co-author, Dr. Rena Conti from Questrom Boston University School of Business, recently published their findings in the *Journal of General Internal Medicine*.

The same authors previously [published a study in 2017](#) which analyzed the amount privately insured Americans paid each year for the branded EpiPen between the years 2007 and 2014. At the time, EpiPen dominated the epinephrine auto-injector market, with little competition. The authors found that out-of-pocket spending for the EpiPen doubled, largely because its list price tripled.

For their new study, the authors analyzed 2015-2019 data from 657,813 children and adults using the IBM MarketScan Commercial Database, a national claims database from 28 million Americans with private employer-sponsored insurance. During this period, the branded EpiPen faced increasing competition, including from its own lower-priced authorized generic, the authorized generic of Adrenaclick, and a generic auto-injector manufactured by Teva.

The authors found that mean annual out-of-pocket spending for epinephrine auto-injectors peaked in 2016 at \$116 and began to decrease in 2017, when patients increasingly shifted away from the EpiPen to lower-priced competing products. By 2019, mean annual out-of-pocket spending had fallen to \$76, and 60% of patients paid \$20 or less for epinephrine auto-injectors.

Despite this improvement, 1 in 13 patients paid more than \$200 for epinephrine auto-injectors in 2019. Among these patients, 62.5% were enrolled in high-deductible health plans. These plans cover approximately 30% of privately insured Americans and had a minimum deductible of \$1,350 for individuals and \$2,700 for families in 2019.

63.3% of the patients paying more than \$200 per year were children. Chua believes this is partly because children need to fill prescriptions more often than adults so that they can have epinephrine auto-injectors both at home and school.

Almost two-thirds of patients paying more than \$200 per year only used lower-priced non-branded products, like the authorized generics of EpiPen and Adrenaclick. Among these patients, mean annual out-of-pocket spending was over \$650, and 88% of this was in the form of deductible and co-insurance payments.

Although Chua indicates that the overall affordability of epinephrine auto-injectors has improved since the introduction of competing products, he believes there is still more to be done for patients and families who are paying hundreds of dollars a year for a medication that could mean the difference between life and death.

"Our study shows patients can still pay a lot even if they use lower-priced [epinephrine](#) auto-injectors. To improve affordability for these patients, insurers could consider capping the out-of-pocket cost of non-branded auto-injectors. Alternatively, the [federal government](#) could consider a federal cap similar to the one currently being discussed for insulin," Chua said.

The paper is titled "Out-of-Pocket Spending on Epinephrine Auto-Injectors Among the Privately Insured, 2015–2019."

More information: Out-of-Pocket Spending on Epinephrine Auto-Injectors Among the Privately Insured, 2015–2019, *Journal of General Internal Medicine* (2022). [DOI: 10.1007/s11606-022-07694-z](https://doi.org/10.1007/s11606-022-07694-z)

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