



Drug Test

By comparing the cost-effectiveness of drugs, Washington could help consumers save money.

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With spending for prescription drugs soaring, a proposal to have federal researchers compare the cost-effectiveness of competing drugs is just common sense. Doctors and consumers armed with head-to-head comparisons of medicines available for any particular condition would be equipped to make better decisions about which ones to use.



Comparative data could save taxpayers money as well. Washington spends billions of dollars for drugs, and will spend hundreds of billions of dollars more if a Medicare prescription drug benefit is enacted.

But there could be a downside: If government policy-makers looking to save money used the comparative data to limit the range of drugs available to people on Medicaid and Medicare, the quality of care for the poor and the elderly would be eroded. Congress should resist that urge.

The Food and Drug Administration already determines the safety and effectiveness of prescription drugs. What the FDA doesn't do is compare drugs, say cholesterol-lowering medications like Zocor and Lipitor, to determine which does the better job for the money.

The bipartisan Prescription Drug Comparative Effectiveness Act would give the National Institutes of Health and the Agency for Healthcare Research and Quality \$75 million next year to do that job. Their reports would be made available to doctors and the public via the Web, and delivered annually to Congress.

So what would be so bad about Washington refusing to pay for less cost-effective drugs?

Cost-effectiveness studies determine which drugs work best for large numbers of patients. But a rigid, one-size-fits-all approach would obscure individual and racial differences. What's best for most patients isn't necessarily what's best for every patient.

Comparisons that consider cost could also discourage incremental innovation, small changes that make drugs more effective, but at some cost. And if private insurers used the data to restrict the range of drugs available to consumers, those negative effects would be magnified.

But just because useful information could be misused doesn't mean it shouldn't be generated. Better informed consumers would be one good hedge against runaway drug costs.

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