





BELGIUM

Rational use of medicines in the in- and out-patient sector

EDUCATIONAL strategies:

- Training for prescribers like continuing inservice medical education (seminars, workshops) or clinical supervision or consultation:
 - FARMAKA project (individual GP are visited by independent consultants)
- Printed materials like clinical literature and newsletters:
 brochure on INN prescription and
 - brochure on INN prescription and "cheapest" pharmaceuticals (incl substitution for antibiotics/antimycotics)
- Media-based approaches like posters or TV spots, information campaigns directed at the general public: antibiotics campaign
- Other: LOK meetings (local peer review)

MANAGERIAL strategies:

- Prescription guidelines:
 recommendations consensus meetings
- Information systems, prescription software: website BCFI/CBIP, labelled software for GPs
- Positive reimbursement lists (out-patient and in-patient)
- Medicines selection: who decides which medicine is taken?
 Brand name prescription → prescriber INN prescription → pharmacist ("cheapest")
- In-patient sector: hospital formulary

 Other:
 Projects to improve use of medicines in nursing homes

Strategies to improve use of medicines

ECONOMIC strategies:

- Financial incentives for prescribers or patients to prescribe/ask for generics:

 INN prescription → pharmacist must dispense a "cheapest" pharmaceutical
- Peer group monitoring:
 Individual feedback prescription profile ("cheap" medicines)
- Price monitoring, prescription monitoring: Prescription monitoring by NIHDI (e.g. quinolones)
- Pharmaceutical budgets for doctors: -

REGULATORY strategies:

- Market and practice control (apart from medicines registration):
 - e.g. reimbursement of anticancer and mostly orphan medicines is restricted to inpatient sector
- Generic policies:
 - INN prescribing, generic substitution for antibiotics/antimycotics, dispensing of "cheapest" pharmaceuticals
- Regulating pharmaceutical promotional activities
- Regulating the use of different medicines to different levels of the health sector (e.g. licensing prescribers and medicine outlets or scheduling medicines into prescriptiononly & over-the-counter)
- Other:
 Regulating & follow-up availability medicines

Evaluations of the measures:

INN prescription rate: ± 8 %
Prescription quota for "cheap" medicines are obtained
85 % pharmaceuticals have label "cheapest" (out-patient)
Follow up "flagging" by pharmacists