

The High Value Care

One Minute Guide to:

High Value Prescribing

Q: Should I bother to find generic alternatives to brand-name drugs for my patients?

Context: The US healthcare system generates more than 4 billion prescriptions annually (more than 13 prescriptions per American!). While the Affordable Care Act expanded prescription coverage for all non-grandfathered health insurance plans, this benefit is somewhat offset by increased co-payment requirements, resulting in an increase in average prescription costs with many insurance plans. One way to reduce the cost of prescriptions for patients is to write for generic alternatives to branded medications¹, but does this cost savings have any clinical impact?

The Data: A benefit to prescribing generic medications was observed in two studies from the Pharmacoepidemiology and Pharmacoeconomics group at Brigham and Women's Hospital. In the first, 2 years of pharmacy claims for 6 major classes of chronic medications (7,532 prescriptions) were analyzed to determine relative adherence to generic, preferred branded (i.e., on the insurance company's formulary and thus lower cost), and non-preferred (full cost) branded drugs². Adherence was determined by calculating the number of pills prescribed and dispensed in a year and dividing by 365 to give the proportion of days covered (PDC). After controlling for sociodemographic characteristics and drug class, PDC with generic medications was 12.6% higher compared to non-preferred medications (59% vs 52%). In comparison, adherence to preferred branded drugs was 8% higher than non-preferred (57% vs 52%).

In the second study, adherence to newly prescribed generic or brand-name statins was observed over a 2-year period among Medicare beneficiaries aged 65 years and older³. Patients prescribed generic statins had 77% adherence to treatment compared to 71% among patients prescribed brand-name drugs. Patients on generic therapy had an 8% lower rate of hospitalization for ACS, stroke, and all-cause mortality compared to those on branded therapy.

Conclusion: The first study demonstrated that patients initiated on generic medications had a 62% higher likelihood of achieving adequate adherence for drug efficacy. The second study confirmed higher levels of adherence to generic medications and demonstrated better clinical outcomes among individuals prescribed generic medications.

The Bottom Line: Prescribing generic alternatives to brand name drugs reduces costs for your patients and may result in improved adherence and clinical benefit.

1. Health Aff (Millwood). 2011 Jul;30(7):1351-7 PMID: [21734210](#)
2. Arch Intern Med. 2006 Feb 13;166(3):332-7 PMID: [16476874](#)
3. Ann Intern Med. 2014 Sep 16;161(6):400-408 PMID: [25222387](#)