

# Prescribing pattern of citalopram and escitalopram in the canton of Geneva: a potential for major savings

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## OBJECTIVES

This study focus on the cost of citalopram and escitalopram prescribing in two outpatient settings. Since 2005, the Swiss government encourages the choice of generics by financial incentives. The patients participate for 10% instead of 20% if the medication price is lower. Escitalopram, the S-enantiomer of racemic citalopram, is not a generic but a proprietary drug. The clinical superiority of escitalopram over citalopram is controversial.<sup>1,2</sup>

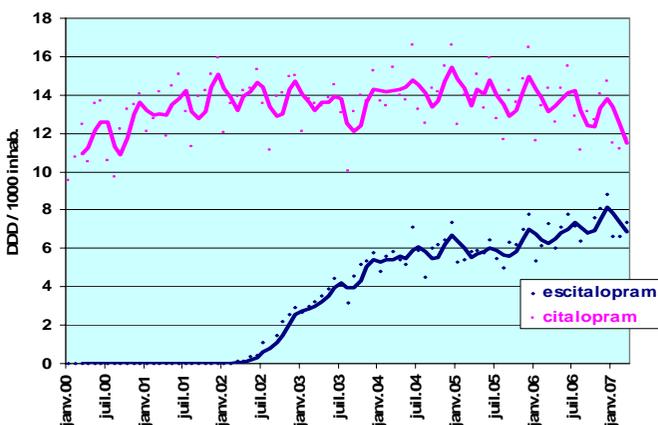
## METHODS

Prescribing patterns of racemic citalopram and escitalopram were studied in two clinical settings from January 2000 to March 2007. Setting 1 included all prescriptions from GPs and specialists practicing in the canton of Geneva. Setting 2 included all prescriptions provided by the University Hospitals at discharge. The prescriptions in the canton of Geneva (500'000 inhab.) were recorded by a single organisation (OFAC invoice office).

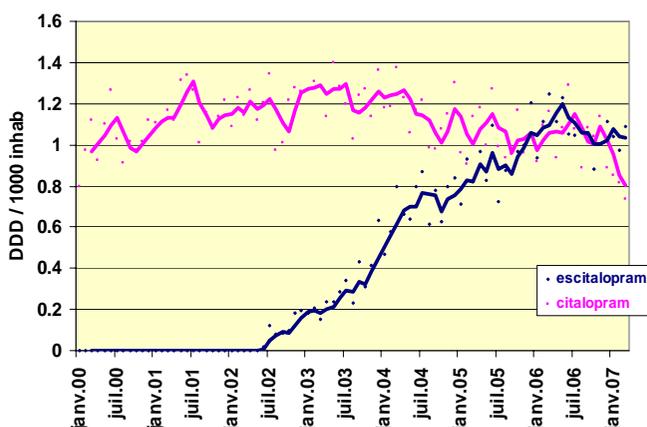
## RESULTS

The OFAC invoice office covered 92% of all filled prescriptions in the canton of Geneva. Despite the commercialisation of citalopram generics since October 2002 and escitalopram since March 2002, the total amount of citalopram prescribed remained constant from 2000 to 2007. The prescription of escitalopram increased from 2002 onwards. In January 2007, the volume of prescription in setting 1 was 12 Daily Defined Doses per 1'000 inhabitants (DDD/10<sup>3</sup>) for citalopram and 8 DDD/10<sup>3</sup> for escitalopram. In setting 2, the DDD/10<sup>3</sup> was around 1 for both citalopram and escitalopram. In both settings (March 2007), 75% of citalopram prescriptions were dispensed for as generics. Proprietary citalopram is 1 Euro per tablet more expensive than generic citalopram; escitalopram is 0.9 Euro per tablet more expensive than generic citalopram. From April 2006 to March 2007, had only generic citalopram been prescribed instead of proprietary citalopram and escitalopram, the total estimated savings would have been 1.5 million Euros (0.55 and 0.95 million Euros respectively).

DDD/10<sup>3</sup> in private practice



DDD/10<sup>3</sup> at hospital discharge



## CONCLUSIONS

Prescription of generic citalopram instead of escitalopram would lead to major saving. The fact that prescribers and patients dislike medication brand change may explain the maintenance of highly priced proprietary citalopram and escitalopram. Another explanation is a clever marketing strategy. Moreover, prescribing pattern in University hospitals can potentially influence the pharmacoconomics in private practice ("spillover" effect).

1. Svensson S, Mansfield PR. Escitalopram: superior to citalopram or a chiral chimera? *Psychother Psychosom.* 2004;73:10-6.
2. Baumann P, Zullino DF, Eap CB. Enantiomers' potential in psychopharmacology-a critical analysis with special emphasis on the antidepressant escitalopram. *Eur Neuropsychopharmacol.* 2002;12:433-44.