

*Media Release*

## **Evidence not hype should drive good prescribing**

One of the United States' largest health care organisations says that prescribing should be driven by good evidence, not marketing hype.

Dr Sharon Levine from Kaiser Permanente (KP) says the absence of independent, credible and easily accessible information about the relative effectiveness and relative value of different drugs has made it difficult for American physicians to distinguish “new” from “improved.”

Dr Levine is associate executive director of KP which is a Health Maintenance Organisation with eight million members based in California.

She says within her organisation practising clinical experts develop clinical guidelines and strategies based on the best available evidence. Physicians value and rely on the recommendations as they are made by their own expert colleagues.

“Empowering physicians with the best available evidence to assist them in targeting the use of new drugs only in situations where they are most likely to provide benefit has led to dramatic differences in Permanente physician prescribing compared to community physician practice.”

She says that generically available drugs are prescribed less than 50 percent of the time by US physicians, while among Kaiser Permanente physicians the rate of generic prescribing is approximately 75 percent.

“There’s little doubt that the ability to expand access to available drugs is constrained by expenditure of scarce resources on drugs or health interventions where there is no evidence of benefit.”

“Our physicians know that every dollar expended on unnecessary (or unnecessarily expensive) drugs is a dollar not available for other health care purposes.”

Dr Levine says as well, members of KP’s non-profit healthcare organisation legitimately expect that the resources they provide not be wasted, and that Permanente physicians act as responsible stewards of their patients’ resources - just as taxpayers want to know that their resources are being used effectively in a tax-financed national healthcare scheme.

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“When physicians are empowered to apply the best evidence, and supported in doing the right thing through rapid access to credible, high-integrity information, they take pride in their ability to provide high quality care that is also cost-effective.”

“They take pride in being able to do this free from the influence and the high pressure promotional tactics of pharmaceutical companies.”

She says while New Zealand has adopted a government-funded universal access model, in the United States only about three-quarters of insured individuals have access to coverage for prescription drugs. For most people requiring expensive prescription drugs, having health insurance with pharmaceutical benefits means the difference between obtaining needed therapies and going without.

Dr Levine says KP and PHARMAC face similar challenges – how to provide appropriate access to high value prescription drugs for eligible individuals, while effectively managing the impact of the cost of drug therapy on the total health care budget.

She says the United States pharmaceutical market is essentially unregulated where pharmaceutical companies theoretically compete with each other on price but in practice there is little price competition. The US has the highest prices for prescription drugs in the world.

“Manufacturers set launch prices based on their own perception of the market’s willingness to pay. This is especially true for the “blockbuster” drugs most heavily promoted to doctors and advertised to patients, and thus the most heavily prescribed drugs also tend to be very costly.”

Dr Levine says since the FDA loosened restrictions on direct-to-consumer advertising of prescription drugs, much of the overall growth of cost in the last six years has been driven by heavily promoted pharmaceuticals.

These include medicines to treat conditions such as elevated cholesterol (statins), chronic “heartburn”(proton pump inhibitors like omeprazole) and arthritic and musculoskeletal pain (Cox-2 inhibitors).

“While appropriate, low-cost generics are available for these conditions, newer, still-patent-protected, heavily promoted drugs are widely used by the general prescriber community in the US.”

She says that this is due partly to the fact that physicians practicing outside organized systems of care largely depend on manufacturer representatives for information about therapeutic options.

“The primary tool for promoting quality while containing costs is assuring that physician prescribing is driven by good evidence, and not marketing hype.”

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