

Relief for the Rx blues

LONG WAITS AT THE
DRUGSTORE? INCOMPLETE
ADVICE? HIGH PRICES?
WE PRESCRIBE THIS REPORT.

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If you're over 40 you probably remember a neighborhood druggist who owned the business, knew your name, and delivered medicine to your door. Though the store sold shampoo and sundries—perhaps even chocolate sodas—medicine was paramount. To younger people that kind of pharmacist may seem as antiquated as the word “apothecary.” Today’s corner pharmacies are supermarkets, discounters, and “seen one, seen ‘em all” megachains, overflowing with everything from cookies to beach chairs. Oddly enough, kids growing up in the next century may view the big chains nostalgically, as faceless “dot com” drugstores become a force in the \$103 billion prescription drug market.

But what’s happening in the world of drugs goes far beyond an update of the Norman Rockwell image. Changes in the nature of stores, the advent of Internet shopping, and new rules in managed care are affecting the way you buy, the price you pay, and the advice and care you receive.

For this special report, about 15,000 readers responded to questions we asked about service, advice, and problems they encountered when buying prescription drugs at the nation’s biggest chains and at independent drugstores. We also

conducted a price study of several widely prescribed drugs, explored the new—and disturbingly unregulated—world of cyberdrugstores, and asked undercover shoppers in several states to buy two potentially incompatible remedies and record the pharmacist’s reaction. Meanwhile, we asked our medical reporter to assess how changes in the world of managed care affect a person’s health and pocketbook. The highlights:

- As a group, pharmacists who worked at independent stores proved much more helpful and accessible than most chain-store druggists and filled prescriptions much more quickly.
- The top-rated national store was *Medicine Shoppe*. Among the lower-rated stores were *Sav-on Drugs*, *Rite Aid*, and *Eckerd*.
- When our shoppers asked about taking Coumadin, a blood-thinning prescription drug, along with ginkgo biloba, an herbal remedy that can also thin the blood, most of the druggists said the combination would be OK. Actually, it might have caused a stroke.
- In our small study, prices for the same drug differed by more than 40 percent. Legitimate online pharmacies like *drugstore.com* and *PlanetRx* generally offered the best deals.

The ABCs of drugstores

WHERE TO SHOP IN A CHANGING MARKETPLACE.

If you've ever had to wait for medicine for hours (or even days) or paid more than you might have elsewhere, you're not alone. Our readers have experienced the same problems. What's more, some of our shoppers received incomplete—or flat-out wrong—advice from pharmacists, long among America's most trusted professionals. The reasons for delays, high prices, and a dimming of the pharmacist's halo have a lot to do with the economics of the drug industry.

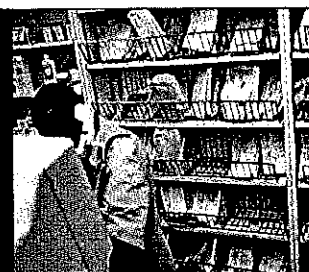
Unlike other health-care professionals, druggists don't charge a separate

fee for their services; they build the cost of their time into the price they charge for medication. It used to be a profitable business, with typical markups of 50 percent, according to Drug Store News. And that profit came out of your pocket. As recently as 1990 insurance paid only one-fourth to one-third of total drug expenses.

Once managed care became dominant, in the mid-1980s, everything changed. By 1997, 64 percent of Americans belonged to a managed-care plan, and almost all of those plans cover prescription drugs. Overall, managed care pays for three-fourths of all prescriptions.

With millions of members and the ability to hand-pick the medicine to

Hard at work Increased demand for prescription drugs has left stores looking for ways to keep up. Among the suggestions: Rely more on technicians or use robotic devices to fill prescriptions.



which they're entitled, these publicly traded, profit-oriented insurance companies press pharmacies to accept less money for prescription drugs. As a result, a drugstore's gross profit can be less than half what it was a decade or so ago. Insurance companies also press drug manufacturers to accept less money.

Meanwhile, demand for prescription drugs is rising fast. Last year pharmacists filled nearly 2.8 billion prescriptions, a figure expected to increase to about 4 billion by 2005. The reasons: an aging population; reliance on drug therapy as a less costly alternative to surgery or talk therapy; the availability of new "lifestyle" drugs, such as Propecia for hair growth; and

Photo this page by Chris Hardove

It pays to shop around

If you're one of the estimated 26 percent of Americans who lack insurance for prescription drugs, you know how bills can add up. According to the National Association of Chain Drug Stores, the typical 65-year-old takes nine different prescription medicines a year at an average of about \$38 per bottle. If that person were to refill all nine prescriptions once a month, annual out-of-pocket expenses would run to more than \$4,000.

You can cut costs significantly by comparison shopping, as we found when pricing five common brand-name drugs from dozens of sources. We turned up price gaps of more than 40 percent—or \$45 per prescription—for the same drug (see the table at right).

The best deals generally came from online pharmacies (the box on page 42 lists the major players). Though they won't give you face-to-face contact with a druggist, they do keep medical profiles and provide the kind of instructions most pharmacies do.

The prices at *Costco Wholesale*, a warehouse membership club, were nearly as low as those at the online drugstores. On average, independent pharmacies were the most expensive, though the extra service they provide may be worth the surcharge to you.






Beyond shopping around, how can

you save? Ask your doctor or pharmacist if there's an appropriate, generic alternative to a brand-name drug. (As a rough rule, you'll save at least 50 percent when buying generic drugs.) Ask your doctor if you can have a prescription for a large quantity of pills, which may reduce the cost per pill. And if you're a senior citizen, make sure you're already receiving a discount. Many stores offer 10 percent off.

It's illegal to use a foreign-based online company to buy drugs that require a prescription in the U.S. but not in the foreign country. Our reporter, though, could have done so easily. In checking a health profile he provided, a New Zealand-based cyber-pharmacy noticed that he has allergies. It offered him the antihistamine Claritin without a prescription and for nearly half its usual price in the U.S. He declined.

► What might you pay?

The following table, based on calls to 26 sources, lists the lowest, highest, and average prices we found at each type of store for an identical prescription for five popular drugs.

DRUG CATEGORY	ANTIBIOTIC			ANTIHISTAMINE			CHOLESTEROL-REDUCER			BLOOD-THINNER			ANTIDEPRESSANT		
Brand name	Blaxin			Claritin			Mevacor			Coumadin			Prozac		
															
Outlet	low-high avg.			low-high avg.			low-high avg.			low-high avg.			low-high avg.		
Drugstore chains	\$44-\$67	\$57		\$71-\$86	\$77		\$64-\$78	\$70		\$24-\$27	\$26		\$75-\$89	\$81	
Independents	53-72	59		70-95	84		68-100	79		24-31	26		74-111	88	
Supermarkets	51-57	53		76-78	77		63-76	70		22-26	24		78-86	83	
Mass merchants	47-55	51		58-72	65		57-69	63		20-24	22		66-78	71	
Online/mail order	43-51	46		57-64	60		60-67	63		20-24	22		66-71	69	
Saving with online/ mail order, based on comparison of avgs.	10-22%			8-29%			0-20%			0-15%			3-22%		

a fivefold increase, to an estimated \$1.5 billion, in spending for ads directed at consumers.

Carmen Catizone, executive director of the National Association of Boards of Pharmacy, which oversees all 50 state pharmacy licensing boards, said that druggists are having trouble keeping up with the workload: "Pharmacists are working 12-hour shifts without lunch or bathroom breaks."

The average pharmacist fills some 13,000 prescriptions a year, a figure that could rise by 35 percent within several years. Because it takes at least five years to train a pharmacist, because pharmacy-school enrollment isn't keeping pace with demand, and because many new drugs require more interaction with the druggist, not less, the demands on druggists aren't likely to decrease anytime soon.

State laws govern who fills prescriptions, and most state laws require that a licensed pharmacist be on duty whenever medications are dispensed.

Many also require that there be one druggist for every trained technician. Some states, however, are considering changing that ratio to one druggist for three or four technicians. And some stores are thinking of sending a roving pharmacist from store to store or dis-

"Drug companies are producing wonderful products but pricing whatever the market will bear."

persing more medicine in prepackaged amounts instead of moving pills from big bottles to little ones.

Anything that would shorten a wait might sound appealing; the trick is to enact such change while maintaining proper supervision.

The upshot for consumers

How has all of this changed the picture for people who buy prescription drugs? For one thing, they've been moved to the background. The real customer at the local drugstore is no

longer the gentleman who brings in a prescription for ulcer medication. It's the giant insurance company he belongs to, with which the drugstore has signed a contract to be a "participating provider." Here are other changes that may be more evident:

Fewer stores to choose from.

To negotiate better deals with drug suppliers and to keep from being bullied by insurers, drugstore chains have been swallowing each other. The mergers have created four dominant chains—CVS, Eckerd, Rite Aid, and Walgreens—and made for fewer players overall. Mergers and managed care's control over prescription-drug payment rates have had the greatest effect on independent drugstores, the type with which our readers were most satisfied. In the past decade the number of independents has fallen from about 37,000 to about 25,000. Independents now account for approximately 40 percent of all pharmacies.

Independents derive a larger per-

Putting druggists to the test *Prescription for disaster?*

It's natural to trust a pharmacist's advice on taking medicine, but if our undercover investigation is any indication, maybe you shouldn't, at least when herbal supplements are involved.

We sent shoppers in six states to 25 pharmacies—chain, independent, mass-merchandise, and supermarket—with a prescription for Coumadin, an anticoagulant recommended for people with such conditions as phlebitis. At the same time, we had them buy ginkgo biloba, an over-the-counter herbal remedy claimed to improve brain function. Like Coumadin, ginkgo is a blood-thinner. Taken together, the two have the potential to cause bleeding anywhere in the body, including the brain, where bleeding might result in a stroke.

In a carefully scripted scenario, our shoppers picked up a bottle of ginkgo while waiting for their Coumadin prescription to be filled. They then held both drugs, asked to speak to the pharmacist, and requested advice on taking Coumadin. If the druggist said nothing about ginkgo, the shopper held up the herb, said, "I'm going to take this, too," and awaited a reply.

No pharmacist volunteered anything about the two drugs without being asked. Once we asked, he or she gave wrong or incomplete advice in 16 of the 25 purchases. (Remarkably, on four occasions, the druggist paused to research potential problems and *still* provided inaccurate information.) Four druggists were unsure of interactions and advised shoppers to check with their doctor. Only five emphatically warned against taking ginkgo with Coumadin. (When our reporter specifically queried two online drugstores about ginkgo-Coumadin interactions, they came through with similar warnings.)

Consider these comments from the pharmacists:

- A *Kmart* pharmacist in Oregon told our shopper it was OK to take ginkgo, but only one tablet three times a day

instead of the recommended two tablets.

- At a *Winn-Dixie* supermarket in Florida, the druggist said Coumadin could cause bleeding. He provided proper warnings about aspirin. Yet when our shopper held up ginkgo and said she would be taking it, too, he simply directed her to the check-out counter.

- At a Minnesota independent, the pharmacist was annoyed when our shopper interrupted a conversation about fishing. He said there was another herb that shouldn't be taken with Coumadin but was adamant it wasn't ginkgo.

The responses indicate that many pharmacists lack critical knowledge about herbal supplements, which was no surprise to one industry insider with whom we spoke. Such remedies have played an insignificant role in the curriculum at most pharmacy schools, he noted, and the medical community's "healthy dose of skepticism" about the value of herbs has resulted in their being given short shrift by traditional textbooks and the sources pharmacists consult at work.

Although the government does little to regulate herbal remedies (see "Herbal Rx," March 1999), it does require over-the-counter medicines and supplements to have a label with warnings and instructions for use. However, the label may not list potential interactions with specific prescription drugs.

No such label is even required for most prescription medications. The store-issued printouts that commonly accompany them are voluntary and are derived from medical databases.

Our advice: Don't leave your doctor's office or a web site—or sign a form at the pharmacy counter declining your right to speak with the druggist—without a thorough understanding of the prescribed drug and how it interacts with other medicines, foods, and over-the-counter products.

centage of their income from prescriptions (about 80 percent) than do chain drugstores (about 40 percent). And chains can make up for meager drug profits by selling a broader variety of merchandise at a higher profit.

John Termine, co-owner of the Higganum Drug Center in Haddam, Conn., and a pharmacist for 25 years, summed up the plight of the independent: "I could fill prescriptions that cost us \$300 apiece all day long and still just make enough to get by." He now supplements his income by selling lottery tickets, toys, even coffee.

But the slide of the independent has slowed. Although about 1,300 independents were folding or selling out to big chains annually during most of the 1990s, only 121 did so in 1998. To improve their purchasing power, independents have begun forming intrastate and interstate networks, and many have also allied themselves with the companies that stock them with drugs and other merchandise. They

use the supplier's name—Good Neighbor or Legend, for example—and contract with it for services like advertising and for private-label products. Because stores linked under such an arrangement can buy in bulk, they can charge more-competitive prices.

Higher prices. Almost four in ten readers told us they must pay some or all of their drug bill, and it's costing them significantly more to feel better these days. Prescription-drug costs are rising about three times as fast as overall health costs. Health plans are struggling to contain annual increases of 16 percent or more in drug expenses, approximately eight times the rate of inflation.

Drug makers have long maintained that they have to charge high prices to cover the ever-increasing expense of developing new drugs. The industry estimates that it now costs as much as \$500 million to bring a new drug from lab to market, up from \$125 million in 1976.

Even with these high research-and-

development costs, however, drug manufacturers have been among the nation's most profitable companies for more than 50 years. Pharmaceutical economics researcher Alan Sager of Boston University recently calculated that throughout the 1990s the drug industry's profit margin has been more than twice the U.S. average. In 1998 the industry attained a return on equity of nearly 40 percent.

"Drug companies are producing wonderful products," says Debra Stern, vice president of Rxperts, a California drug-benefit consulting company. "But they're pricing whatever the market will bear."

Research isn't even the biggest expense for pharmaceutical companies; marketing is. Although the exact breakdown varies from one company to another, the industry as a whole spends at least as much advertising and promoting drugs as it does developing them—and some major firms spend much more.

Drug prices are usually lower in Canada, Western Europe, and Japan than they are in the U.S., due in part to government-mandated price controls there. But while an individual can buy small amounts of medication abroad, it's illegal for wholesalers or retailers to reimport domestically made drugs shipped outside the U.S.

We found especially low prices online; our readers who had to pay for their own drugs found that mass merchandisers offered the best prices among bricks-and-mortar stores. For more on prices and saving money, see "It Pays to Shop Around," page 39.

More mistakes? Consumers' failure to follow directions on prescription drugs results in thousands of hospitalizations costing an estimated \$20 billion a year, but it's hard to track how many errors are committed by drugstores. Tony Grasha, a psychology professor at the University of Cincinnati, estimates that for every 1 million prescriptions filled, only about 30 will contain a clinically significant mistake that goes unnoticed by the pharmacist or patient. What's "clinically significant"? Anything causing adverse symptoms, from a headache to serious illness. Grasha, who received a pharmacy-industry grant to study human factors that lead to mistakes behind the drug counter, calculated that at least 15,000 such

CAUTIONS: KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are using this medicine. **IF YOU BECOME ILL**, including a fever, contact your doctor. **DO NOT TAKE ASPIRIN** without discussing it with your doctor. **DO NOT BEGIN TAKING OR STOP TAKING ANY MEDICINE**, either prescription or over-the-counter, without checking with your doctor. This includes vitamins, food supplements, and non-prescription medicines such as ibuprofen, acetaminophen, or cold medicines. **DO NOT CHANGE YOUR EATING HABITS**, alcohol consumption, or activity level without checking with your doctor. A change in your diet, alcohol consumption, or activity level could lead to a change in the effects of your medicine. Foods that may change the effect of this medicine are those high in vitamin K, such as liver and green, leafy vegetables (lettuce, broccoli, cabbage, spinach, kale, collard greens). **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY**, tell the doctor or dentist that you are using this medicine. **AVOID ANY SPORTS** that expose you to risk of serious injury. **Before switching brands of this medicine**, consult your doctor or pharmacist. **DO NOT USE THIS MEDICINE if you are pregnant**. **IF YOU SUSPECT THAT YOU COULD BE PREGNANT**, contact your doctor immediately.

Enough advice? Most of the written instructions provided with the Coumadin our shoppers bought were thorough and understandable. The helpful printout from Albertson's (part of it is shown above) covers side effects, interactions with other foods and medicines (excluding herbs), what to do about a missed dose, and activities to avoid, and advises users to carry a card that says they're taking Coumadin. The spartan printout from Oakdale Pharmacy (right) in Minnesota is inadequate, said our medical consultant.

FACTS ABOUT YOUR MEDICATION

WHY AM I TAKING THIS DRUG?
To prevent blood clots.
HOW SHOULD I TAKE IT?
Take as directed. Keep all appointments. Tell MD of your diet, illness, other drugs, allergy, pregnancy. Avoid aspirin-like products unless directed otherwise.
ARE THERE ANY SIDE EFFECTS?
Unlikely, but report: red-brown urine, nosebleed, stomach pain, vomit (blood or coffee-ground material), headache, dizziness, joint pain, bleeding/bruising, or black stool.

► For more information

The following sources provide reliable advice about herbal interactions:

- Facts and Comparisons' Guide to Popular Natural Products, July 1999, \$29.95 (800 777-2295; www.drugfacts.com).
- Physicians Desk Reference for Herbal Medicines, 1998, \$59.95 (800 232-7379; www.pdr.net).
- Drug Interactions Program, a computer program from the Medical Letter on Drugs and Therapeutics, \$75 (800 211-2769; www.medletter.com).

mistakes occurred last year. Stress, overwork, personal problems, relationships with colleagues, even personality type are key risk factors, he said.

One in ten readers complained that at least once during the past year, their pharmacy gave them a drug or dosage different from what their doctor ordered. Rarely was the problem serious. The perceived mistake usually involved the pharmacist's substituting a generic medication for a brand-name product. Overall, fewer than one in 100 respondents said the pharmacist made a change in their prescription that caused serious side effects. No chain

stood out as particularly likely to make mistakes.

There does, however, seem to be a gap in pharmacists' knowledge about interactions between prescription drugs and herbal remedies. That suggests a need for further training and research on the supplements that pharmacies sell so extensively. (See "Putting Druggists to the Test," page 40.)

Longer waits. One in four readers we surveyed complained about the time they had to wait for service. Many others said that prescriptions weren't ready when promised. In fact, the shoppers we dispatched to buy medications across the country often

commented on how overwhelmed many druggists seemed.

Sometimes, the wait meant more than just hanging around the store: One in three readers surveyed said their pharmacy was out of the medicine they needed at least once during the year. Although most received the drug later that day or the next day, it took some pharmacies three or more days to get the medicine—an awfully long time to wait if you're sick. Fifteen percent of the time, the affected readers had to go to another pharmacy to get what they needed.

Drugstore chains had the worst delays overall, with *Sav-on Drugs* and

The ins and outs of online drugstores

Order medications online and you avoid a drive, but how easy is it? We tried two of the better-known online drugstores, *PlanetRx* and *drugstore.com*. Besides offering drugs, vitamins, and health and beauty products, both sites dispense confidential advice (you can e-mail or phone questions to a pharmacist 24 hours a day), provide prescription-refill reminders and warnings about interactions, let you look up information about drugs and illnesses, and list the prices of medications. You place orders via a secure server—you can also use the phone—and both companies promise not to divulge personal information unless it's legally required.

After our reporter bought Coumadin and ginkgo, the same medicines as our undercover shoppers, both companies promptly e-mailed acknowledgments, and they sent reports about the status of his

asked about potential problems via e-mail, pharmacists from both companies responded within a day and provided proper warnings.

Whatever online store you choose, keep these points in mind:

It may not accept your insurance. Online drugstores are still establishing relationships with insurance companies.

Expect to wait five to ten days for standard delivery.

Orders may not be processed on Saturdays, Sundays, and holidays. Even "overnight" orders can take two or three days to arrive. Reorder medication for existing conditions well before you run out. In an emergency, stick with your local store.

Ask about shipping charges.

Basic fees for first-class delivery range from no charge to a flat fee of about \$4; some cyberdrugstores base fees on package weight. For second-day or overnight delivery, fees can rise to as much as \$15 or \$20.

Is the site legitimate? Selling prescription drugs is more complicated than selling books. Online drugstores must meet strict government regulations and must be licensed to fill prescriptions in at least 40 states. Legitimate sites like those at left also have to combat the sleazy image of online merchants who peddle drugs to people who don't have a prescription (see the box at right).

The National Association of Boards of Pharmacy is introducing the Verified Internet Pharmacy Practice Sites program (VIPPS), designed to help consumers identify sites that are licensed and in good standing with regulatory agencies. An online pharmacy seeking certification must submit a detailed application. If approved, the company can display the VIPPS seal, whose authenticity can be checked by visiting the association's web site (www.nabp.net).

Pharmacy

Home | Shopping Cart | Help | Search

The PlanetRx Pharmacy Team

Pharmacy > Meet Our Pharmacists

Meet the PlanetRx Pharmacists

PlanetRx's teams of pharmacists in San Francisco and at PlanetRx's central pharmacy in Memphis are available 24 hours a day, 7 days a week to answer questions. Pictured here (left to right) Bernice Mander, Dr. Chi Chang, Kenneth Scott, and Dr. Betty Yang, part of the PlanetRx pharmacy team dedicated to saving you.

▶ Bill Rudman, D.Ph., Director of Pharmacy Operations
▶ Kenneth Scott, R.Ph., Director of Pharmacy Services

order. *PlanetRx* accepted a faxed copy of his doctor's prescription (and verified it); *Drugstore.com* contacted his doctor directly. The *PlanetRx* order came in one package, within a week. *Drugstore.com* sent the order in two shipments. Both arrived within a week, though they were spaced two days apart. The information sent with the medications did not mention a possible Coumadin-ginkgo interaction. However, when our reporter

Site	Shipping ¹
Soma www.soma.com 888 700-7662	Free standard mail; \$7 UPS second day; \$11 overnight. <i>Soma</i> is owned by CVS; you can order online for pickup at your local CVS.
drugstore.com 800 378-4786	Free standard mail; \$6 UPS second day; \$12 overnight.
planetRx www.planetrx.com 888 840-7979	Free standard mail; \$8 second day; \$10 overnight.
yourPharmacy.com 888-363-3784	Free standard mail; \$8 Federal Express second day; \$13 overnight.
DrugPlace.Com 800 881-6325	Standard mail rate based on weight (usual charge about \$1); Priority Mail about \$3 for less than 2 lb.; overnight rates depend on location and value of order (usually \$15 to \$20).
Drug Emporium www.drugemporium.com 888 294-2094	Free standard mail (first order), \$4 thereafter; about \$3.50 second day. Above \$75, free UPS shipping. Overnight charge depends on weight and destination (about \$5 to \$10 per prescription bottle).
AARP PHARMACY SERVICE www.rpspharmacy.com ² 800 305-6992	\$1 per order standard mail (allow 10 days); \$13.95 overnight. No advance payment required for AARP members.

¹ Shipping fees are for prescription orders only; different rates often apply to other merchandise. ² Anyone can participate, not just AARP members.

Eckerd scoring especially low.

New services. For all the upheaval caused by consolidation and managed care, heightened competition among the major chains has led to changes benefiting the consumer. Some stores are open around the clock, have a drive-through pharmacy window, or let you order refills via telephone or web site. Most, if not all, of the big chains are expected to be online by this fall, and more and more web sites have an "ask the pharmacist" section.

Sizing up the stores

Which stores do best at satisfying customers in this new climate? Inde-

pendently owned pharmacies, readers said, in almost every respect. Readers preferred them for several reasons:

- They provided more personal attention.
- They provided more useful information about both prescription and nonprescription drugs.
- Their druggists were seen as more professional, more sensitive to families' needs, and easier to talk to.
- They kept readers waiting less time for drugs, had prescriptions ready for pickup more often, and provided out-of-stock medicine faster.

Usually, independents even deliver. One thing they lack, readers said, is

lower prices. For those, readers go to mass merchandisers like *Wal-Mart*, *Kmart*, and *Costco Wholesale* (a warehouse membership club that has a \$40 annual fee). Mass merchandisers and supermarkets, of course, have the additional appeal of one-stop shopping.

Among the drugstore chains, only *Medicine Shoppe* came close to independents. (In fact, each *Medicine Shoppe* is independently owned but is considered part of a chain because of a revenue-sharing arrangement with its parent company.) Readers praised *Medicine Shoppe* for personal service, speed, and the quality of information it provided about prescription and nonprescription drugs.

In general, service at supermarket drugstores, especially *Kroger* and *Albertson's*, was better than it was at drug chains. Among mass merchandisers, *Costco Wholesale* did very well overall. It and *Albertson's* were quite good at getting customers out quickly.

Among the worst stores overall were three big chain pharmacies, *Eckerd*, *Rite Aid*, and *Sav-on Drugs*. Such stores, it seems, have become a victim of their own success. Because they accept insurance from lots of health plans, they attract a disproportionate number of customers. Pharmacists are so busy filling prescriptions, calling doctors, and wrangling with insurers that there appears to be little time left to interact with patients.

Recommendations

Some pharmacies won't let their customers leave without understanding how to take their medicine; others do little more than collect your payment. If you're unhappy with your drugstore and have the option of dealing with an independent pharmacy, take it, especially if insurance pays for your prescriptions. Our survey shows that independents are usually far more attuned to your personal needs and total health picture. If you must foot the full cost of drugs, try a mass-merchandise pharmacy or a reputable online pharmacy, especially for non-rush orders. We found online stores reasonably priced and able to provide good advice.

To find a patient-friendly store, look for these qualities:

- The pharmacist should volunteer details about the prescribed drug and answer any questions about over-the-counter products. You should be able

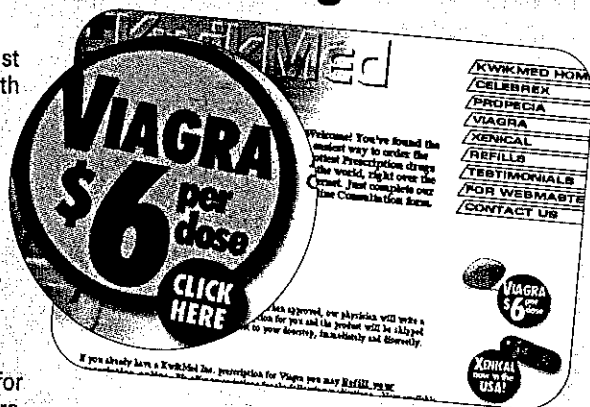
Pssst... want some Viagra?

The chance to turn a fast profit has led to a wealth of web sites peddling drugs to help you lose weight, grow hair, and improve your love life—all without seeing a doctor. You need only a credit card. "No more embarrassment and bothersome details," "no more doctors," read pitches for the impotence pill Viagra.

When you log on to a site, you're offered an online "consultation" so you can get a prescription. The consultation costs \$50 to \$85 and typically entails answering questions about your medical history and consenting to tell the truth and use the drug properly. A person the site identifies as a doctor then reviews the questionnaire to see if you qualify for a prescription.

Our reporter ordered Viagra and Xenical, a new diet drug, from web sites he found by searching for the drugs' names. Both drugs arrived less than a week later. The Viagra came from a drugstore in Miami; it had been prescribed by a doctor licensed to practice in Mexico but not in New York, where our reporter placed the order. The Xenical had been prescribed by a doctor in New Zealand.

The unseen physicians had no way of knowing that the reporter had inflated his weight and fabricated a story about sexual problems. And that's why authorities are critical of



web sites that involve no face-to-face consultation or physical exam. What's more, you can't be sure that the drug you've ordered is within its expiration date, that it has been stored correctly—even that it's authentic.

Sleazy web sites are proving to be a challenge for state medical boards and government agencies. New sites are continually springing up, and there's often no way to separate a reputable source from someone who has a computer and a warehouse full of drugs. "It's complicated new territory and very difficult to police," admitted a spokeswoman for the Food and Drug Administration (FDA).

At a hearing in late July before a House Commerce subcommittee, the FDA outlined new efforts to curb illegal marketing of prescription drugs, largely through joint policing by federal and state agencies. But Rep. Ron Klink, D-Pa., a member of the subcommittee, remains skeptical: "Before, [the FDA] had 10 people working on the problem; now they have 20."

Brands

Phones, web sites

Camcorders

Canon: 800 652-2666; www.canon.com. Hitachi: 800 448-2244; www.hitachi.com. JVC: 800 252-5722; www.jvc.com. Panasonic: 800 211-7262; www.panasonic.com. Sharp: 800 237-4277; www.sharp-usa.com. Sony: 800 686-7669; www.sony.com.

Exterior stains

Behr: 800 854-0133; www.behrpaint.com. Benjamin Moore: Call local Benjamin Moore dealer; www.benjaminmoore.com. Cabot: 800 877-8246; www.cabotstain.com. House Beautiful (Wal-Mart): 800 734-4242; www.valspar.com. Olympic: 800 441-9695; www.olympic.com. Sherwin-Williams: 800 474-3794; www.sherwin-williams.com. Thompson's: 800 367-6297; www.thompsonsonline.com.

Product updates

Amana: 800 843-0304; www.amana.com. General: 800 847-3349; www.generaltire.com. Hotpoint: 800 626-2000; www.ge.com. Kenmore: Call local Sears store; www.sears.com. Maytag: 800 688-9900; www.maytag.com. Uniroyal: 877 864-7692; www.uniroyal.com. Whirlpool: 800 253-1301; www.whirlpool.com.

Walking shoes

Adidas: 800 448-1796; www.adidas.com. Avia: 888 855-2842; www.aviaselect.com. Cobbie (Kmart): 800 866-0086. Dr. Scholl's: 800 766-6465; www.drscholls.com. Easy Spirit: 800 327-9242. New Balance: 800 253-7463; www.newbalance.com. Nike: Call local stores; www.nike.com. Payless: 800 444-7463; www.paylessshoesource.com. Reebok: 800 648-5550; www.reebok.com. Rockport: 800 762-5767; www.rockport.com. Ryka: 888 834-7952; www.ryka.com. Saucony: 800 365-4933; www.saucony.com. Thom McAn: 800 866-0086.

Water filters

Brita: 800 242-7482; www.brita.com. Culligan: 888 777-7962; www.culligan.com. Kenmore: Call local Sears store; www.sears.com. Moen: 877 374-6542; www.moen.com. Price Pfister: 800 732-8238; www.pricepfister.com. Pur: 800 665-9787; www.purwater.com. Rubbermaid: 330 264-6464; www.rubbermaid.com. Teledyne: 800 525-2774; www.waterpik.com.

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head of pharmacy management at Aetna U.S. Healthcare. "If there's only one drug in a class, it will by definition be on the formulary."

Drug companies usually offer price rebates to health plans in exchange for an exclusive or semi-exclusive listing. Other things being equal, a P&T committee is apt to choose the cheapest drug overall. Committees can be wary of admitting new drugs, both because of their price and because the newer a drug is, the less that's known about its potential problems.

Big managed-care companies such as Aetna U.S. Healthcare and Cigna create and administer their own formularies. Smaller plans contract the

job out to companies called pharmacy benefit managers (PBMs). Either way, the process works the same.

Clearly, formularies restrict choice, but they can help keep costs down and can familiarize doctors with the few formulary drugs within each class. Unfortunately, these advantages apply only when formularies remain stable and when doctors are familiar with them. That's not always the case. A better rebate offer can lead a plan to switch drugs, and a doctor affiliated with many plans may not have

time to consult a patient's formulary before writing a prescription. As a result, some patients receive prescriptions their plan won't cover, or will cover only with a high copayment.

Assessing a drug plan

Whether a formulary will protect you from inappropriate prescriptions and hold down costs, or whether it will impose unacceptable restrictions, depends on the specifics of your health plan. When choosing a plan, examine the prescription coverage, especially if you take medicine for a chronic condition. Ask about your individual plan: Copayment and coverage can differ from one employer plan to another even if the plan's name is identical. Consider these questions:

Does the plan have a formulary, and is my drug on it? Many large plans post their formulary on their web site. The plan representative or

your company's employee-benefits coordinator should have the information, too. Avoid any health plan that won't let you see the formulary before signing up. But be aware that a drug listed today might be dropped next year.

Is the formulary closed, open, or selective? A plan with a closed formulary won't pay for nonformulary drugs unless your doctor wins a medical appeal. An open formulary allows nonformulary drugs, but the plan might complain to your doctor about them or charge a higher copayment. A plan with a selective, or partially closed, formulary might pay for certain drugs only for specialist treatment, or it might exclude "lifestyle" remedies, such as for baldness or obesity. Each type represents about one-third of the market, but the trend is in the direction of the selective.

What drugstores can I use? Some plans have contracts with virtually every drugstore; others opt for a more restrictive (and generally cheaper) contract with just a few pharmacies.

What are the copayments? The latest idea is a multitier copayment that encourages prescribing of formulary drugs. Cigna, for instance, is introducing a plan that charges \$5 for a formulary generic drug, \$20 for a formulary brand-name drug, and \$40 for a nonformulary brand-name drug.

Is therapeutic substitution required or encouraged? Therapeutic substitution involves exchanging a prescribed drug for one in the same therapeutic class (but not chemically identical, like a generic drug). The subject can arise when you join a new plan or when your current plan revises its formulary. Ask your doctor if a switch is safe, and ask the plan administrator if you can grandfather existing prescriptions or return to the original drug if the substitute doesn't work.

Does the plan have a cap? A 1997 survey of HMOs by the Novartis pharmaceutical company found that one in five group plans imposed a benefit cap (on the actual cost of the drugs, not on copayments). Often, it's \$2,000 or \$3,000 per year. Avoid these plans, if possible.

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