

Discontinuation Rates and Healthcare Costs in Patients Starting Brand and Generic Sertraline

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Background: Concerns about the efficacy and safety of generic drugs have been raised by those who claim patients taking generic drugs are more likely to suffer adverse consequences. Branded sertraline lost patent protection in 2006, allowing generic formulations of the drug to enter the antidepressant marketplace.

Objective: To compare discontinuation rates and healthcare costs between patients who initiated therapy on branded or generic sertraline.

Study Design: Observational cohort study design.

Methods: New sertraline users aged 18 to 64 were identified in the MarketScan® database between January 1, 2005 to December 31, 2007. Cox proportional hazards regression was used to determine the risk of therapy discontinuation within six months of initiation, adjusted for important covariates and the baseline propensity to be prescribed generic sertraline. Healthcare costs within six months of initiation were compared using censored normal regression, also adjusted for the propensity to be prescribed the generic drug and other covariates.

Results: 29,883 new sertraline users were identified, of which 17,486 started branded sertraline and 12,397 initiated a generic version. The adjusted risk of discontinuation among those starting a generic was lower than in patients who initiated therapy on the branded formulation (HR 0.88, 95%CI=0.84-0.92). Total healthcare costs in patients initiating therapy on a generic version of sertraline were \$1964 (95% CI=\$1934-\$1991) compared to \$2345 (95% CI=\$2319-\$2372) for patients initiating a branded drug.

Conclusions: The risk of discontinuation and the short-term healthcare costs were lower in patients starting generic sertraline compared with patients starting the branded formulation. The results of this study provide further evidence that the use of generic antidepressants as first-line agents in the treatment of some mental health disorders can be encouraged as an important pharmacy cost savings approach.