INSURANCE CLAIMS AS A DEVICE FOR MEASURING THE PHARMACISTS' SUBSTITUTION RIGHT IN A FRENCH DEPARTMENT

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Background:
France is one of the highest medicinal drug consumers in Europe. Drug-related expenditure by the Assurance Maladie was 73.1 billion FF in 1999. Since 1999, drug coding has allowed the Assurance Maladie to identify the total costs reimbursed for each proprietary pharmaceutical product. The code used in the Caisse Nationale d'Assurance Maladie des Vocations Libérales (CNAM-TL) of France is the CIP code.

Methods:

1. Legal reference:
   - The law gives the pharmacist the right to substitute a medicinal product for another, unless the substitution is not permitted by a medical order or the medicinal product is not compatible with a product already dispensed.
   - The pharmacist must substitute a medicinal product that is subject to prescription with another medicinal product that is similarly effective because of its therapeutic indication.
   - The pharmacist must substitute a medicinal product that is subject to prescription with another medicinal product that is similarly effective because of its pharmacological characteristics.
   - The pharmacist must consider all the factors that are significant to the patient's health and well-being when substituting a medicinal product.

2. The database used:
   The database contains all of the medicinal drugs and devices which may be used in France. Together with the pharmaceutical, medical, and economic characteristics, this is applicable to every month and each medicinal product is identified by its CIP code.

3. Statistical methods:
   - Logistic regression was used to calculate the odds ratio (OR) of all the variables that were significant.
   - The statistical analysis was performed with SAS software.

Results:

1. General characteristics:
   - We studied a total of 25,422 prescriptions from 6,578 patients. 60% of the patients were female and 30% were exempted from personal contributions, 15% received CMU and 5% had a reference drug.
   - 1,486 pharmacists took part in dispensing the drugs which were prescribed.

2. Determinants for substitution by the pharmacy:
   - The substitution of generic drugs was higher in patients with CMU (OR = 3.63; p < 0.001), in male patients (OR = 1.24; p < 0.05), and in patients who received the generic drug as a substitution (OR = 2.53; p < 0.001).

3. Determinants for prescribing generic drugs by the doctor:
   - The prescription of generic drugs was higher in patients with CMU (OR = 3.63; p < 0.001), in male patients (OR = 1.24; p < 0.05), and in patients who received the generic drug as a substitution (OR = 2.53; p < 0.001).

Conclusion:
The results were obtained from data that are not representative of the whole of France, but they are representative of a representative sample of 4,000 private medical practitioners and 12% of the total amount reimbursed for each medicinal product was paid for with the CIP code.

Discussion:
- The savings in sums reimbursed by the Assurance Maladie could be increased to 29.6% if generic drugs were prescribed more systematically.
- The substitution and the prescriptions of the generic drugs have respectively allowed an economy of 4.62% and 5.39% of the total amount reimbursed for listed drugs.

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