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

Girardin F¹, Vernaz-Hegi N², Muscionico D³, Salomon JL³, Schulz P¹, Bonnabry P²

¹ Clinical Psychopharmacology Unit, University Hospitals of Geneva, ² Pharmacy University Hospitals of Geneva, ³ OFAC E-mail: francois.girardin@hcuge.ch

OBJECTIVES
This study focuses 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.¹,²

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/10³) for citalopram and 8 DDD/10³ for escitalopram. In setting 2, the DDD/10³ 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).

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 pharmacoeconomics in private practice (“spillover” effect).