

SPLITTING PILLS MAY YIELD COST SAVINGS

With the cost of prescription drugs rising, health care providers have been challenged to come up with creative ways to save money for themselves, employers and members. The result in recent years has been the push to use generic equivalents, the advent of drug formularies lists, and the implementation of multi-tiered coverage.

According to an article in Business Insurance, some health insurers today are introducing cost savings by encouraging participation in pill splitting programs. Pill splitting is seen as a way for health plans, employers and members to save money on prescription drugs. Many medications are available at increased dosages for the same or similar pricing as smaller dosages. To take advantage of pill splitting, the patient's physician simply prescribes double the dose of the medication the patient takes on a daily basis, and advises the patient to split the pill and take half per day.

For example, the 20 mg and 40 mg dosages of Lipitor - a statin drug used to treat high cholesterol and frequently recommended for splitting because of its price and popularity - generally cost the same. So, instead of paying the retail price of about \$100 for a 30-day supply of 20 mg Lipitor, a 30-day supply of 40 mg Lipitor is purchased at the same price, but lasts twice as long since the tablets are split.

Pill splitting programs tend to focus on drugs that are easily split and where minor variations in daily dosage are not clinically important, according to pharmacy experts. Types of drugs that should NOT be split include:

- medications in capsule form
- medications that have special coatings
- controlled-release medications.

Particular classes of drugs, such as anti-depressants or statins, also seem to lend themselves to a pill splitting routine. The medications described in the table below are some of those commonly approved for splitting:

Drug Name	Clinical Use
Clonazepam (Klonopin)	Panic disorder; epilepsy
Doxazosin (Cardura)	Hypertension; prostate enlargement
Citalopram (Celexa)	Depression
Atorvastatin (Lipitor)	High cholesterol
Paroxetine (Paxil)	Depression; anxiety
Pravastatin (Pravachol)	High cholesterol
Nefazodone (Serzone)	Depression
Sildenafil (Viagra)	Impotence
Lisinopril (Zestril)	Congestive heart failure; hypertension
Sertraline (Zoloft)	Depression
Olanzapine (Zyprexa)	Schizophrenia, bipolar disorder

This list is not intended to be all-inclusive and may differ depending on local practices.

This article is intended specifically for Employee Benefit clients and is not created nor intended for distribution to individual employees or plan members.

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When the idea of pill splitting first surfaced as a way of dealing with pharmacy costs increasing at double-digit percentages, many insurers were hesitant about the practice, citing safety concerns. But a study by researchers at Stanford University Medical Center alleviated these fears, finding that pill splitting could yield significant cost savings (in some cases as much as 50%) without compromising drug efficacy or safety.

Pill splitting is not without risks. Some pills must remain intact to be absorbed properly. Others can not be split accurately because of their shape. Even tablets with scores - the small grooves down the center - do not always split evenly, which could result in over- or under-dosing. Some patients may suffer from physical, mental or emotional problems and so may not be able to correctly split their pills. As cited in an article on HealthyPlace.com, the savings of pill splitting must be balanced against the risks of improper dosage. A recent study of 11 commonly split tablets found that after splitting, 8 did not meet industry guidelines for content uniformity - between 85 percent and 115 percent of the intended dose.

For these reasons, such organizations as the American Medical Association, the American Pharmaceutical Association and the American Society of Consultant Pharmacists have opposed mandatory pill splitting policies by health plans. However, Susan Winckler, vice president for policy with the pharmaceutical association in Washington says that if doctor, patient and pharmacist all agree that pill splitting is workable, the practice can be safe on a voluntary basis.

Pill splitting may not be for everyone. But with careful consideration and in consultation with a physician, pill splitting may be an efficient way to cut back on the cost of prescription drugs.

For more information on this subject, contact your Mesirow Financial representative.

*Sources: Stanford University School of Medicine
Business Insurance
U.S. News & World Report/Best Health
HealthyPlace.com*

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This article is intended as an overview and should not be viewed as medical, legal or tax advice. Please consult with your physician, tax or legal professional if you have any questions.

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