





PORTUGAL

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

Educational strategies:

- \Rightarrow Media campaigns directed to prescribers and to the general public which aimed to:
 - promote generics;
 - alert the citizens to the risks of the medicines purchased from non authorised internet site;
 - raise awareness of the patients concerning the price of the medicines
- ⇒ Application available on INFARMED's website that allows users to search for medicines, by medicine name or active ingredient, and learn which alternatives are on the market as well as which are the cheapest options.

Managerial strategies:

- Prescription guidelines (medicines and MCDT) not mandatory, used as a tool to facilitate appropriate prescription.
- ⇒ Prescription software: Rules for prescription, dispensing and accountability of medicines (information on the cheapest alternative and printing in the prescription the savings if it had been chosen the cheapest alternative)
- ⇒ Pharmaco-economic evaluations for reimbursement purposes based on the Methodological Guidelines for Economic Evaluation Studies.
- \Rightarrow National Prescribing Formulary which gives information regarding the available medicines in the out-patient sector.
- $\Rightarrow~$ Positive list of medicines for the out-patient sector.
- \Rightarrow Individual pharmaceutical formularies in hospitals.
- \Rightarrow Public Procurement.
- ⇒ Electronic platform under development for sharing information among the Pharmaceutical and Therapeutic Committee of the hospitals.
- ⇒ Uniform coding system and a common registry for medical supplies under implementation.

Strategies to improve use of medicines

Economic strategies:

- ⇒ Responsibility of pricing medicines transferred from the Ministry of Economy to the Ministry of Health (INFARMED, I.P.).
- ⇒ Price Monitoring Annual revision of prices of medicines and of countries of reference in order to achieve cost savings.
- ⇒ Pharmaceutical expenditures monitoring: cannot exceed the target of 1.25 per cent of GDP in 2012 and 1 per cent of GDP in 2013.
- ⇒ Agreement between Ministry of Health and Pharmaceutical Industry about expenditure limits in line with Memorandum of Understanding on specific economy policy conditionality (IMF, EC, ECB), establishing claw-back payment above: 1196M€ ambulatory and 870M€ hospital.
- ⇒ Changes on the marketing margins for wholesale companies and pharmacies, from January 2012 1st.

Regulatory strategies:

- $\Rightarrow\,$ Mandatory INN prescribing to increase the use of generic medicines
- ⇒ Mandatory dispensing by pharmacies of one medicine among the 5 cheapest medicines in each homogeneous group, within the internal reference price.
- ⇒ Removing all effective entry barriers for generic medicines (administrative/legal hurdles) in order to speed up the use and reimbursement of generics.
- ⇒ Increasing the share of generic medicines to at least 30 % of all outpatient prescription (in volume) in 2012 and substantial further increases in 2013.
- ⇒ New legislation regulating pharmacies (Clarify process to award new licenses; Reinforce information duties; obligation to have lowest price generics; Forbidden parallel trade by pharmacies; Creates lower requirements for pharmacies with low economic turnover).
- ⇒ Regulating pharmaceutical promotional activities.

Evaluations of the measures:

- ⇒ Price Monitoring: Estimated savings during 2012 1st semester resulted in: total market savings: -38M€ (Generics: -13 M€ + Brands: -25M€); NHS expenditure savings: -17M€ (Generics: -6 M€ + Brands: -11M€); Patient savings: -10M€.
- Pharmaceutical expenditures monitoring: Generic share in total market: 24,5% (volume); NHS expenditure: -7,7% (ambulatory); Patients expenditure -8,8% (ambulatory) and -1,2% (hospital) 1S 2012 data.
- ⇒ Entry barriers to generics: already unblocked 9 INN (related to market authorization) and 7 (related to price).
- ⇒ Changes on the marketing margins: Estimated expenditure savings of 10,9M€ in NHS (1st quarter 2012) and 4M€ in patients expenditure (1st quarter 2012); by the end of 2012 is expected a saving 48M€ in the NHS expenditure.