the reduction of pharmaceutical expenditure was one of the main targets for fiscal adjustment. The purpose of this study was to assess the usage of generic medicines in Greece, as a key driver for savings from the pharmaceutical market, and compare it with that of other major European countries. METHODS: IMS data from several European countries was collected in terms of the overall retail pharmaceutical market and the consumption of generic medicines in each country. A survey was conducted on the top-10 generalized molecules for Greece including alendronic acid, atorvastatin, carvedilol, clarithromycin, clofopoxide, donepezil, fluconazole, olanzapine, omeprazole and simvastatin. To ensure an “apples-to-apples” comparison across countries, the study focused on the retail market only (excluding hospitals) given that, in Greece, there is no publicly-available data for pharmaceutical consumption within the hospital setting. RESULTS: The analysis indicated that, in Greece, the penetration of generic medicines within the top-10 genericized molecules was 65% in terms of volume, with off-patent medicines holding the remaining 35%. According to IMS data, Greece had a lower penetration of 21 percentage points (%P) compared to the European average and a lower penetration of 11 percentage points (%P) versus the cluster of Southern European countries plus Ireland for calendar year 2013. CONCLUSIONS: Generic penetration within the 10 largest generalized molecules, in Greek retail-pharmacy setting, is significantly lower versus the weighted average of major European countries but also compared to that of countries in similar economic situation with Greece.

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PROMOTING QUALITY USE OF GENERIC MEDICINES: KNOWLEDGE, ATTITUDES AND PRACTICES OF COMMUNITY PHARMACISTS IN A MIDDLE EASTERN COUNTRY

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OBJECTIVES: The practice of generic medicines prescribing, dispensing and substitution in developing countries has been controversial among health professionals, particularly due to issues on quality, safety and efficacy. These controversies are as a result of inter-country differences in policies and laws as well as aspired opinions and attitudes from local pharmacists and physicians pertaining to generic medicines. This study primarily aims to assess the knowledge, attitudes, and practices of community pharmacists in Qatar towards generic medicines. METHODS: A cross-sectional study using a pretested paper-based survey was conducted among a random sample of community pharmacists in Qatar. The data were analyzed using IBM–SPSS® version 20. Both descriptive and inferential statistical analyses were applied. RESULTS: A total of 160 surveys were distributed to community pharmacists of which 118 were returned (response rate, 74%). The mean total score of knowledge was 6.8 ± 1.6 (maximum possible score was 10). The percentage of pharmacists who knew generic medicines knowledge among the pharmacists was 68 ± 1.6 (maximum possible score was 10). Years of practice as well as place of obtaining academic degree did not influence knowledge score. Approximately 72% of the pharmacists supported substitution for brand-name drugs in all cases where a generic medicine is available and the majority (93%) agreed that pharmacists should be given generic substitution right. Nearly 61% of the pharmacists considered lack of proven bioequivalence to original brands as an important barrier for selecting generic medicines and 55% rated “lack of policy for directing the practice of generic medicine” as an important barrier. CONCLUSIONS: In order to enhance the quality use of and to promote the practice of generic medicines in Qatar, an educational program is suggested. A national generic medicine policy and guidelines are warranted in the State of Qatar.

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EVALUATING RATES OF POTENTIAL GENERIC SUBSTITUTION FOR PRESCRIPTION DRUGS: CAN WE IMPROVE ON EXISTING INCENTIVE SCHEMES?

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OBJECTIVES: Encouraging generic use has reduced health care costs for payers and consumers, but the rate of branded medications therapeutically interchangeable but able to is not equal across medications disease states. The extent to which different systems of care are able to substitute towards generics is not well understood. This study defined and measured the maximum generic rate (MGR) of currently prescribed drugs and illustrated differences across drugs associated with selected underlying diseases. METHODS: Using information in prescription claims data, drugs were classified into “potentially generic substitutable” or not based on clinical consensus regarding the following algorithms: 1. They did not have a narrow therapeutic index (NTI) as defined by the Food and Drug Administration (FDA); 2. Did not belong to one of six protected classes of drugs in Medicare D; 3. They were substitutable with a generic medication of the same chemical entity; 4. They were therapeutically interchangeable with a generic in the same class which was thought clinically to have class effect benefits and minimal risk of harm in switching. A maximum generic rate (MGR) was defined as the percent of prescriptions that could be generic. This rate was examined overall and across drugs known to be associated with illustrative diseases including hypertension, diabetes mellitus, and obstructive lung disease. RESULTS: The MGR ranged from 100% for drugs used in hypertension to 61% for drugs used in obstructive lung disease. Overall, the most frequently reported as the primary cause of medicine shortages. Laws and regulations related to medicine shortages are more extensive in France than Belgium. Economic aspects seem to play a central role in the phenomenon of medicine shortages. The underlying mechanisms of medicine shortages appear to be similar in Belgium and France. Economic aspects seem to play a central role in the phenomenon of medicine shortages. The impact of the legal framework around medicines on the occurrence of medicine shortages may be limited. Collaboration, communication and coordination are key to any effective approach to address medicine shortages.