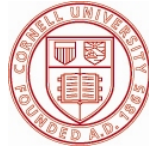


CASE STUDIES IN PART D

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Cornell University
College of Human Ecology

CUR_xED

Cornell University Resource Education for Medicare Part D

SHORT CUT

THE CASE

KC is very frugal. He is very careful about how he spends his money and is always looking to get the best bargain that he can for his money.

KC has learned that he can save money on his prescription medications by splitting tablets in half. He takes quinapril, a generic medication that goes by the brand name of Accupril. It is used to treat his high blood pressure. KC's dosage is 10mg once a day and the medication is available in both a 10mg tablet and a 20mg tablet. Quinapril comes in a tablet form which his pharmacist tells him can be safely cut in half.

On his next visit to the pharmacy, KC asks the pharmacist to fill his prescription with 30 tablets of 20mg each. He explains that he will cut the pills in half and take one-half of a tablet, or 10mg each day. This way, the supply of thirty tablets will last him for two months, rather than having the usual one month's supply of 10mg tablets.

The pharmacist tells KC that he cannot do this. If the prescription is written for 10mg tablets, it must be filled with thirty of the 10mg tablets, a one month supply. If the prescription is written for 20mg tablets, it must be filled with fifteen of the tablets, again a one month's supply.

KC counters by telling the pharmacist to fill it with 30 tablets of the 20mg and call it a one month supply. When he gets home he will split the tablets in half, and have a two month supply for the price of one month. This way, KC reasons, no one will ever know, including the insurance carrier, that he is getting a 60 day supply of medication for the price of a 30 day supply. The pharmacist refuses.

Going back to his doctor with the same scheme, KC's physician also refuses to comply. KC would like further explanation. He feels that he has found a way to beat the system and lower his costs.

WHAT WOULD YOU DO?

Part D Trivia Question

What percentage of seniors enrolled in a Part D plan in 2006 did not fill a prescription at all during that coverage year?

- A. 4%
- B. 9%
- C. 14%
- D. 19%

THE STUDY

A physician cannot write for a prescription to be taken one way and provide verbal directions to the patient for taking it in a different manner. A prescriber must provide a prescription for a medication to be taken in exactly the way intended.

Likewise, a pharmacist cannot label a prescription medication differently than the way it is intended to be taken. He cannot provide a two month supply of medication and label it as a one month supply.

Engaging in such practices on the part of the physician or the pharmacist is unacceptable medical practice, fraudulent to the insurance carrier, and is prone to medical error. Such a practice might result in an incorrect dosage, sub-therapeutic effect, exaggerated therapeutic effect, or even possibly death.

It is possible to save money by splitting tablets but it seems as if KC is going about it in the wrong way. He is being deceptive and inappropriate.

When medications are marketed in multiple strengths, they are often priced in one of two different ways. Customarily, one would assume that a 20mg tablet is priced at about twice the amount of a 10mg tablet. This is often the case. However, medications are commonly marketed with flat pricing. In this situation, all strengths are priced at about the same amount.

With flat pricing, KC can still save money on his medications. If both the 10mg and 20mg tablets are priced the same, he can get a 30 day supply of 20mg tablets for half the price of a 30 day supply of the 10mg tablets. In other words, he will need only fifteen of the 20mg tablets but will need thirty of the 10mg tablets. With both tablet strengths priced at about the same amount per tablet, KC will save money. This strategy will not work, however, if the medication is priced proportionately to the strength of each tablet.

Something which also must be considered when splitting tablets is the impact of the insurance plan design on the patient's share of the cost. With either strength of the medication the patient may end up paying the same amount of co-payment, making tablet splitting an unnecessary task.

One last caveat: In an attempt to make medications last longer and thereby save money, many people will often split tablets and take a reduced dosage. This is unacceptable and unfortunate. Splitting tablets should be undertaken only with medical guidance and while ensuring that the correct dose is being maintained.

Part D Trivia Answer

In 2006, it is estimated that **9%** of seniors enrolled in Part D plans did not fill any prescription. For this first year of Part D benefits, the initial enrollment period was extended until May 15th and so this number may not be truly representative of future trends.

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