Elderly Americans, both those with and without prescription drug coverage or health insurance, represent an important segment of our health care system. A significant number of these Americans struggle with their ability to pay their share of medication costs. This book offers some solutions and presents a guide to free or discounted prescription medications available in the U.S.

The book has only two parts: seven strategies for lowering the costs of medications, and a comprehensive listing of these drugs at the time of publication.

The key premise is that there are strategies that consumers can use in order to manage their medication costs. Those methods include learning about drug prices, comparison shopping, buying generic brands, knowing which tablets can be sliced or split, considering other medications in the same class, finding ways to put the government to work for us, and making use of assistance programs.

In general, these are sensible, timeless recommendations for all consumers or practitioners to remember if they are to have any impact on out-of-pocket costs for medications or health care visits.

Unfortunately, the information contained in a large portion of this book has already been superseded by the new regulations under Medicare Part D. The 2006 rules have changed the entire landscape for medication coverage, thereby reframing the question about whether consumers can have access to less expensive medications. Manufacturers must stay within new economic “safe harbors” for both patients and themselves; otherwise, patients might become ineligible for benefits while manufacturers could be susceptible to statutes concerning fraud and abuse.

Similarly, the ability to offer discount drug programs changed on January 1, 2006. Prescription drug cards and related card programs were significantly altered or discontinued by many pharmaceutical manufacturers. It remains to be seen exactly how companies can offer safe, cheaper medications to Medicare-eligible patients.

These changes that affect older Americans will include many short-term patches for the gaps, or “holes,” in coverage and will continue to evolve at a fast pace through 2006 into 2007 at both federal and state levels. It will be difficult for publications to keep abreast of the anticipated changes in the various programs involving medications used by elderly patients in all settings of care.

Personnel in libraries, social service agencies, and academic settings will probably find this book useful as a timesaving resource for learning about possible medication assistance programs. Aside from the brief section on strategies, for clinical practitioners and patients, this may be a book whose window of time has been cut too short to be of any lasting value for the vulnerable population of older citizens.

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