

LETTER TO THE EDITOR

Do higher drug costs lead to better health? – A rebuttal

March 11, 2005

Dear Editor:

The authors Mintzes and Lexchin¹ in their commentary to our paper titled *The Value of Medicines in Canada*,² have cultivated a theme to which we both agree – the need for efficient use of drug therapy. It is our original position that innovative pharmaceuticals, when used appropriately as part of overall disease management, offer value-for-money by increasing both the global quality and quantity of life.

Roughly two cents of every dollar consumed by Canadians is spent on pharmaceuticals³, yet drug therapy offers Canadians one of the most powerful tools to minimize disease burden (estimated to be \$159.4 billion in 1998)⁴. In order to bridge the care gap between the results achieved in clinical trial setting (efficacy) and the results achieved when medications are used in the ‘real-world’ (effectiveness), steps must be taken to improve the early detection, treatment and adherence with prescribed therapy. The authors Mintzes and Lexchin have misinterpreted our position on primary prevention as the need to treat “healthy” people with new drugs – a point of contention we continue to remain mystified by. We only need to look at our multi-disciplinary colleagues, who have embraced the importance of primary prevention to minimize disease burden.^{5,6}

In addition, Mintzes and Lexchin have mistakenly used the Patented Medicines Pricing Review Board (PMPRB) classification system as a measure of a drug’s therapeutic benefit. The PMPRB uses the categorization system for price-testing purposes,⁷ not for determining the additional value provided by incremental innovation. The authors dismiss new pharmaceuticals that offer smaller benefits, minor improvements in efficacy and/or side effect profile. In contrast, evidence exists as to the nuances in patient metabolism and pharmacodynamics amongst drugs within the

same therapeutic class and the incremental value they offer.^{8,9}

Drug development has always been a very high-risk enterprise that requires years of dedicated studies and the investment of hundreds of millions of dollars.¹⁰ In addition, the marketing of pharmaceuticals remains one of the most highly regulated industries. The comments raised by Mintzes and Lexchin give little if any attention to the risks and benefits of conducting large-scale effectiveness research with scarce social and economic resources.

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The comments are those of the authors and do not necessarily reflect the views of Wyeth Pharmaceuticals.

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