

# What's more effective: Generic or brand-name statins?

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Statins are the most frequently prescribed drugs in the United States and are effective in reducing cardiovascular events. However, evidence suggests that patients do not always take these medications as prescribed and may not receive their full benefit. Researchers from Brigham and Women's Hospital (BWH), Harvard Medical School and CVS Health investigated whether the use of generic versus brand-name statins can play a role in medication adherence and whether or not this leads to improved health outcomes. They found that patients taking generic statins were more likely to adhere to their medication and also had a significantly lower rate of cardiovascular events and death. These findings are published in the *Annals of Internal Medicine* on September 15, 2014.

"Our study is the first to investigate whether generic versus brand-name [statins](#) play a direct role in improving [health outcomes](#)," explained Joshua J. Gagne, PharmD, ScD, assistant professor of medicine in BWH's Division of Pharmacoepidemiology and Pharmacoeconomics and lead author of this study. "Patients will only get the full clinical benefit of their medications if they take them, and our study found that patients are more likely to take generic statins than brand-name versions, which have a higher associated cost."

The researchers used electronic data from medical and pharmacy claims and looked at Medicare beneficiaries aged 65 years or older with prescription drug coverage between 2006 and 2008. They measured adherence to statin therapy and outcomes comprising of hospitalization for an [acute coronary syndrome](#), stroke and mortality. In this head-to-head comparison, they found that patients initiating generic statins were more likely than those initiating brand-name statins to adhere to their prescribed treatment and had an eight percent lower rate of [cardiovascular events](#) and death.

"Generic drug use has been widely recognized to reduce patient out-of-pocket costs and payer spending. Among patients in our study, the mean copayment for the generic statin was \$10 and \$48 for brand-name statins," explained Gagne. "Our finding that adherence is greater with generic statins is consistent with other studies that have shown a direct relation between higher copayments and lower adherence."

The researchers conclude that in the setting of tiered copayments in typical pharmacy benefit designs, initiating generic versus name-brand statins seems to be associated with lower out-of-pocket costs, improved adherence to therapy and improved clinical outcomes.

Provided by Brigham and Women's Hospital

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