Abstract

Generic medicines can generate larger savings to health care budgets when their use is supported by incentives on both the supply-side and the demandside. Pharmacists’ remuneration is one factor influencing the dispensing of generic medicines.

Objective: The aim of this article is to provide an overview of different pharmacist remuneration systems for generic medicines in Europe, with a view to exploring how pharmacist remuneration systems can contribute to generic medicine dispensing.

Methods: Data were obtained from a literature review, a Master thesis in Pharmaceutical Care at the Catholic University of Leuven and a mailing sent to all members of the Pharmaceutical Group of the European Union with a request for information about the local remuneration systems of community pharmacists and the possible existence of reports on discounting practices.

Results: Pharmacists remuneration in most European countries consists of the combination of a fixed fee per item and a certain percentage of the acquisition cost or the delivery price of the medicines. This percentage component can be fixed, regressive or capped for very high-cost medicines and acts as a disincentive for dispensing generic medicines. Discounting for generic medicines is common practice in several European countries but information on this practice tends to be confidential. Nevertheless, data for Belgium, France, the Netherlands and United Kingdom indicated that discounting percentages varied from 10% to 70% of the wholesale selling price.

Conclusion: Pharmacists can play an important role in the development of a generic medicines market. Pharmacists should not be financially penalized for dispensing generic medicines. Therefore, their remuneration should move towards a fee-for-performance remuneration instead of a price-dependent reimbursement which is currently used in many European countries. Such a fee-for-performance remuneration system provides a stimulus for generic medicines dispensing as pharmacists are not penalized for dispensing them.* Pieter DYLST, PharmD, PhD-candidate. Research Centre for Pharmaceutical Care & Pharmaco-economics, K U Leuven. Leuven (Belgium). Arnold VULTO, PharmD, PhD. Professor Hospital Pharmacy & Practical Therapeutics. Hospital Pharmacy, Erasmus University Medical Centre. Rotterdam (The Netherlands). Steven SIMOENS, MSc. Professor Pharmaco-economics. Research Centre for Pharmaceutical Care & Pharmaco-economics, K U Leuven. Leuven (Belgium). but also needs to account for the loss of income to pharmacists from prohibiting discounting practices.
Keywords
Drugs, Generic, Drug Substitution,
Fees, Pharmaceutical, Pharmacists, Europe.