



Industry discourages study of new drugs' effectiveness

Last week's news that workers are paying sharply higher health insurance costs tells only part of the story about runaway medical expenses. Yes, workers' premiums for employer-provided coverage now average \$2,412 a year, up nearly 50% since 2000, according to a survey by the non-profit Kaiser Family Foundation. But their out-of-pocket costs for prescription drugs also jumped: Drugs averaging \$13 to \$17 a prescription now run \$19 to \$29, the survey found. No wonder 26% of those polled for the study said they were "very worried" about their ability to pay for medications.

The problem goes beyond cost. Consumers, employers and even the doctors writing prescriptions lack the information needed to judge whether the drugs they're using are the most effective treatment. The debate this summer over providing seniors a prescription-drug benefit revealed that little research is conducted into comparing the effectiveness of expensive, top-selling drugs.

Yet the very industry that should be backing such research is fighting sensible calls for government-sponsored studies. In June, drug industry lobbyists helped defeat a Senate amendment allocating \$75 million to learn which drugs work best. A measure passed by the House in July earmarking \$12 million for research is also vulnerable.

Only the Defense Department has a vigorous internal program of testing and monitoring the effectiveness of the drugs used to treat the 8 million people in its health-care programs. Drug research for the rest of the population is severely limited.

The industry doesn't complain publicly about the Pentagon's efforts and says it supports private drug effectiveness studies. However, it fears that government-funded research might overlook the benefits of expensive drugs in the quest to cut costs.

Certainly, doctors need to retain discretion in prescribing. And care could suffer if studies were used to impose rigid limits on the types of medicine available to people in various insurance programs.

Recently, though, research has exposed pricey, highly promoted drugs that are no more effective than lower-priced choices:

- A federal study reported last year that children with middle-ear infections recovered just as well after treatment with common antibiotics as those youngsters using more expensive brand-name products.
- Oregon's state health plan last year found no evidence that the highly promoted painkillers Celebrex and Vioxx work better than over-the-counter ibuprofen, which can cost as little as 10% of the brand-name drugs' prices. Oregon is looking to save up to \$17 million a year through similar studies.
- A study published in December found that an inexpensive, long-established diuretic was more effective than newer, costlier rivals in lowering blood pressure and preventing complications. Drug companies point to a more recent study that produced somewhat different results. But that should be an argument for more research, not less.

As Congress considers an expensive drug benefit under Medicare, sound research is more important than

ever to identify ineffective or dangerous therapies and spotlight the most cost-efficient ones.

The drug companies constantly talk about the value of financing research for new cures and treatments. The same energy needs to go into establishing whether the expensive new drugs they produce are any better than lower-cost medications already available.

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