Heart Disease Patients Saved $48 Billion With Generic Medicines

Generics saved patients with heart disease $48 billion in 2021, and savings for the past 10 years totaled $322.4 billion. Heart disease—including heart failure, angina, arrhythmia, valvular heart disease and coronary artery disease—is the leading cause of death for both men and women in the United States. Generic cardiac drugs help patients live longer, fuller lives.

Conditions that often accompany heart disease

Many heart disease patients also take generic and biosimilar medicines for other conditions:

81.3% have hypertension, for which they saved
$40.2B

69.1% have high cholesterol, for which they saved
$48B

The Promise of Biosimilars

Just as generics offer significant savings over brand drugs, biosimilars—safe, effective alternative versions of biologic medicines—promise to improve the quality of life for America's patients while saving the health system billions of dollars.

Overall U.S. savings generated by generics and biosimilars in 2021: **$373 Billion**

Biosimilar are projected to save **$130 billion** in the U.S. by 2025

Biosimilars have been used in more than **364 million days** of patient therapy and have resulted in more than **150 million incremental days** of therapy.

Generics are **91%** of prescriptions dispensed, but account for only **18%** of total drug costs.

The average generic drug copay is **$6.16**, compared to **$56.12** for brand-name drugs.

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AAM 2022 U.S. Generic and Biosimilar Medicines Savings Report
Methodological Overview

This report estimates savings from generic drugs for the 10-year period between 2012 – 2022, as well as a single year estimate for 2021.

Base Savings Estimates: The base savings were calculated by IQVIA. We generated condition-level savings by assigning drugs to a list of common conditions, as well as a list of conditions provided by AAM and aggregating savings for all drug that are used to treat these conditions. Product condition assignments were conducted by a Doctor of Pharmacy. Importantly, many products treat multiple conditions. For purposes of this analysis, we ensured that the most common used of the product was the condition into which it was assigned.

Comorbidity Estimates: We used published epidemiological data to determine the 3 most common comorbidities for each of the index conditions provided by AAM. We calculated the base savings for the primary condition in the same manner as described above, and then assigned a weighted savings to each of the 3 selected comorbid conditions based on published prevalence data. Because the IQVIA data provided units rather than patients, we used units as a proxy for the number of patients treated and adjusted the units, and thus savings, in proportion to the published prevalence of each comorbid condition. Importantly, this methodology, due to the differences in units utilized by patients for specific conditions, could occasionally lead to estimates of comorbidity savings that exceed the total savings for that stand alone condition. In these cases, the savings were either capped, when the total numbers were relatively low relative to the main condition or, more commonly, the incidence rate for the comorbidity was applied again, to ensure a lower savings estimate. While this is a methodological choice and likely underestimates the savings from the comorbidity, it effectively assumes that the comorbidity requires more units per patient treated than the main condition.