

Clinical Communications

Caveat emptor, drug price variance 10 years on

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Clinical Implications

- Costs of respiratory drugs are exorbitant and often prohibitive, for many. Knowledge of the price variance of the retail cost of medications, at different pharmacies, can likely lead to different prescribing patterns, better compliance and adherence, and optimal health outcomes.

TO THE EDITOR:

The exorbitant, rising costs of chronic obstructive pulmonary disease/asthma medications are difficult to manage and prohibitive for many. These days, cash-paying patients include not only the uninsured but a significant portion of the insured—those faced with untenable coinsurance or those left to slog through their high deductible.

Roughly 30% of the population younger than 65 years remain uninsured or underinsured (those who report delaying or forgoing medical care or were in a family that struggled to pay a medical bill).¹ One of 4 people taking prescription medicines has difficulty paying for them. Seniors traversing the donut hole, through which they have to pay 100% of drug costs, are similarly impacted.² Forty percent of Americans randomly polled said that they could not afford a bill of \$400 (eg, the approximate cost of a respiratory medicine) if presented to them.³ These realities compromise compliance and adherence with medications and limit optimal health outcomes.

We surveyed the retail cost of common respiratory medications between 5 chain (Kroger, Publix, CVS, Walgreens, and Walmart) and 2 independent pharmacies in proximity to our allergy practice. Our effort represents a 10-year follow-up to a similar survey we published in 2009.⁴

High medication prices are not revelatory. Yet, alarmingly, prices of respiratory drugs since 2009 have roughly doubled, reflecting, on average, a 7% increase year-to-year (Table I). Over the same time period, the cost of living index, that is, inflation, rose, on average, 1.8% per year.⁵ Newer branded drugs have offered no relief in regard to cost.

Respiratory generics are finally starting to appear. However, this news should be received with tempered enthusiasm because the Hatch-Waxman Act (1984) allows for only 1 generic in the marketplace the first 6 months after a branded drug's patent expires.⁶ Until other generics compete, the first generic averages 94% of the cost of the branded equivalent.⁷

Retail prices of medications can vary widely (19%-89%), as a decade ago, depending on drug and pharmacy selected. For a patient taking Advair 500/50, unwittingly using the most expensive pharmacy (highest price \$654), switching to equally efficacious Dulera 200/5 at the lowest cost pharmacy (\$340) could save more than \$300 a month.

For those insured not faced with a high deductible, co-pays and coinsurance for branded medications can likewise be prohibitive. In addition, the amount of coinsurance may often reflect retail price. Pharmaceutical manufacturers incentives disguised as discount

TABLE I. Medication price variance between pharmacies and over time

Medication*	2009		2019	
	Cost (\$)†	% Range‡	Cost (\$)†	% Range‡
Advair 100/50	167-207	25	370-417	13
Advair 250/50	207-246	30	400-506	26
Advair 500/50	285-355	25	545-654	20
Symbicort 80/4.5	176-214	29	320-400	25
Symbicort 160/4.5	201-240	26	350-438	25
Ventolin HFA	34-54	56	65-95	46
Proventil HFA	43-54	26	90-138	53
ProAir HFA	36-59	81	75-112	49
ProAir Respiclick			70-87	24
Breo 100/25			360-449	25
Breo 200/25			360-449	25
Dulera 100/5			340-412	21
Dulera 200/5			340-412	21
Generic Advair 100/50			308-374	22
Generic Advair 250/50			343-451	31
Generic Advair 500/50			497-591	19
Generic ProAir			45-85	89
Generic Ventolin			45-72	60

*In microgram, Advair, fluticasone propionate/salmeterol; Breo, fluticasone furoate/vilanterol; Symbicort, budesonide/formoterol; Dulera, mometasone/formoterol; Ventolin, Proventil, ProAir, albuterol.

†Lowest price pharmacy to Highest price pharmacy.

‡Percent range in cost: (Highest price pharmacy – Lowest price pharmacy)/Lowest price pharmacy.

coupons are viable options to lower costs, but few clinicians who opt to see pharmaceutical representatives actually take the time to pass out and explain these marketing programs.

The perfect storm of rising drug prices and the shifting burden of health care costs to consumers demand that patients, clinicians (and their medical societies), and politicians seek and advocate/legislate for medication price transparency. Recent proposal(s) to make drug manufacturers disclose the retail price of their drug in advertisements is a start, but the tip of an iceberg that needs to be seen. Waiting on price transparency to become reality, multiple states have passed bills that propose wholesale importation of drugs, expressing governments' willingness to risk safety in the supply chain in an effort to possibly lessen the burden of prescription costs.⁸

In the past, it was sufficient for providers to simply diagnose disease and devise a treatment plan. Now and tomorrow, it is incumbent upon consummate caregivers (and society) to understand and consider the cost variance of medications, take their patient's hand, and help guide them to afford treatment.

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REFERENCES

1. (KFF analysis of) 2018 National Health Interview Survey (NHIS). Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2018/srvydesc.pdf. Accessed August 18, 2019.
2. KFF Health Tracking Poll – February 2019; Prescription drugs. Available from: <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-february-2019-prescription-drugs/>. Accessed August 18, 2019.
3. Report on the economic well-being of US households in 2018. Available from: <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>. Accessed August 18, 2019.
4. Wolf BL. Caveat emptor. *Ann Allergy Asthma Immunol* 2009;102:443.
5. US Inflation Calculator. Current US inflation rates: 2009-2019. 2019. Available from: <https://www.usinflationcalculator.com/inflation/current-inflation-rates/>. Accessed March 12, 2019.
6. Rumore MM. The Hatch-Waxman Act–25 years later: keeping the pharmaceutical scales balanced. Available from: <https://www.pharmacytimes.com/publications/supplement/2009/genericsupplement0809/generic-hatchwaxman-0809>. Accessed March 14, 2019.
7. Generic competition and drug prices. Available from: <https://www.fda.gov/aboutfda/centersoffices/officeofmedicalproductsandtobacco/cder/ucm129385.htm>. Accessed March 12, 2019.
8. Fein AJ, Rodgers D. State drug importation laws undermine the process that keeps our supply chain safe. Available from: <https://statnews.com/2019/07/11/state-drug-importation-laws-undermine-supply-chain-safety/>. Accessed August 18, 2019.