Pharmacist Intervention in Safe and Effective Conversion of Brand to Generic Drugs

The article by Billups et al. in the October 2005 issue of JMCP is another good example of how the application of pharmacists’ services can bring efficiency to our health care system. It answers a very timely question about the economic impact of a brand-to-generic conversion. In this study, the authors used a cost-minimization analysis to determine cost savings associated with the conversion of patients currently taking simvastatin to generic lovastatin. Given the ever-growing role of statins in a wide range of therapeutic situations, this study is especially important. Although the authors used a cost-minimization approach, they also evaluated laboratory values for cholesterol concentration to assess the validity of the underlying assumption of therapeutic equivalency of simvastatin and generic lovastatin. Further, they evaluated alanine aminotransferase (ALT) levels in laboratory values to consider the safety of their conversion efforts. Armed with this information, pharmacists are now in a much better position to justify their services in this area when discussing such opportunities with patients, physicians, and plan administrators.

This article is notable for its use of a very large population to evaluate the application of pharmacists’ services to reduce costs for both patients and the health plan, while maintaining the quality of pharmacotherapy through the monitoring of laboratory values indicative of safety and efficacy. As with most intervention efforts in normal clinical practice, this study was subject to several limitations that were duly noted. In the future, it would be interesting to consider the total cost of conversion, net of pharmacists’ services. With the evolution of electronic laboratory data, paired with paid claims data, we might anticipate future research using cost-effectiveness analyses to provide insight regarding the efficiency of relevant alternatives to managing the prescription benefit. For example, we might want to know how an intervention such as this one involving significant pharmacist resources compares with a more open design. Specifically, we might want to compare the efficiency of an alternative such as this one with a less intrusive approach, such as changes in the tiered copay to increase usage of the generic, along with a targeted mail communication explaining the rationale. Direct comparisons of this nature can help us to more efficiently manage the prescription drug benefit. Further, it would be interesting to evaluate projects such as this in other populations. For example, the Centers for Medicare & Medicaid Services is undoubtedly interested in brand-to-generic conversions under the new Medicare Part D benefit administered by prescription drug plans and Medicare Advantage prescription drug benefits.

As we go forward, we will continue to need sources of information such as this to improve economic efficiency in our plans. This will help build a preponderance of evidence to support the role of pharmacists as pivotal contributors to the health of our health care system.

Kent H. Summers, RPh, PhD
Purdue University School of Pharmacy
R. Heine Pharmacy Bldg., Rm. 502
575 Stadium Mall Dr.
West Lafayette, IN 47907-2091
ksummers@pharmacy.purdue.edu

DISCLOSURE

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REFERENCES