



The role of hospital pharmacists in rationalising treatment costs



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In Croatia, as in most countries, constant increases in the cost of medical treatment are evident. We here examine how hospital pharmacists can help rationalise health-care costs.

The imbalance between the funds required for medicines and the available funding is getting larger, not only in Croatia, but throughout the world. The main reasons are the expanding number of drugs, ageing population and use of more expensive drugs in clinical application, as well as the introduction of new treatment guidelines emanating from clinical research. In Croatia the shortfall between required and available funding is very high, around Euros 54 million annually, and new ways of how to overcome this situation are needed.

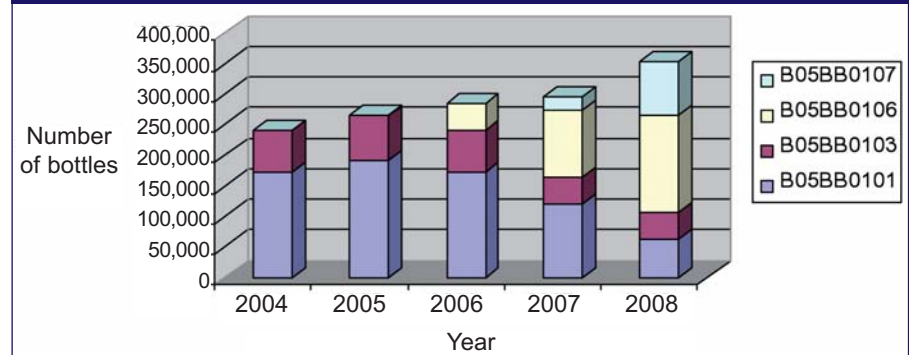
How can we reduce the cost of medicines without affecting the quality of treatment? The best way to reduce the cost of drugs is to use them rationally and then switch to generic drugs. Turning to generic drugs is considered an essential part of cost cutting. In Croatia the number of generic drugs on the Health Insurance Drug List has increased every year since 2004. The drugs list is revised by the Croatian Institute for Health Insurance every year, and is the basis for the prescription of drugs. Since 2006 the drug list has consisted of Basic list A and Additional list B. List A contains essential drugs, generics and originals without generic parallel, and is 100% covered by health insurance. List B contains higher-priced drugs than list A, and patients have to bear some of the costs of those drugs. For hospitalised patients all the drugs from list B are covered by the hospital.

The agency for medicinal products and medicinal devices reports that in Croatia

generic drugs accounted for 30% of prescriptions in 2006 and that number increased to 50% in 2008. In 2009, new generic drugs were added to list A and we expect prescribing of those drugs to increase to over 70% in prescription terms.

treatment were introduced within the ATC-B05BB01 group (electrolytes for IV administration), consumption increased steadily by 20% per annum, while the cost increased by 10% per annum; see Figure 1.

Figure 1: Consumption of ATC-B05BB01 drugs 2004–2008



Till March of 2009 pharmacists in the Pharmacy Department of the Clinical Hospital Osijek, Croatia, could not replace prescribed drugs by cheaper generic parallels from the drug list. However, after the Pharmacy Department had presented several retrospective studies of consumption of certain Anatomical Therapeutic Chemical (ATC) drug groups in a given period of time, we were given the opportunity to dispense the cheapest generic parallels.

We conducted the first retrospective analysis in 2006, which we presented at an international cardiology congress in Osijek. By this analysis we showed that costs of consumption of ATC-C10 medicines, hypolipidaemics, fell from 60% of the total drug expenditure in 2004 to 40% in 2005. The reason was the introduction of newly prescribable generic drugs, parallels to simvastatin and atorvastatin.

Next we analysed ATC-B during the period 2004 to 2008. As new forms of

Our analyses showed that involving pharmacists in dispensing the cheapest generic drug and daily communication between physicians, pharmacists and nurses is essential to minimise the cost of treating patients within a tertiary health-care hospital. By reducing the cost of treatment by new generics, we 'open the door' to new, more expensive drugs, that are the foundation of quality treatment. Ongoing monitoring of the consumption of generic drugs in the pharmacy department allows pharmacists to participate actively in prescribing choices and financial control.

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