

COALITION FOR PATIENT RIGHTS

Fact Sheet

PHYSICIAN-DIRECTED MEDICATION ACCESS

The Issue

Therapeutic switching, step therapy, prior authorization, and formulary restrictions carry substantial risk of serious adverse outcomes for some patients. Policies should provide patient protections that promote appropriate access to medications and acknowledge the necessity of shared patient-physician decisions based on the unique needs of individuals.

Physicians Are in the Best Position to Make Clinical Decisions

Physicians, in partnership with consumers, make medication decisions based on their knowledge of the individual's illness and treatment history, other medical conditions, drug-to-drug interactions, and drug-disease interactions. Only the physician has sufficient clinical information to make these decisions. Pharmacists and pharmacy plans may have some limited information about a consumer, but they are unlikely to have all of the information necessary to make an informed decision about switching an individual's medication.

Inappropriate Drug Switches Can Have Serious Consequences

One study of the Medicare drug benefit followed beneficiaries who were stable on medications, but were switched to others by the drug plans providing the prescription benefit. The outcomes were costly and serious: over one in three individuals had an emergency room visit, and 15 percent were hospitalized. In a study reported by the National Epilepsy Association, every physician surveyed had at least one patient with increased seizures after a medication switch to a generic drug. Studies have also confirmed that an inappropriately treated psychotic or manic episode can lead to tragic results: lasting cognitive damage, homelessness, incarceration, or suicide.

COALITION FOR PATIENT RIGHTS - CPR

Coalition for Patient Rights (CPR) is a group of organizations concerned that patients, regardless of income or diagnosis, have access to quality and appropriate healthcare treatment and medication. For example, we know that individuals with mental illness die an average of 25 years earlier than their healthier counterparts, and we also know that mental illness isn't causing mortality. The current system of healthcare often throws up roadblocks so that people with chronic health conditions, especially people who also have low incomes, have an extremely difficult time getting the range of appropriate services they need, getting treatment in a timely manner, and getting the medications they need to get well and stay well.

CPR MEMBERS

Arthritis Foundation, Central Ohio Chapter
Ohio Academy of Family Physicians
Ohio Association of Adult Care Facilities
Ohio Association of Community Health Centers
Ohio Association of County Behavioral Health Authorities

Ohio Citizen Advocates for Chemical
Dependency Prevention and Treatment
Ohio Kidney Foundation
Pfizer, Inc.
Prevent Blindness Ohio

Seven Critical Questions

There are seven critical questions that you and your family should keep in mind each time you visit the doctor or the pharmacy counter:

ASK YOUR DOCTOR:

1. Should I take this exact drug or is it OK to take generics or other substituted drugs?

This lets you know if drug substitution is safe for your health condition and lets the pharmacist know if substitution is acceptable or not. If substitution is not acceptable, the doctor will check “dispense as written” on your prescription script.

2. Have you checked with my insurance carrier to find out if they require prior authorization or step therapy before I can take this medication?

This ensures that you and your doctor know if there are any barriers to obtaining the prescribed medication and how long it might be before you can start taking the medicine.

ASK YOUR PHARMACIST:

3. Is this the exact drug that my doctor prescribed?

This may sound like a given, but unless your physician specifically checks “dispense as written” on your prescription script, a pharmacist may change your prescription without knowing your full medical background as your physician does.

4. Why are you switching my prescription?

It’s probably to keep costs down and may be a requirement of a managed care company, Medicaid, or a pharmacy practice. You may be pleased to learn you’re also saving money, but your healthcare could be at risk in the long run.

5. Will this switch impact my health?

Keep in mind that not all medications are created equal. Many people think generics always perform the same as a brand-name equivalent, but that is a common misconception. While the active ingredients may be the same, it’s the inactive components of a drug that can potentially cause adverse reactions. Additionally, certain brand-name drugs don’t have a generic equivalent, so a switch means you are getting a different medication.

6. Have you notified my doctor of this switch?

It’s all too common for a patient to be switched to a different medication without the knowledge of his or her doctor. The physician often doesn’t find out until the patient requests another appointment because they are still sick or, in some cases, their condition has worsened. Always consult with your doctor before a switch. After all, nobody knows what’s in a patient’s best medical interest better than his or her own physician.

7. Is this the same dosage as my previous prescription?

New medicines may only be available in a higher or lower dose and can be metabolized at a different rate than the previously prescribed medicine. This can lead to confusion and non-adherence, which can affect both the safety and effectiveness of the medicine.

FOR MORE INFORMATION, contact CPR Project Director Stacey Frohnapfel-Hasson, Ohio Association of County Behavioral Health Authorities, at 614/224-1111 or email sfrohnapfel@oacbha.org.