Three Ways to Reduce Medication Waste in Your Hospital

Philippe Mentler, PharmD, BCPS
Consulting Director

It wasn’t that long ago when the accepted explanation for the high cost of medications was the extensive research and development necessary to get it successfully into the market. Recent media scrutiny and unscrupulous investors like Martin Shkreli have shown that “R&D” isn’t the culprit we believed it to be.

Recently, the American Society of Health-System Pharmacists (ASHP), a professional organization to which I proudly belong, announced that they would be taking a leadership role in the Campaign for Sustainable Rx Pricing. As a health system pharmacist, I have seen the significant impact that these dramatically escalating drug costs have had on our industry and the patients we serve. My concern is how to maintain current practice and medication selection with the increases in both the generic and the newer, high-cost medications. I have developed a straightforward approach that follows these three principles.

1. Raise awareness. I was once approached by a physician colleague whose daughter suffered a sprained ankle and was given ibuprofen upon discharge from the emergency department. He told me that if he had known it cost so much, he wouldn’t have been ordering it for every patient as a convenience prior to their disposition. Sometimes all it takes is some communication with your physicians and C-suite to make a change since they most likely are not aware of the costs or cost increases of these commonly used drugs.

2. Follow the evidence. When IV acetaminophen hit the market, it was far more costly than the oral tablets. Evidence at the time proved its superiority to placebo, so many programs felt it was worth the convenience of having an IV formulation of acetaminophen on formulary. Unfortunately, after its acquisition by a new manufacturer, the price increased by more than 200 percent overnight. A renewed look at the evidence still showed superiority of IV acetaminophen to placebo but not to other oral NSAIDs or acetaminophen.

3. Question the norm. Think about how and where these high-cost drugs are used. Can they be prepared by the pharmacy or aliquoted (while being 797 compliant)? How are these medications dosed? Could there be a weight-based approach? Could we round to the nearest vial presentation? By the nature of their roles, nurses, physicians, respiratory therapists and other clinician groups will often have a different perspective about how drugs are prescribed or dispensed. Asking for their ideas could lead to a significant reduction in medication waste.

I am excited that ASHP will be taking a more active role at the national level to help stem these price hikes. To tackle this problem, we need the involvement of these types of professional organizations and I am proud to be a part of a team that is working to help save millions of dollars while maintaining a high quality of care. But change won’t happen overnight. So in the meantime, as individual health system pharmacists, we must step up and do our part at our own facilities to help manage drug expenditures.

About the editor. As consulting director, Mentler is responsible for clinical pharmacy services assessments and formulary management, as well as identifying and implementing cost reduction strategies that result in safe, appropriate and cost effective patient care for member organizations. He has extensive experience in clinical pharmacy practice development with a focus in emergency medicine, critical care and cardiology.

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