REFERENCES

Drug Product Selection: The Florida Experience Revisited
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Abstract: The comparison of drug product selection rates determined approximately one year and four years after passage of Florida’s Drug Product Selection (DPS) Law indicates very little change in the product selection and brand interchange behaviors of Florida pharmacists. Lack of adequate guidelines from the state and the liability concerns of pharmacists appeared to limit an expected increase in the state DPS rate. (Am J Public Health 1985; 75:283–284.)

Introduction
In the 1977 survey on drug product selection (DPS) in the state of Florida, the researcher found that, while 36.3 per cent of all new prescriptions issued in Florida were potentially eligible for product interchange, only 6.2 per cent of the eligible prescriptions were actually interchanged. Since the survey was conducted approximately one year after the enactment of Florida’s Drug Product Selection Law, the low rate of product interchange may have been due in part to a need for a longer period of time for pharmacists, physicians, and consumers to adapt their behaviors to conform to the intent and specific provisions of the new law.

The purpose of the present study was to assess the long-term effects of Florida’s Drug Product Selection Law on product selection and brand interchange. In assessing these effects it should be noted that, although the patient has the opportunity to prohibit DPS, pharmacists are not required under the terms of the Florida law to make any notation when patient refusal occurs.

Methods
In the 1977 survey, a stratified random sample of 60 Florida community pharmacies (3 per cent of total) were selected from a list of all community pharmacies obtained from the Department of Professional and Occupational Regulation. Resurvey approval was obtained from 52 (85 per cent) of these original pharmacies, hence the comparisons across studies could be somewhat biased by the fact that all of the original 60 pharmacies were not resurveyed.

The data collection process used in 1977 was repeated. Every effort was made to obtain the actual acquisition costs of both the products prescribed and the products dispensed. This was usually accomplished by looking at vouchers dated closest to the prescription filling date. In addition, the sampling frame was expanded from four months to a year to determine if there were any seasonal differences in the DPS rates. No such differences were found, however.

Results
The prescribing behaviors of Florida physicians during...
the two study periods are compared in Table 1. Multisource drug products were prescribed to a greater extent in the state of Florida than in other states. This high rate of multisource drug prescribing, coupled with a relatively low rate of both prescribing from the negative formulary and prohibiting product selection by physicians, should have allowed pharmacists the opportunity to product select more frequently than ever before. However, the additional opportunities did not appreciably alter the brand interchange behaviors of Florida pharmacists. While 52.6 per cent of all new prescriptions issued in Florida were potentially eligible for product interchange, only 6.8 per cent of the eligible prescriptions (3.9 per cent of total) were actually interchanged, an unimportant increase over the 1977 rate of 6.2 per cent.

Table 2 displays the comparisons for mean price of products prescribed, mean price of products dispensed, and mean reduction in retail price. The consumer did save an average of $2.40 per prescription when product selection took place, but this increase over the average savings determined in 1977 also was not significant. The savings passed on to the consumer represented over 90 per cent of the reduction in acquisition costs of the dispensing pharmacies. Some caution must be used in interpreting savings based on acquisition costs as invoices could not always be verified. Also, acquisition costs obtained at the individual pharmacy level could be higher than those actually paid by the small and large chain pharmacies.

With the above cautions in mind, it was estimated that prescription purchasers statewide saved approximately $3,800,000 during the 1979–80 study through drug product selection. This figure was determined by applying the DPS rate and the reduction in retail price determined in the sample pharmacies to all new prescriptions dispensed in the state during the study period. The actual savings may have been considerably larger as no attempt was made to estimate savings from renewal prescriptions.

### Discussion

Drug product selection (DPS) in the state of Florida, although occurring with greater frequency than in the 1977 study, was still occurring at a minimal rate approximately four years after enactment of a Florida law entitled "Substitution of Drugs." Although consumers did save money on those prescriptions for which DPS occurred, it appears that prescribers and pharmacists are still not in full compliance with the specific provisions of the Florida law. Notations other than the words "medically necessary" were used in about 50 per cent of the instances in which prescribers sought to prohibit drug product selection. Furthermore, 30 per cent of those prescriptions with the appropriate restrictive wording prohibiting brand interchange were for drug products having only one source of supply.

Pharmacists, on the other hand, appeared to be reluctant to engage in brand interchange without explicit permission from the prescriber. Even though the Florida law is considered mandatory, and each pharmacy is responsible for compiling its own positive formulary, no sanctions for noncompliance were included in the law at the time of this study.

A recent study indicated that states with positive formularies had higher substitution rates than those without them; and formularies that were state generated were more effective in encouraging substitution than the Food and Drug Administration's formulary.

### REFERENCES


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