

CONCLUSION

To our knowledge, this is the only study examining retail pharmacy pricing practices for generic urologic medications. Our findings indicate that while pharmacies do not price based on zip code median income, geography, or a combination of the two, there is extreme variability in price, even within the same zip code. This marked price variation suggests that patients may benefit from both urologist-directed encouragements to “shop-around,” perhaps at an independent pharmacy, and increased pricing transparency from a policy-making standpoint.

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EDITORIAL COMMENT



Once again it appears that some members of the medical community, this time retail pharmacies, are taking advantage of patients through opaque pricing. The authors uncovered and documented dramatic differences in 30- and 90-tablet prices in St. Louis for four generic medications commonly prescribed for lower urinary tract symptoms. It is a damning indictment that the cost at the register without insurance for these medications varies anywhere from three-threefold to as much as 30-fold.

Perhaps it is not surprising that the prime offenders of excess pricing were large chain pharmacies. The finding seems counter to the usual teaching that purchasing power leads to cost savings that then get passed on to the customer. The bright spot in this study is finding small independent pharmacies with their connection to community more likely to pass on savings. The authors also convincingly demonstrated that pricing variation was not correlated with geographic income variation.

Importantly, the authors did suggest that our increasing reliance on e-prescribing may actually be undercutting the ability of patients to price compare before purchasing. Hopefully as prescribers we are not unwitting participants in this erosion of consumer protection. At the very least, it seems we need to understand that what appears to be a problem in St. Louis may in fact be a problem in our own home towns.

Lars M. Ellison, MD, MPH, Penobscot Bay Urology, Department of Urology, Rockport, ME

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