

**Drug spending in Portugal: which drugs make the market move?**Claudia Furtado¹, Rosalia Oliveira¹¹ INFARMED, I.P., Lisboa, PORTUGAL

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Objectivos (Objectives): Spending on prescription drugs is an important health care issue in Portugal likewise in the majority of European countries. Previous studies have revealed that along with a higher use the switch to new drugs was one of the factors responsible for the growth in expenditure. The main objective of this study is to characterize the type of drugs (by therapeutic area, age and level of innovation) responsible for the increase in use and expenditure. In addition this study aims to identify which therapeutic areas had more new drugs reimbursed

Metodologia (Methodology): The data set used in this study was provided by IMS health data and was based on information on drug deliveries from wholesalers to pharmacies, between 2003 and 2010 in Portugal. We studied all drugs that were introduced in the market since 2001. To categorize medicines in accordance to their innovation status we applied the classification used by the National Regulatory Agency – INFARMED - in the appraisal of new drugs for funding purposes. At assessment, new drugs can be classified in: major therapeutic innovation, if “provide a substantial improvement over existing products”, marginal therapeutic innovation or generic medicines. For the study purpose older substances introduced before 2001 were classified into “remaining market”. Pharmaceutical expenditure was measured in retail price and utilization was assessed using the defined daily doses by 1000 inhabitants’ day.

Resultados (Results): From 2003 to 2010 utilization increased from 933 to 1 232 DDD per 1000 inhabitants day, an increase of 32,0%, while expenditure with prescription medicines increased 18,5%. A decomposition of expenditure revealed that the rise is essentially due to the new drugs reimbursed which are under patent, while the expenditure with the remaining market decreased, as a result of the introduction of generics medicines and reference price system in 2003. A more detailed analysis of the new drugs reimbursed reveals that the major drivers of expenditure growth were drugs that do not represent a major therapeutic innovation, but were considered to have an economic advantage or were associations of drugs that were already introduced in the market. This group contributed 81,2% to the increase observed between 2003-2010. An analysis by therapeutic group showed that oral anti-diabetic drugs, anti-hypertensive’s, statins, antipsychotic and anti-depressive drugs were the major drivers of drug expenditure growth. By contrary, some classes of antibiotic and also COX-2 selective inhibitor presented a major decrease on expenditure. Our results also identified that the cardiovascular group had several new substances introduced with marginal innovation but high use, while other important therapeutic groups like antibiotics did not have new drugs reimbursed.

Conclusões (Conclusions): The results demonstrated that the switch to new drugs that do not represent a major therapeutic innovation over drugs that already have generics, along with increasing use expressed by DDD per 1000 inhabitant per day, have been the main drivers behind the expenditure growth.