

Generics promotion – analyzing differences between the hospital and out-patient sectors

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Objective

Analysis of the differences in **generic promotion** practices between the **out-patient and in-patient sectors**.

Methodology:

- **Survey** on the regulatory framework for generic promotion, in particular generic substitution and INN prescribing, **for the out-patient sector** (coverage: all EU Member States, data as of July 2010)
- **Investigation** of generics promotion practices in the **in-patient sector** (survey and case studies; coverage: 20 European countries, data as of spring 2010)

Definition: INN prescribing

INN prescribing refers to physicians prescribing medicines by its INN, i.e. the active ingredient name instead of the brand name. INN prescribing may be allowed (indicative INN prescribing) or required (mandatory INN prescribing). (PHIS Glossary, <http://phis.goeg.at>)

Definition: Generic promotion

Any **policy** to promote the use of generics and/or (licensed) off-patent products. It includes **generic substitution**, **international non-proprietary name (INN) prescribing** or a range of other measures. (PHIS Glossary, <http://phis.goeg.at>)

Definition: Generic substitution

Practice of substituting a pharmaceutical, whether marketed under a trade name or generic name (branded or unbranded generic), by a pharmaceutical, often a cheaper one, containing the same active ingredient(s). (PHIS Glossary, <http://phis.goeg.at>)

Results

Generic promotion in the EU countries – regulatory framework in the out-patient sector, as of 2010 or latest available data

INN prescribing		Generic substitution	
Obligatory	CY (public sector), EE, LT, PT, RO	Obligatory	CY (public sector), DE, DK, FI, MT, SE, SK
Indicative	BE, BG, CZ, DE, ES, FI, FR, HU, IE, IT, LU, LV, MT, NL, PL, SI, SK, UK	Indicative	CZ, EE, ES, FR, HU, IT, LT, LV, NL, PL, PT, RO, SI
Not allowed	AT, CY (private sector), DK, EL, SE	Not allowed	AT, BE, BG, CY (private sector), EL, IE, LU, UK

Source: PPRI (Pharmaceutical Pricing and Reimbursement Information) 2010, <http://ppri.goeg.at>

Generic promotion in the EU countries – (regulatory) framework and practices in the in-patient sector, as of 2010 or latest available data

Generic promotion policies in the in-patient sector differ from the out-patient sector:

- **Fewer information and data available** in the in-patient sector compared to the out-patient sector.
- The use of generics is influenced by the **compilation of the hospital pharmaceutical formulary**, whose extent differs among countries.
- The **lower price** is often the decisive factor for hospitals to purchase generics (e.g. by winning tenders, competitive negotiations).
- In some countries **generic substitution** is not allowed in the out-patient sector (e.g. UK), but generic substitution is practiced in hospitals.
- In many European countries hospital pharmacists have an important **monitoring role** such as in France or Finland where pharmacists are responsible for monitoring pharmaceutical consumption. Increased use of generics is a common tool to contain costs.
- Other **generic promotion policies**: e. g. in Denmark hospital pharmacists assist hospital wards by directly substituting with a (cheaper) generic product.

Source: PHIS (Pharmaceutical Health Information System) 2010, <http://phis.goeg.at>

Discussion and conclusion

In general, generic promotion in the out-patient sector has been well advanced in Europe but several countries have only started with generic substitution within the last ten years. In several European countries, generics are not well perceived by the public. However, benefiting from generics use has been a tradition in hospitals for decades, even in countries where generics promotion in the out-patient sector is still not encouraged. Personal interviews during case studies proved a great awareness about use of generics and generic promotion among hospital pharmacists. Moreover good practice examples exist (e.g. in AT) for provision of medicines at the interface between the in-patient and out-patient sector.

The analysis stresses the importance of the hospital pharmacists as a guarantor of a rational use of medicines and as communication focal point about such practices in the hospital.

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