

FREE

Are You Taking Too Much Medicine? | How to Safely Treat Your Pain | Rx Tips You Must Know

CR Consumer ReportsTM

2017-2018

9 Ways to Save Big on Your Medications

PAGE 19



**BEST
DRUGS
FOR LESS\$**

TOP CHOICES FOR ALLERGIES, BACK PAIN, DEPRESSION, DIABETES, HEART-BURN, HEADACHE, HIGH CHOLESTEROL, INSOMNIA, JOINT PAIN, AND MORE



About Consumer Reports Best Buy Drugs

OUR MISSION IS SIMPLE: To help you make smart drug choices based on scientific evidence and expert medical advice. It's more important than ever as drug prices are going up, insurance is changing what it covers, and drug advertising floods your television, when you go on the Web, or read a magazine or newspaper.

Whether you have a common headache or a chronic condition like Type 2 diabetes, high cholesterol, or insomnia, Consumer Reports Best Buy Drugs can help you get the best, safest treatment at a price you can afford. We rely on an expert panel of doctors, pharmacists, and clinicians to provide information and advice for nearly 650 medicines in both English and Spanish.

All of our recommendations are free. That's because our grant-funded program is a public education project.

Go to **CRBestBuyDrugs.org** to learn more.

Get social with us:

facebook/ConsumerReportsBestBuyDrugs

twitter.com/CRBestBuyDrugs

En Español:

facebook/SomosCR

twitter/SomosCR

Subscribe to our e-newsletter: Stay up to date on all the latest content we publish. Visit **ConsumerReports.org**, enter your email address and select "Best Buy Drugs" from the menu.

Send your questions to: **CRBestBuyDrugs@cu.consumer.org** and include "Pharmacy Question" in the subject line.



4

Get the Best Treatment for What Ails You

Find the best and most affordable treatments for seven common problems. Some good news: You may not need a drug after all.

13

Why Drugs Are So Expensive

Five reasons you're spending more on your meds. How can it be stopped?

SPOTLIGHT

19

► Nine Ways to Save Big on Your Meds

Prices can vary widely from one store to the next, even in the same zip code! The trick is to shop around. Here's how.



PHOTOS: ISTOCK

30



24 **How to Safely Treat Your Pain**

An extensive toolkit of pills and practices is available to pain sufferers today. Understand the limitations and risks of each.

30
▲ Soothing Strategies
Applying the right treatments at the right time can help reduce and even stop pain. Plus, how to prevent pain in the first place.

37
**Generic Drugs:
What You
Need To Know**
Some common questions answered, plus how you can save.



42
Mail-Order Meds
Hoping to save a few bucks on your prescription, or just trying to avoid a trip to the drugstore? The skinny on using mail-order services - they can save you money and time. Some tips for getting the most out of them.

44

Shopping Online

It's one thing to buy a toaster online. But if you're planning on buying your meds on the Internet, proceed with caution.

46

When to Skip Antibiotics

Find out the most common conditions where antibiotics won't work.

50

Cut Back On Your Meds

Taking fewer medications will reduce your risk of dangerous interactions. We tell you what you can do.

57

Alcohol and Drugs

Find out how to avoid potentially dangerous interactions.

60

▼ Stay Safe, Be Smart

12 Rx tips you must know.

62

Starting a New Drug

Make it a habit to ask these three questions when your doctor prescribes a new drug.

64

About This Guide

Best Drugs for Less is a Consumer Reports public education project from our Best Buy Drugs program.





Get the Best Treatments

Find solutions for these seven problems. You may not need a drug after all.

You've probably seen them dozens of times: Ads for drugs that promise new solutions to your health-related problems. But are those drugs really the best choice for your condition?

Pharmaceutical companies spend billions to convince us their products are the best choice—\$5.8 billion in 2015 alone in TV, radio, newspaper, magazine, and internet ads according to figures from Kantar Media.

And the promotions work. Our research shows that nearly one of every seven people who take a prescription medication said they've asked their doctors to prescribe a drug they've seen advertised. And nearly two-thirds said their doctor complied with the request, according to a recent survey by Consumer Reports Best Buy Drugs.

The problem is that it's hard for consumers to know if an advertised drug works better than a less expensive

generic or even making a lifestyle change. That's where Consumer Reports Best Buy Drugs can help. Our "Best Buy" recommendations are drugs that are as safe and effective as other medications in their respective classes, and are typically less expensive.

We base our conclusions on systematic reviews from credible sources such as the Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Centers and the Cochrane Library. Prices of drugs come from Symphony Health Solutions, which is not involved in our analyses or recommendations.

Here are seven smart money-saving swaps to consider:



1 SEASONAL ALLERGIES

Best Treatments

Steroid sprays and newer antihistamines are a good, first bet

IF YOU SUFFER from hay fever or other seasonal allergy symptoms, such as congestion, sneezing, and watery eyes, you've got a variety of choices for relief.

But nasal steroid sprays such as fluticasone propionate (Flonase), mometasone furoate (Nasonex), and triamcinolone acetonide (Nasacort) are considered by experts the best, first option for seasonal allergies. Both Flonase and Nasacort are available without a prescription. One downside is that it can take hours or even days before they start to work. And the steroid sprays must be used consistently to get the greatest benefit.

Newer antihistamines aren't any more effective at relieving allergy symptoms than older ones, but they are less likely to cause drowsiness. They also offer the convenience of one pill daily. You'll still have to watch out for other side effects, particularly with high doses.

If you take an antihistamine, don't ignore a rapid heart-beat or heart palpitations. These are rare side effects, but if they occur, see your doctor.

Also good to know: If you take allergy medications regularly, talk with your doctor to make sure your problems stem from allergies. Up to one-third of people with allergy symptoms don't actually have allergies; other conditions, such as a cold or even reactions to certain drugs, can cause the sneezing, congestion, or runny nose typical of allergies.

Best Treatments

➡ **OTC nasal steroid spray**

➡ **Generic loratadine**



2 DEPRESSION

Best Treatments

New research suggests nondrug therapies are as good an option as medication—but both can work well.

EACH YEAR, NEARLY 7 percent of U.S. adults—some 15.7 million people—suffer from a depressive illness that warrants treatment, according to the National Institute of Mental Health. Contrary to ads from pharmaceutical companies that suggest medication is the only answer, the first step is to see your doctor and then possibly a therapist.

A new analysis by AHRQ suggests that cognitive behavioral therapy may be as useful as medication to relieve symptoms of depression. Our experts think it's worth trying as a first step—especially to avoid possible side effects of medication.

Some antidepressants are more likely to cause certain side effects than others. For example, paroxetine is associated with a higher risk of sexual problems, and sertraline is associated with a higher rate of diarrhea.

People respond differently to antidepressants, so if you decide to try a medication, you might have to try several before you find one that works. For up to 45 percent of people, no antidepressant will relieve their depression.

Best Treatments

👉 **Talk therapy**

👉 **Anti-depressants**

👉 **If you already take a medication that works well, don't switch**



3 DIABETES

Best Treatments

Exercise, diet, and weight loss can help keep your blood sugar under control.

IF YOU'RE ONE of the nearly 26 million people in the U.S. with type 2 diabetes, exercise, a healthful diet, and weight loss if needed, are essential to help keep your blood-sugar levels in check. For some people, these might alleviate the need for medication all together.

Several studies show that many people with diabetes can lower their blood-sugar levels almost as much with lifestyle changes alone as with medicines, especially in the early stages of their disease.

If those don't help though, you might need to add a medication. In that case, three older, inexpensive drugs are your best, first options. They're just as effective as most newer medications, and, in some cases, are better and safer.

The best, first option for many people is generic metformin. If that doesn't drop your blood-sugar levels enough, you might need to add one or both of these medications: glimepiride or glipizide. If you also have heart failure or kidney disease, your doctor might start with one of those drugs instead.

All three generic drugs can be found at major chain drugstores and big-box stores for as little as \$4 for a one-month supply or \$10 for three-months.

Best Treatments

- **Exercise**
- **Diet**
- **Weight loss**
- **Generic metformin, glimepiride, glipizide**



4 HEARTBURN

Best Treatments

Powerful drugs like Nexium, Prilosec and Prevacid may be overkill for garden-variety heartburn.

WHEN HEARTBURN FLARES up, many people turn too quickly to powerful drugs called proton pump inhibitors (PPIs) like Nexium, Prilosec 24HR, or Prevacid. But studies show that up to 69 percent of people who are prescribed a PPI don't actually need it. Doing so can also expose you to potentially serious side effects, including an increased risk of pneumonia and fractures of the hip and other bones.

Instead, for mild or infrequent heartburn, first try lifestyle changes or antacids. Cut back on alcohol and caffeine, quit smoking, eat smaller meals, don't lie down for 2 hours after eating, and lose weight if needed.

If those changes don't bring relief, for occasional heartburn, try an inexpensive over-the-counter antacid, such as Maalox, Mylanta, Rolaids, Tums, or their generic equivalents, or other drugs called H2 blockers, such as Pepcid AC, Zantac 150, or their generic equivalents.

If heartburn strikes twice a week or more for several weeks, see a physician. You might have a more serious condition called GERD (gastroesophageal reflux disease). In that case you might need a PPI. Our analysis shows these drugs are equally effective and safe and your pick should be based on the lowest price.

Best Treatments



**Lifestyle
changes**



**OTC
antacids**



5 HIGH CHOLESTEROL

Best Treatments

You might be able to lower your cholesterol enough with diet and exercise. If not, an inexpensive generic is your best bet.

IF YOU HAVE HIGH cholesterol, a healthful diet and exercise can help lower it. Doing so could mean you no longer need medication. But if lifestyle changes don't lower it enough, you may need a medication called a statin. All these drugs can lower cholesterol, and some reduce it more than others.

If you haven't had a heart attack, the first thing to do is determine with your doctor your overall risk of heart attack or stroke in the next 10 years.

If your 10-year risk is more than 10 percent, and you need to lower your cholesterol to help reduce that risk, determine whether you need a "high" or "moderate" intensity statin.

Consider a moderate-intensity statin if you need to reduce your LDL cholesterol by 50 percent or less.

Or if you are:

- ✎ Older than 75 with a history of heart disease or heart problems.
- ✎ You have an increased risk of side effects from a high-intensity statin—this includes those older than 75, those with multiple and/or serious medical conditions, such as impaired kidney or liver function, those with a

(continued)

Best Treatments

👉 Diet, exercise

👉 Generic atorvastatin, lovastatin, pravastatin, simvastatin



5 HIGH CHOLESTEROL

(continued)

history of stroke or muscle disorders, those who currently use medications that could interact with statins, and those of Asian heritage.

If you and your doctor have decided a moderate-intensity statin is appropriate, the following are CR Best Buys, based on effectiveness, safety, and cost:

- ✎ Generic atorvastatin 10 mg or 20 mg
- ✎ Generic lovastatin 40 mg
- ✎ Generic pravastatin 40 mg
- ✎ Generic simvastatin 20 mg or 40 mg

Several of these medications can be found for as little as \$4 a month at big-box or chain drugstores including Costco, CVS, Sam's Club, and Walmart.

Consider a high-intensity statin if you need to reduce your cholesterol by 50 percent or more.

Or if you are:

- ✎ Between the ages of 40 and 74, and have an LDL level of 190 mg/dL or greater and have a 10-year heart attack or stroke risk of 10 percent or higher.

In that case, we selected the following as a CR Best Buy:

- ✎ Generic atorvastatin 40 mg or 80 mg

Best Treatments

➤ Diet, exercise

➤ Generic atorvastatin, lovastatin, pravastatin, simvastatin



6 INSOMNIA

Best Treatments

New research shows cognitive behavioral therapy can be as helpful as medication.

MOST PEOPLE SUFFER from trouble sleeping once in awhile. But if the problem continues several times a week over a few months, it's time to see a doctor. Insomnia can be caused by other conditions, or as a side effect of medications you already take. If neither of those are the culprit, instead of turning to prescription sedatives, consider with your doctor cognitive behavioral therapy, a form of talk therapy. It helps 70 to 80 percent of people with chronic insomnia. And it appears to be at least as effective as sleeping pills.

If you can't sleep once in a while, you could consider an over-the-counter drug that contains diphenhydramine, like Benadryl or Unisom. But be careful: they can cause next-day drowsiness. Do not take these medications for longer than 14 days.

All insomnia medicines can cause side effects and dependency. Possible side effects include daytime sleepiness, dizziness, unsteadiness, and rebound insomnia.

If you take a prescription sedative, we suggest asking for the generic version of Ambien, called zolpidem. Our analysis finds that by some measures, it's more effective than the others.

Best Treatments

📌 Cognitive behavior therapy

📌 OTC sleep aids like diphenhydramine



7 OVERACTIVE BLADDER

Best Treatments

First try exercises to strengthen your bladder and cut back on caffeine.

IF YOU MAKE more bathroom trips than normal, you may not need a medication. Cutting back on caffeinated beverages and bladder training exercises can often provide relief. Your doctor should also show you how to strengthen your pelvic muscles by doing Kegel exercises and other techniques to strengthen your bladder muscles. That could relieve symptoms enough so that a drug isn't necessary.

Other medications you take, such as those used to treat high blood pressure, could also cause you to urinate frequently. So can having diabetes, heart disease, urinary-tract infections, kidney stones, and strokes. See your doctor to rule out any of these causes before you turn to medication.

Most drugs used to treat overactive bladder are only moderately effective, cutting the number of bathroom trips in a day by two or three, and can cause side effects, including blurred vision, confusion, constipation, dizziness, and dry mouth.

Yet, if after trying lifestyle changes, you and your doctor conclude that a drug is worth trying, you could consider generic extended-release oxybutynin. It offers the convenience of once-a-day dosing and research suggests it has a lower risk of side effects compared to other drugs.

Best Treatments

👇 **Kegels &
other exercises**

👇 **Generic
extended-
release
oxybutynin**

WASHINGTON, D.C.



SERIES
2006

Henry M. Paulson

Secretary of the Treasury

ONE DOLLAR

Is There A Cure For High Drug Prices?

Americans spent more than \$424 billion in 2015 on prescription drugs, and that number is rising fast. Can we stop it?

► **MARLENE CONDON, OF CROZET, VA.,** takes hydroxychloroquine, a drug available as a generic for almost two decades.

Over the last two years, the cost for her drug skyrocketed from about \$32 for 180 tablets to \$500. Condon panicked and she stopped taking the drug. Her arthritis pain worsened to the point that walking and doing simple household chores became almost impossible.

Condon is not alone. Three in 10 adults who regularly take a medication were hit with price hikes within the previous 12 months, costing them an average of \$63 more for a drug they routinely take—and a few paid \$500 or more. That's according to a recent nationally representative telephone poll by CR Best Buy Drugs. Respondents facing higher drug costs were more likely than others to take unhealthy measures such as skipping doctor appointments, tests, or procedures; not filling prescriptions; or not taking medications as directed.

The problem of rising drug costs is reaching near epic proportions. Here's a closer look at

How the Government Could Help Curb Rising Costs

Consumers are looking to the government to take action. In our CR Best Buy Drugs poll, 77 percent of people taking a medication said the government should allow more generics onto the market sooner; 74 percent want the government to pressure drug companies to charge less. More specific steps that could help control costs include asking the government to:

Set a limit on out-of-pocket costs.

That would ensure that consumers have some protection against very high costs or sudden large spikes in prices.

five reasons drug costs are ballooning and what can be done about it.

●
Reason 1:
DRUG COMPANIES
CAN CHARGE
WHATEVER PRICE
THEY WANT

Nothing protected Condon from the price increases she experienced. That's because for Medicare and commercial health plans, no government body—including the Federal Trade Commission, the Food and Drug Administration, and the Centers for Medicare & Medicaid Services—has the power to restrict the price a pharmaceutical company sets for a drug.

In 2015, for example, Turing Pharmaceuticals bought the rights to

Daraprim, a drug used to treat infections in people with cancer or HIV/AIDs, and raised the price from \$13.50 to \$750 per pill. Similarly, Valeant Pharmaceuticals jacked up the price of the lifesaving

heart drug Isuprel (isoproterenol) from \$180 to \$1,472 per dose and the price of the blood pressure medication Nitropress (nitroprusside) from \$215 to \$1,346.

In all, pharmaceutical



Approve more generic versions of common drugs.

Currently, 4,300 generic applications await an FDA decision.

Allow limited imports of drugs from Canadian and European sources.

Doing so could alleviate shortages or moderate prices.

Use government's existing "march-in" rights.

It works like this: If there is a shortage or an exorbitant price, and if

a drug was developed using taxpayer money, the Department of Health and Human Services has the right to force the

company to allow another manufacturer to make generic versions that would be cheaper for the consumer.

OUR REVIEW OF THE 2015 ANNUAL REPORTS OF 10 OF THE WORLD'S LARGEST DRUG COMPANIES REVEALED THAT ALL SPENT MORE ON MARKETING AND ADMINISTRATION COSTS THAN RESEARCH AND DEVELOPMENT.

firms raked in an additional \$25.6 billion (gross) in 2015 simply by raising prices on their brand-name drugs, according to IMS Health. The firm estimates that figure will grow to \$155 billion over the next five years.

How do drug companies explain high prices and price hikes? Factors that go into a price of a medicine include the drug's "clinical merits"—how well it works and whether it reduces

healthcare costs from surgery or other types of medical care according to a spokesperson for PhRMA, an association that represents drug makers. The industry group also told us that a sizable chunk of profits are plowed back into research and development for new therapies.

But American taxpayers already shoulder a substantial burden of those costs. About 38 percent of basic research

is paid for with tax money through federal and state governments, according to a 2015 study published in the *Journal of the American Medical Association*. And our review of the 2015 annual reports of 10 of the world's largest drug companies revealed that all spent more on marketing and administration costs than research and development.

Other countries determine costs differently. In the U.K., for example, a centralized advisory board calculates the value of a medication by taking into account a drug's efficacy, safety, and total benefits to the healthcare system and to society at large. In the U.S., we allow industry to make that determination instead.



Reason 2: **INSURANCE COMPANIES ARE ALSO CHARGING YOU MORE**

To maintain profit margins in the face of rising drug costs, insurance companies are requiring customers to foot

more of the bill. One way that happens is by raising your deductible.

Ten years ago, less than 10 percent of employees with health insurance were enrolled in a plan with a deductible of \$1,000 or more. Today, almost half (46 percent) of Americans have those plans, according to research by the Kaiser Family Foundation, a nonprofit organization focused on national health concerns.

In addition, your insurance company can increase your co-pay by putting the drug in a more expensive “tier” or by making you pay “co-insurance,” where you pay a percentage of the medication’s cost, sometimes charging you half or more of the full price of a drug.



Reason 3:
OLD DRUGS ARE
REFORMULATED
AS COSTLY
“NEW” DRUGS

The federal government grants patents to drug companies for new drugs, which gives them exclusive rights to sell the drug for up to 20

DOCTORS AND RX PRICES: ENDING THE SILENCE

Everyone’s talking about high drug costs these days, but those conversations don’t happen often enough at the doctor’s office. Only 6 percent of people found out about the cost of a new drug during a doctor visit, according to a recent CR Best Buy Drugs poll of adults who regularly take a medication. In fact, 63 percent said that they didn’t learn the price until they were at the pharmacy counter.

Considering that doctors prescribed an estimated 4.4 billion drugs in 2015, not talking about a patient’s ability to pay can be an expensive oversight.

SO, SPEAK UP

In our poll, of those who did talk about Rx prices with their doctor (25 percent), most told us that they initiated the conversation, not their doctor. And doctors report the same: Our April 2016 poll of 200 internal medicine doctors

revealed that a majority said they discuss drug costs and affordability with fewer than 3 in 10 patients in a typical week.

Doctors said that they were more likely to consider safety and efficacy than affordability when making treatment decisions. However, many were hopeful that they can make cost a part of the conversation going forward; roughly two-thirds said they were “very” or “somewhat likely” to incorporate discussions about affordability with patients in the next year.

ASK FOR HELP

“The ability to afford a medication can have a huge effect on patient compliance,” says Consumer Reports Chief Medical Consultant, Marvin M. Lipman, M.D. “If there are no less costly alternatives, the doctor should go to bat with the insurance company or the drug’s manufacturer on behalf of the patient.”

ONE THING IS CLEAR:
CONSUMERS WILL PAY
HIGHER INSURANCE
PREMIUMS AND DEDUCTIBLES
BECAUSE OF VERY
EXPENSIVE MEDICATIONS.

years without competition from generic versions. Drug companies can sometimes extend a drug's patent by tweaking the formula—for example, by creating an extended-release version or combining two older drugs into a “new” version.

In 2015, 30 products that were reformulations of old drugs hit the market. That can keep prices high for consumers because it makes it harder for lower-cost generic alternatives to enter the market and give consumers a choice.



Reason 4:
SHORTAGES CAN
TRIGGER MASSIVE
PRICE INCREASES

Overall, prices of generics increased by almost 9 percent between

November 2013 and November 2014, according to a 2015 report by Elsevier, a company that supplies information on drug pricing. Some prices remained stable or even dropped. But the cost of certain drugs went up—way up—when they should have stayed the same or even gone down.

In recent years, several companies have stopped making older generic drugs altogether because they said they couldn't make enough profit selling them. When few companies make a drug, hiccups with getting the drug's “raw” ingredients, or a problem at a single manufacturing plant, can affect the entire supply in the U.S. When there's a drug shortage, prices tend to rise.



Reason 5:
SPECIALTY DRUGS
ARE COSTING
ALL OF US

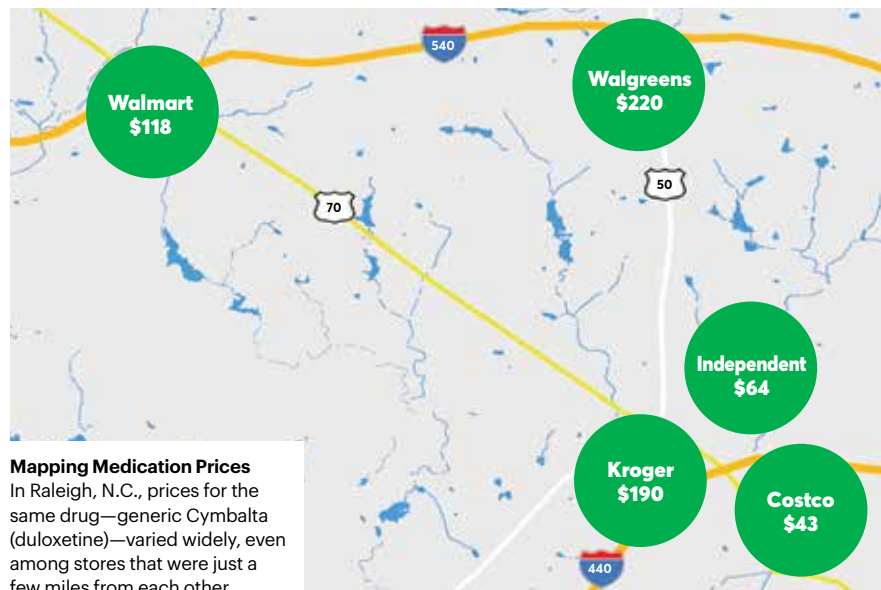
The rise of super-expensive, so-called specialty drugs is a new threat. Examples include the hepatitis C medications Sovaldi (\$84,000 for a 12-week course of treatment) and Harvoni (up to \$95,000) that usually target small groups of patients with less common conditions.

Currently, specialty drugs account for less than 1 percent of prescriptions in the U.S. But because of their astronomical price tags, they wind up representing about one-third of total drug spending by consumers, employers, and the government according to a recent report by the Congressional Research Service.

And in the years to come, those very expensive drugs are likely to constitute an even bigger chunk of drug spending.

9 Ways to Save Big on Your Meds

Prices can vary widely from store to store, even in the same town. The trick is to shop around.



► **IF YOU AUTOMATICALLY FILL YOUR PRESCRIPTIONS** at the pharmacy closest to you, for certain drugs, you may be paying too much. When Consumer Reports' secret shoppers called more than 200 pharmacies in six U.S. cities, they found that common generic prescriptions could cost as much as 10 times more at one retailer versus another if you pay out of pocket, even within the same zip code.

Case in point: In Raleigh,

North Carolina, the cost for a month's worth of the generic of Cymbalta (duloxetine)—a drug used to treat depression and certain kinds of pain—ranged from \$220 at a Walgreens to only \$43 at Costco's pharmacy.

And at a CVS in Dallas, a shopper was quoted a price of \$150 for the generic of blood thinner Plavix (clopidogrel), but we found it at an independent pharmacy just a 20-minute drive away for only \$23.

▶ **Getting the Best Deal**

Frustrating as sudden price hikes can be, our poll found that most people just forked over the money, and at the original pharmacy. Only 18 percent comparison-shopped to see whether they could get a better deal.

If you have insurance coverage, it might not occur to you to shop around. But on occasion, the price you'd pay out of pocket might be less than your co-pay. For example, at Walmart, the type 2 diabetes drug metformin sells for just \$4 for a month's supply, or \$10 for a three-month supply, while a co-pay for a month's worth averages about \$11.





1 | Talk to your doctor about costs

Speak up. Your doctor probably won't broach the topic of price. In a recent Consumer Reports poll, we found just one in four people talked to their doctors about cost. Let your doctor know if the cost of your treatment is important to you.

2 | Ask for generics

They can cost up to 90 percent less than

brand-name drugs.

If your insurance drops or reduces coverage of a drug, your doctor can also help by appealing to your insurance company for an exception. And as we explain in our report on generics (see page 37), you will be getting the same medicine—the same active ingredients—at a fraction of the cost.

3 | Try Costco

If you aren't going to use insurance, we found Costco consistently offered among the lowest retail prices. You don't need to be a member to use its pharmacy, though joining can net you more discounts.

4 | Check your local pharmacy

We found some real bargains at local independent pharmacies, as well as some higher prices. And we often had luck negotiating for a lower price. Pharmacists might have more flexibility to match or beat competitors' prices.

5 | Compare insurance plans

Make sure you don't get stuck next year with a plan that no longer covers your medications. Each year during "open-enrollment" season, usually during the fall, insurance plans often change what drugs they cover for the next year.



6 | Consider \$4/\$10 discount generics

Stores like Walmart and Sam's Club offer hundreds of common generics for \$4 for a 30-day supply and \$10 for a 90-day supply if you don't use insurance. Check the fine print: there may be a small fee to sign up for some programs. Not all discounts are open to people with Medicare, Medicaid, or Tricare insurance. And if you pay the retail price, money spent on your medication won't count toward your deductible or out-of-pocket maximums.

7 | Always ask: "Is this your lowest price?"

Costco told us that pharmacists there can't offer customers with Medicare a lower cash price unless a customer asks. So speak up! With pharmacies around the country, we found that asking for the lowest possible price can get you bigger discounts. Check back often,

because prices and offers may change.

8 | Get a 90-day prescription

For drugs you take monthly, it can be more convenient and even cheaper to get a three-month prescription. And, you could save by only paying one or two co-pays instead of three.

9 | Look online

If you're paying out of pocket, check GoodRx.com to learn its "fair price" and use that to negotiate if a pharmacist quotes you a higher price. You can also fill a prescription with an online pharmacy. Our secret shoppers found that HealthWarehouse.com had the lowest prices overall. For other websites, be careful to only use retailers that operate within the U.S. and display the "VIPPS" symbol to show that it's a verified internet pharmacy practice site.

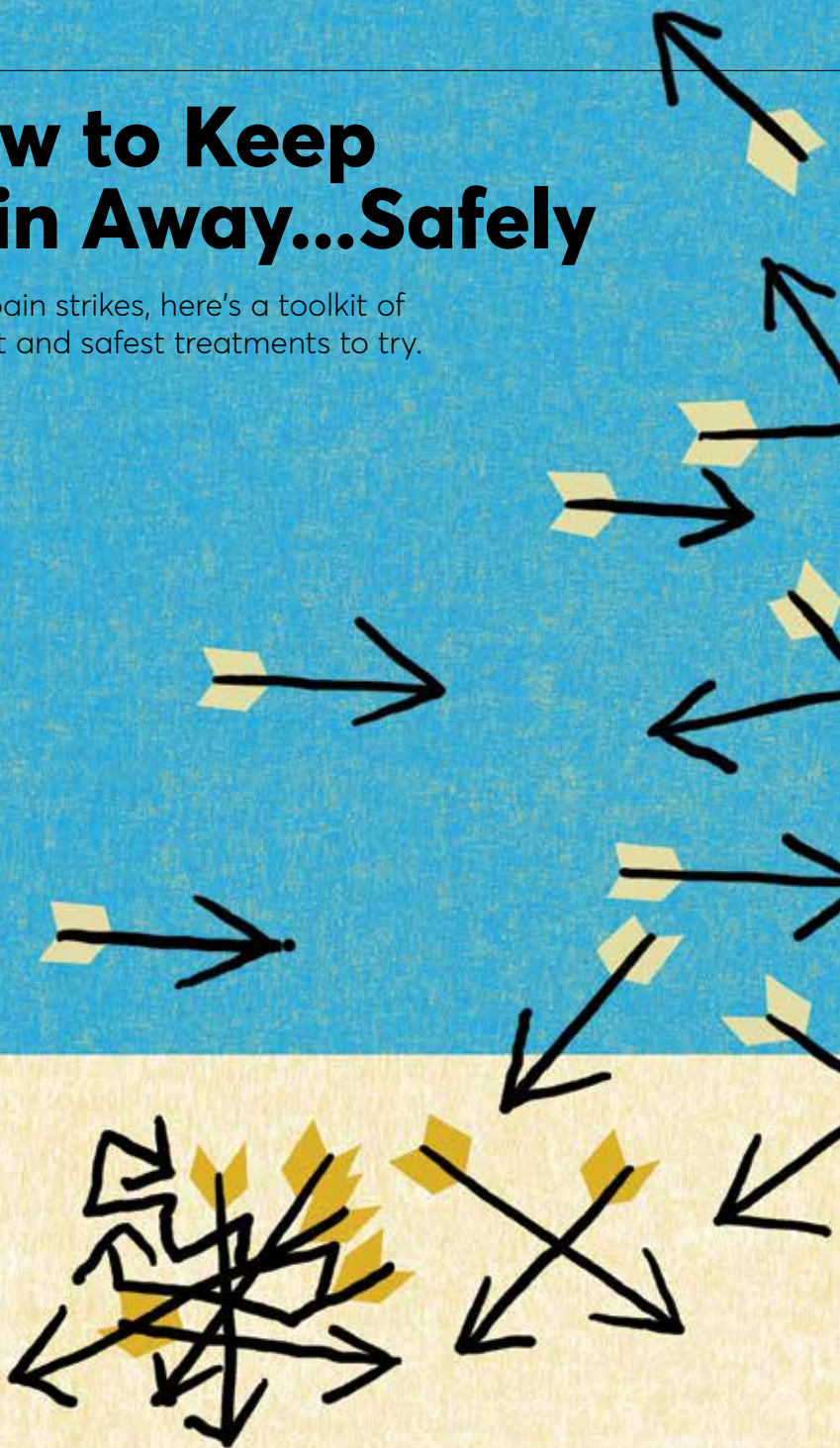


Good To Know

Once you've done the work to find a pharmacy that offers a good price, fill all of your prescriptions in the same place. Keeping track of all of the drugs you take in one system helps avoid duplications and dangerous interactions.

How to Keep Pain Away...Safely

When pain strikes, here's a toolkit of the best and safest treatments to try.







Acupuncture

Legend has it that in 200 B.C., a Chinese soldier shot with an arrow noticed a “good” side effect: His pain from a previous injury disappeared. But acupuncture’s exact origins remain a mystery. And there’s still uncertainty about its ability to treat pain. Some evidence suggests that it can ease lower back, neck, and knee pain, and reduce the frequency of headaches and migraines. Multiple studies have compared real acupuncture, in which thin needles are inserted into specific points on the body, with sham acupuncture, in which the needles don’t break the skin or are inserted in random spots on the body.

A few studies have suggested that real acupuncture was sometimes slightly better, but many found that the sham procedure was just as effective, and both were more effective than no treatment at all. Acupuncture should be done only by a licensed practitioner who uses sterile needles.



► HERE'S OUR OVERVIEW OF SOME COMMON PAIN MANAGEMENT TREATMENTS AND THE CONDITIONS FOR WHICH THEY WORK BEST.



Acetaminophen

Found in more than 600 prescription and over-the-counter products, medicine such as Tylenol and its generic versions are among the most often used drugs in the U.S. Acetaminophen isn’t as effective at relieving pain as drugs like ibuprofen (Advil and generic) or naproxen (Aleve and generic), according to an analysis by Consumer Reports Best Buy Drugs. But it won’t put you at risk for stomach bleeding and a heart attack or stroke the way those two drugs do.

In fact, it’s easier on the gut and is a good option for those who suffer from acid reflux or ulcers.

But its overuse is the leading cause of liver damage, sending almost 80,000 people per year to an ER. That can happen if you take only slightly more than the Food and Drug Administration’s maximum recommended dose of 4,000 mg in a 24-hour period, and is especially worrisome if you’re a heavy drinker or if you have liver disease. Our medical experts say limit use to no more than 3,250 mg within 24 hours.



Aspirin, Ibuprofen, & Naproxen

On any given day, about 17 million Americans take one of those pain relievers, which are called nonsteroidal anti-inflammatory drugs (NSAIDs). Available from big brands (Advil, Aleve, Bayer) as well as in generic versions, they work by blocking the production of substances called prostaglandins that trigger pain and inflammation. Both over-the-counter and prescription versions of NSAIDs work best on tension headaches, mild migraines, lower back pain, osteoarthritis, and pain associated with muscle soreness or swelling.

If you take an NSAID more than 10 days in a row, ask your doctor for an alternative, because taking too much or taking them too often can cause bleeding in the intestines, kidney failure, heart attacks (though naproxen possibly poses less risk for that), stomach ulcers, and stroke. Aspirin is the exception; when used for pain relief, it can cause stomach bleeding even at low doses.



Biofeedback

The idea is that you can control pain by using certain techniques as deep breathing or muscle relaxation to consciously control or monitor involuntary bodily functions such as heart rate, skin temperature, muscle tension, or blood pressure. The jury is still out on whether biofeedback works, though experts think it might help people by simply teaching them how to relax. And several large reviews have found it works best for conditions sometimes brought on by stress, such as backaches, migraines, and tension headaches. One advantage is that biofeedback is generally free of risks and side effects.



Botox Injections

At very low doses, this powerful natural toxin temporarily blocks nerve signals and paralyzes muscles, preventing them from contracting. The treatment is FDA-approved to help prevent migraines in people who have 15 or more each month. It requires undergoing up to 31 injections in different areas of the head and neck every three months. But studies have found that the results are modest. People getting Botox shots had one or two fewer headache-days per month than those getting placebo injections.

Large-scale studies show that it doesn't help for less-frequent migraines and tension headaches; the American Academy of Neurology doesn't recommend it for those cases.

IT MAY TAKE TRYING SEVERAL SOLUTIONS BEFORE YOU FIND THE ONE THAT WORKS BEST.



Chiropractic Care

This hands-on therapy, in which a person's spine and other parts of the body are manipulated to alleviate pain and

promote healing, dates back to ancient China and Greece. Modern chiropractors perform "adjustments," which use a strong, controlled force to manipulate the spine or joints to improve alignment and restore

mobility. There's good evidence that chiropractic care helps alleviate lower back pain, including some suggesting that it works as well as medication. A 2010 comprehensive review found that the therapy may be

helpful with joint, neck, and shoulder pain, and tension headaches. In a 2011 online survey of more than 45,000 Consumer Reports subscribers, 65 percent of those who had chiropractic care said it helped.



Cognitive Behavioral Therapy (CBT)

Several large studies show that CBT can help prevent migraines and neck pain, and ease chronic lower back pain. This form of psychological counseling, or talk therapy—combined with behavior changes—helps reduce pain by teaching coping and relaxation skills. Most important is instruction on how to short-circuit negative thoughts, which can intensify pain sensations.

Negative emotions such as anxiety, depression, and fear stimulate chemicals in the brain involved in pain perception, so reducing them not only helps you feel better mentally but also helps you hurt less.



Glucosamine and Chondroitin

These popular supplements, often used in combination, are said to help protect cartilage and ease joint pain and swelling. But there's little evidence that they ease arthritis pain or improve joint function. And they could pose risks, including increased blood glucose (sugar) levels. Other side effects can include a heightened risk of bleeding when taken with blood thinners, worsening high blood pressure, or possibly triggering abnormal heart rhythms. The American Academy of Orthopaedic Surgeons doesn't recommend glucosamine or chondroitin.



Muscle-Pain Creams and Patches

Popular drugstore products such as Bengay and Icy Hot contain chemicals called counterirritants (such as capsaicin and methyl salicylate)

that can create a feeling of heat or menthol, which triggers a cooling sensation. In both cases, the active ingredients stimulate nerves near the pain, creating a milder sensation to distract you from it. There's little evidence they address the underlying pain, though some people still might find relief.

STUDIES SHOW THAT PHYSICAL THERAPY AND EXERCISE CAN REDUCE JOINT PAIN AND CHRONIC LOWER BACK PAIN.



Muscle Relaxants

Prescription medications such as cyclobenzaprine (Flexeril and generic) and metaxalone (Skelaxin and generic) are used to treat back and neck pain, and other conditions caused by muscle spasms. But studies suggest they don't work well for chronic pain. Reserve muscle relaxants for severe neck or back spasms, or muscle spasticity associated with cerebral palsy, multiple sclerosis, or a stroke. For short-term pain, they can be an option if you have liver disease or can't tolerate acetaminophen or ibuprofen. People ages 65 and older should steer clear of muscle relaxants due to the risk of falling.



Massage

Tomb paintings show that ancient Egyptians used massage as part of their medical practices, and some massage schools still use Chinese instructional texts dating to 2700 B.C. A few studies have shown that massage

helps alleviate muscle or joint pain in the back, hip, knees, and neck.

Before trying it, confirm with your doctor that it won't be harmful for your condition. Your practitioner should be licensed by your state and certified by a national organization, such as the American Massage Therapy Association.



Oxycodone and Hydrocodone

These opioid narcotic painkillers (OxyContin, Percocet, Vicodin, and their generics) work by attaching to receptors in the body to block pain signals sent to the brain. But they don't treat the source of the pain. And the drugs can be highly addictive. An analysis of 39 studies involving

people with chronic pain who took opioids found that the drugs didn't relieve their pain over the long term but did increase their risk of overdose.

If you must take an opioid, limit it to just a few days for short-term pain relief—after surgery, for example. Otherwise, skip them. Even when used for a short period, opioids can cause side effects including abdominal cramps, constipation, nausea, sedation, and vomiting.



Sumatriptan and Rizatriptan

Those drugs (Imitrex and Maxalt), known as triptans, fight migraine pain by narrowing dilated blood vessels. They can relieve severe pain in about 2 hours. But they aren't recommended for people with uncontrolled high blood pressure, heart disease, chest pain, or peripheral vascular disease because they can worsen those conditions and possibly cause a heart attack.



Steroid Injections

For lower back pain, corticosteroids are injected into the spine between the vertebrae and the protective covering of the spinal cord (the epidural space), to temporarily reduce inflammation around an irritated nerve. Although the FDA hasn't approved steroid injections for that use, doctors can still use them. The shots can also offer modest, short-term relief for neck and shoulder pain, and back pain that also travels down a leg.

There's a risk of an epidural abscess (which can cause incontinence, urinary retention, fever, and paradoxically, back pain), and the FDA warns of rare, but serious side effects, including vision loss, a stroke, paralysis, and even death.



Physical Therapy

In the early part of the 20th century, therapists exercised the limbs of bedridden polio patients to rehabilitate them and relieve their pain. During World War II, wounded soldiers were treated with electrical stimulation, massage, and hydrotherapy. Today, physical therapists use similar hands-on techniques such as massaging muscles and moving joints through their range of motion, along with exercises to improve strength and flexibility. Multiple studies have shown that physical therapy can help relieve joint pain as well as chronic lower back and neck pain when it includes an exercise component.



TENS

A modern version of the Ancient Romans' use of electric fish, TENS, or transcutaneous electrical nerve stimulation, is available without a prescription. A small battery-operated device sends electrical currents through electrodes placed on areas that hurt. It appears to be safe, but whether it reduces pain is still up in the air. Some research suggests it helps; other studies haven't found a benefit.

A black and white photograph of a person's back and shoulder. The person's right arm is raised, with their hand resting on their left shoulder. A bright red, glowing area is visible on the upper back/shoulder blade, indicating a point of pain or discomfort. The background is plain white.

Soothing Strategies

Applying the right treatments at the right time can help reduce and even stop pain. Plus, learn how to prevent pain in the first place.





LOWER BACK PAIN

Back pain can stem from an injury or long-term wear and tear on the joints, disks, and ligaments that hold the spine in place. Chronic back pain often arises from “slipped” (or herniated) disks that bulge and press on nerves. Compression fractures caused by osteoporosis (a condition that causes weak and brittle bones) can lead to lower back pain.

FIRST TRY

Gentle movement such as walking, swimming, or yoga can reduce pain and speed recovery, according to a large analysis of 61 back pain studies. For more relief, an NSAID pain reliever like ibuprofen (Advil and generic) or naproxen (Aleve and generic) can help.

IF THAT DOESN'T WORK

Most cases of lower back pain resolve themselves within four weeks. If not, see a doctor. The pain could be a symptom of an underlying condition such as arthritis, fibromyalgia, or osteoporosis. If that's not the case, your doctor may recommend chiropractic care, massage, or physical therapy.

NEVER DO THIS

Bed rest should be avoided; it can prolong recovery. Also skip support braces and patches, balms, and creams such as Bengay or Icy Hot; they haven't been shown to help. Consider surgery only if your pain is clearly linked to a herniated disk or spinal stenosis (narrowing of the spinal column) that hasn't improved after several months.

At-A-Glance: Do This, Not That

✓ **Gentle
Movement**

✓ **See a
Doctor**

✗ **Bed Rest,
Support
Braces**



JOINT PAIN

The most common form of joint pain, osteoarthritis, occurs when the cartilage cushioning joints breaks down.

FIRST TRY

Walking and swimming can relieve knee pain as well as medication. Also consider acupuncture; nearly half of those who tried it said that it helped, according to a Consumer Reports survey. For flare-ups, try over-the-counter NSAID medications, such as ibuprofen or naproxen. You may find relief from applying hot or cold packs, or topical preparations that cause heating or cooling sensations.

IF THAT DOESN'T WORK

Try prescription-strength ibuprofen or naproxen. If you have pain only in one or two joints, you could try a topical prescription NSAID, such as diclofenac gel (Voltaren), drops (Pennsaid), or patches (Flector).

If pain persists, you could consider injections of a steroid or hyaluronic acid, though they provide only modest relief. If there's still no improvement, surgery may be the next step. Knee replacements and other surgery can improve quality of life and allow you to be more active, but they carry a risk of complications. And recovery can take months.

NEVER DO THIS

Don't rely on supplements, such as glucosamine or chondroitin. Numerous studies show they don't work better than a sugar pill. Don't remain sedentary; stay as active as possible without making symptoms worse.

At-A-Glance: Do This, Not That

✓ Gentle
Exercise

✓ Ibuprofen
or Naproxen

✗ Sedentary
Lifestyle,
Supplements



TENSION HEADACHE

Anxiety, eyestrain, fatigue, and stress trigger tension headaches by causing muscles to tighten in the neck and scalp. New research also suggests a link between tension headaches and changes in certain brain chemicals, similar to what happens with a migraine.

FIRST TRY

Try drinking water; dehydration is a common source of headaches. If you're still suffering, after an hour or so, try an OTC pain reliever such as acetaminophen, ibuprofen, or naproxen. Taking a hot or cold shower and resting in a quiet room with a cool cloth on your forehead may also help.

IF THAT DOESN'T WORK

Check with your doctor to determine whether you have migraines or there's another cause. Jaw clenching and teeth grinding in your sleep, for example, can trigger headaches. If you suspect your bite is to blame, see your dentist.

NEVER DO THIS

Don't take OTC pain relievers more than a few times per week because that could cause more headaches. Also avoid CT scans. Doctors can usually diagnose your pain based on your symptoms and a physical exam. An imaging test is only needed if results from the exam are concerning, or unclear. In most cases, an MRI is better than a CT scan, which can expose you to unnecessary radiation, according to the American College of Radiology.

At-A-Glance: Do This, Not That



**Hydrate,
Shower, Rest**



**See a
Doctor**



**Excess OTC
Pain Relievers**



MIGRAINE

Experts think that some people may inherit the tendency to have migraines. In susceptible individuals, certain foods, strong perfumes, flickering lights, hormones, or weather changes—can trigger a chemical release that swells blood vessels and sends out pain signals.

FIRST TRY

For milder symptoms, try an OTC pain reliever, such as ibuprofen, naproxen, or a combination of acetaminophen, aspirin, and caffeine. (Excedrin Migraine and multiple generics have all three.) Those remedies block the release of the chemicals that transmit pain signals. A hot or cold compress on your head or face can also help.

If you haven't taken medicine that includes caffeine, try an 8-ounce cup of coffee, which should help to constrict blood vessels.

IF THAT DOESN'T WORK

See your doctor ASAP to get a prescription med called a triptan, which helps by constricting blood vessels in the brain. Those drugs can ratchet down pain within 2 hours and help relieve nausea. Consumer Reports Best Buy Drugs recommends sumatriptan (Imitrex and generic) as a good option.

NEVER DO THIS

Don't take more pain reliever than the amount prescribed or indicated on the label. Doing so can also lead to rebound headaches. And don't take opioids, such as OxyContin, Percocet, or Vicodin; those are rarely effective for migraine pain.

At-A-Glance: Do This, Not That

✔ OTC Pain
Reliever

✔ Rx Triptan

✘ Excess Pain
Pills, Opioids



NECK & SHOULDER PAIN

Neck pain is often a response to overexertion, poor posture, stress, an injury, or sleeping in the wrong position. Shoulder pain typically stems from injury or overuse.

FIRST TRY

Heat, applied for 10 or 15 minutes after an injury. Research suggests that strengthening and stretching exercises can alleviate pain better than medication. Keep your head and neck in a neutral position while you sleep: try lying on your back with pillows beneath your knees and a small pillow under your head. For further relief, try OTC painkillers such as ibuprofen or naproxen.

IF THAT DOESN'T WORK

Physical therapy with exercise can help with persistent pain; as few as one to three sessions can bring relief. A physical therapist can advise you on how to improve your posture while talking on the phone, working at the computer, and doing other activities. Working with a cognitive-behavioral therapist can teach you relaxation and stress-reduction techniques.

NEVER DO THIS

Avoid cervical traction, in which a physical therapist pulls your neck. Research hasn't shown it to be helpful. Also skip injections; repeated steroid shots can weaken neck muscles, and Botox injections don't work better than placebo injections. Surgery usually won't help if the pain is only in your neck or is caused by arthritis.

At-A-Glance: Do This, Not That



Heat,
Exercise



PT Plus
Exercise



Cervical
Traction

Are Generic Drugs Safe?

Even though about 80 percent of prescriptions today are written for generic drugs, consumers still worry about their safety and effectiveness.



▶ **"WHEN PEOPLE HEAR THE WORD 'GENERIC,'** they think of generic plastic wrap or generic pasta, and associate that with inferior quality," says Aaron S. Kesselheim, M.D., an assistant professor of medicine at Brigham and Women's Hospital in Boston. "But for the vast majority of people, generic

drugs are as safe and effective as brand-name drugs."

In fact, the active ingredients in generic drugs work the same as their brand-name counterparts—and offer significant savings to you. Still not sure?

Get to know the truth about generics with the answers to these common questions.



Q | What, exactly, are generic drugs?

Generics use the exact same active ingredients as their brand-name counterparts. By law, generic drug companies can legally manufacture the branded drug once the patent has expired—usually 12 to 15 years from the drug’s initial release. And because brand-name drugs are prescribed for many years before they can be copied, their generic clones are considered, by extension, “tried and true.”

The Food and Drug Administration requires that over-the-counter and prescription generic drugs have exactly the

same active ingredients in the same strength as the brands they copy. It also requires that they have the same purity and stability, come in the same form—for example, tablet, patch, or liquid—and be administered the same way (for example, swallowed as a pill or given as an injection). In addition, manufacturers of a generic must demonstrate that the drug is “bioequivalent” to its corresponding brand by showing that it delivers the same amount of active ingredients into a person’s bloodstream in the same time as the original brand.

A 2009 analysis of 2,070 bioequivalence studies

found that the average difference in absorption—using two measures—between a generic and its branded prototype was about 4 percent, the same variation that is found between two batches of the same brand-name drug.

That means that generic drugs maintain the same therapeutic effect—and therefore the same benefits and risks—as their brand-name counterparts, all while saving you as much as 95 percent of the price.

Q | How many generics are available on the market?

Generics are available for more than 80 percent of



Many brand-name drugs are produced in the same countries and often at the same factories as their generic counterparts.

all prescription medicines. And when an exact generic is not available for a certain drug, as is the case with many newer brand-name drugs, doctors or pharmacists can often substitute a generic version of an older drug in the same class of drugs that has equivalent effectiveness (and often a longer safety record).

So what about over-the-counter generics? They're required by law to meet the same manufacturing standards as the name brands with which they compete. They have the same benefits and risks as their brand-name counterparts, but at a lower cost to you.

Q | What's the difference between generics and brand-name drugs?

Aside from the contrast in cost, the biggest differences are simply cosmetic and bear no influence on the quality of the drug. Brand-name pills may have a colored outer shell that contains a sweetener. Generics, on the other hand, are often plain white pills that don't appear to be as high quality. However, generic pills, by law, cannot look the same as their branded version due to patent issues. The shape, color, and taste of a pill make no biological or medical difference, except in rare instances

when someone might be allergic to an inactive ingredient.

Q | But I recognize the brand names.

That's because drug companies do a good job of advertising. But you don't pay for brand names simply because you recognize them. Most drugs have a brand name and a generic name. For example, the generic name for Lipitor is atorvastatin, which is the main ingredient in Lipitor.

Get to know the generic names of drugs you take. You'll have an easier time getting information on the drug from reference books or on the Internet.



Q | So why hasn't my doctor prescribed a generic?

Doctors may write a prescription for a brand-name medicine and leave it to the pharmacist to substitute a generic. Pharmacists in every state can legally switch you to an approved generic version of the branded drug prescribed to you without your doctor's permission.

Talk with your doctor about your prescription as it is being written. Ask whether the prescription is for a brand-name or generic drug and why the doctor has prescribed one or the other. And if cost is a concern, let the doctor know that you would

prefer the less-expensive choice as long as safety and effectiveness are the same.

Even if you have insurance, the co-pay for a generic drug is often less than for the brand-name drugs.

Q | Can I really save that much by switching?

Yes. Generics can cost up to 95 percent less than their brand-name versions and save consumers an estimated \$8 to \$10 billion a year. They're less expensive because manufacturers don't have the expense of developing them from scratch and rarely spend money on advertising. The lower price not only helps your wallet but might also

help your health. Research suggests that people who use generics are more likely to keep taking their drugs as directed, compared with those who use costlier brand-name drugs.

Q | Are generic drugs made overseas safe?

Yes, or at least as safe as brand-name drugs made overseas. Eighty percent of the active ingredients in all U.S. drugs—generic and branded—are now made in foreign countries. In fact, many brand-name drugs are produced in the same countries and often at the same factories as their generic counterparts.



Generics can save you as much as 95 percent off the original branded-drug price and use the exact same active ingredients.

Q | How do I switch?

When your doctor prescribes a drug, ask if there is a generic version that would be just as safe and effective but less expensive. If one isn't available, as is the case with many newer brand-name drugs, ask if a generic version of an older drug in the same class would work as well.

Q | Is there a time when generics aren't a good choice?

Some experts think so, though that's controversial. The debate over the safety of using generics in place of brand-name drugs that have a "narrow therapeutic index" (NTI) because they work and are safe only with-

in a small dosing range. In other words, too little active ingredient and the drug doesn't work; too much and it becomes toxic. NTI drugs include antiseizure medications for treating epilepsy, blood-thinning drugs like warfarin, antiarrhythmics for controlling irregular heartbeats, and drugs that help prevent the rejection of a transplanted organ. For NTI drugs, particularly those to treat epilepsy, our medical consultants recommend staying on a generic made by one manufacturer to avoid slight variations that may occur with different manufacturers.

Talk with your pharmacist to ensure that he or she can provide that consis-

tency month-to-month, or at least tell you if the pharmacy switches its generic supplier. If you do switch to a different generic or from a brand to a generic, your doctor may want to monitor your response more closely during the transition period.

Q | Where can I learn more?

Check out our free Best Buy Drug reports on more than 25 classes of drugs to treat dozens of conditions and find out whether a low-cost generic is available.

See the back cover of this publication for a list of available reports at CRBestBuyDrugs.org. For more on generic drugs go to FDA.gov.

How to Make Mail-Order Meds Work For You

HOPING TO SAVE A FEW

bucks on your pre-scripted, or just trying to avoid a trip to the drugstore? If so, maybe you've ordered from your insurance company's mail-order service (some plans require it). Mail-order pharmacies operate through your insurer's pharmacy benefit manager. The companies—CVS Caremark, Express Scripts, and others—buy medications in bulk directly from drug manufacturers, and pass the savings along to you with lower co-pays. For

example: You could get a 90-day supply of a generic diabetes or cholesterol medication sent directly to your home with co-pays that run just a few dollars or are even free.

At the same time, many chain and big-box stores offer deep

discounts on hundreds of generics if you pay the retail price. Kmart, Walgreens, and Walmart pharmacies, for example, offer a three-month supply of dozens of generics for \$10 with free standard shipping.

So, before you sign up, compare out-of-pocket costs through your insurer's mail service with those at retailers, including independent pharmacies and Verified Internet Pharmacy Practice Site-accredited online pharmacies such as HealthWarehouse.com.



24%

**of Americans
ages 18-39
regularly take a
prescription drug**

61%

**of Americans
ages 55+
regularly take a
prescription drug**

Plan Ahead for Refills

Since mail-order meds may not always arrive on time, confirm refills at least two weeks before you'll run out. Be careful with setting up automatic refills because mail-order pharmacies might auto-renew without confirming you're still taking a drug. When possible, pick a service that will alert you before shipping. (Medicare Part D drug plans require mail-order pharmacies to get a patient's or caregiver's okay before shipping a new prescription or refill.)





STICK WITH A RETAIL PHARMACY FOR SOME MEDS

Since mail programs typically ship 90-day supplies at a time, keep in mind that mail order may not be feasible for drugs you need immediately or that you take for a short period of time. And there are shipping restrictions on certain pain medications, ADHD drugs, and other controlled substances.

74%

of Americans
65+ take a
prescription
drug regularly

START WITH TWO RXS

So that you have enough medication while your insurer processes your order, ask your doctor for two prescriptions: One for a 30-day supply of medication to be filled right away at your pharmacy, and one to be submitted to your health plan for a 90-day mail-order supply, with refills where appropriate.

PILL NATION

105

MILLION
ADULT
AMERICANS
REGULARLY
TAKE AN
RX DRUG



36%
MEN



51%
WOMEN

KEEP YOUR PHARMACIST IN THE LOOP

Our medical consultants strongly recommend filling all your prescriptions at one pharmacy so that your pharmacist can flag any potentially dangerous interactions. That might not be feasible, say, if you get your blood pressure drug through mail order and your doctor prescribes a post-surgery pain medicine that you need right away. When that happens, let each pharmacy know and update them regularly on changes.



REPORT LOST OR DAMAGED MEDS IMMEDIATELY

As with any type of delivery service, there's the chance your package could be lost, stolen, or damaged in the mail. If that happens, contact your mail-order program immediately for a replacement.

Americans' annual out- of-pocket prescription spending

\$570

29%

of Americans
reported that
their out-of-pocket
costs had increased
over the past year



How to Safely Buy Medication Online

It's not terribly risky to order a toaster on the Internet, but if you're planning on buying your meds online, we suggest proceeding with caution. Cyberspace is rife with sellers peddling illegal and even toxic products, often through websites that appear to be authentic.

The vast majority of websites selling prescription drugs are not legitimate," says Carmen Catizone, D.Ph., executive director of the National Association of Boards of Pharmacy (NABP). In June 2015, for example, the Food and Drug Administration (FDA) took action against more than 1,050 sites, seizing products being sold fraudulently as FDA-approved prescription drugs and medical devices.

It may seem safer to order medications from Canada, where the laws governing their sale are similar to those in the U.S. but Internet pharmacies claiming to be Canadian often aren't, says Catizone. "Most are fake storefronts selling inferior products from third-world countries," he says.

Look for Legit Pharmacies

Rogue pharmacies often sell unapproved drugs that are



counterfeit or poorly made, according to recent reports from the Government Accountability Office. Some drugs have even been found to contain dangerous contaminants, including toxic yellow highway paint, heavy metals, and rat poison.

Ordering from those sites also puts your personal and financial information at risk. You may find yourself inundated with spam e-mail or your computer could be infected by a virus.

In addition, it's illegal

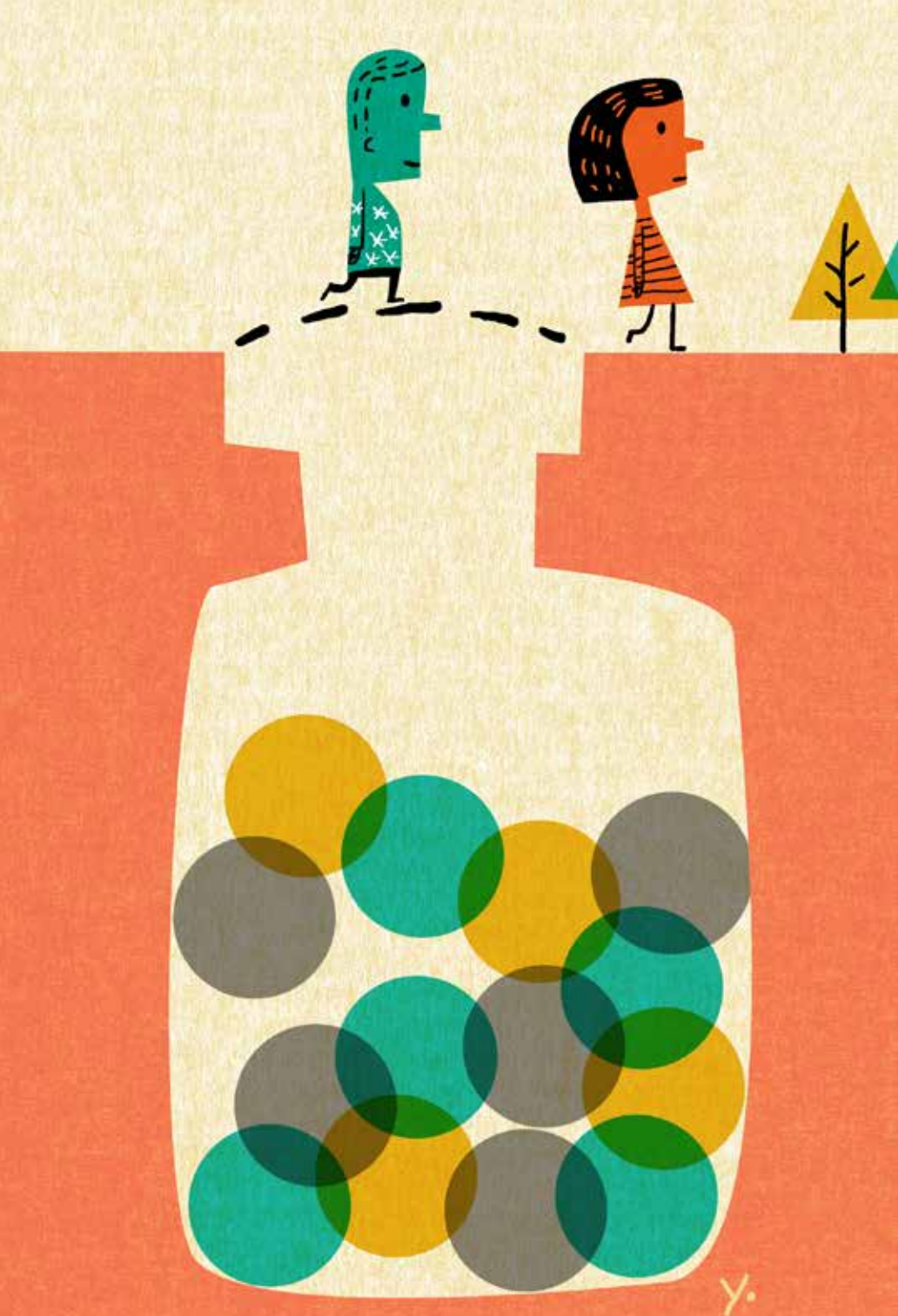
to order drugs from outside the U.S., so if the prescription is filled incorrectly or the drug contains ingredients that make you sick, you may have no legal recourse.

Safer Strategies

You can identify legitimate pharmacies if you know what to look for. Make sure that the site is licensed, requires you to submit prescriptions, has a state-licensed pharmacist available to answer questions, and is within the U.S.

One easy way to tell if

an internet pharmacy is safe and legal is to look for “.pharmacy” at the end of the Web address, which indicates that the site is licensed and has been verified by the NABP. (Only U.S.-based sites with “.pharmacy” in the URL will ship to U.S. addresses.) Or look for the seal from the Verified Internet Pharmacy Practice Sites program, or VIPPS, indicating that the company is accredited through the NABP. For a list of accredited sites (and those not recommended), go to nabp.net.





When to Skip Antibiotics

As part of a project called Choosing Wisely, several major medical organizations, including the American Academy of Family Physicians and the American Academy of Pediatrics, identified several conditions for which antibiotics are often misused and explained when the drugs are, and aren't, needed.

► | Ear Infections



Most ear infections improve on their own in two to three days even without drugs, especially in children 2 or older.

WHEN TO CONSIDER ANTIBIOTICS

The drugs may be needed right away for babies 6 months or younger with ear pain, children from 6 months to 2 years old with moderate to severe ear pain, and children 2 or older with severe symptoms.

► | Eye Infections



Doctors often prescribe antibiotic eye drops after treating eye diseases, such as macular degeneration, with injections. But antibiotic drops are rarely necessary after such treatments and can irritate your eyes.

WHEN TO CONSIDER ANTIBIOTICS

If you have a bacterial eye infection, marked by redness, swelling, tearing, pus, and vision loss.

► | Pinkeye



Conjunctivitis usually stems from a virus or an allergy, not bacteria. Even when bacteria are responsible, pinkeye usually goes away by itself within 10 days.

WHEN TO CONSIDER ANTIBIOTICS

If you have bacterial pink-eye plus a weak immune system, or severe or persistent symptoms.

► | Swimmer's Ear



Caused by water trapped in the ear canal, over-the-counter eardrops usually help as much as antibiotics, without the risk of those drugs and without causing resistance.

WHEN TO CONSIDER ANTIBIOTICS

If you have a hole or tube in your eardrum, certain antibiotic eardrops are a better choice. Oral antibiotics may be necessary if a bacterial infection spreads beyond the ear or you have other conditions, such as diabetes, that increase the risk of complications.

When to Say "No" to Cipro

The FDA recently warned against taking Cipro and other antibiotics from a group of medications known as fluoroquinolones to treat three common illnesses — bronchitis, sinus

infections, and urinary tract infections. The FDA found that fluoroquinolones can cause disabling and potentially permanent side effects that affect the tendons, muscles, joints,

nerves, and central nervous system. The risk, though, is rare.

The new FDA ruling affects five prescription antibiotics: ciprofloxacin (Cipro), levofloxacin (Levaquin),

moxifloxacin (Avelox), ofloxacin (Floxin), and gemifloxacin (Factive). All are also available as generics. Those drugs should be taken when other antibiotics have failed to work.

► | Wounds From Skin Surgery



They pose a low infection risk, and antibiotic ointment doesn't make it lower. Petroleum jelly is cheaper and less likely to cause irritation.

WHEN TO CONSIDER ANTIBIOTICS

If the wound appears infected, with redness, pain, pus, or swelling, or is in an area prone to infection, such as the groin.

► | Urinary Tract Infections In Older People



Doctors often prescribe antibiotics when a routine test finds bacteria in the urine. But if they don't have symptoms, the drugs won't help.

WHEN TO CONSIDER ANTIBIOTICS

Before certain surgeries or when you experience burning during urination and a strong urge to "go" often.

► | Respiratory Infections



The problem: Colds, flu, and most

coughs and cases of bronchitis caused by viruses and antibiotics don't treat viruses. Strep throat is caused by bacteria, but less than 15 percent of sore throats in adults are strep. Don't take antibiotics without getting a test to confirm strep.

WHEN TO CONSIDER ANTIBIOTICS

If symptoms last longer than 10 to 14 days or a doctor diagnoses a bacterial illness.

► | Sinus Infections



Sinusitis is usually viral. And even when bacteria are the cause, the infections often clear up even if they are not treated in a week or so.

WHEN TO CONSIDER ANTIBIOTICS

If symptoms are severe, don't improve after 10 days, or get better but then worsen.

► | Eczema



The problem: Eczema causes dry, itchy, red skin. But antibiotics won't help those symptoms. To control eczema, moisturize your skin and avoid things that irritate it. Ask your doctor about a medicated cream or ointment to relieve itching and swelling.

WHEN TO CONSIDER ANTIBIOTICS

Consider antibiotics only if there are signs of a bacterial infection, such as bumps or sores full of pus, honey-colored crusting, very red or warm skin, and fever.

LOG ON TO CONSUMERHEALTHCHOICES.ORG/ ANTIBIOTICS TO LEARN MORE ABOUT THE CHOOSING WISELY CAMPAIGN AND WHEN TO SKIP ANTIBIOTICS.

Are You Taking Too Many Meds?

Taking fewer medications reduces your risk of dangerous drug interactions. Here's what you can do to stay safe.



IMAGE: ISTOCK

Bringing every pill you take to your next doctor's appointment or trip to the pharmacist might seem like overkill, but it could save your life—especially if you take multiple drugs or supplements.

Multiple Medications

In fact, regularly taking five or more medications can increase the chances of experiencing a dangerous drug interaction. That's because sometimes certain drugs taken together can magnify a drug's potency or diminish its effectiveness, or trigger dangerous side effects.

The problem is unfortunately becoming more common. An April 2016 JAMA Internal Medicine study found that two-thirds of older adults take five or more medications and supplements daily—an increase of 14 percent since 2006. And one in six people use medications or

supplements that shouldn't be combined.

Here's how to stay safe:

1. HAVE A 'BROWN-BAG' CHECKUP

At least once yearly, gather every prescription and over-the-counter drug you take, including drops and ointments, as well as every dietary supplement, vitamin, mineral, or herbal remedy you use, and bring them all to your doctor or pharmacist. (Called a "brown-bag checkup.")

The doctor or pharmacist should check to see whether any interact with each other or whether you're unnecessarily taking different drugs to treat

the same problem. If so, you might be able to eliminate one of the medications. Also ask whether the dosage of each medication you take can be lowered, or possibly even eliminated.

After your brown-bag review, create a new list of all of the prescription and OTC products you take. Include the dosage, the reason you take the drug, and the name of the prescribing doctor. Then give that list to every pharmacist and doctor you see. Review your list every four to six months and any time you add a new medication.

Fill all of your prescriptions at one pharmacy or pharmacy chain if possible. They usually share the same electronic record-keeping system, so a pharmacist will always know which medications you take and can more easily spot potential problems.

2. ASK KEY QUESTIONS

You can reduce the chance of taking more medications than you need by asking the following questions each time you get a new prescription or your doctor recommends an OTC product:

► **What is the medication for?** It might seem obvious, but asking that basic

Bring Your Supplements, Too

It's important to tell your doctor and pharmacist about all of the supplements you take—and to bring them with you to brown-bag reviews. Supplements, which include vitamins and minerals, may interact with medications. Black cohosh, for example, used to treat menopausal symptoms, can worsen

the side effects of antidepressants, blood pressure drugs, and blood thinners such as warfarin. St. John's wort, taken for depression, can reduce the effectiveness of many drugs. If your doctor hasn't recommended a supplement, you are better off skipping it, says Consumer Reports' chief medical consultant, Marvin M. Lipman, M.D.



question reduces the risk of taking an inappropriately prescribed drug—something that happens surprisingly often. For example, a study of older veterans who took five or more prescription drugs found that 65 percent were told to take at least one drug that was unnecessary—medications that were ineffective,

were not indicated for their condition, or duplicated the therapeutic benefits and actions of other drugs. Another common example: The OTC drug ibuprofen (Advil and generic) and prescription drug celecoxib (Celebrex and generic) have similar pain-relieving actions, so they shouldn't be taken together.

► **How long should I take it?** Asking this can help spot medications you regularly take that should be used only short term. For example, proton pump inhibitors such as omeprazole (Prilosec and generic), taken for severe heartburn, should not be taken for more than about six months because longer use

Avoid These Drug Combinations

The combinations below are particularly dangerous, especially for older adults. If you're taking any of the following together, talk to your doctor about a safer alternative.

DON'T MIX THESE DRUGS...	WITH ANY OF THESE	POSSIBLE RISKS
WARFARIN , used to treat or prevent blood clotting	AMIODARONE , used to treat abnormal heart rhythms CERTAIN PAIN RELIEVERS , such as aspirin, ibuprofen (Advil and generic) and naproxen (Aleve and generic)	Bleeding
THEOPHYLLINE , used to treat asthma and chronic obstructive pulmonary disease	CIMETIDINE , used to treat stomach ulcers and acid reflux	Seizures
LITHIUM , used to treat bipolar disorder	LOOP DIURETICS , used for high blood pressure and heart failure ACE INHIBITORS , used for high blood pressure and heart failure	Tremors, slurred speech, seizures, and heart palpitations
PREDNISONE , used to treat skin diseases, rheumatoid arthritis, and chronic obstructive pulmonary disease	CERTAIN PAIN RELIEVERS , such as celecoxib (Celebrex and generic), ibuprofen (Advil and generic), and naproxen (Aleve and generic)	Bleeding stomach ulcers
ACE INHIBITORS (lisinopril, quinapril), used to treat high blood pressure, heart failure	AMILORIDE OR TRIAMTERENE , both used to treat high blood pressure and heart failure	High levels of potassium in the blood, which can be deadly

increases the risk of bone fractures and can cause low blood levels of magnesium, which can trigger muscle spasms, irregular heartbeat, and seizures. And sleep aids should be used for only very brief periods because they can cause side effects such as next-day drowsiness and impaired coordination and balance, and they can lead to dependence.

Asking the purpose of medications, and when you can stop them, is especially important when you are being discharged from the hospital. Upon leaving the hospital, you may receive prescriptions for medication that you were given during your stay, but some of them—such as laxatives, pain relievers, and sedatives such as sleeping pills—can probably be stopped once you are at home. (Make sure to get your doctor's okay before stopping a drug.)

► **Is this similar to another drug I already take?** If you see several healthcare providers, some might be unaware of what others have prescribed—and could prescribe drugs similar to one you already take. For example, your primary-care physician might prescribe a diuretic

(a “water pill”) to lower high blood pressure. But your neurologist might prescribe a beta-blocker, which also reduces blood pressure, to prevent migraines. In that case, you might be better off with just the beta-blocker because it treats both conditions.

► **Can nondrug alternatives help me?** In some cases you might be able to eliminate or reduce your need for drugs by making certain lifestyle changes. For conditions such as high blood pressure, high cholesterol, and type 2 diabetes, for example, losing excess weight, exercising regularly, and consuming a healthy diet can sometimes be as effective as drugs. And exercise and physical therapy

can often help ease arthritis as well as back, shoulder, and neck pain, allowing you to cut back on drugs such as ibuprofen (Advil and generic) and naproxen (Aleve and generic).

► **Will this medication interact dangerously with other prescription drugs or OTC products I take?**

The more medications you use, the greater the likelihood of interactions. For example, taking the cholesterol-lowering drug simvastatin (Zocor and generic) with the blood pressure drug amlodipine or the blood thinner warfarin (Coumadin and generic) could trigger potential deadly bleeding. The same could happen by combining aspirin with the blood thinner clopidogrel (Plavix



and generic) or OTC pain drugs such as ibuprofen or naproxen.

► **What side effects could this medication cause?** Being aware of possible side effects can help you spot them before they cause serious harm. For example, muscle aches might be due to a cholesterol-lowering statin you take—and if allowed to continue, could progress to severe kidney damage. Knowing what to expect can also help you recognize new symptoms as drug side effects, not new health problems. For example, if you develop confusion after taking the urinary incontinence drug oxybutynin (Ditropan XL and generic), you'll be less likely to worry about it as an early sign of dementia if you were warned that confusion is a possible side effect of the drug.

3. STOPPING A DRUG? DO IT RIGHT

Though it's good to stop taking drugs you no longer need, don't try to do it on your own. Our experts recommend that you gradually stop taking the drug over time.

A few common examples: Stopping an

antidepressant without reducing the dose might trigger worse depression, at least temporarily; suddenly quitting propranolol, used to treat high blood pressure and heart failure, could trigger heart attacks; stopping opioids without tapering the dose can cause agitation, hostility, and vomiting; and abruptly quitting a proton pump inhibitor like esomeprazole (Nexium and generic) can cause heartburn and acid reflux.

If you and your doctor decide that you should stop a drug, follow these tips to keep yourself safe:

► **Make a plan.** Work out a schedule for tapering the dose of your medication that includes follow-up appointments, so your doctor can closely monitor you for withdrawal symptoms or other problems.

► **Know the warning signs.** Get a list of the symptoms that can be triggered by stopping the drug you're taking, and call your doctor if you notice any.

► **Keep symptoms from returning.** Ask your doctor about strategies that can help. For example, exercise and psychotherapy can help ward off depression symptoms while you are getting off an antidepressant.

Right Drug, Wrong Dose?

Aging changes the way our bodies metabolize medications—the kidneys and liver process them less efficiently, so they can linger longer in your system. Also, because many older adults tend to have a higher percentage of body fat compared with muscle, medications can be more highly concentrated in the body than they would be in younger people. Both situations can increase the risk of experiencing a drug side effect.

It's common for older adults to be prescribed a higher dose of a medication when a lower dose might work just as well.

During brown-bag reviews, ask your doctor whether you can lower the doses of medications. You might be able to get the same benefit with a reduced dose.

When Medication & Alcohol Don't Mix

See how you can avoid
potentially dangerous interactions

PHOTO: ISTOCK



MORE THAN 100 MEDICATIONS CAN INTERACT WITH WINE, BEER, AND HARD LIQUOR, TRIGGERING PROBLEMS RANGING FROM BOTHERSOME, SUCH AS NAUSEA AND HEADACHES, TO LIFE-THREATENING, SUCH AS INTERNAL BLEEDING AND DIFFICULT BREATHING.

Many people regularly combine alcohol and prescription or over-the-counter medication, according to researchers at the National Institutes of Health. In a recent report, the agency looked at the drinking and medication

patterns of about 26,000 adults, and found that 42 percent of those who drank also took medication that could interact with alcohol.

The most serious finding: the majority (80 percent) of people age 65 and older who drank combined

alcohol with potentially dangerous drugs. That's a problem, because aging slows the body's ability to break down alcohol, so it remains in a person's system longer. Older adults are also more likely to take one or more medications, which multiplies the risk of interactions.

Those interactions can cause the alcohol to have a greater effect, which increase the risk of drug side effects, or make the medication too powerful, says Aaron White, Ph.D., co-author of the study and senior scientific adviser to the director of the National Institute on Alcohol Abuse and Alcoholism.

With some drugs, even one drink can pose hazards. And you may need to abstain from alcohol a day before or after taking certain drugs. So if you drink, talk with your doctor or pharmacist before taking any drug, especially those listed at right.

DANGEROUS WITH A DRINK

These meds can cause problems when taken with alcohol

MEDICATION	INCREASED RISK
ANTI-ANXIETY DRUGS, SUCH AS <ul style="list-style-type: none"> • alprazolam (Xanax), diazepam (Valium), and lorazepam (Ativan) 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Increased risk of overdose • Slowed or difficult breathing
ANTI-HISTAMINES, SUCH AS <ul style="list-style-type: none"> • brompheniramine (Dimetapp), cetirizine (Zyrtec), chlorpheniramine, and diphenhydramine (Benadryl Allergy, Sominex) 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Increased risk of overdose
ANTIBIOTICS <ul style="list-style-type: none"> • azithromycin (Zithromax) • doxycycline (Vibramycin) • erythromycin • metronidazole (Flagyl) 	<ul style="list-style-type: none"> • Nausea, vomiting, and flushing (with azithromycin and metronidazole) • Reduced efficacy (with doxycycline) • Increased alcohol intoxication (with erythromycin)
BLOOD PRESSURE DRUGS, SUCH AS <ul style="list-style-type: none"> • captopril (Capoten), felodipine (Plendil), nifedipine, and diuretics, such as hydrochlorothiazide 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Fainting • Heart problems, such as arrhythmia
BLOOD THINNERS <ul style="list-style-type: none"> • warfarin (Coumadin) 	<ul style="list-style-type: none"> • Internal bleeding (with occasional drinking) • Blood clots, stroke, and heart attack (with heavier drinking)
CHOLESTEROL DRUGS <ul style="list-style-type: none"> • statins, such as atorvastatin (Lipitor) and simvastatin (Zocor) 	<ul style="list-style-type: none"> • Liver damage
MUSCLE RELAXANTS, SUCH AS <ul style="list-style-type: none"> • carisoprodol (Soma) and cyclobenzaprine (Flexeril) 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Increased risk of seizures • Increased risk of overdose • Slowed or difficult breathing
OPIOID PAIN RELIEVERS, SUCH AS <ul style="list-style-type: none"> • hydrocodone/acetaminophen (Vicodin), meperidine (Demerol), morphine (Kadian), and oxycodone/acetaminophen (Percocet) 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Increased risk of overdose • Slowed or difficult breathing
OVER-THE-COUNTER PAIN RELIEVERS <ul style="list-style-type: none"> • nonsteroidal anti-inflammatories, such as aspirin, ibuprofen (Advil, Motrin IB), and naproxen (Aleve) • acetaminophen (Tylenol) 	<ul style="list-style-type: none"> • Internal bleeding and ulcers (with NSAIDs) • Liver damage (with acetaminophen)
SLEEP DRUGS, SUCH AS <ul style="list-style-type: none"> • eszopiclone (Lunesta), zaleplon (Sonata), and zolpidem (Ambien) 	<ul style="list-style-type: none"> • Excessive sedation • Slowed or difficult breathing • Increased risk of unexpected nighttime behavior

12 Rx Tips You Must Know

1

Stick To One Pharmacy

To lower your risk of potentially dangerous drug interactions, fill all of your prescriptions at one store.

2

Watch Out For Supplements, Too

They can interact with drugs as well, so keep a single list of all drugs and supplements you take and ask your doctor about dangerous interactions.



3

Keep Track Of Your Medicines

According to a recent survey conducted by Consumer Reports Best Buy Drugs, about half of the United States adult population currently takes an average of four medications, and 16 percent take seven or more. Because drugs can interact in dangerous ways, schedule a “medicine review” with your doctor. And each time you fill a new prescription, ask your doc and the pharmacist how it will interact with your current medicines.

4

Ask Why

Find out why your doctor is prescribing a drug, and ask if it's approved by the U.S. Food and Drug Administration (FDA) for your condition. If not, it's being prescribed “off-label.” In other words, to treat a condition other than those for which the FDA has approved it. Ask your doctor about the scientific evidence that shows it will work in your case.

5

Talk To Your Doctor About Cost

Unless you bring it up, your doctor might assume that prescription cost isn't a factor for you.

6

Ignore Drug Ads

Sure, they can let you know when a new drug is on the market, but an impressive ad doesn't mean the drug is better than older drugs. Often, it's just more expensive.

Stay Safe, Be Smart



7

Don't Dismiss Older Drugs

In many cases, and for many conditions, older drugs available as low-cost generics are just as good as—or even better than—newer, pricier drugs.

9

Don't Fall For Free Samples

Free samples, like drug coupons and vouchers, might seem like sweet deals but they probably won't lead to long-term savings because they tend to hook you on newer, pricier brand-name drugs.

8

Ask About Splitting Pills

Often, you may be able to save money if you fill a prescription for pills that are twice the dose you need and then cut them in half with a pill splitter.

10

Shop Carefully Online

Brand-name drugs appear less expensive from websites that claim to be based in Canada or Europe, but don't be fooled: The majority of those foreign websites are illegitimate. You may expose yourself to the risk of counterfeit medications.

11

Report Harmful Side Effects Immediately

If you have an adverse reaction that you think is related to a medication, tell your doctor right away. You can also notify the FDA's MedWatch Adverse Event Reporting System (fda.gov/medwatch). You can also report a negative reaction to a vaccine at this same site.

12

Consider A Generic 'Therapeutic Substitution'

If a generic drug is not available for the brand-name drug you've been prescribed, consider asking your doctor for another generic in the same "class" of drugs instead. Drugs within a class or group aren't always that different. Drug makers claim that each drug is unique, but in some classes of medicines there are several drugs that achieve similar results for most people.

Starting A New Drug?

3 questions to ask your doctor



Don't hesitate to ask your doctor about your medications. It's important to your health and safety to understand the risks and benefits of your treatment. Log on to **CRBestBuyDrugs.org** to learn more.

When it comes to starting a new drug, it's normal to have questions—and your doctor expects it. "We want our patients to be informed," says Orly Avitzur, M.D., Consumer Reports' medical director.

"It's important that they can follow their medication instructions as well as understand the risks and benefits of taking the drug."

To address this, we encourage you to make it a habit to ask these three questions each time your doctor writes you a new prescription:

1 | Why should I take this drug?

Drugs to treat many common conditions—such as diabetes and high blood pressure—are often prescribed long term, and maybe for the rest of your life. So it's critical you understand what the medication is for and how long you should take it. If you are not sure you want to take the drug, ask if there is an alternative. There may be actions you can take so you don't need a drug, such as improving your diet, exercising more often, stopping smoking, or even counseling.

2 | What side effects should I watch out for?

All medications have side effects, such as drowsiness, dry mouth, headaches, or nausea. Ask about any common side effects that the drug could cause, as well as more serious ones. If a side effect is a problem for you, your doctor may suggest ways to manage or reduce it. For example, diuretics used to treat high blood pressure may send you to the bathroom more often. So your doctor may suggest you take the pill in the morning so that you don't go to the bathroom as much during the night.

3 | How much will the drug cost?

Our research shows you'll need to bring up costs with your doctor—he or she isn't likely to. To get a better deal, make sure your doctor prescribes a generic drug. More than 80 percent of all medications in the U.S. are available as a generic. Studies often show that older medications are as good, or even better, than newer ones. If your doctor tells you a generic isn't available, ask if a generic version of an older drug in the same class would work as well.

Best Drugs for Less is a Consumer Reports public education project from our Best Buy Drugs program.

BECAUSE OUR GRANT-FUNDED PROGRAM is intended to educate consumers, we make all our Ratings and reports free. If you're interested in learning more about the project, visit us online at **CRBestBuyDrugs.org**. At our web site, you can also find these stories and tips, all available for free.



Updated in 2017, this guide is made possible by a grant from the states Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multistate settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.

The Engelberg Foundation provided a major grant to fund the creation of the project from 2004 to 2007. Additional initial funding came from the National Library of Medicine, part of the National Institutes of Health.

We followed a rigorous editorial process to ensure that the information contained herein and on the Consumer Reports Best Buy Drugs web site is accurate and describes generally accepted clinical practices. If we find, or are alerted to, an error, we will correct it as quickly as possible. But Consumer Reports and its authors, editors, publishers, licensors, and any suppliers cannot be responsible for medical errors or omissions, or any consequences from the use of the information here or on the site.

Please refer to our user agreement at **CRBestBuyDrugs.org** for further information. Consumer Reports Best Buy Drugs should not be viewed as a substitute for a consultation with a medical or health professional.

The information contained herein and the information on **CRBestBuyDrugs.org** is provided to enhance your communication with your doctor rather than to replace it.



AD-FREE ZONE

You may have noticed this publication is an ad-free zone. **That's because at Consumer Reports, we don't accept advertising. Period.**

We are supported entirely by individual subscribers, donations, and grants. This keeps us independent, and allows us to work entirely for you, the consumer.

We review large-scale scientific analyses of groups of drugs to understand how well they work, and how safe they are. This helps us make recommendations for the best value drugs to treat a condition.

See the results, **all free**, at

[CRBestBuyDrugs.org](https://www.consumerreports.org/best-buy-drugs)

Consumers have trusted the independent and impartial advice of Consumer Reports for more than 80 years to make smart choices about car-buying, home appliances, electronics, and much, much, more.

In this free publication, we help consumers get the best medicines based on a rigorous and scientific review of safety, effectiveness, and cost.

Want to know more?

Visit **CRBestBuyDrugs.org** for advice you can trust in both English and Spanish for the following conditions:

-
- | | | |
|--|---|--------------------------------|
| • Allergies, Hay Fever, Hives | • Constipation | • Insomnia |
| • Alzheimer's Disease | • Depression | • Migraine Headaches |
| • Angina | • Enlarged Prostate | • Muscle Spasms and Spasticity |
| • Atrial Fibrillation | • Heart Disease, Heart Attack, and Stroke | • Osteoarthritis, Pain |
| • Asthma and Lung Disease | • Heart Failure | • Osteoporosis |
| • Attention Deficit Hyperactivity Disorder | • Heartburn, Acid Reflux Disease | • Overactive Bladder |
| • Fibromyalgia | • High Blood Pressure | • Psoriasis |
| • Chronic Pain | • High Cholesterol | • Rheumatoid Arthritis |
| | • Inflammatory Bowel Disease | • Type 2 Diabetes |
| | | ...And more! |
-