Cost comparisons of seven leading brands of the Hypolipidemic drug, Rosuvastatin available in an India city

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ABSTRACT

Background: Hypolipidemic drugs need to be prescribed lifelong for most of the selected patients, once started. Price variation can lead to huge financial strain on the patients, especially when cost associated issues are not considered by the prescribing medical practitioner. This study was conducted to compare the cost, to the patient, of seven most commonly prescribed preparations of different brands of Rosuvastatin ten milligram, in Kolhapur city.

Methods: Authors purchased a strip of 10 capsules each of the seven leading brands of Rosuvastatin ten milligrams. The prices of the strip of 10 capsules of each of the seven chosen brands were compared. Finally, the cost of each of these seven brands for one year, was compared directly as well as using percentages. The data was collected, analysed and presented in tabular forms and figures.

Results: The data of the cost of seven different brands of a single hypolipidemic drug, Rosuvastatin ten milligram shows that the cost of the costliest among the seven brands of this drug for one year is almost two times that of the cheapest brand, or in other words almost 200 percent that of the cheapest brand.

Conclusions: The cost differences between the cheapest and the costliest brands were substantial. The cost of remaining five brands was dispersed in between these two extremes. India, with a major part of the population being highly concerned about the cost of medications, the prescribing medical practitioner must select the preparation wisely. The most costly preparation of Rosuvastatin ten milligram can substantially add to the financial strain on the patient’s yearly expenses. Thus, Pharmaco economic considerations must be a prime concern while making a decision to prescribe medicines, especially in a country like India.

Keywords: Cost per year, Hypolipidemic drugs, Pharmaco economics, Rosuvastatin ten milligram

INTRODUCTION

Dyslipidemia is a major cause of atherosclerosis and thus of certain major Chronic Non Communicable Diseases (NCD) such as ischemic heart disease and stroke.¹ Use of hypolipidemic drugs is a very important part of the treatment prescribed to such patients, statins are one very important group of hypolipidemic drugs.² Rosuvastatin being one such very important drug belonging to statin group. These drugs act by inhibiting HMG COA enzyme in the liver. Many brand preparations of Rosuvastatin are available in India.³ This fact is associated with another fact that majority of the preparations are associated with a great price disparity. As hypolipidemic drugs are to be taken lifelong, in almost all of such patients, even a small price rise results in a large financial strain on patients particularly those in lower socioeconomic status, of the developing countries. In India, medical insurance is not so widely established amongst the populations. Major part of healthcare expenditure is paid by the patient or the end
To ensure availability and affordability of drugs, the Drug Price Control Order (DPCO) aims to reduce prices by controlling costs. In 1997, the National Pharmaceutical Pricing Authority (NPPA) was established to oversee drug pricing in India.

**METHODS**

The study involved purchasing strips of a single brand of Rosuvastatin ten milligram, with seven specific local brands. The price per year for each preparation was calculated for a single patient, considering a daily dose per patient. The pricing was based on the M.R.P. (Maximum Retail Price) and the maximum retail price paid to the wholesaler. The price was then converted to the cost per drug strip.

**Inclusion and exclusion criteria**

Only branded preparations available on the local market of Kolhapur were included. Excluded were drugs not available for oral intake, and branded combinations of Rosuvastatin ten milligram.

**Results**

The costliest brand was Rosuvastatin ten milligram (DPCO), followed by different local brands. The costliest among all seven was Brand G, while Brand A was the cheapest.

**Table 1** shows the prices for 10 capsules as well as single capsule costs for each brand. The costliest among all seven was Brand G, while Brand A was the cheapest.

**Table 2** presents the annual cost based on a single capsule daily dosage. The cheapest brand was Brand A, while the costliest was Brand G.

The calculations are based on a single daily dosage pattern. The figures are rounded off to the nearest number for simplicity.
Table 3: Comparison of cost of seven different brands of Rosuvastatin 10 mg in percentage.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Comparative cost (percent)</th>
</tr>
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<tbody>
<tr>
<td>A.</td>
<td>100</td>
</tr>
<tr>
<td>B.</td>
<td>135</td>
</tr>
<tr>
<td>C.</td>
<td>150</td>
</tr>
<tr>
<td>D.</td>
<td>113</td>
</tr>
<tr>
<td>E.</td>
<td>178</td>
</tr>
<tr>
<td>F.</td>
<td>106</td>
</tr>
<tr>
<td>G.</td>
<td>196</td>
</tr>
</tbody>
</table>

The calculations are based on a single daily dosing pattern. The figures are rounded off to the nearest number for simplicity. The percent cost of the cheapest brand is considered 100.

Figure 1 represents the annual cost of each of the seven brand preparations, for a single patient, based on single capsule daily dosing. Thus, it can be observed that the cheapest, i.e. brand A costs 3139 rupees per year, for a single patient based on a single capsule daily basis, while the costliest brand, i.e. brand G costs 6165 rupees for a single patient based on single capsule daily dosing.

The cost difference between the cheapest and the costliest brand is almost two times. Remaining five brands viz B, C, D, E, F fall in between as far as the yearly cost is concerned.

**Figure 1: Cost per year of the seven different brand preparations of Rosuvastatin 10 milligram for a single patient.**

DISCUSSION

Management of certain chronic non communicable diseases, such as ischemic heart disease, stroke, in Indian patients includes hypolipidemic drugs, along with other indicated drugs such as antiplatelet drugs. When the drug treatment is deemed necessary, the statins are one of the important drugs available. In turn These drugs are available in certain specific doses, combinations etc. Amongst the statins, Atorvastatin is the most commonly prescribed drug in India, followed by Rosuvastatin. Profit margin of pharmaceutical companies is extremely variable, often ranging widely. In 1995, the first Drug Price Control Order (DPCO-1995) was published. For the benefit of patients, government authorize NPPA to regulate prices of medicines which are included in the National List of Essential Medicines (NLEM). Government is making every effort for ensuring availability and affordability of medicines for all the dwellers in India. The order authorized the NPPA to regulate the medicine prices of not only NLEM but also medicines which are not included in NLEM (non-NLEM). But even after these efforts there is a great price disparity and some drug brand preparations still cost much more than the other brands. In essence every pharmaceutical company strives to quote its own price of the medicines they manufacture without hampering their profit.

In some countries of the world, there are less stringent price control practices. But in a country like India where drug pricing is of paramount importance, for the sake of population at large there must be some controlling system. This is even more significant in India as there is no well-defined social security system, at the same time medical insurance coverage is very less and most of the health-related expenses are to be borne by the consumer or the
patients themselves. A significant chunk of Indians are becoming financially strained to a serious note, every year due to rising health care costs and a substantial number of patients die at home following discharge against medical advice from the intensive care units due to exuberant cost of the healthcare.9

In the present study the yearly cost of Rosuvastatin ten mg for a single patient was considered. It varies between 100 percent to 196 percent between the cheapest and the costliest brands amongst those selected for this study. Thus while prescribing Rosuvastatin ten mg to the patient, the Pharmacoeconomics of this drug be considered. Prescribing costlier preparations for not so well off patients might create a serious economic strain on the yearly budget of many patients, especially in a country like India. Thus it might be stated that every prescribing practitioner should learn the basic pharmacoeconomics of drugs, especially for chronic conditions like, ischemic heart disease, stroke, where drug treatment might be required for years together, and mostly for life. In such conditions polypharmacy, which includes prescribing of nine or more drugs to a single patient at any time point, is quite common which might include other drugs such as antihypertensives, antidiabetics, antiplatelet agents as per the merit of the case.10 This is a major factor which should compel the prescribing practitioner even further to consider cost benefit of the drugs being used.

CONCLUSION

Large number of brands of Rosuvastatin ten mg are available in the market. Pricing of medicines is one of the deciding factors and it has direct financial repercussions on patients resulting into problematic compliance to treatment. Beside price control it is also very necessary to monitor manufacturing of drug under GMP (good manufacturing practice) to ensure quality of medicine. It is the ethical responsibility of all medical professionals that cost effectiveness of drugs should be evaluated before prescribing it to any patients.

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