1.1. Use of low-cost medication (E-3)

1.1.1. Documentation sheet

Description	Proportion of low-cost drugs (DDD) delivered 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 1 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 since 2016 (biosimilars have been included in the reference price system since July 2012). Since 1 April 2021, there is no need for three cheapest drugs available: drugs whose price is within 5% of the cheapest are considered low-cost. 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 exists. 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 required 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 Exception: for patients with a chronic condition, the usual treatment still can be prescribed if a change could cause confusion or lead to problems Since April 2021,[3] the first condition has been dropped (one of the 3 cheapest drugs on the market).
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).[4]

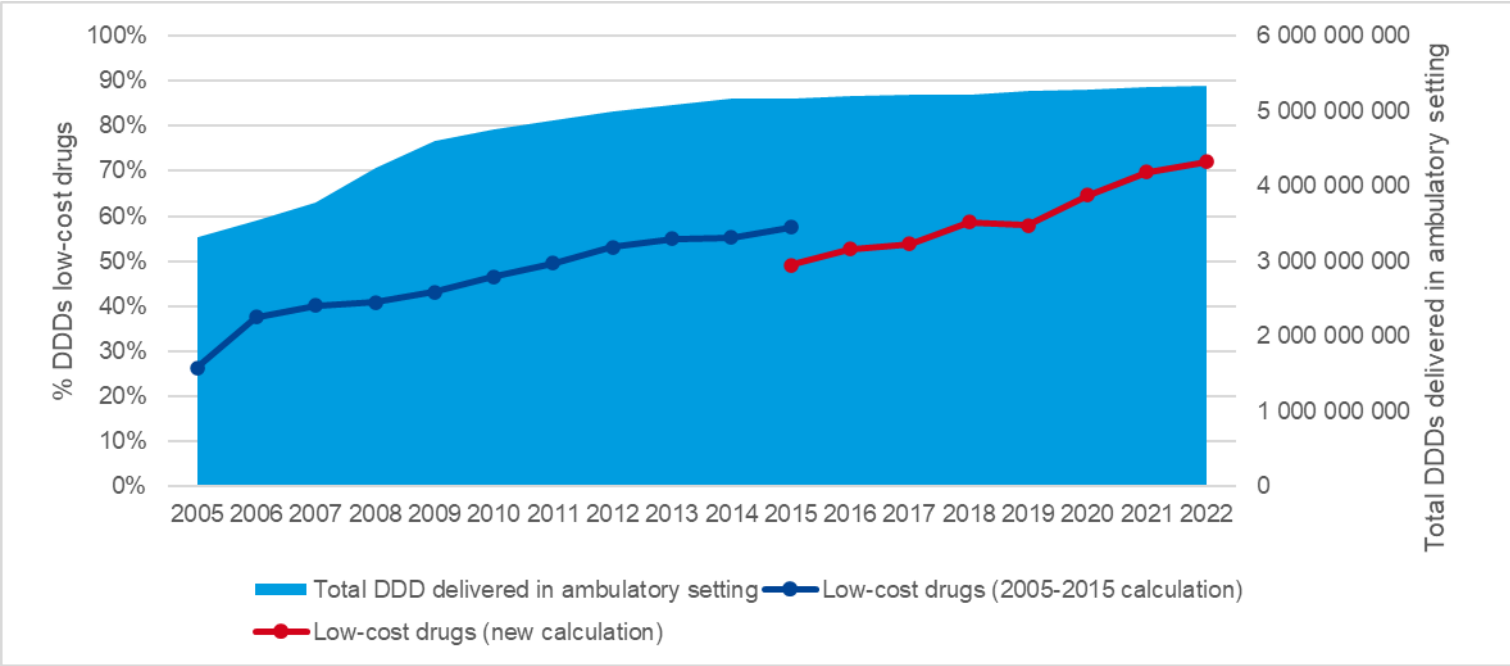
Limitations	There has been a change in calculations (series break) in 2015.
Dimension	Efficiency
Related indicators	Use of biosimilar treatments
Reviewers	Marc De Falleur (INAMI – RIZIV)

1.1.2. Results

Belgium

Between 2005 and 2021, the total number of DDDs delivered in ambulatory setting increased from 3.32 billion per year to 5.32 billion. The proportion of low-cost DDDs rose from 49.1% in 2015 to 69.7% in 2021 (Figure 1), with a steep rise the last two years, which is partly due to the removal of 'supplements' (extra fees) in July 2020, allowing some medications to fall into the low-cost category.

Figure 1 – Percentage of low-cost DDDs and total DDDs delivered in ambulatory setting

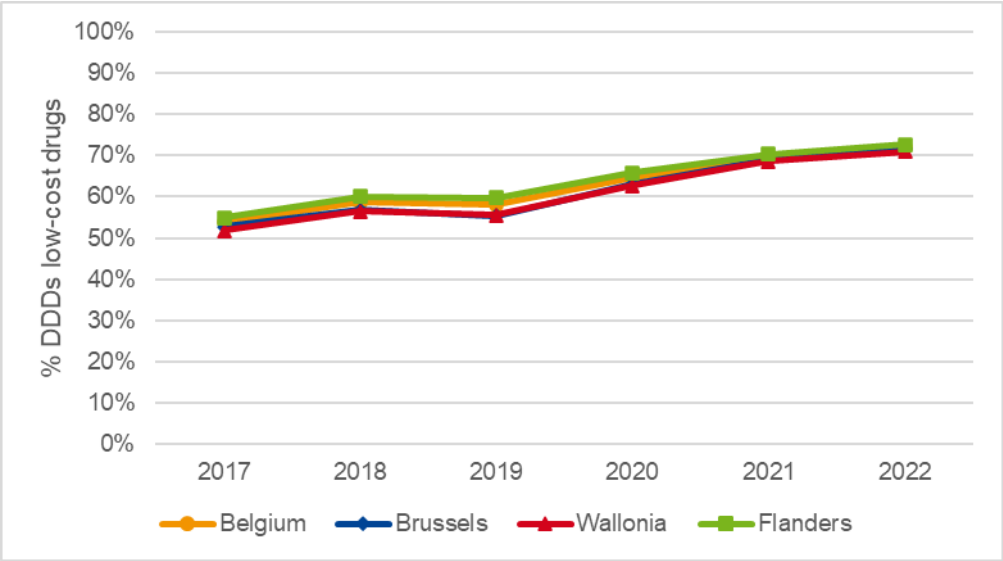


Source : INAMI – RIZIV

Regions

At the regional level, there are no significant differences: in 2021, Flanders had 70.4% of low-cost DDDs, Brussels 69.1% and Wallonia 68.6%.

Figure 2 - Percentage of low-cost DDDs by region



Source : INAMI – RIZIV

Impact of COVID-19 pandemic

Probably none.

Key points

- **The percentage of low-cost drugs in ambulatory setting (in DDDs) has increased significantly the two most recent years to reach 72.1% in 2022.**
- **Differences by region are small: in 2022, Brussels has 71.6% of low-cost medication (in DDDs), Wallonia 71.0% and Flanders 72.7%.**

References

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