

# Consumer Reports—Type Guide on Rx Launched

*The initial publication covers NSAIDs, statins, and proton pump inhibitors.*

BY ALICIA AULT  
Contributing Writer

WASHINGTON — The nonprofit Consumers Union has issued the first in a series of evidence-based, patient-friendly reports listing what it calls the most cost-effective drugs, organization officials announced at a press conference.

The initial guides cover nonsteroidal anti-inflammatory agents (NSAIDs), statins, and proton pump inhibitors (PPIs).

The publisher of Consumer Reports said it hopes that patients—especially those with little or no drug benefit coverage—will use these reports to make informed choices in conjunction with their physicians.

The reports are designed to cut through the clutter of drug company advertising and scattered Internet searches. But drug makers won't be allowed to use the "Best Buy Drugs" designation in marketing or ads: Consumers Union prohibits manufacturers from commercializing any of its recommendations.

The guides should be familiar to anyone who has used Consumer Reports' ratings to buy a car, appliance, or bicycle. But unlike the group's analyses on other consumer goods, the Best Buy Drugs reports are free of charge.

"In each category, based on all the evidence, we've identified Best Buy Drugs—the drugs that are likely to be the best, most affordable choices for most people," said Joel Gurin, executive vice president of Consumers Union.

The Best Buy Drugs are not selected

based on Consumers Union's own tests, however, but rather on systematic reviews conducted by the Drug Effectiveness Review Project (DERP), and on further peer review from medical experts like Mark Helfand, M.D., director of the Oregon evidence-based practice center at Oregon Health and Science University, Portland, which initiated DERP in 2003.

DERP follows the literature review and analysis methods pioneered by the Cochrane Collaboration. That lends the Consumers Union's reports credibility, said Peter Toth, M.D., director of cardiovascular disease prevention at Sterling Rock Falls Clinic in Sterling, Ill.

"I believe patients will find it to be a valuable resource when trying to balance cost with clinical efficacy," Dr. Toth said.

Funded by 12 states, DERP has completed reports on 12 therapeutic categories. Consumers Union is making the first three available on a new Web site ([www.CRBESTBUYDRUGS.org](http://www.CRBESTBUYDRUGS.org)).

The organization has said that it will add three more categories over the next few months—selective serotonin reuptake inhibitors,  $\beta$ -blockers, and ACE inhibitors—and will continue to do so on a monthly basis.

Each report, which is also available in print form, offers a chart comparing the average monthly price for every drug—brand-name, generic, and over-the-counter—available in the class, at each dosage.

Price data are purchased from ND-CHealth, a company that processes pharmacy transactions, and those data reflect

national retail averages. Consumers may be able to find even better prices by shopping around, said Gail Shearer, director of health policy analysis for Consumers Union.

In the statin category, the report recommends generic lovastatin as its Best Buy Drug for reducing low-density lipoprotein (LDL) by less than 40%. Lovastatin costs an average \$28 per month for 10 mg and \$40 for 20 mg, according to Consumers Union. Lipitor (atorvastatin), at an average \$117 per month, is the Best Buy Drug for LDL reduction of more than 40%.

Although Crestor (rosuvastatin) offers better LDL reduction for the price, it is not recommended because it has not been proved to reduce heart attacks or death, and safety studies are still being conducted, the report said.

Consumers Union rates the over-the-counter version of Prilosec (omeprazole) as the Best Buy Drug among the proton pump inhibitors. The 20 mg/day dosage costs \$24 a month—one-fifth the cost of the next least-expensive drug in the class. And, it "is just as likely to relieve symptoms for most people with GERD [gastroesophageal reflux disease]," the report said. But the report also counsels people with drug coverage to talk with their physician about which medication has the lowest out-of-pocket cost under the patient's plan.

Dr. Toth said that if patients use an over-the-counter drug to treat GERD, they might skip seeing a physician—a potentially troubling issue.

"In the case of PPIs, there is concern because among a significant percentage of patients who suffer from chronic GERD, you do have to make sure that they're not

developing Barrett's esophagus and that they don't have something more significant than simple reflux," he said.

Consumers Union reviewers were initially worried about self-medication, but added a caveat to increase the dose or see a physician if symptoms did not improve, said Steve Findlay, a health care analyst with Consumers Union.

Reviewers were more concerned about highlighting over-the-counter medications in the NSAID category because of those drugs' potential to cause ulcers with chronic use, he said. The Best Buy Drugs in that category were generic ibuprofen at an average cost of \$24-\$30 per month, depending on dosage, and generic aspirin at a cost of \$24-\$32 a month. By taking these older, generic medicines, patients could save up to \$2,160 a year, Consumers Union said.

Patients without drug coverage could consider over-the-counter NSAIDs, but only for periodic—not chronic—use, the report said. The evidence shows that the COX-2 inhibitors Celebrex (celecoxib) and Bextra (valdecoxib) may cause fewer stomach ulcers, but it's not clear yet whether they lower the risk of dangerous ulcers or serious gastrointestinal bleeding, and physicians may be more cautious about prescribing these therapies in the wake of Vioxx's recall, the report said.

With issues like the worldwide recall of Vioxx popping up periodically, the Consumers Union aims to constantly monitor safety, effectiveness, and pricing changes, said Ms. Shearer.

DERP plans 25 reports in all, and will update its reports every 6 months.

The Best Buy Drugs project is funded partly by grants from the Engelberg Foundation, and from the National Library of Medicine. ■

## Task Force Defines a Feasible Plan for Drug Importation

BY MARY ELLEN SCHNEIDER  
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A limited, commercial program that would import drugs from Canada is feasible but would result in limited savings for consumers, members of a government task force on drug importation said at a press briefing sponsored by the Health and Human Services Department.

The HHS-convened task force dismissed the idea of personal importation of drugs from other countries as extraordinarily difficult and costly to implement safely.

It could cost as much as \$3 billion a year to regulate personal importation, according to a letter sent to congressional leaders from the secretaries of HHS and the Commerce Department.

"Any plan to permit importation must be limited to commercial importation of a discrete number of high-volume, high-cost prescription drugs from a country with equivalent drug safety protections," according to the secretaries. "These drugs must have the same level of safety and effectiveness as FDA-approved products."

In the letter, Bush administration officials outlined the requirements of such a sys-

tem: It should require drug pedigrees, limit ports of entry and distribution channels, and allow commercial importation only from licensed foreign wholesalers to authorized sellers in the United States.

A commercial program would have to be limited to those prescription drugs that are most likely to yield savings, such as a high-volume drug without a U.S.-approved generic. The administration is also asking Congress to exclude drugs or classes of drugs that could increase safety risks in an importation program, such as controlled substances or drugs that require refrigeration. And the program must avoid "anticompetitive provisions" including "forced sale" clauses and other types of price controls.

The letter also warns Congress that if its members pass legislation that stifles competition or fails to address safety concerns, the president's senior advisors will recommend a veto.

None of the legislation previously in-

troduced in Congress would meet these criteria since most of it deals with personal importation of drugs, a senior administration official said in a teleconference announcing the release of the report.

The American Medical Association recently took a similar position on drug importation. The group said it supports importation of prescription drugs by wholesalers and pharmacies, if the drugs have been FDA approved and are part of a closed distribution chain. AMA does not support personal importation via the Internet until patient safety can be assured.

"Patient safety must remain the overriding concern as we work to make prescription drugs more available and affordable for patients. Patients must be protected from unapproved drugs that could be unsafe, expired, counterfeit, adulterated, misbranded, or inappropriately labeled," AMA Trustee Edward L. Langston, M.D., said in a statement.

But Sen. Byron Dorgan (D-N.D.), a lead-

ing proponent of the importation of drugs from other countries, said he never had much confidence that the HHS study would be objective and plans to introduce reimportation legislation. "Millions of Americans obtain prescription medicines from Canada and other countries every year and do so safely," Sen. Dorgan said in a statement. "The federal government itself is buying flu vaccine from abroad right now. The only thing endangered by allowing Americans access to lower priced FDA-approved medicines from abroad is the incredibly large profits of the drug companies who overprice their medicines in our market, just because they can."

The HHS task force was formed early in 2004 to address questions posed by Congress in the Medicare Modernization Act. The law includes a provision that would allow the importation of prescription drugs from Canada if the HHS secretary certifies that the drugs pose no additional risk to public health and safety and would offer significant savings to U.S. consumers. ■

The HHS Task Force report on prescription drug importation is available online at [www.hhs.gov/importtaskforce](http://www.hhs.gov/importtaskforce).

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