

Threats to adequate MS treatments in Portugal



Social & Economic Analysis

- Before mid 2011, health care was almost free for everyone in the National Health Service network – hospitals and health centres, regardless the income or the health situation of people seeking for treatment.
- Since mid 2011, due to the economic crisis, government took strong steps towards drastic cuts in state expenses in all areas, affecting the health budget and, accordingly, the treatment of PwMS



Social & Economic Analysis

- National Health System
 - Health Budget: Target 2012 - 1,25% of GDP* / 2013 - 1% of GNP
 - Reduction on costs 2010 – 2013: 40%
 - Cut on street pharmacy profit margins
 - Implementation of guidelines and Central Purchase for hospital products (Oncology / AIDS / MS) with a target of **-15% savings**
 - Health Budget less 800 Million € - 2012
 - Hospital benchmarking (savings / prices / efficiency / costs / managing / quality of service / discounts / etc.)
- Results: After 4 months
 - 39 guidelines issued (target : 50 until end year)
 - - 20% retail market (Aug 2011)**
 - Next focus – Hospital costs due to increase of 3,3% (Aug 2011 data)

*** Source : IMS



MS Treatment – State of Art

■ Patient Associations

SPEM – Sociedade Portuguesa de Esclerose Múltipla

ANEM – Associação Nacional de Esclerose Múltipla

TEM – Todos com a Esclerose Multipla

■ Medical Society

GEEM – Grupo de Estudos de Esclerose Múltipla

■ Treatment Centers

34 in 42 hospitals have MS Department

4 main hospitals:

- S. João – Oporto
- CHUC – Coimbra
- Sta. Maria – Lisbon
- Hosp. Capuchos – Lisbon

■ Medications available (100% reimbursed)

Interf Beta 1a – Avonex / Rebif

Interf Beta 1 b – Extavia / Betaferon

Copaxone

Tysabri

Gylenia

■ MS Consensus under development

■ **National Commission** was created to validate MS Centers and patient treatment (current and newly-diagnosed patients)

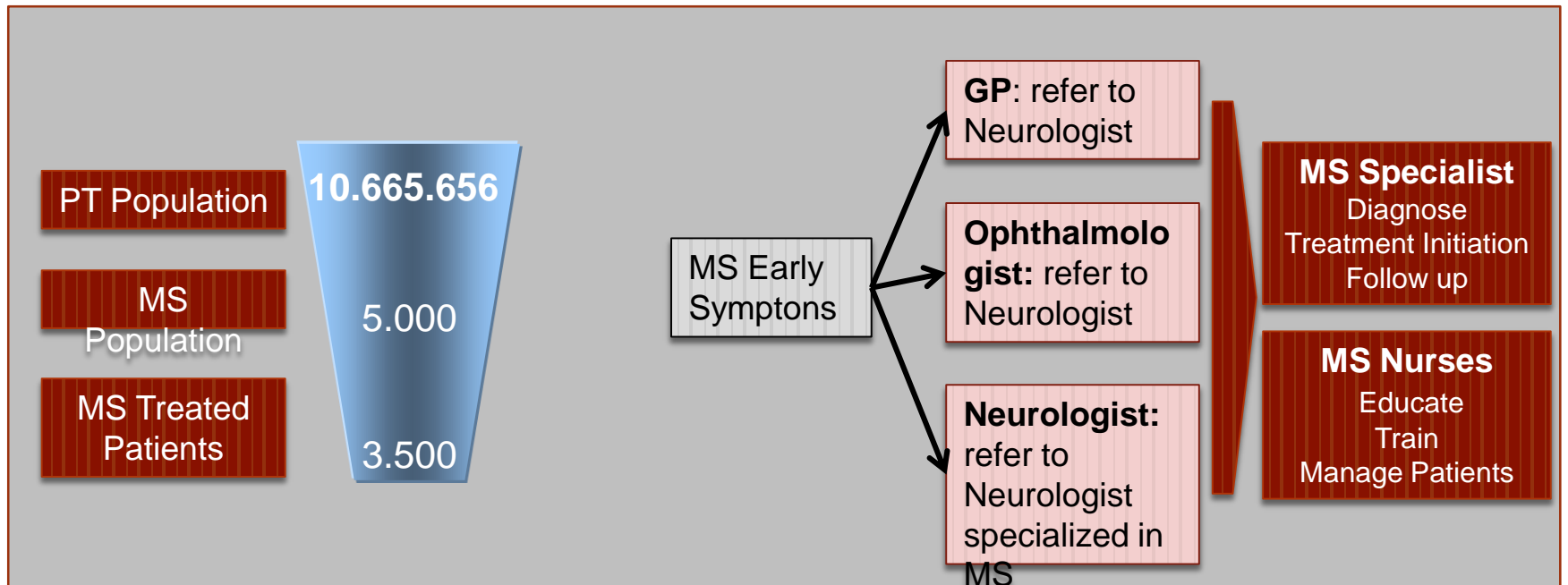
■ **Increased pressure on HCP** to reduce or minimize treatment costs.

■ **Increase co-payment** for medical assistance

■ **Reduce access to treatment** (MRI, patient transportation)



MS Diagnose & Treatment Flow



Supply Model

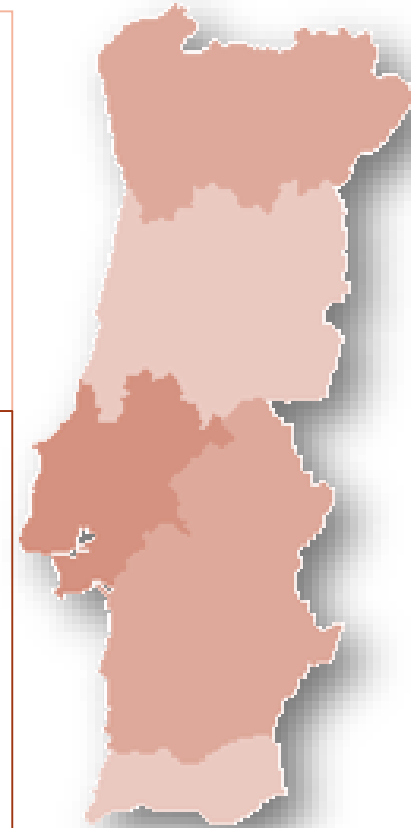
Before

- Price settled by Minister of Economy and Regulatory Authorities
- SPMS (National Purchase) set tenders based on Price / National Guidelines
- MS specialist prescribed based on patient needs (free Rx) / Patients free access to treatment
- Hospitals purchased the medication from Pharm Companies based on SPMS catalog and supply patients through hospital pharmacies

Today

- Price settled by Minister of Economy and Regulatory Authorities
- SPMS (National Purchase) set tenders based on Price / National Guidelines
- Hospitals are creating sub groups to select products based only on price and own clinical criteria
- Clinical criteria's could be different from region to region
- Only 1 1st line product and 2nd line product will be available for patients
- No free prescription
- If Rx is different from hospital (administration guidelines) have to be approved by pharmacy commission
- Difficulties to access to treatment are increasing (egg: less MRI /

increasing difficulties to diagnose / 1 week treatment instead of 1 month)



Problems with New Model

- No National Guideline in place
- Decisions based only on price criteria
- Difficulties to diagnose and MRI
- Lack of therapeutic options
- Physician prescription is limited to hospital administration decision
- Physician decision are not respected
- Different patients needs are not respected
- Patient adherence in risk due an increasing difficulties to access to treatment

