

# Study finds wide variation in pricing for generic heart failure drugs

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Paul J. Hauptman, M.D., is a SLUCare cardiologist specializing in heart failure and professor of internal medicine at Saint Louis University School of Medicine. Credit: Photo by Ellen Hutti, Saint Louis University.

A research letter published online by *JAMA Internal Medicine* found wide variations in pricing for generic heart failure (HF) drugs at retail

pharmacies. The study is being released to coincide with its presentation at the American Heart Association's Scientific Sessions 2016.

Recent increases in generic [drug](#) costs raise concerns about the effect on uninsured and underinsured patients who may be restricted to [retail pharmacies](#) within a geographic area. Among the uninsured are an estimated 7.3 million Americans with cardiovascular disease.

Paul J. Hauptman, M.D., of the Saint Louis University School of Medicine, Missouri, and coauthors evaluated retail pharmacy pricing for generic guideline-directed HF drugs in a two-state region around St. Louis. Pharmacies were contacted by phone and asked about the price - without insurance - for digoxin, lisinopril and carvedilol for 30- and 90-day supplies. The authors collected pricing data from 153 chain and 22 independent pharmacies.

Prices varied widely, according to the study. For example, a 30-day supply of digoxin plus higher-dose lisinopril and carvedilol varied from \$12 to almost \$398, with a median price of almost \$71. A few pharmacies charged less than \$25 for 30-day supplies and less than \$100 for 90-day supplies for all three drugs. The most expensive drug was consistently digoxin, although it is the oldest cardiovascular medication available.

The primary driver of cost was the retail pharmacy and not other factors such as drug dose, therapy duration, pharmacy ownership or location, the authors report.

Limitations of the study include its sample, which was limited to just three drugs in one geographical area.

"In conclusion, generic drugs for HF show wide variability in pricing at the retail [pharmacy](#) level. The precise reasons for this, and the

implications for adherence and subsequent clinical outcomes, require further study from both scientific and policy standpoints," the article concludes.

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