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MEETING ABSTRACT

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**Prescription and savings potential of RAAS inhibitors  
in Austria, 2012**

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**Background:** Drugs acting on the renin–angiotensin–aldosterone system (RAAS) are the most frequently prescribed drugs in pharmacotherapy of the cardiovascular system: in 2012, 800 million dose equivalents worth €190 million were prescribed on public expense in Austria. The variety of therapeutic principles and the variety of substances calls for in-depth analysis and evaluation of prescription data for compliance of the prescription practice with medical guidelines and pharmacoeconomic recommendations.

**Methods:** Data from all prescriptions filled in Austrian pharmacies on public expense by outpatients (2006–2012) were obtained from the Federation of Austrian Social Insurance Institutions (*Hauptverband der österreichischen Sozialversicherungsträger*) and analyzed for prescriptions of drugs acting on the RAAS using modified WHO drug statistic methodologies. Savings potential calculations are based on recommendations and regulations of Austrian and German authorities.

**Results:** 490 million dose equivalents of ACE-Inhibitors (ACEIs) worth €79.2 millions and 310 million dose equivalents of angiotensin receptor blockers (ARBs) worth €111 million were prescribed on public expense in 2012. In contrast to guideline recommendations, the majority of ACEIs and ARBs were prescribed as combinations (mainly with thiazide diuretics). Prescription rate for generics was 54.9% for ACEIs and 15.5% for ARBs. The calculated saving potential was €110 million (57%).

**Discussion:** Prescriptions of ACEIs and ARBs only partially reflect the recommendations of guidelines and authorities; regulatory efforts to lower medication prices have shown a limited effect. Prescription rates of generics are relatively low, prescription rates of “me-too” substances and expensive combinations are high. The enormous savings potential calls for optimization of medical prescription practice and prescription regulations by the authorities.

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