Editorial

Best Buy Drugs
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With the myriad of choices among prescription medications that are available today, consumers often have to sift through mountains of information to find the right choice. Often physicians decide which drug to use within a given class, with almost no consideration given to the affordability of the medication to the patient. Patients sometimes skip doses or split pills in order to extend their supply of a particularly expensive medication, leading to more harm than good.

Enter a Web site called www.crbestbuydrugs.com, a public education project undertaken by Consumers Union, a group better known for its ratings of SUVs and electronics in its magazine, Consumer Reports, than for statins and beta blockers. This well-designed site allows users to access information about drug efficacy, safety, and pricing—all in one place and all for the right price: free.

Jointly funded by a two-year grant from the Engelberg Foundation and the National Library of Medicine, the Web site contains detailed reports on six classes of medications: angiotensin-converting (ACE)–inhibitors, beta blockers, statins, proton pump inhibitors (PPIs), nonsteroidal anti-inflammatory drugs (NSAIDs), and antidepressants. All drugs are evaluated according to several criteria, including their effectiveness, safety record, generic availability, and average price for a 30-day supply.

The selected medications are further categorized on the basis of recommendations for individual medical conditions. For example, different statins are top picks based on how much of a reduction in low-density lipoprotein-cholesterol (LDL-C) is sought and whether the patient has a history of a myocardial infarction.

Condensed versions of the reports for quick reference, as well as lengthy and detailed reports, are available. The reports are user-friendly, with numerous graphics and tables, and are generally well researched and referenced. Most of them cite peer-reviewed literature.

The methodology behind each drug pick is also explained in detail in each report. In general, a “top” drug must be in the highest tier of effectiveness in its class, it must have a safety record better than or equal to others in its class, it must carry a low incidence of side effects, and it must be less expensive than the most costly drugs in its class that meet the first two criteria. These criteria can lead to the best choice of medications for patients and a potential cost savings of hundreds of dollars a year.

Following these guidelines, generic lovastatin (e.g., Mevacor*, Merck) is the choice for patients seeking an LDL-C reduction of less than 40%, whereas atorvastatin (Lipitor®, Pfizer) is best for patients in a higher-risk category. Taking generic atorvastatin over a more expensive alternative such as pravastatin (Pravachol®, Bristol-Myers Squibb) can save up to $900 a year and still offers a similar reduction in LDL-C.

The report also details recommended statins for patients with specific conditions who are taking other medications, such as transplant recipients taking cyclosporine or others who are taking gemfibrozil (Lopid®, Pfizer).

Finally, most of these reports offer tips on cost savings, such as generic substitution and splitting higher-dose pills to achieve a lower cost per dose, with a doctor’s approval. Splitting a 40-mg dose of atorvastatin into two 20-mg halves can save up to $58.50 a month.

Another major goal of the Best Buy Drugs project is to disseminate the findings and recommendations of the Drug Effectiveness Review Project (DERP), a collaborative project among 12 states for obtaining the best available data on the effectiveness and safety of prescription medications. The Web site (www.ohsu.edu/drugeffectiveness) is an extension of a project that was started in 2001 at the Evidence-Based Practice Center at Oregon Health and Science University. The site was originally designed to compare the efficacy and safety of drugs and to make recommendations to the state’s Medicare and Medicaid services. Since then, the project has expanded and is now in the process of releasing detailed reports on 20 classes of medications.

The DERP reports are extremely detailed, often citing hundreds of articles and comparing every common member drug in a class. Although the reports are an excellent resource for practitioners, they would be difficult for laypersons to interpret. The Consumer Reports Best Buy Drugs project is working with consultants from DERP to distill these reports and repackage them for use by consumers.

Although the reports found at www.crbestbuydrugs.com cannot replace a physician’s expert judgment—and Consumer Reports does not propose that it should—the Web site does educate consumers about current medication choices and regimens. These reports provide a resource to help patients ask intelligent questions when they meet with their physicians, and they allow patients to become more involved in managing their own treatment schedules. Patients can learn why a certain drug was chosen from among others in its class, and they may gain a better idea of what may be the best option for their situation. The reports also allow physicians to evaluate the cost-effectiveness and efficacy of the medications they prescribe, ultimately leading to more grounded prescribing habits.

I am impressed with the Best Buy Drugs project, and P&T committee members should be too. Thanks to Jason Korenblit, our current medical student research fellow in the Department of Health Policy, who made this editorial possible.

As always, I’m interested in your views. My e-mail address is david.nash@jefferson.edu.

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