

DRUG SHOPPING

Both Senate and House versions of the so-called “Medicare drug benefit” are inadequate to meet the needs of those of our seniors who live on fixed incomes. There is no reason to believe that a beneficial version will arise from the attempts to reconcile the two approaches. The cost estimates bandied about by various finance gurus are based on data not unlike tea leaves or runes. Unless such a benefit is limited to certain income levels based on means tests, any current guess at aggregate cost will be an underestimate and exceed our ability to pay for it. Given that we approach an election year, some form of “drug benefit”, no matter how inadequate, will see the light of day.

In the meantime, while we await the birth of a drug benefit, there are, however, a number of ways in which seniors, but especially those on fixed incomes such as Social Security, can reduce the expenses associated with prescription drugs to significant degrees. We physicians who prescribe these medications can and must be the catalysts and assist our patients in realizing these savings.

One obvious, although generally low-yield, approach is to comparison shop. By canvassing the various pharmacies associated with the grocery chains, Walgreen's and OSCO, savings of up to about 18 percent can be made. Even greater savings can be had in buying from Canadian mail-order sources, provided that brand name drugs are purchased. Generally speaking, generic drugs are cheaper in the United States. Purchasing by mail order in the U.S. (e.g. AARP) can yield significant savings as well. Caution must be exercised, however, when buying medications from Internet pharmacies. A study published in the *Annals of Internal Medicine* showed that only about 11 percent of all Internet pharmacies checked revealed the geographic location of their businesses. Another study demonstrated that only about 65 percent of Internet pharmacies claiming to be Canadian actually were located in Canada. The danger of receiving worthless, counterfeit drugs from these sources is rather great.

A variation of comparison shopping is the search for quantity discounts. Drugs that are taken on a daily basis are usually purchased in units of 30 tablets. For a number of drugs, the per-100 price is significantly lower than that for 30 units.

Many oral medications come in a variety of strengths. It is interesting to note that there is very little price difference among the various strengths of drugs. Unless one requires the maximum strength of a drug, savings of 40 to 50 percent are possible by buying the maximum strength and splitting the tablets. Many such tablets are already scored to be divided. Tablet splitters are readily and inexpensively available.

Generally speaking, the greatest savings are achievable through substitution of generic equivalents for brand name drugs. It is interesting to note that pharmaceutical representatives prefer to leave samples at our offices for brand name drugs for which there is not yet a generic substitute. The reasons are obvious. Today, generic medications make up approximately 44 percent of the total pharmaceutical market in the United States. Only two decades ago generics represented less than a quarter of the total market. Savings of 30 to 80 percent are achievable by

choosing generics over name brand drugs. Several of the major brand name drugs have gone, or are about to go off patent. Among them are Prozac, Zocor, Prilosec and Claritan.

Here are some examples:

PRILOSEC: Purchased at Walgreen's on-line pharmacy, the prescription drug costs \$4.10 each for 20mg. On September 29, Prilosec will be available over the counter, and the OTC price will be \$0.67 per 20mg. Walgreen's now takes offers for this OTC drug at the new price for delivery after the September date. Patient using this drug will save 84% when Prilosec goes OTC.

TENORMIN: Walgreen's offers the 100mg tablet at \$1.70 each, when purchased in quantities of 60. The 50mg tablet is available at \$1.10 each, also in quantities of 60. The generic equivalent, Atenolol, costs \$0.18 when purchased in quantities of 60, and the 50mg tablet is at the same price. A patient taking this drug (50mg) can save \$0.92 (84%) per tablet when buying the generic Atenolol of the same strength. If that patient is willing to cut a 100mg tablet of Atenolol in half, the cost per dose is reduced to \$0.09, a savings of 92%.

XANAX: A 1mg tablet of the brand name drug costs \$1.52 when purchased in quantities of 60 at Walgreen's, and a 0.5mg tablet is available at \$1.17 each. Its generic equivalent, Alprazolam costs \$0.22 for a 1mg tablet, and \$0.18 for 0.5mg. The result: savings of 85%. Cutting a 1mg tablet in half when taking 0.5mg doses brings the savings to 93%.

The good news: More high-cost, high-use brand name drugs will either go off patent soon or become available OTC. Analysts forecast that some of the second-generation antihistamines and some of the statin drugs will soon become available over-the-counter as well.

Finally, yielding to ever-increasing criticism from healthcare providers and the general public, many of the major pharmaceutical houses (among them Abbott, Astra-Zeneca, Bristol-Myers Squibb, Glaxo-Smith-Kline) have announced and are offering financial assistance with regard to drug purchases to low-income, disabled persons and senior citizens. Applications can be made directly to these companies.

Some pharmaceutical companies, e.g. Novartis, offer life-time guaranteed prices on some of their long-term use drugs.

While the debate over a method for, and funding of a Medicare drug benefit rages on in Congress and in healthcare circles, we can be of assistance to our patients by informing them of the many alternatives available to them when "shopping" for prescription drugs. Even if a drug benefit is enacted, there will continue to be significant out-of-pocket costs associated with prescription drug purchases.

As always, I welcome your views and comments.

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