

Prescriptions: Pricier isn't necessarily better

Listen enough times to Dr. Robert Jarvik, inventor of the famous Jarvik Artificial Heart, tell you to consider Lipitor for your high cholesterol, and the message starts to sink in. And why shouldn't it? Jarvik's image, even in a TV commercial for the popular drug, carries a lot of credibility.

The heavy advertising of new and relatively new prescription drugs works, on patients and apparently on physicians. The Everett Clinic recognized that a decade ago, when it barred sales representatives of pharmaceutical companies from its premises. Given data that showed such outside influences have an effect on which drugs are prescribed, clinic officials decided that instead of sales pitches, they would supply their doctors with the best evidence-based drug information available.

"We found that when treating chronic diseases, there are many generic alternatives that are effective and inexpensive" compared with some name-brand drugs, said Nathan Lawless, clinical pharmacist at The Everett Clinic.

That's the sound thinking behind recent decisions by the state government and Regence BlueShield to steer physicians caring for patients on their health plans toward "preferred," usually cheaper, drugs first. The idea behind "step therapy" is to try less expensive alternatives before resorting to high-priced drugs that might do no better. For cholesterol-lowering drugs like Lipitor, it will be required starting early next month for people covered by the Uniform Medical Plan for state employees and Washington's Medicaid program, as well as 1.1 million Regence members in Washington.

Everyone associated with health-care plans - providers, insurers, employers, patients - have a self-interest and a wider societal responsibility to do what's possible to keep costs down. The movement toward generic drugs, which go through the same rigorous testing for safety and effectiveness as their name-brand counterparts, is to be encouraged.

None of this means that physicians shouldn't have the final say in what's best for a particular patient. Of course they should - no one knows a patient's unique case better. But when the difference in cost can be hundreds of dollars a month between two similar cholesterol-lowering drugs, it's just sensible in the vast majority of cases to try the cheaper alternatives first.

The **Puget Sound Health Alliance**, a partnership of physicians, hospitals, employers, consumer groups, health plans and other organizations working to improve health-care quality and efficiency while reducing costs, supports the moves by the state and Regence, and so do we.

Health-care decisions should be based on the best evidence and the best value, not the best advertising.