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MEETING ABSTRACT

A5.3

**Savings potential in public expenses on pharmaceuticals in Austria, 2011–2014**

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**Background:** The rise in public expenses on pharmaceuticals is of global concern. Nations and social insurance authorities have taken measures to cut costs, among them the Austrian authorities. In contrast to other countries, the measures by the Austrian authorities grant a high grade of freedom of choice of drugs to the prescriber. This report is based on precise data of public expenses on pharmaceuticals and calculations at substance level (ATC level 5).

**Methods:** Data from all prescriptions filled in Austrian pharmacies on public expense by outpatients (2006–2012) were obtained from the Main Association of Austrian Social Security Institutions (Hauptverband der österreichischen Sozialversicherungsträger). Savings potential was calculated at ATC-5 level (substance level) taking into account recommendations of authorities and the status of the medical evidence. Calculations were performed by replacing expensive brands with more cost effective brands or by replacing substances with low grades of evidence by substances with high-grade evidence and choosing cost-effective brands.

**Results:** Public expenses on prescriptions filled in Austrian pharmacies by outpatients (2006–2012) rose from €2.45bn in 2011 to €2.67bn in 2014. A cumulative saving potential of over €2.53bn was calculated over the years 2011–2014 (2011: €675.4m, 2012: €656.9m, 2013: €585.2m, 2014: €616.1m). In 2014, for drugs acting on the CNS, the savings potential was €169.15m, for drugs acting on the cardiovascular system, the savings potential was €107.61m alone. Savings potential data are available at ATC-5 (substance) level.

**Discussion:** This report points out the enormous possible savings potential that could have been achieved by careful implementation of the authorities' and state-of-the-art medical recommendations. The savings potential data are based on calculations from all prescriptions filled in Austrian pharmacies on public expense by outpatients (2006–2012) and therefore differ substantially from previous estimations. However, a more cautious prescription practice could provide an even greater savings potential.

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