



Pharmacy Pearls

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Value-Based Prescribing

Contact: AHPPharmacist@urmc.rochester.edu

High prescription costs are one of the leading reasons why patients do not take their prescribed medications. Despite the impact of prescription costs on adherence, most patients will not mention their cost concerns unless specifically asked. Instead, patients tend to engage in a range of cost-saving strategies such as avoiding picking up a prescription to rationing doses to conserve quantities.

Consider normalizing conversations about medication cost as a routine part of your visits- screening based solely on poor adherence or even presumed patient income may miss many patients who have prescription cost concerns. Straightforward wording and matter-of-fact body language make these conversations easier; for example: **“is the cost of any of your medications a burden for you?”**¹

AHP’s medication initiatives promote value-based prescribing by encouraging the use of less expensive medications where evidence shows they are either equally effective or more effective than more expensive (and often brand name) options.

5 strategies to keep value-based prescribing at the forefront of your decision-making²:

Be a healthy skeptic when it comes to prescribing new drugs

- Though there are new medications arriving on the market constantly, very few are novel and useful for primary care
- Avoid prescribing new, non-breakthrough medications until their safety and effectiveness have been established and until they are shown to be safer or more effective than more established alternatives (this can take years)

Apply STEPS and know drug prices

- STEPS: Safety, Tolerability, Effectiveness, Price, and Simplicity of a drug
- Effectiveness should be measured by patient-oriented outcomes, not surrogate markers or disease-oriented measures

Use generic medications and compare value

- Generics are as effective as brand name medications, have often been on the market longer, and have proven records of safety
- Example: there are 6 generic statins available in the US- if patients were exclusively prescribed generic statins instead of brand name statins, the US healthcare system would save \$5 billion annually

Restrict access to pharmaceutical reps and office samples

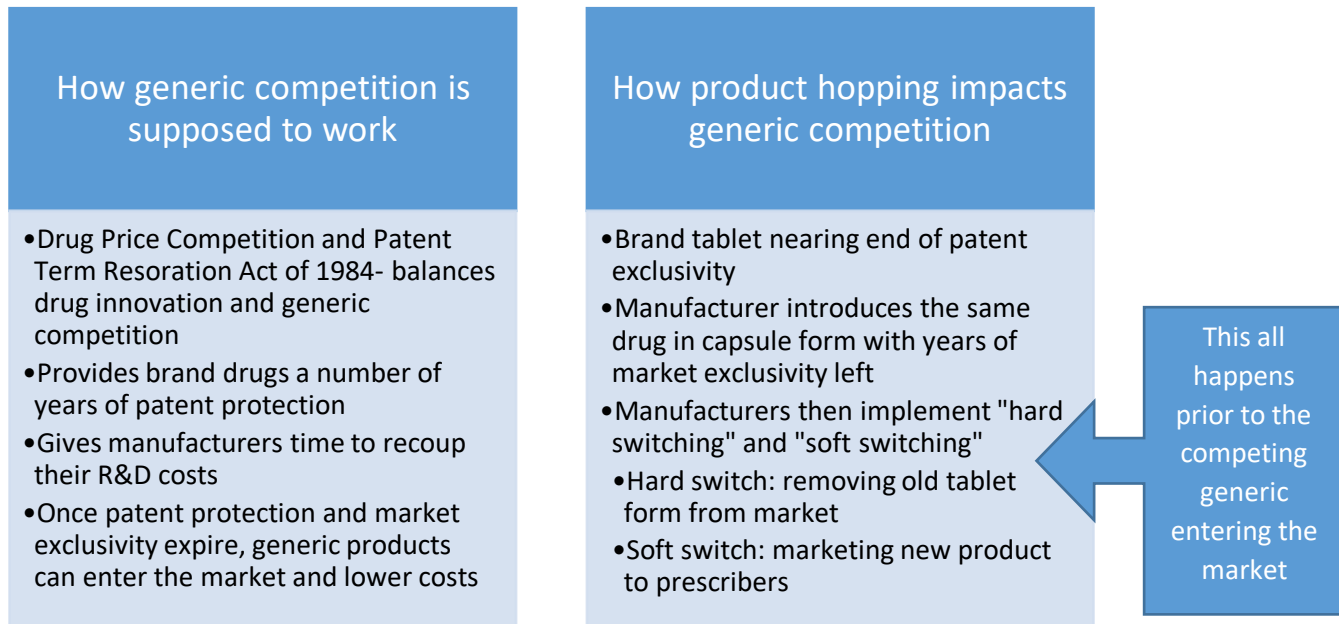
- Multiple studies show that pharmaceutical reps influence physician behavior and prescribing patterns
- Use of samples leads to higher medication costs- both out of pocket for patients and total; it can solve an immediate problem but patients need to be able to afford their medications when samples run out

Prescribe conservatively

- Evaluate and clearly define the patient's problem
- Specify the therapeutic objective
- Consider nonpharmacologic therapies
- Evaluate therapy regularly
- Consider drug costs when prescribing

Product Hopping

Product hopping is a strategy used by drug manufacturers to prevent generic competition and extend monopoly pricing. It involves reformulating a drug to prolong its exclusivity and encouraging patients to switch to the newly reformulated product.



A recent study of prescription drugs on the market between 2005 and 2015 found that "78% of the drugs associated with new patents in the FDA's records were not new drugs coming on the market, but existing drugs."³

Be wary of new formulations of brand name drugs that offer no additional clinical benefit as they may be an attempt to shield patients from generic savings

Example of product hopping⁴:

2001
AstraZeneca's patent for Prilosec nearing expiration

AZ releases and aggressively markets Nexium- only slight chemical differences from Prilosec but offered 13 additional years of patent protection

Because AZ did not "eliminate consumer choice," anticompetitive lawsuits were dismissed

Estimated one-year cost of this product hop to the US healthcare system is **\$2,362,900,000**