Reviewer's report

Title: Can authorities appreciably enhance the prescribing of oral generic risperidone to conserve resources?: findings from across Europe and the implications

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Reviewer: Rajiv Tandon

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In view of the increasing pharmaceutical expenditures on antipsychotic medications and the potential for utilization of generic agents to reduce such costs, a study of the experience of various countries following the introduction of generic risperidone is of value. The manuscript's introduction notes the range of relevant issues and gaps in the literature, but could be more succinct. The methodology is reasonable and is adequately described. The results are fairly presented and include findings of a reduction in overall risperidone utilization and variations in the use of generic risperidone use across countries. The authors conclude that the introduction of generic formulations does not result in an increase in their utilization in the absence of demand-side initiatives encouraging their use.

The study is timely and addresses an important topic. The study design is reasonable. While the results are clearly presented, some additional information would be important. 1. Only administrative databases were accessed - while this is reasonable, what proportion of total antipsychotic expenditures of the nation did they represent and were there changes in this proportion over the timeframe of the study? 2. While proportion of risperidone use the focus of this manuscript, numerical trends over the period in the use of other antipsychotic agents would provide useful background information. 3. What was the status of introduction of long-acting risperidone (microspheres, "Consta") in the various countries and its use over this period? 4. What was the status of introduction of oral and long-acting injectable paliperidone in the various countries and patterns of its utilization in these countries and specific systems in them? 5. Were absolutely no demand-side measures utilized in any of the countries? and 6. Were any educational efforts to promote generic risperidone employed in these countries (if so, what was their nature and extent) and were any incentives provided to prescribers, pharmacists, or health-care systems to promote its use?

Some implications of the study are well discussed - i.e., the absence of a spill-over effect from other pharmaceutical classes and the absence of any apparent clinical issues with generic risperidone. Some evident conclusions (eg., significant inverse relationship between cost differential between generic versus branded risperidone and utilization of generic risperidone as proportion of total risperidone; OR regression towards mean in risperidone utilization across countries in context of overall decline in risperidone use) are not. The possibility
that decline in risperidone utilization might parallel decline in olanzapine utilization ("oldest atypical antipsychotics") should be considered. Finally, some conclusions are not fully substantiated- eg., "demand-side initiatives encouraging the prescribing of generic atypicals are likely to have only limited impact")- what, if any, demand-side initiatives were employed across the different countries?

There are grammatical and syntactical errors in the manuscript that need correction; in particular, there are several incomplete sentences- eg., third sentence of the abstract)

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I have no competing interests