

The Physician's Role in Cost Effective Prescriptions

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Abstract

The cost of medication remains a major problem in healthcare in this country. The physician can help control the rising cost of medication by prescribing cost-effective drugs for their patients. Two large pharmacy chain drug stores offer generic drugs at a very reasonable cost of \$4.00 for a month's worth of medications.^{1,2} One of these pharmacy chains subsequently added additional generic drugs including two oral contraceptives for \$9.00 per month.¹ This paper discusses how this program works in a medical school clinic.

Introduction

The cost of medication remains a major problem in healthcare in this country. The Department of Obstetrics & Gynecology at the University of Alabama School of Medicine in Tuscaloosa utilized two local generic prescription programs with great success.^{1,2} In selecting drugs, the prescribing physician is the one who can be most effective in determining which patients can utilize generic drugs. Initial selection is far less trouble than trying to backtrack, and the patient usually has limited drug knowledge to do so. **The number one reason patients do not purchase prescribed medications is cost.** Other reasons are listed in Table 1 below.

Several months ago, two pharmacy chains published and placed on the Internet a generic drug list of medications that were available by prescription for anyone for \$4.00. Drugs included all major categories. Many new drugs were not on either formulary nor were narcotics. However, Ultram and many non-steroidals were present on both. A grocery chain recently advertised seven generic antibiotics that may be obtained free in their stores by prescription as a "lost leader" or, as they say in the business world, something to get a consumer in the store.³ One of the chains then added generic drugs for \$9.00 per month

including two generic oral contraceptives and Clomid, used to stimulate ovulation for infertile patients.¹

I spent most of a day helping my elderly family members determine if their individual medications were on the list. Many were. I was well aware that just my mother's medication bill for a month was more than she received from the Railroad Retirement. The next task would be to match comparable medications that might work. The daunting task would be to convince their individual physicians to change to medications that might work. Once before we had attempted this, only to hear, "If it isn't broken, don't fix it."

I thought I would try it for the fun of it. My personal maintenance medications included Synthroid for hypothyroidism, Atenolol for migraine prophylaxis, Nexium for GERD, Mid-

Table 1: Reasons patients do not get prescriptions

- **Cost**
- **Lost prescription**
- **Could not afford all the prescriptions**
- **Did not have time to fill prescription**
- **Only wanted the pain medications**
- **Someone stole the prescription**
- **Medication did not work in the past**
- **Did not want prescription**
- **Dog ate the prescription**
- **Left prescription in doctor's office**

rin for vascular headaches, and prophylactic Baby Aspirin. Levoxyl substituted for Synthroid and Atenolol was on the list. Zantac, which was substituted for Nexium, was not strong enough, and the dosage had to be doubled. Midrin was not on the list. Baby Aspirin was \$2.00 off the shelf. Generic Midrin was not on the list and cost \$15.00. My own personal maintenance medications were \$29.00 per month.

The obvious conclusion that one comes to is if the physician just wrote for the cost-effective medication up front, most of the problems would be solved. Of course, there will always be situations in which only a specific drug works for a significant problem and cannot be substituted. These, however, would be at a minimum. There are no narcotics on these lists and probably for good reason. Many non-steroidals and Ultram, however, are listed.

The Obstetrics and Gynecology Clinic at the University of Alabama School of Medicine in Tuscaloosa, Alabama, decided to undertake a concerted effort to utilize these drugs for our patients. Many of our patients do not have any insurance at all and have difficulty affording drugs. Some of our Medicare patients do not have drug benefits. There are also significant limitations on Medicaid prescriptions as well. When we began this program, it was intended for those that could not afford medications.

Cost-effective prescribing also is important for those with drug benefits as well. The ultimate savings, even with drug plans and drug cards, will eventually help control the costs of the drug components of health care. Controlling costs with insurance companies providing drug benefits is also important in looking at the whole picture of the cost of healthcare. Equally important is the physician's reassurance to the patient that the generic medications prescribed by him will not compromise the patient's care.

Lists of generic \$4 medications were bound in a bright red booklet and placed at the computer terminals where electronic prescriptions were generated. Our goal is to have these medications available in the electronic medical record when a comparable, more expensive medication is selected. Residents and medical students also participated with this program, not only to take cost effective care of their patients, but to prepare for their own practices in the future, in an effort to help control the costs of health care.

Our upcoming challenge is to incorporate this list into our electronic medical record, so that when a drug is chosen to be prescribed, a generic drug in the program will pop up if there is one present. We have received only positive responses and appreciation from our patients and not a single negative response. The web site listing of these medications are also made available to our patients. There was at least one of these pharmacy chains at each of our outlying rural clinics as well.

As for the grocery chain that offered seven common antibiotics, patients were told about this as well. This was especially good for those that needed only one of these antibiotics for a particular problem or for the patient that lived near one of these

stores. It was not particularly useful for those with maintenance medications.

While there are many obstacles to controlling the cost of health-care, this is one which the physician and patient can have an active part in overcoming. ***Together, they can actually do something today when the clinic opens.***

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