

# Using a generic blood pressure and heart drug could save the UK \$324 million in 2011

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Using a generic drug to treat hypertension and heart failure, instead of branded medicines from the same class, could save the UK National Health Service (NHS) at least £200 million in 2011 without any real reduction in clinical benefits.

That is the key finding of a systematic review, statistical meta-analysis and cost-effectiveness analysis just published online by IJCP, the *International Journal of Clinical Practice*.

Researchers from University College London Hospitals NHS Foundation Trust looked at 14 [hypertension](#) and heart studies published between 1998 and 2009 on 16,179 patients. Just over two-thirds of the patients were male (68 per cent), with an average age of 60 years.

They set out to compare the clinical benefits and cost-effectiveness of using the market leader candesartan instead of generic losartan, which is now considerably cheaper.

"When drugs are first launched they are protected by patents and relatively expensive as the pharmaceutical companies need to recover their research and development costs" explains lead author Dr Anthony Grosso.

"Once these patents have expired, the manufacturer loses market exclusivity and generic drugs can be produced, which ultimately drives down the price. This offers significant opportunities for cost savings, but

only if the clinical evidence supports the use of the less expensive generic drugs."

The NHS currently spends more than £250 million a year on angiotensin-II receptor blockers (ARB) for high blood pressure and heart failure, with candesartan - which is still under patent and marketed under a number of brand names - currently dominating the market.

"Our comparative research showed that candesartan reduced blood pressure slightly more than losartan, with diastolic readings averaging 2mmHg lower and systolic readings 3mmHg lower" says Dr Grosso. "However, this difference is unlikely to be cost effective, particularly when it is prescribed in combination with other drugs.

"When we took all the factors into account, based on the evidence we reviewed, it was clear that losartan was likely to be the most cost-effective ARB to treat high [blood pressure](#) or heart failure."

The authors estimate that using generic losartan as the angiotensin-II receptor blocker of choice could save the NHS approximately £200 million in 2011. "This figure is based on 2009 prescribing figures for primary care alone, so the actual savings could be even higher" says Dr Grosso.

In an accompanying editorial, Dr Rubin Minhas, Clinical Director & Editor-in-Chief of the BMJ Evidence Centre, stresses the need for the NHS to achieve clinically effective cost savings against a background of stringent public sector cuts and proposed NHS reforms.

He points out that the findings by Grosso et al come hard on the heels of the report by the York Health Economics Consortium in November 2010. This found that £300 million worth of medicine was discarded for various reasons in primary and community care rather than being taken

by patients.

"NHS prescribing is a complex issue and it is vital that the proposed changes to the NHS ensure that doctors are making high-quality clinical decisions that are also cost-effective" says Dr Minhas. "It is a delicate balancing act between what doctors think are best for their patients and making the best use of hard-pressed budgets. That is why reviews like this are so important."

A further editorial by US commentators Dr Bertram Pitt and Dr Stevo Julius, from the University of Michigan School of Medicine, has welcomed the findings but stressed the need for further research.

They say it is particularly important to see further data on comparable cardiovascular benefits in patients with hypertension and/or [heart failure](#) before switching patients from candesartan to losartan. This will ensure that clinicians are not trading short-term savings for a long-term, more expensive increase in cardiovascular risks.

**More information:** Paper: Comparative clinical- and cost-effectiveness of candesartan and losartan in the management of hypertension and heart failure: a systematic review, meta- and cost-utility analysis. Grosso et al. IJCP. Published online early in advance of publication in the March issue. [DOI: 10.1111/j.1742-1241.2011.02633.x](https://doi.org/10.1111/j.1742-1241.2011.02633.x)

Editorial: Waste not, want not: free money, moral hazard and value-based prescribing. Minhas R. IJCP. Published online early in advance of publication in the March issue. [DOI: 10.1111/j.1742-1241.2011.02646.x](https://doi.org/10.1111/j.1742-1241.2011.02646.x)

Editorial: Easy money?: Health cost savings resulting from the switch from a branded drug to a low-cost generic drug in the same class. Pitt B and Julius S. IJCP. Published online early in advance of publication in

the March issue. [DOI: 10.1111/j.1742-1241.2011.02642.x](https://doi.org/10.1111/j.1742-1241.2011.02642.x)

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