7.2. Prescription of low-cost drugs in ambulatory setting (E-3)

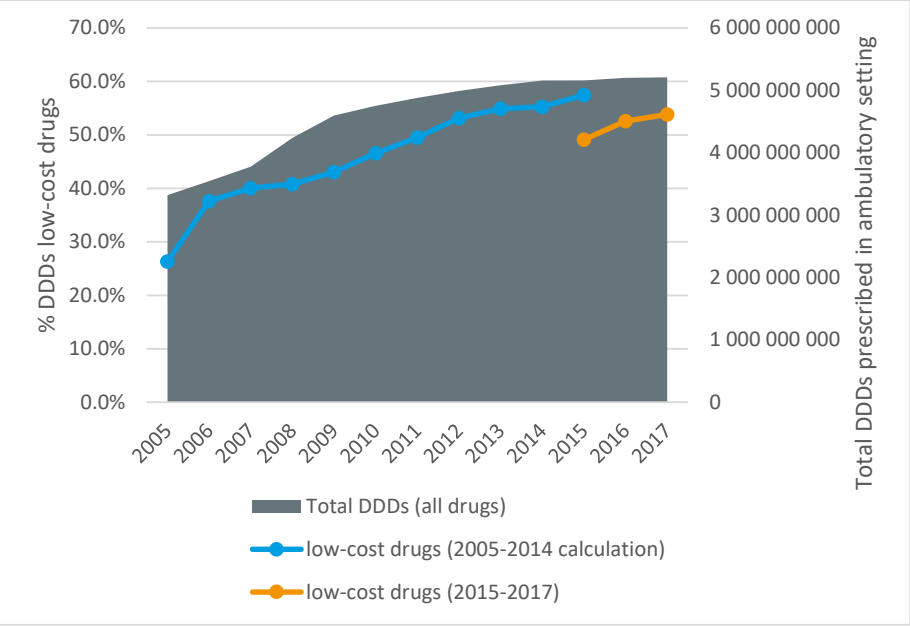
7.2.1. Documentation sheet

Description	Proportion of low-cost drugs (DDD) prescribed in ambulatory setting
Calculation	Numerator: total DDD of low cost drugs delivered in ambulatory setting Denominator: total DDD delivered in ambulatory care
Rationale	Low cost drugs are defined since 1st January 2015 as one of the three cheapest drugs available on the market for reimbursed drugs, or any available that is not 5% more expensive than the cheapest (exception: for patients with chronic conditions, the practitioner can opt for a more expensive drug for justifiable reasons). Before 2015, low-cost drugs were at minimal 31% less expensive that original drugs and drugs prescribed under INN (International Non-proprietary Name) were considered as low-cost; biosimilar treatments were not included in the calculations for 2005-2015 period; they have been added for the 2015-2017 period (biosimilars have been included in the reference price system since July 2012). Promoting the prescription of low-costs drugs is a good way to limit health expenditures, both for the third party payer and for the patient. In Belgium, a reference price system has been implemented in 2001 and extended in 2005. With that system, patients have to pay a supplement when they are prescribed original drugs for which a generic alternative exist. As a consequence, several companies lowered the price of original drugs so that patients did not have to incur the financial penalty. [1] These drugs are thus also considered low cost. Depending on their specialty, physicians and dentists are require to prescribe a certain minimum percentage of low cost drugs, the so-called "quotas" since 2006, these quotas have been revised in January 2011, January 2017 (GPs), January 2018 (specialists). [2]
Data source	Pharmanet (RIZIV – INAMI)
Technical definitions	Low cost prescriptions were defined before 2015 as (1) generic drugs and copies (2) original drugs for which a generic alternative exists and which have lowered their public retail price to the reimbursement basis so that there is no supplement to be paid by the patient (3) drugs prescribed under the International Non-proprietary Name (INN or ICD: International Common Denomination ICD) because the pharmacists delivers a low cost drug in priority: only for drugs within the reference price system. Since January 2015[2]: 1. One of the 3 cheapest drugs on the market 2. Or any drug which is not 5% more expensive than the cheapest drug as long as there are more than 3 different drugs that meet this condition 3. Exception: for patients with a chronic condition, the usual treatment still can be prescribed if a change could cause confusion or lead to problems
International comparability	Comparison with other countries is difficult since international comparison are based on the use of generic drugs (and not use of low costs drugs in general). [3]
Performance dimension	Efficiency

7.2.2. Results

Between 2000 and 2017, the total number of DDD prescribed in ambulatory setting increased from 2.76 billion to 5.2 billion. On the same period, the proportion of low-cost DDDs continuously increased to reach 55.2% in 2014 (Figure 92). With the new calculation introduced in 2015, low-cost DDD rose from 49.1% (which has been estimated to 57.8% for the previous calculation) to 53.8 in 2015 (Figure 92). Results by region are presented in Table 60 below: Flanders has a slightly higher rate that Brussels and Wallonia.

Figure 92 – Percentage of low cost DDD and total DDD prescribed in ambulatory setting (2005-2017)



Source: RIZIV – INAMI, Pharmanet
DDD= Defined Daily Dose

Table 60 – Percentage of low cost Defined Daily Doses (DDD) prescribed in ambulatory setting, by region (2017)

Province	% DDD low cost drugs
Brussels	52.8
Flanders	54.9
Wallonia	51.8
Belgium	53.8

Source: RIZIV – INAMI, Pharmanet

Key points

- **The percentage of low cost drugs in ambulatory setting increased constantly: from 49.1% in 2015 to 53.8% in 2017 (with the previous calculation scheme: from 40.3% in 2008 to 54.8% in 2014).**
- **Differences by region are small, but Flanders is ahead (in 2017: Brussels 52.8%, Wallonia 51.8% Flanders 54.9%)**

References

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