

Prescribing decisions dictated by payers

Dr. Kohli wrote an interesting article about doctors needing to be aware of medication costs when making prescribing decisions (The last word, August 10, 2016) but her essay ignored a few realities of practice today. Prescribing decisions are dictated by insurance company formularies, not doctor or patient preference. The patient might want Eliquis and you might agree that it is the best option, but if the insurance company only cov-

ers warfarin, that's what the patient is going to get. Perhaps you have the staff and time to appeal a denial and obtain prior authorization for the preferred drug, but even then you may find that the copay is cost prohibitive for your patient. It is impossible for us to know what any particular drug costs since the cost and coverage can vary dramatically from plan to plan. Also, the cost and coverage often changes on January 1.

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I can't tell you how many times I had a patient on Drug A and on January I had to change it to Drug B. Then a year later, I had to change it back to Drug A, or perhaps to Drug C. We, as doctors, don't get to decide what is best for our patients, and the patient certainly gets no say in that decision.

any years ago, I wrote a letter to the editor of JAMA following their article condemning doctors for accepting gifts, dinners, etc. I am in complete agreement with Dr. Ellis ("JAMA study a slap in the face to physicians," August 10, 2016) that it is an insult to the integrity of physicians that others believe our prescribing habits are influenced by a donut. In my letter, I pointed out that they were complaining in a journal that physicians were receiving for free courtesy of the pharmaceutical companies. Should we therefore assume that everything in JAMA is biased because it is a pharmaceutical gift? The same could be said of *Medical Economics* since we receive it at no cost. I would ask you if I should question the veracity of your articles because of pharmaceutical subsidies. I practiced as a solo doctor for many years and attended numerous pharmaceutical dinners. Most of them were very informative and

JAMA study doesn't give doctors enough credit

given by very reputable speakers. I also think I was smart enough to tell the wheat from the chaff. What is interesting is when I joined a large group whose policy was that physicians should not accept samples or attend pharmaceutical sponsored dinners, I found that the bright, young doctors I worked with didn't have a clue about the new medicines that were available. The only response I ever received from my patients when I handed them some free samples was a thanks. I realize perception is important, but the only folks who seem to have a problem with this is the government and our own industry—not the patients. Isn't it time to give physicians some credit for having a brain and allow each physician to decide for him/herself as to what type of relationship they want to have with the pharmaceutical industry?

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Physicians abused, ignored and silenced no more
buff.ly/2bk4Zr

Physician burnout
Every year we lose about 400 physicians to suicide, roughly one a day. This deserves a thoughtful read. #ZeroSuicide

Physicians fall & doc impact
I just wonder how many docs and/or practice managers are listening. Top 3 warnings to medical providers from the fall of retail buff.ly/2b11Xy4

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