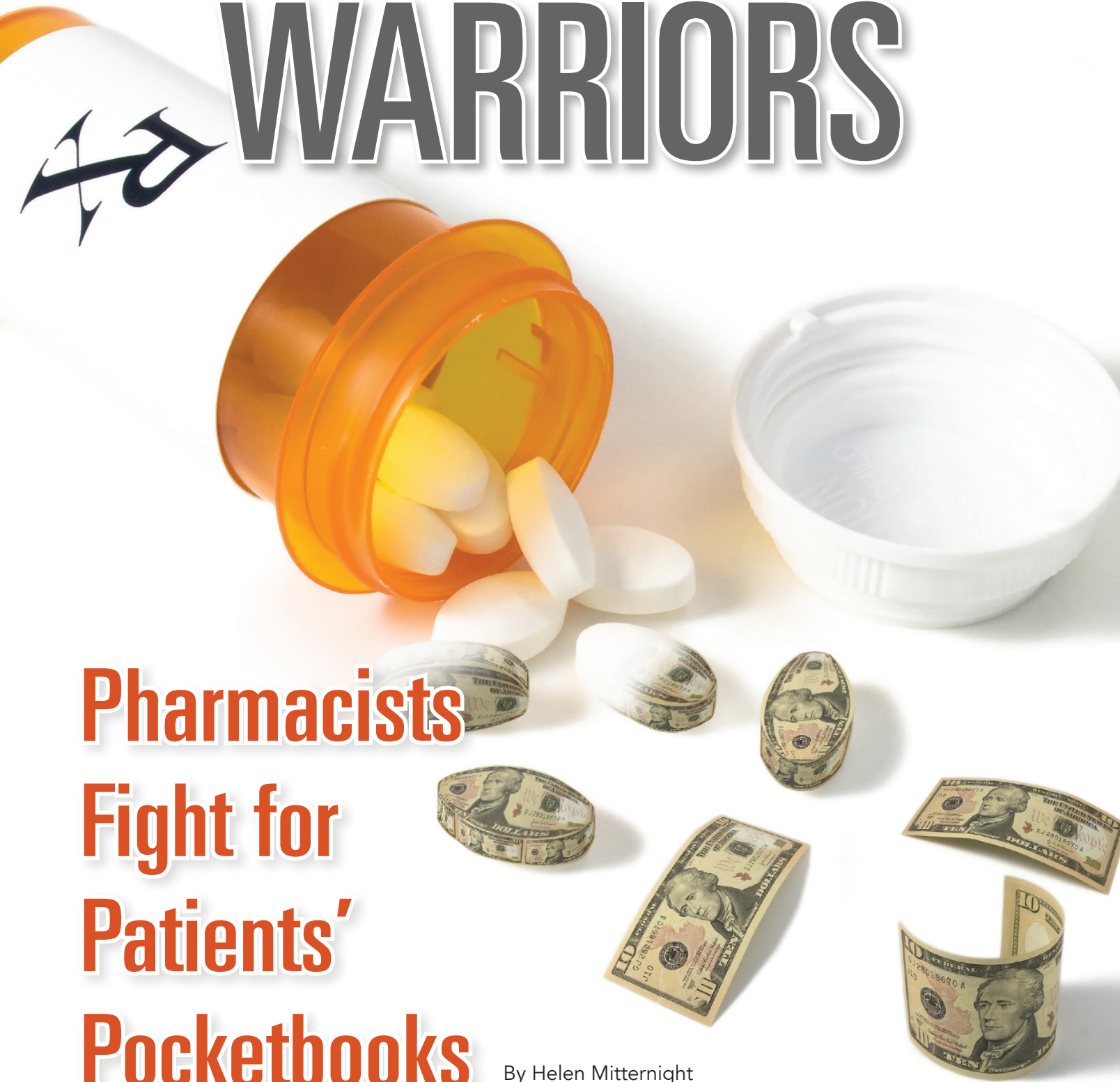


WHITE-COATED WARRIORS



**Pharmacists
Fight for
Patients'
Pocketbooks**

By Helen Mitternacht

When you drop off your prescription, you might not approach the confessional-like window to consult the pharmacist, but you should; it could save you money.

Pharmacists are like white-coated warriors fighting for your financial well-being as well as your health, and getting to know them better equips them to advocate for you.

“Know your pharmacist’s name and have them know your name,” said Cynthia Feldman of Sweetgrass Pharmacy in Mount Pleasant, who holds a doctorate in Pharmacy.



HERE'S HOW PHARMACISTS CAN HELP:

WHEN THE PRESCRIPTION IS EXPENSIVE AND THERE MIGHT BE AN EQUIVALENT MEDICINE THAT WON'T EMPTY YOUR POCKETS.

“What the prescription says is what needs to be dispensed,” said Chad Straughan of Tidewater Pharmacy in Mount Pleasant. “If there’s a generic equivalent and the doctor signs that substitutions are available, we can switch. There are times when you take something like an eye drop or a dermatologic solution that has a premium price, and we’ll call the patient even before they come into the pharmacy and tell them we’re glad to call the physician and see if there’s an appropriate substitute. A lot of people are on a budget, and they can’t just drop \$200 on an eye drop that’s going to last 10 days.”

“We had one yesterday,” Feldman said. “A patient came in with a cream from a dermatologist. I told the patient the price was \$1,500 and that I was happy to reach out to the physician. I called (and worked with the doctor and insurance company). The first drug had a \$500 co-pay. The second had a \$45 co-pay. It was much more reasonable. The only difference in the drugs was the first had to be applied once daily and the second twice daily. The patient was happy to apply it an extra time a day to save that kind of money.”

FIGHTING ADDICTION

One “battleground” for pharmacists is the war against opioid addiction. Pharmacists are trained to thwart patients who might be trying to game the system.

“We deal with it (the opioid epidemic) on a daily basis,” Straughan said. “Fortunately, there are mechanisms that let us see what has been filled for someone in the state, but we still have to do our due diligence to see that the medications prescribed and dispensed are of necessity for that patient. Sometimes we have to call the physician and say, ‘Hey, this patient just received this prescription a few days ago. Do we have your permission to refill early?’”

It can be time-consuming to log onto the state databases and check on painkiller prescriptions, but it’s necessary, said Feldman.

“We can also offer alternatives,” Feldman noted. “Like if someone has had a tooth pulled three days ago and they’re in asking for more opioids, I might work with them to see what the problem really is. I might say, ‘let’s see if we can come up with another solution.’ There are other drugs, like specially-compounded creams, that are as effective without the addictive properties of opioids.”

WHEN YOUR INSURANCE SENDS YOU TO THE "BIG BOX" PHARMACY.

Your insurance may say it will only pay for your meds if you go to one of the "big guys" in the pharmacy business. Not so, said Straughan and Feldman.

"It's the most frustrating piece," Straughan pointed out. "These companies can put a block on other pharmacies and say 'You have to use my pharmacy.' But there are some ways around this. Call your plan and say, 'I don't want to use whatever big box pharmacy.' Oftentimes, they will remove the block and let you use the pharmacy of your choice. Of course, they don't want to tell you that. It's corporate America greed."

Feldman said South Carolina is a "willing provider" state, which means that if a pharmacy is willing to accept your insurance, your insurance has to allow you to fill your prescription there. But she agreed that most of the larger insurance companies won't tell you that.

WHEN YOUR INSURANCE TELLS YOU TO USE ONLY THEM FOR PRESCRIPTIONS.

Often, Feldman said, it can be cheaper just to pay for your prescriptions. The insurance company sets a co-pay for prescrip-

tions, and that's what you'll pay, even if purchasing the medication directly would be cheaper.


"As an independent pharmacy, we know what we are paying for our medications. Unfortunately, in the big chains, the prices have been loaded in at the corporate level so the pharmacy has no room to budge on pricing," Straughan said. "We know what our margins are, and we can see all the angles, whether paying cash or if an insurance co-pay is going to save you more. You need to shop around – you could be paying \$150 for something that should only cost you \$20."

WHEN YOUR INSURANCE ENCOURAGES YOU TO GET THE 90-DAY SUPPLY.

You don't always need 90 days of medication.

"There's a movement to get people to fill 90 days, and, a lot of times, 90 days may not be appropriate," Straughan pointed out. "What if you're doing a dosage titration or trying one drug that's not working, and you're stuck with the extra 60 days?"

Both Feldman and Straughan emphasized that they work for the patient and not for the prescribers or insurance companies.

"We work for the patient, 100 percent," Straughan commented. "We are the liaison between the physician who sent them there and the patient. We are easily accessible for extra questions, while a lot of time the physicians are not." 

PHARMACIES By the Numbers



To save money,
7.8 PERCENT
of U.S. adults don't take
their medication as prescribed,

15.1 PERCENT
ask a doctor for a lower-cost
medication,

1.6 PERCENT
buy prescription drugs from
another country and

4.2 PERCENT
use alternative therapies. (4)

The total number of
prescriptions filled in
South Carolina last year:
73,658,208. (1)

About **\$263 BILLION** was spent
on retail prescription drugs in the
U.S. in 2012, and about
18 PERCENT of that was paid
out of pocket. (3)

The most prescribed medications in
South Carolina: (2)

- Amphetamine Salt Combo (Adderall)
- Hydrocodone/Acetaminophen (Norco, Vicodin – opioid pain medications)
- Phentermine (weight loss drug)
- Prednisone (immunosuppressant for inflammation)
- Levothyroxine (Synthroid – thyroid hormone replacement)
- Alprazolam (Xanax, a tranquilizer)
- Amlodipine (a high blood pressure medication)
- Olpidem (Ambien, for sleeping)
- Amoxicillin (antibiotic)
- Azithromycin (antibiotic)