WHEN EQUAL IS NOT EQUAL

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Two surgeons explain why pharmacists change their prescriptions and they describe ways to ensure patients get the right medications.

BY PRIYANKA SOOD, MD, AND SHERI ROWEN, MD, P-CEO

The following article highlights key questions addressed during an educational webinar about the roles of physicians and pharmacists in prescribing and fulfilling branded medications. This webinar is the third of a four-part series and can be viewed in its entirety at eyetube/series/when-equal-is-not-equal/substituting-branded-with-genericmedications.

Priyanka Sood, MD: When we prescribe medications to our patients, there are times that we approve a generic, and times when we specify a branded product. However, we frequently find ourselves facing a struggle with certain branded medications. We prescribe one thing, and then find out hours or days later that the patient did not get the branded medication, because the pharmacist recommended a generic version.

Sheri Rowen, MD, P-CEO: We all prescribe certain branded medications that we like, particularly preoperative and early postoperative use. Their eyes should be healthy and ready for surgery. We feel very comfortable and confident that the branded medications will prepare the eyes for surgery, so the prescriptions become routine, and we have written instructions to help patients follow the regimen.

The routine and the choice of branded medications make the entire presurgical process as predictable as possible. Branded formulations are always the same, whereas multiple companies may make generic versions in different ways, so we cannot quite know what we were getting. With a branded product, we know exactly what we are getting each and every time.

Nevertheless, pharmacists most times recommend that the patient get a generic medication. The cost difference between branded and generic medications can be high. As a result, there are substitution laws in every state that authorize or mandate pharmacists to fill most prescriptions for a brand-name drug with its generic counterpart and from tiered insurance formularies that impose higher cost-sharing obligations on patients for brand-name drugs.

Dr. Sood: That "switch" may mean changing to a generic version, or changing medications completely. Have you experienced that?

Dr. Rowen: Several times, I have prescribed a medication and found that the patient received a similar medication with inaccurate instructions. For example, I prescribed Prolensa (bromfenac; Bausch + Lomb) once per day. Patients received the generic drug ketorolac with "once a day" printed on the bottle, although ketorolac must be taken four times per day. That is just one example of many problems with these "crossover" medications.

Moreover, so many of these problems happen the weekend before surgery! Patients have an issue like this one, or questions about getting a generic medication, and we providers are not in the office. The patient can lose several days of presurgical use of the prescribed medications. It is an unfortunate and inconvenient aspect of the pharmacist's "switch."

Dr. Sood: How large is the cost difference between the branded medications you prescribe and their generic counterparts?

Dr. Rowen: In the past, generic medications were a lot less expensive. Presented with the two options, patients would opt for the less expensive medication, particularly if they would have a hard time affording the branded medication. Now, we have started seeing the costs of generics increase. Some of my patients paid up to $120 for generic prednisolone acetate 1%, which was within the range of the branded version (Pred Forte; Allergan). Pharmacists are pushing a generic that offers neither savings nor the physician's approval. We cannot win!

Dr. Sood: How is the ophthalmic industry bridging this gap? Are companies aware of the problem and helping you provide the best care for your patients?

Dr. Rowen: The companies that manufacture many of the medications that I prescribe for my patients give us a lot of coupons that patients can use toward purchasing branded medications. For example, Allergan has coupons for Restasis (cyclosporine), while Alcon offers coupons for Durezol (difluprednate) and Vigamox (moxifloxacin). Bausch + Lomb has coupons for Prolensa (bromfenac), Lotemax Gel (loteprednol), and Besivance (besifloxacin). These coupons allow patients to buy branded medications for $30 to $35 instead of paying hundreds of dollars. Coupon programs also make the prices predictable, because without them, going to a different pharmacy could mean a difference of over $100 for one bottle!

Some companies are also starting to work with specialty pharmacies on a small scale to roll out new programs that combine patients' direct contact with the pharmacy and auto shipping to their homes. It is too early to tell if this will work, but it is possible that this will be a next-generation solution that helps us get our patients the correct branded medications.

For now, coupons are a great help. Patients with private insurance pay $30 to $35, while uninsured patients pay $60. Medicare patients can get certain medications for the $60 uninsured rate by opting out of coverage for that particular product for a year, and they can continue to do that for years if they need the medication long-term. I feel grateful that companies are stepping up and helping us prescribe products that we do want our patients to use. ■

Sheri Rowen, MD, P-CEO, is the Founder of Rowen Vision and Cosmetic Center, and has served as clinical instructor at Johns Hopkins Hospital and clinical assistant professor at the University of Maryland. She is now with NVision Centers in Newport Beach, CA, and is an in-house consultant for Alphaeon and Strathspey Crown. She disclosed a financial relationship with Ace Vision Group, Allergan, and Bausch+Lomb. Dr. Rowen may be reached at (410) 402-0122; srowen10@gmail.com.

Priyanka Sood, MD, was an assistant professor of ophthalmology at Weill Cornell Medical College in New York, NY at the time of the taping, where she also served as medical director of the Weill Cornell Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE) Program. She is now with the Boston Eye Group in Boston, MA. She has no financial interests to disclose. Dr. Sood may be reached at psood1220@gmail.com.