

Low-cost generic drug programs have large gaps in coverage for core evidence-based CVD medications: Study

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A cross-sectional study of 19 low-cost generic programs (LCGPs) found that their medication coverage for six cardiovascular diseases (CVD) varied significantly between programs. Of all analyzed programs, Mark

Cuban Cost Plus Drug Company demonstrated the most comprehensive coverage for all diseases included in the study. The findings are published in *Annals of Internal Medicine*.

Heart disease is the leading cause of death in the United States, and CVD medicines form the foundation of disease state management. However, rising prescription costs and insurance restrictions have imposed barriers to [medication](#) availability, leading to health disparities, poor patient adherence, and poor health outcomes.

To reduce cost and improve medication availability, many pharmacies have developed LCGPs to help low-income or uninsured patients gain greater access to affordable medicines. Although LCGPs all share the same purpose of improving medication availability and affordability, their formularies may vary widely.

Researchers from Western University of Health Sciences conducted a cross-sectional study of 19 LCGPs and evaluated the proportion of programs that offered evidence-based CVD medicines within a clinical framework for 6 cardiovascular diseases, including atrial fibrillation, heart failure, hyperlipidemia, hypertension, post–acute coronary syndrome secondary prevention, and stable angina. The authors found that the availability of CVD medication varied by program, drug, and condition.

They report that LCGPs affiliated with H-E-B, Kroger, Walmart, and Mark Cuban Cost Plus Drug Company had the most breadth and choice of coverage. They also note that almost all LCGPs offered angiotensin-converting enzyme inhibitors, β -blockers, thiazides, and moderate-intensity statins, but availability was low for higher-cost or lower-use generics. The authors suggest that LCGPs should identify existing limitations in their coverage and continuously revise their formularies to improve the comprehensiveness of CVD medication coverage.

More information: *Annals of Internal Medicine* (2023),
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