

Consumers Union Issues Its First Guide on Drug Cost Effectiveness

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 who have little or no drug benefit coverage—will use these reports to make informed choices with their physicians.

The reports are designed to cut through the clutter of drug company advertising and scattered Internet searches.

But drug makers will not 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., who serves as 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., who is 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.CRBESTBUY-Drugs.org).

The organization has said that it will add three more categories over the next few months—selective serotonin reuptake inhibitors, β -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%.



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 expressed concern 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,” according to Dr. Toth.

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

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.

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DR. TOTH

PAIN RELIEVERS



“There’s nothing physically wrong. It needs a psychiatrist.”

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.

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