

The Cost of Irrational Medicine Use

Margaret Ewen
Coordinator, Global Projects (Pricing)
Health Action International (HAI) Global
Amsterdam

PPRI Conference September 2011

Health Action International (HAI) is an independent, global network, working to increase access to essential medicines and improve their rational use through research excellence and evidence-based advocace.

Irrational medicine use is widespread

WHO estimates over 50% of all medicines are prescribed, dispensed or sold inappropriately, and 50% of all patients fail to take them correctly

- · Medicines not needed
- Choice of unnecessarily harmful or ineffective options
- Concomitant use of products that should not be combined
- · Use by patients for whom there is no scientific evidence of benefit
- · Excessive dosing
- Use of higher priced equivalent options
- Underuse
 - Inadequate dose or duration of use
 - Poor adherence or patient not provided with needed therapy

The Cost of Harmful Effects of Medicines

In Europe:

- 5% of all hospitals admissions are due to ADRs
- 5% of all hospital patients suffer an ADR
- ADRs are the 5th most common cause of hospital death
- ADRs = 197,000 deaths/year & societal cost = €79 billion/year

EU Commission, 2008

In Canada:

Cost of preventable drug-related morbidities in older adults in Canada estimated to be about €8.2 billion/year

McKinnon NJ. Early warning system. How vigilant pharmacists can prevent drug-related morbidity in seniors.

*Pharmacy Practice 2002:18(8):40-44

In USA: deaths from medicine use outnumber traffic fatalities Prescription drug deaths doubled in last decade; traffic deaths dropping because of huge investments in auto safety

Los Angeles Times September 17, 2011 using CDC data

The Cost of Medicine Wastage

Study of primary and community care prescription medicine wastage in England in 2009:

- Unused prescription medicines costs the NHS at least £300 million / year (€344m/year)
- Some wastage is inevitable patient recovers, therapies stopped or changed, condition progresses so new treatment needed etc.
- Estimated that £150m (€172m) of this wastage is avoidable

Focus on improving health outcomes rather than reducing wastage per se, for example through:

- Engaging people in decisions about their medicines
- Targeted support when starting new, costly or difficult to take treatments
- Regular medicine management reviews

Evaluation of the scale, causes and costs of medicine wastage York Health Economics Consortium, School of Pharmacy University of London

The Cost of Drug Promotion

US \$57.5 bn in 2004 (average \$61,000 per doctor)

Systematic review found doctors with greater exposure to drug promotion had:

- Higher prescription volume and cost
- More rapid prescribing of new medicines (including those without added therapeutic value)
- More requests for formulary inclusion of medicines without therapeutic advantages

Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift?

JAMA 2000 Jan 19;283(3):373-80

UK GPs initial prescriptions for new drugs:

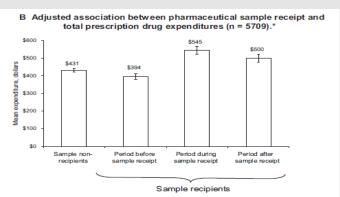
doctors cited sales reps as the greatest influence on prescribing, more than other influences including patient-related factors

Prosser H,et al Influences on GPs' decision to prescribe new drugs-the importance of who says what. Fam Pract. 2003 Feb;20(1):61-8

Manufacturer of Vioxx - doctors who attended sponsored presentations by another doctor wrote an additional \$624 worth of prescriptions than those who did not attend.

Mintzes B, Alves T. Medicines information and the regulation of pharmaceutical promotion (draft).

Free samples



- \$16 bn in 2004 (28% of total spend on promotion)
- Study shows impact is increased medicine expenditure
- Some countries have banned or restricted free samples

Alexander GC et al. Characteristics of patients receiving pharmaceutical samples and association between sample receipt and out-of-pocket prescription costs. *Medical Care* 2008

Disease-mongering

Androgel (Abbott) advertising campaign in Canada 2011

Indicated for male hypogonadism; not male ageing or normal agerelated falls in testosterone levels

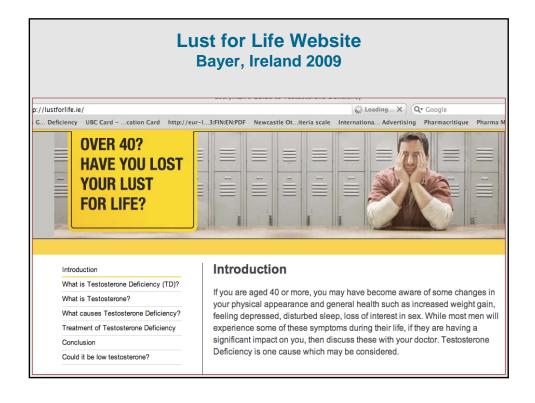
Ads headline 'Has he lost that loving feeling?' 'lack of energy' and 'low sex drive'.

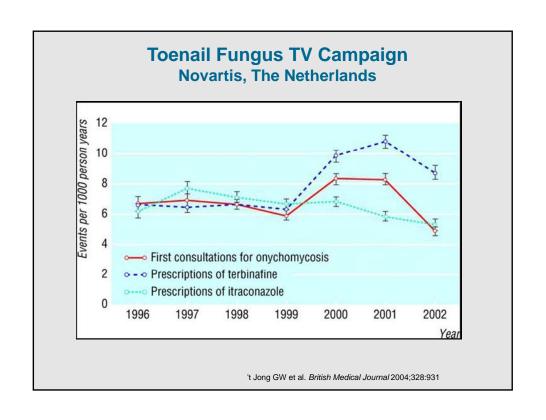
Website quiz (www.lowT.ca): see a doctor and get a testosterone test if you are 'falling asleep after dinner' or have 'deteriorating work performanace'

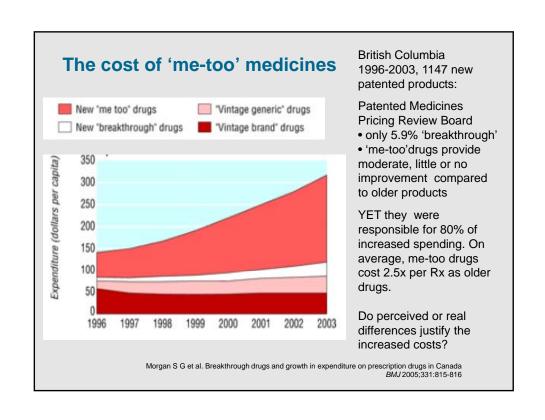
Misleading and inaccurate information

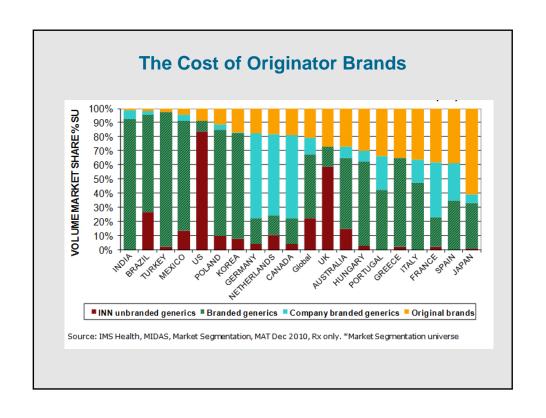
Likely to lead to unjustified increases in health costs (testing men unlikely to suffer hypogonadism)

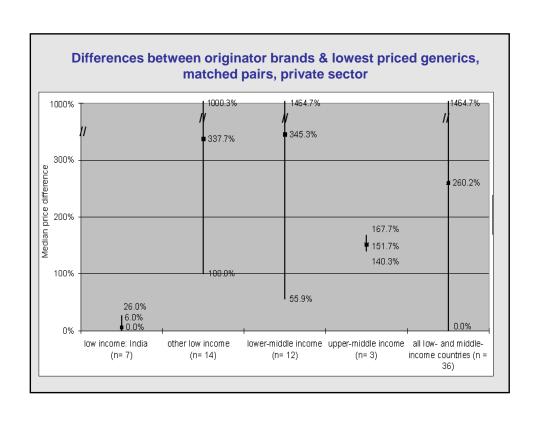












Potential savings from switching to lowest priced generics in private sector

Country (n= number of medicines)	Total potential cost savings (2008 USD)	Average percentage savings across individual medicines
China, public hosps (n=4)	\$86,492,276	65.1%
Colombia (n=9)	\$3,229,092	88.7%
Ecuador (n=12)	\$3,066,407	63.2%
Indonesia (n=9)	\$6,405,597	84.2%
Jordan (n=11)	\$887,262	55.9%
Kuwait (n=6)	\$64,261	9.3%
Lebanon (n=8)	\$4,397,432	67.5%
Malaysia, private hosps & retail sectors (n=10)	\$7,419,942	67.2%

WHO World Health Report 2010, Chapter 4

Financial impact of generic substitution

Finland

- Average saving per substitution of medicinal products: EUR 15.80 (2005).
- Total savings of generic substitution alone were EUR 25.7 million in 2005:
 - EUR 12.0 million for the patient
 - EUR 13.8 million for drug reimbursement payments

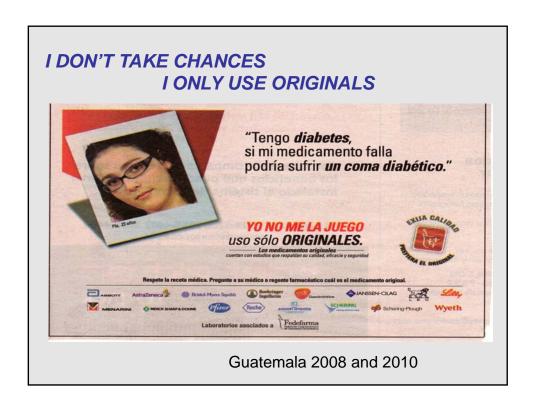
Sweden

In the 3 years following the introduction of generic substitution:

- · Pharmaceutical prices decreased by 15% overall
- Largest price decrease for statins (-71%), reducing treatment costs by 2/3
- Market prices for generic drugs fell by about 40%.
- Accumulated savings in the pharmaceutical budget: €760 million

Spain – mandatory generic substitution recently announced

Espin, J. & Rovira, J. (2007). Analysis of differences and commonalities in pricing and reimbursement systems in Europe



Dr Margaret Chan Director-General, World Health Organization February 2011

"WHO not only supports generic products. We aggressively promote them.....

Generic products serve public health in multiple ways. In terms of improving access to medicines, price and quality go hand in hand.

Generic products are considerably less expensive than originator products, and competition among generic manufacturers reduces prices even further.

Generics serve the logic of the pocket. An affordable price encourages good patient compliance, which improves treatment outcome and also protects against the emergence of drug resistance."