

# SUBSTITUTING MEDICINES RESPONSIBLY

## A MULTIPARTY AGREEMENT FOR PATIENTS, PRESCRIBERS, PHARMACISTS AND HEALTH INSURERS FOR SUBSTITUTION OF MEDICINES IN THE NETHERLANDS.

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### BACKGROUND

Substitution of medicines (with same active ingredient, dosage, administration form and release pattern) can have negative consequences for safe, effective and efficient use of medicines. Moreover, medicine substitution can confuse patients and can be source of discussion with health care professionals and/or health insurers. In the Netherlands national organisations of patients, general practitioners and medical specialists, pharmacists and health insurers\* initiated a series of workshops.

### AIMS

The aim of the workshops was to clarify the role and responsibilities of patients, prescribers, pharmacists (hospital as well as community pharmacists) and health insurers in medicine substitution. To reach agreement over conditions for substitution in order to provide good, effective and efficient pharmaceutical patient care.

### METHOD

Summer 2021 a series of workshops started addressing the following topics: which medicines should/should not be substituted; considerations and conditions for substitution of medicines; medicines with a device. Agreement was reached March 2022.

### RESULTS

A guideline for substituting medicines responsibly including:

- Three categories of medicines Red, Orange and Green [table 1]:
  - Red Category : the medicine cannot be substituted, unless not available;
  - Orange Category [table 2]: the medicine can be substituted, *provided* no contra indication by individual patient’s condition [table 3] and special patient counselling is given;
  - Green Category: the medicine can be substituted, *unless* contra indicated by individual patient’s condition.
- Condition for all three categories: in case of substituting medicines, information and patient counselling should be given by prescriber and/or pharmacist.
- If substitution is not possible, the prescriber will mark the prescription for a medicine with ‘medical necessity’.
- Assessment of medical necessity is the responsibility of the prescriber, the pharmacist will dispense the medicine as prescribed.
- Recipes with medical necessity are exempted from contracting policies of health insurers, with no malus for community pharmacists.

Table 1. Three categories: Red, Orange and Green

<b>Red Category</b> <i>Not to be substituted, unless not available.</i>  Which: medicines with a narrow therapeutic index. Therapeutic window 5 or smaller. TV is TD50 (lethal or toxic dose in 50% of the population/ ED50 (effective dose in 50% of the population). If this quotient of a medicine is 5 or less, the medicine belongs to the Red Category.  Number of medicines involved: 14  <b>Action:</b> not be substituted, unless not available. If substitution is unavoidable special patient counselling is given.  Note: if a patent expires, by exception a medicine can be substituted once.	<b>Orange Category</b> <i>Can be substituted, provided not contra indicated.</i>  Which: medicines in combination with a therapeutic indication [table 2] which have a high clinical risk if not used or administered correctly.  Number of medicines involved: 94, diagnosis involved: 18  <b>Action:</b> Check if substitution is contra indicated by patient's individual condition. If substitution is not possible, the prescriber will mark the prescription for a medicine with 'medical necessity'.  If substitution is possible, special counselling is given.	<b>Green Category</b> <i>Can be substituted, unless contra indicated.</i>  Which: all medicines not in the Red or Orange Category.  <b>Action:</b> In case substitution is contra indicated by patient's individual condition [table 3] the prescriber will mark the prescription for a medicine with 'medical necessity'.  If substitution is possible information and patient counselling should be given.

Table 2 Category Orange: Therapeutic indication in combination with active substance(s) which have a high clinical risk if not used or administered correctly.

Example: Heartfailure in combination with active substances.

<b>Category Orange: therapeutic indications</b> Arrhythmia Arrhythmia / heart failure Arrhythmia / Hypertrophic obstructive cardiomyopathy Asthma and COPD Bipolar disorders Epilepsy Familial Mediterranean fever Gestational hypertension Graft vs host rejection prophylaxis Heart failure Myasthenia gravis Narcolepsy Oncology Parkinson's disease Psychosis and manic episodes Pulmonary hypertension Rheumatoid arthritis Thrombosis	<b>Active substances</b> Bisoprolol Bumetanide Carvedilol Furosemide Isosorbide dinitrate Ivabradine Nebivolol
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Table 3 Individual patient's condition

1. Cognitive abilities	6. Needle phobia
2. Mental disorders involving anxiety, paranoia etc	7. Visual problems
3. Treatment for which strict intake schemes are obligatory	8. Resorption problems
4. Deglutition disorders	9. Allergies / intolerance for certain excipients
5. Limited hand strength	10. Earlier reported intolerances

### CONCLUSIONS

A multiparty agreement on the principle of substituting medicines, categories of medicines and terms for substitution and consequences of dispensing medicines with ‘medical necessity’. Moreover, community pharmacists are generally acknowledged as health care professionals. No longer a malus for prescriptions with ‘medical necessity’ in contracts of pharmacists with health insurers.

\*) Organisations involved: Netherlands Patients Federation, Dutch Association of Medical Specialists, Dutch College of General Practitioners, National Association of General Practitioners, Royal Dutch Pharmacists as observer Association, Dutch Health Insurers, Common Eye consultancy and as observer the Ministry of Health, Welfare and Sport.