



**SDI Review Form 1.6**

Journal Name:	<a href="#">Advances in Research</a>
Manuscript Number:	Ms_AIR_29264
Title of the Manuscript:	<b>FIXED DOSES COMBINATIONS ACTING ON CARDIOVASCULAR SYSTEM - UTILIZATION AND GENERIC COMPETITION</b>
Type of the Article	<b>Original Research Article</b>

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p>I think that the presented paper could be interesting for a reasonable number of scientists in pharmaco-epidemiology and pharmaco-economics areas. However, some problems exist. As a whole, the manuscript is rather poorly written and very difficult to reading. The Authors use a lot of abbreviations but they are not used properly. Some abbreviations are used without explanation. The full names or abbreviations should be used constantly.</p> <p>To me, the list of abbreviations should be added.</p> <p>Some comparisons are not clear, e.g.: "Diuretics, b-blockers, angiotensin receptor blockers were more frequently used in females than in males - 22%, 47%, 22%, resp. 19%, 42%, 19%, unlike ACE-inhibitors - 29% vs 26%." It is not clear to me.</p> <p>The sentence "FDC were underused." It needs some comments. What does it mean?</p>	<p>The list of abbreviations is added.</p> <p>The data is published in Journal of Hypertension: June 2015. Vol 33. PP.35.16 The cited information is explained as follow: As far to ACE-inhibitors, they are most frequently used in males than females - 29% vs 26%. Therefore the use of CV medicines is different depending on the gender of the patients.</p> <p>"FDC were underused" is explained in the discussion section as follow: The results from the other study [15] shows that in Bulgaria FDC were underused compared with the monotherapy. Monotherapy was prescribed more frequently in low/moderate risk. In patients with high/very high risk the CT were used more often. Our study confirms that last few years the utilization of FDCs has increases which is a result from the high number of reimbursed medicines included in PDL and the increasing</p>



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	<p>“The study confirms that the generic and therapeutic competition leads to significant price decrease and change the trends in the FDC utilization in cardiology.” It is not clear. There are no any comparisons between original and generic products.</p>	<p>competition. We proved also that last years there is inverse relationship between the high price per DDD and utilization of medicines in Bulgaria. In study for South Africa the same results are reported [30]</p> <p>The conclusion is changed as follow: The study confirms that in Bulgaria the generic and therapeutic competition has increased between 2009-2013 years. It leads to the significant price decrease and change the trends in the FDC utilization in cardiology.</p>
<b><u>Minor</u></b> REVISION comments		
<b><u>Optional/General</u></b> comments		