Three Myths of Prescription Drug Substitution

Twenty years later, a minority of pharmacists, some politicians, and groups claiming to speak for consumers and older Americans, are pushing for the repeal of anti-substitution laws.

The repeal effort is based on three myths:

ONE, that pharmacists are more knowledgeable than physicians about prescription drug products;

TWO, that patients would reap large savings if "generically equivalent" drugs were substituted for brandname products;

THREE, that prescription drugs with the same chemical ingredients will have the same therapeutic effect.

Myth One

Pharmacists are very important, indeed indispensable, members of the patient-care team. But when it comes to knowing how drugs work in *people*, rather than in the abstract, physicians have more training and experience.

Your doctor has listened to you, questioned you, examined you, and made a diagnosis of your condition. The drug he prescribes is based on the therapeutic results he has witnessed in previous cases. Only the physician knows the particular diagnosis for each case, and only the physician should have the final choice of drug to be used for it.

The pharmacist is qualified to give you valuable advice concerning the usage, side effects, contraindications, and usual dosage of your prescription; however, deciding what drug would work best for you is the right and responsibility of the physician. Without the final authority to choose the drug, the physician cannot effectively control the patient's therapy.

Myth Two

Then there is the claim that substitution will save you money. An independent research firm did an extensive survey to determine what the savings would be if all drugs were prescribed generically — essentially the same as permitting pharmacists to substitute. The savings of prescribing by chemical rather than brandname (using more cheaply made drugs) would average only 1.7% (or 1.7¢ on the dollar). Companies that cut corners in manufacturing and quality control can sell more cheaply than the national firms that do not, but not by a wide margin. In fact, America's pharmaceutical industry has an enviable record in holding down costs. On the whole, the average tablet or dose costs less today than in 1960. There aren't many other products you can say that about.

But the study above is only a projection. What about the places where substitution has actually been implemented?

It's legal in Saskatchewan, Canada, and instead of prices going down, they went *up* — 19% on the average. Some think the culprit was the increased cost of malpractice insurance for pharmacists. When they started substituting, their liability increased.

In this country, fifteen months of substitution in Kane County, Illinois, ended when no savings to patients could be shown. In Massachusetts, Maryland, and Kentucky — where substitution has been implemented — no savings has resulted.

Myth Three: The Critical Issue

Myths Numbers One and Two are not the critical issues, however. Myth Three, and the risk it can pose to your health, is.

Drug expert William H. Havener, MD, gives seven reasons — and he says there are many more — why chemically equivalent drugs may not have the same effect.

1) *Purity.* Purity can vary greatly. Generic (nonbrandname) penicillins can contain up to 15% impurities, says the Food and Drug Administration, and still be sold. Granted, penicillin impurities are very hard to remove, but reputable brandname penicillin is 98% pure. In fact, people with "penicillin allergies" are often allergic to the impurities rather than the penicillin;
2) *Stability.* A product's package doesn't seem very important, but ill-packaged drugs can quickly deteriorate and become unusable... but by then, you've already paid for them;
3) *Taste, smell, color, consistency.* If you have children, you know how important these are in medicines. They're also vital in longterm adult therapy;
4) *pH.* What is the degree of acidity or alkalinity?
5) *Coating.* The right kind of coating protects sensitive medicines against destruction by stomach acids. The wrong kind can permit a pill