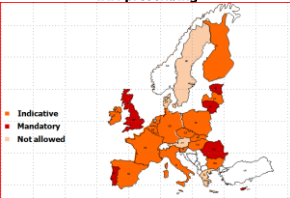


## Perspectives of Rational Use of Medicines in the EU

Authors: Zimmermann, Nina<sup>1</sup>; Habl, Claudia<sup>1</sup>; Schmickl, Bettina<sup>1</sup>; Vogler, Sabine<sup>1</sup>

<sup>1</sup> Health Economics Department / WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies (WHO CC), Gesundheit Österreich GmbH / Austrian Health Institute, Vienna

Abstract	Background & Setting	Study Aims	Methods
<p><b>Problem statement:</b> Under-, over-, and misuse of medicines not only lead to negative implications on public health, but might also have considerable economic impact.</p> <p><b>Objectives:</b> To survey the implementation of structures, tools, and practices for improving a rational use of medicines and in the future to assess their impact on pharmaceutical expenditure</p> <p><b>Design:</b> A descriptive survey, based on literature and personal contacts (in particular via the Pharmaceutical Pricing and Reimbursement Information network) about institutions and practices for promoting a more rational use of medicines (RUM) was undertaken. Planned activities included a cross-country evaluation of RUM measures with regard to pharmaceutical expenditure, including public pharmaceutical expenditure, and time-series analyses for selected measures.</p> <p><b>Setting and study population:</b> Survey at national level for all 27 member states of the European Union (EU)</p> <p><b>Interventions:</b> RUM measures surveyed include INN prescribing, prescribing guidelines, prescription monitoring, institutions for RUM monitoring and promotion, pharmaceutical budgets, and information activities targeted to the public</p> <p><b>Outcome measure(s):</b> Qualitative assessment if RUM measures exist and how they are implemented and used; additionally, this is planned assessment: the generics market share in value and volume total pharmaceutical expenditure; and public and private pharmaceutical expenditure</p> <p><b>Results:</b> Although measures targeting the prescribing behaviour of doctors are quite common (prescribing monitoring in de facto all EU member states, prescription guidelines in 23 countries), budgets for prescribing doctors are rare (6 EU member states). Generics are considered to play a key role in this context, with generic substitution (21 countries) and prescribing by INN (22 countries) being in place. The majority of countries opted for indicative implementation instead of an obligatory one (generic substitution: mandatory for 4 out of 22 countries; prescription guidelines: 9 of 23 countries). Some countries (e.g., Denmark, Italy) have established specific institutions or departments for promoting rational use of medicines.</p> <p><b>Conclusions:</b> All EU member states have implemented measures that promote a more rational use of medicines; however, the way they implement and monitor them differs among the countries. Countries that have introduced mechanisms for the enforcement of the RUM measures have seen better outcomes (e.g., achieving higher generics shares). For assessing the economic impact of the measures, further analyses are required.</p> <p><b>Funding source(s):</b> Austrian Federal Ministry of Health</p>	<p>Under-, over-, and misuse of medicines not only lead to negative implications on public health, but might also have considerable economic impact. The Austrian Federal Ministry of Health (BMG) commissioned Gesundheit Österreich GmbH (Austrian Health Institute) to work on promoting a more rational use of medicines in Austria and Europe. One element of this project was a survey of instruments for a rational use of medicines (RUM) in Europe in 2009.</p>	<p>To <b>survey the implementation of structures, tools, and practices</b> for improving a rational use of medicines and in the future to assess their impact on pharmaceutical expenditure</p>	<ul style="list-style-type: none"> <li>A <b>descriptive survey</b>, based on literature and personal contacts (in particular via the Pharmaceutical Pricing and Reimbursement Information PPRI network (<a href="http://ppri.goeg.at">http://ppri.goeg.at</a>)) about institutions and practices for promoting a more rational use of medicines (RUM) was undertaken.</li> <li><b>Setting and study population:</b> Survey at national level for all 27 Member States of the European Union (EU)</li> </ul> <p><b>Key instruments for a rational use of medicines include:</b></p> <ul style="list-style-type: none"> <li>» <b>INN prescribing:</b> It refers to physicians prescribing medicines by its INN, i.e. the active ingredient name instead of the brand name.</li> <li>» <b>Prescription guidelines:</b> Prescription guidelines ensure that the right medicine in the right dose is given to the right patient at the right time. These guidelines help improving the rational use of medicines.</li> <li>» <b>Pharmaceutical budgets for doctors:</b> When third party payers (sickness funds or national health services) apply this cost-containment measure, the maximum amount of money to be spent on medicines in a specific region or in a period of time is fixed ex-ante.</li> <li>» <b>Generic substitution:</b> Practice of pharmacists of substituting a generic or another cheaper medicine containing the same active ingredient(s) for another medicine, usually a brand.</li> <li>» <b>Prescription monitoring:</b> The act of assessing/observing prescribing practices of physicians applied by payers (sickness funds or national health services). It is sometimes accompanied by feedback to prescribers.</li> <li>» Information activities targeted at the general public: Information work of the payers to convey the reasons for a rational pharmaceutical therapy and for their instruments (e.g. campaigns to promote generics).</li> </ul>
<b>Results 1</b>		<b>Results 2</b>	
<p>A number of instruments to <b>promote the rational use of medicines</b> is targeted at <b>doctors</b>:</p> <ul style="list-style-type: none"> <li>» In <b>23 of the 27 EU Member States</b> the payers (social health insurance or national health service) have introduced <b>prescription guidelines</b>. In nine Member States these guidelines are obligatory.</li> <li>» In nearly all EU Member States the <b>prescribing behaviour of doctors is observed by the payers</b>. Still there is some differences among the countries how often and how institutionalised doctors get feedback and are asked to explain their prescribing behaviour.</li> <li>» <b>Pharmaceutical budgets for doctors are rather uncommon</b>. This approach is only applied in six of the 27 EU Member States. Only in Latvia and the Czech Republic budgets are linked to sanctions.</li> </ul>		<p>Generics are seen as important products in this context. Two key measures for promoting generic use are INN prescribing and generic substitution.</p> <ul style="list-style-type: none"> <li>» In case of <b>INN prescribing doctors</b> are encouraged to prescribe the international non-proprietary name instead of the brand name. This measure exists in 22 EU Member States, in four countries (Estonia, Lithuania, Portugal and Romania) INN prescribing is mandatory.</li> <li>» In 21 EU Member States pharmacists may substitute an equivalent cheaper product (e.g. a generic or a parallel imported product) for a prescribed medicine (in general an original product). In six countries (Denmark, Germany, Finland, Malta, Sweden and Slovakia) the pharmacists are obliged to apply generic substitution – unless the patient or the doctor opposes substitution, the latter only being possible under clearly defined conditions.</li> </ul>	<p><b>INN prescribing</b></p> 
<b>Summary and conclusions</b>	<b>Policy implications</b>		
<ul style="list-style-type: none"> <li>All EU Member States have implemented measures that promote a <b>more rational use of medicines</b>;</li> <li>however, the <b>way</b> they implement and monitor them <b>differs</b> among the countries.</li> <li>Countries that have introduced mechanisms for the enforcement of the RUM measures have seen <b>better outcomes</b> (e.g., achieving higher generics shares).</li> <li>For assessing the economic impact of the measures, further analyses are required.</li> </ul>	<p>Based on this qualitative assessment if RUM measures exist and how they are implemented and used, <b>countries may draw conclusions for their own policies</b>. E.g. the study clearly showed the possibilities of improving the Austrian pharmaceutical system with regard to generics. Future planned activities include a cross-country evaluation of RUM measures with regard to pharmaceutical expenditure, including public pharmaceutical expenditure, and time-series analyses for selected measures.</p>		

**No conflict of interest**  
Research done by the Austrian Health Institute funded by the Austrian Ministry of Health

**Contact:**  
Gesundheit Österreich GmbH (Austrian Health Institute), Stubenring 6, 1010 Vienna, Austria  
Email: [sabine.vogler@goeg.at](mailto:sabine.vogler@goeg.at)  
Tel: +43/1 515 61 147