

# Use of generic heart meds in Medicare Part D could save more than \$600 million a year

December 9 2021

---



Credit: Pixabay/CC0 Public Domain

Prescribing generic medications for heart and blood vessel diseases more frequently instead of brand-name medications in Medicare's prescription drug program, called Part D, could save more than \$600 million each

year in the U.S., according to new research published today in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal.

Heart disease is the number one cause of death in the United States and around the world. Brand-name medications can be expensive, and in many cases, equally effective, less costly generic alternatives are available.

This study compared prescription-filling patterns between [brand-name](#) vs. [generic medications](#) that prevent or treat irregular heart rhythms, blood clotting, high blood pressure and high cholesterol. Using nationwide records from Medicare Part D prescription coverage, which applies to all adults older than 65 years in the U.S., researchers reviewed [prescriptions](#) filled in 2017 for [cardiovascular medications](#) that are available in both generic and brand-name formulas. They analyzed how often generic medications were substituted for [brand-name medications](#) and estimated the savings associated with increased use of generic medications.

They found:

- Overall, Medicare Part D paid nearly \$23 billion for cardiovascular [medication](#) prescriptions in 2017.
- Nearly half of this amount, \$11 billion, was spent on medications available both in generic and brand-name formulas.
- Although only 2.4% (or \$20 million) of prescriptions filled were for the brand-name medications, they accounted for more than 21% of total Medicare Part D prescription spending.
- A few clinicians (8.2% of 418,836 prescribing physicians in the study) who prescribed generics the least may account for 50% of the additional potential cost savings, as estimated by the researchers.

"Increasing the use of generic medications would decrease patient out-of-pocket costs and make medications more affordable, which may, in turn, improve adherence rates and reduce the financial burden of medication therapy," said senior study author Alexander Sandhu, M.D., M.S., instructor of medicine at Stanford University School of Medicine in Stanford, California.

Even after controlling for cash rebates available for some of the brand-name medications, the researchers estimate increased use of generic substitutions in Medicare Part D could save \$641 million per year, which includes approximately \$135 million in out-of-pocket cost savings to patients.

Some state laws require pharmacists to seek patient consent to substitute with a generic; other state laws mandate pharmacists substitute generics unless the physician indicates the prescription must be "dispensed as written."

"Generic substitutions have similar efficacy as brand-name options, however, there may be misinformation and hesitation about the safety and efficacy of generics," Sandhu said. "FDA regulatory oversight into the safety and efficacy of generic substitutions is critical for improving the use of generic medications.

"Ensuring that patients almost always receive the generic option will further reduce patient out-of-pocket costs. Health care systems should continue to find ways to encourage clinicians and patients toward generic medication options when available."

Several limitations may have affected the study's results. The study reviewed only Medicare Part D prescription coverage, which only includes adults older than 65 years. In addition, the study did not account for differences in doses and included generic substitutions even if they

were more expensive than brand-name medications with cash rebates.

"Research shows that when passed onto patients, high prices reduce medication adherence and can lead to negative health outcomes," said former American Heart Association President Elliott Antman, M.D., FAHA, chair of the writing group for the [Association's 2017 presidential advisory on medication access and affordability](#) and senior physician specializing in cardiovascular medicine at Brigham and Women's Hospital and professor of medicine at Harvard Medical School in Boston.

"Patients' health suffers when they can't afford the medicines they need."

The Presidential Advisory guides the Association's advocacy efforts to support patients in addressing rising medication costs and the associated adverse health impacts. The advisory states that the costs of medications should be readily available for practitioners and patients so that they can make informed treatment decisions. Tools that detail information on pricing and value would help [health care professionals](#) and patients make decisions in selecting care regimens that best align with patient and family preferences and goals, according to the advisory.

Co-authors of the research are Iris Ma, M.D.; Rebecca L. Tisdale, M.D., M.P.A.; Daniel Vail, M.D.; and Paul A. Heidenreich, M.D., M.S. Authors' disclosures are listed in the manuscript.

**More information:** Utilization of Generic Cardiovascular Drugs in Medicare's Part D Program, *Circulation: Cardiovascular Quality and Outcomes* (2021). [DOI: 10.1161/CIRCOUTCOMES.120.007559](https://doi.org/10.1161/CIRCOUTCOMES.120.007559)

Provided by American Heart Association

Citation: Use of generic heart meds in Medicare Part D could save more than \$600 million a year (2021, December 9) retrieved 25 April 2024 from

<https://medicalxpress.com/news/2021-12-heart-meds-medicare-d-million.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.