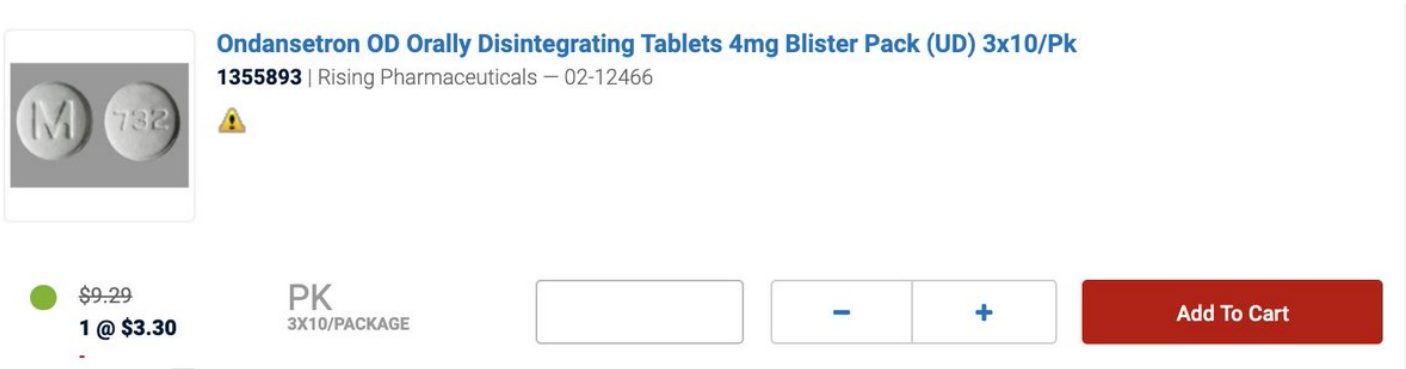
Twitter Thread by Emily Porter, M.D.

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A physician colleague's insurance will not cover her anti-nausea medicine (Zofran/ondansetron) for her CHEMO. It is $280.40 cash for 30 pills at Walgreen's. I logged into a physician/hospital medical supply company and can buy 30 pills for $3.30. That's an 8500% markup. 1/



It is easy to be angry at the insurance company bc Zofran is a well-known therapy for chemo-induced nausea and it should absolutely be covered. However, I'm sure Walgreen's buys in bulk and gets it for even less than $3.30. Add in labor, plastic bottle and charge $25. 2/

Retail pharmacies make an absolute killing, especially on cash-pay patients. Some pharmacies will offer a cash discount. However, in some states, pharmacists are not allowed to tell patients if the cash price is lower than their insurance co-pay. This is absolutely criminal. 3/

Medicaid negotiates with drug companies. For example, if you had asthma prior to 2016, Medicaid would cover brand-name Xopenex inhalers but not generic albuterol. So, we would have to write prescriptions for an expensive drug the patient didn't need so it would be free. 4/

How are emergency room physicians supposed to remember what drugs are on Medicaid's formulary, let alone all of private insurance? But how frustrating to be a patient and take in a prescription your doctor thinks you need only to find out it isn't affordable. 5/

Emergency physicians are shift workers. Then the pharmacy calls and asks for the doc who wrote the Rx to see if they can substitute something else. But that doc is home sleeping to return in 12 hr and the new doc is busy seeing her own pts, plus she doesn't want the liability. 6/

The patient is angry, the doctor is frustrated, and the pharmacist is busy because there's a line out the door and the doctor is in on a code blue so he's on hold. All of this could be avoided if prescription drugs were covered equally by all insurance. 7/

So, realize when you see an ER physician "on the phone," we jump through a ton of unnecessary hoops trying to do the right thing. There is much wasted time on red tape that cannot be done by the clerk. And we worry you won't ever get your prescription filled at all. 8/

Because if you don't, and your infection gets worse, we know you'll be back and then we've just doubled our work. You'll probably be sick enough for admission but there aren't any beds. 9/

So you'll wait in the ER and we'll avoid eye contact the 9 hrs you're there feeling like we've failed you. But you belong to the upstairs team now. And we did everything we could. How could we have known? A $20,000 hospital stay bc your $10 antibiotic was priced at $300. /End

Also realize that we are not supposed to know what kind of insurance you have or if you even have insurance. And it feels kinda unethical to ask because we treat everyone in the ER. It's not easily accessible in your chart. However, the most worthless Rx is the one never filled.