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EDITORIAL

Let Drugs Duke It Out

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The prescription drug laws on the books require the Food and Drug Administration to compare a new drug only to a placebo for safety and effectiveness. Most new medications are never compared with drugs already on the market. Patients and doctors can't tell whether the costly cholesterol medicine that just hit the market is really better than the pennies-a-pill generic they've been taking.



Homeowners wouldn't hesitate to shop around for the best deal at the best price before spending, say, \$400 on a new dishwasher. Yet Congress has done little to help researchers compare prescription medications, even as it prepares to spend \$400 billion to add a new drug benefit to Medicare. The reason is simple: Drug companies and their employees, which contributed nearly \$27 million to politicians in the 2002 election cycle, don't want it. Drug firms make their biggest money from the newest drugs.

The industry's trade group, the Pharmaceutical Research and Manufacturers of America, has led the opposition to a bill by Reps. Thomas H. Allen (D-Maine) and Jo Ann Emerson (R-Mo.) that would finance independent studies comparing widely used medications. The researchers might, for example, consider whether cheaper, older arthritis drugs such as Motrin and Naprosyn are as effective over the long term as newer, costlier ones such as Vioxx and Celebrex.

In a recent memo to legislators, the trade group said: "[C]ost-effectiveness analysis in the private sector can provide useful information. When employed by centralized decision makers, however, it often becomes just another term for health-care rationing." Yet most developed nations evaluate and compare treatments and drugs all the time. Expert panels try to base coverage decisions not on which drug has the most TV commercials but on evidence of efficacy.

Allen and Emerson's bill, HR 2356, would give decision-makers in the U.S. better tools. It is supported by a coalition of employers, patients, doctors and insurers. Unfortunately, it will languish in the House Commerce Committee until Chairman W.J. "Billy" Tauzin (R-La.) schedules a hearing.

Last December, a rare comparison of blood pressure medications by the National Institutes of Health found that a 10-cent-a-pill diuretic was as effective in preventing heart attacks as calcium channel blockers and ACE inhibitors costing 50 cents to \$2 apiece. The study of 33,000 patients should have prompted legislators to speed up legislation like the Allen-Emerson bill. Instead, the drug trade group persuaded Congress to amend the Medicare bill to *prohibit* the government from making a determination that drug A is "functionally equivalent" to drug B.

Allen and Emerson's bill wouldn't change FDA or Medicare laws, but it would provide modest federal

funding for independent comparisons. In a nation spending more than \$140 billion a year on prescription drugs, the tests can't come soon enough.

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