Mandatory generic substitution in Slovakia: Quo vadis?

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Introduction

Slovakia has from December 2011 new law that defines list of molecules for mandatory generic substitution. It was one of the cost-containment measures applied in the same time at the field of drug policy. We provided research on statistically selected sample of patients in Slovakia to detect current attitude, knowledge and believes toward generic substitution (GS).

Methodology

We created special questionnaire for patients and distributed it in selected region in Slovakia. From 600 questionnaires, we evaluated 432. Questionnaires were distributed among patients visiting pharmacies in 2013/2014 and all patients were older than 20 years. Paper structure was adjusted according to Babela R et al (2016) recommendations.

Results

There were 57% of women in our sample and only 11% from all patients had lower than college education. 71% of all patients were using prescription drugs regularly and 58% of all patients were familiar with term “generic substitution”. Surprisingly, only 16% from all surveyed patients selected co-payment as the key factor influencing their decision toward generic substitution. Recommendation of generic substitution in pharmacy or by doctor was selected as key factor that influenced patients in choosing generic substitution or generic molecule (60%). Second most influential factor was own experience with generic (27%). Only 8% of patients believed that generic substitution can decrease overall consumption of drugs. We also found out that 36% of patients consider generic substitution as “risky” because of extended number of generics available from various unknown companies. There was also a strong statistical relationship between gender and positives as well as negatives of generic substitution among patients.

Discussion

Trends of future direction of Slovak healthcare systems are mostly setted by new legislation. New drug policy changes supposed to bring many changes, but most of all 50% decrease in patients copayments for prescription drugs. We think that co-payments should not be one of the key parameters for measuring effectiveness of drug policies, but rather influence on changes in population health state.

Mandatory generic substitution was appointed by law in many countries, but we still miss more reliable data about attitudes and experience with this change from patients’ perspective. Recent Denmark study showed relatively high distrust of patients towards generic substitution (20%, Rathe, 2013). In Czech Republic more than 30% patients believe that generic substitution does not save money (CLK, 2011), but 97% of general practitioners believe that generic substitution decrease drug costs (CLK, 2008). On the contrary, in Finland up to 85% of patients believed that generic substitution is safe and cheaper compared to original drugs (Hiedldla, 2011). In Saudi Arabia 47% stated that they would refuse generic drug when their life would be at stake and 60% patients new difference between generic and original drug (Al Ameri, 2013). In Slovakia we found out that 58% of surveyed population was able to describe meaning of generic substitution a new about possible change of the drug in the pharmacy based on this law (81%), on contrary 75% patients did not know if they received generic drug or original during last 3 months.

Conclusion

Based on our research among patients we conclude that generic substitution is most likely effective drug policy tool, but since there are also many negative experiences (own or shared) with generic drugs, generic substitution is still considered in many cases as alternative treatment, not first choice.
References:


