Results: The impact of strictly switching all proton pump inhibitors to esomeprazole at admission resulted in a spillover “extra-cost” of €330.3 (95% CI, 276.1 to 383.8) thousand, whereas strictly switching to generic cetirizine resulted in savings of €7.7 (95% CI, –11.1; –4.1) thousand. Over the entire study period, we estimated that the RDF resulted in “extra-costs” of €503.6 (95% CI, 444.5 to 563.1) thousand.

Conclusion: Hospitals may contribute to increased overall health care costs if follow-on drugs are listed in the RDF. Therefore, health care providers and policy makers should be aware of the impact of evergreening strategies.


PP061—RECENT REFORMS IN SCOTLAND TO TAKE ADVANTAGE OF GENERICS, THEIR INFLUENCE AND IMPLICATIONS FOR HEALTH AUTHORITIES CONTEMPLATING FUTURE REFORMS

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Introduction: There have been variable measures introduced in Scotland in recent years to take advantage of the availability of generics in high volume classes. Consequently, there is a need to assess their influence to provide guidance to authorities for the future.

Patients (or Materials) and Methods: A mixture of retrospective observational studies and interrupted time series analyses on subsequent drug utilization (DDD [defined daily doses]) and expenditure of the various drugs in the different classes. Only administrative databases used. Demand side measures recorded and categorized by 4Es (education, engineering, economics, and enforcement).

Results: (1) Multiple demand-side measures led to low-cost generic proton pump inhibitors (PPIs) driving the increase in utilization in recent years. PPI expenditure in 2010 was 56% below 2001 levels despite a 3-fold increase in utilization. The multiple measures saved the Scottish NHS £159 mn in 2010. There was appreciable variation in health authority activity. (2) No specific measures to enhance the prescribing of losartan (first ARB to lose its patent) versus other ARBs. This resulted in no change in the utilization of losartan postgenerics. (3) No specific measures to enhance the prescribing of losartan (first ARB to lose its patent) versus other ARBs. This resulted in no change in the utilization of losartan postgenerics. (4) Pragmatic approach to generic clopidogrel resulted in 9% INN prescribing for clopidogrel and associated savings. (5) Measures to encourage the prescribing of generic SSRIs versus escitalopram reduced SSRI expenditure, falling by 59% between 2001 and 2007, despite increased utilization. SSRI expenditure increased in countries with limited demand-side measures. (6) No change in the utilization of risperidone postgenerics with no specific measures encouraging its use versus other atypical antipsychotics (AAPs).

Conclusion: Multiple demand-side measures appreciably enhanced prescribing efficiency in Scotland. This was helped by high INN prescribing rates (98% to 99% in all classes studied) and low costs for generics. There was no spillover effect between classes, even if closely related, to enhance the prescribing of generics first line where no active reforms (eg, losartan or risperidone). However, the complexity of treating schizophrenia and bipolar disorders may limit the potential to enhance the prescribing of generic AAPs first line where appropriate.

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PP062—VARIABLE APPROACHES IN EUROPE TO THE AVAILABILITY OF GENERIC LOSARTAN; IMPLICATIONS FOR THE FUTURE

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Introduction: Generic losartan has been available across Europe, providing opportunities for authorities to save costs as all angiotensin receptor blockers (ARBs) are seen as similar in treating hypertension and heart failure at appropriate doses. However, initiatives vary across Europe. Consequently, there is a need to assess changes in losartan utilization versus other ARBs alongside accompanying demand-side measures to provide future guidance.

Patients (or Materials) and Methods: Retrospective observational study using an interrupted time series design of patients dispensed at least 1 ARB in Austria, Belgium, Denmark, England (Bury PCT), Scotland, Spain (Catalonia), and Sweden up to 3 years before generic losartan was reimbursed and to up 3 years after. Defined daily doses and only administrative databases were used. Demand-side measures were recorded under the 4Es (education, engineering, economics, and enforcement). Prices for generic losartan were also recorded.

Results: There was appreciable variation in health authority activity. This ranged from delisting of all other ARBs from the reimbursement list in Denmark; easing of prescribing restrictions for losartan but not for other ARBs in Austria and Belgium; and formularies, incentive programs, and therapeutic switching in NHS Bury and Sweden, to no targeted activities in Spain or Scotland (due to other activities and other ARBs shortly losing their patents). Significant changes were seen in losartan utilization in Denmark (losartan 93% of total ARBs by study end), NHS Bury (losartan 65% of total ARBs by the end of the study). However, no change in losartan utilization postgenerics until active measures) and Sweden (losartan 40% of total ARBs).