

Opinion

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Drug Benefit Program MYTHS

1. Restricted formularies provide better health care than open formularies.
2. Old drugs are as good as new drugs.
3. Deductibles reduce financial barriers and improve patient access to medication.
4. Monitoring the price of every product is required to control program costs.
5. Patient input into drug benefit decisions is useful and welcome.
6. All products in a reference-based pricing group are equivalent.
7. Cost sharing by patients is required for program sustainability.
8. Cost effective decisions are scientific and based on evidence.
9. Programs should have maximum limits (expenditure caps).
10. Income-based programs are equitable.
11. Pharmaceutical firms are able to afford large price reductions.
12. The input from drug wholesale firms is not important in program decisions.
13. Substantial savings in drug expenditures are not offset by other health care costs.
14. Product listing agreements reduce drug prices.
15. All generics are of equal quality.
16. Administrative costs are not important in drug benefit programs.
17. Program changes should link to past practices rather than future options.
18. Best practices are not applicable to drug benefit programs.
19. Frequent audits of pharmacy billings are required to control costs.
20. Patient appeal procedures are open to abuse and increase administrative cost.