



Media Bite

Unified Medical Prescription:
Good intentions do not
guarantee effective
implementation



Faculty of Health Sciences
Knowledge to Policy | K2P Center

Introduced in 2015, the Unified Medical Prescription has been a positive step for the healthcare system in Lebanon, since it is one component of a broader policy that seeks to lessen the burden of health costs for citizens. But the implementation of this policy is currently facing several obstacles that should be firmly addressed before the current improper implementation strategies lead to negative consequences.

The introduction of the unified medical prescription benefits both citizens and the government as it will help alleviate the burden of pharmaceutical costs and improve access to medicine. Physicians can also benefit from the transfer of revenues generated from purchasing the forms to their retirement fund at the Lebanese Order of Physicians. The new policy of substituting high cost brand-name drugs with generic equivalents is based, to a large extent, on good intentions. But intentions alone are insufficient when it comes to introducing a new public policy which requires “mindful implementation” if they are to succeed. A team of researchers at the American University of Beirut conducted a study to better understand pharmacists’ views and reported practices in relation to the new policy. The study is considered first of its kind in Lebanon and included 153 pharmacies from all 6 governorates of Lebanon and was supervised by Drs. Fadi El-Jardali, and Elie Akl, and researcher Racha Fadlallah.

Majority of pharmacists do not support the unified medical prescription form

The study, which was recently published in the journal “Implementation Science”, indicated that 64% of participating pharmacists supported generic drug substitution in general, but they did not support the current implementation of the policy. The main reason was the lack of support and deficiencies in preparing various stakeholders, insufficient planning for form implementation, and introducing it without any prior preludes. This consequently led to depriving some patients from accessing generic drugs.

A positive outcome requires an effective implementation

The introduction of the Unified Medical Prescription occurred in parallel to other measures taken by the Ministry of Public Health (MOPH) to reduce the price of brand-name medications in Lebanon. Upon its launching, several pharmaceutical companies dramatically lowered the prices of some of their brand drugs to compete with generic equivalents. While this unanticipated reaction led to a reduction in total healthcare costs, it also resulted in price competition between brand-name drugs and generics, with the former often being less expensive than the generic equivalent. Consequently, this has undermined the purpose of the drug substitution policy. In line with the above, only 40% of pharmacists admitted that they have substituted brand drugs for generic equivalents (for those prescription that allowed substitution), either due to the absence of an incentive system or the decreased prices of several brand drugs. Of note is the significant number of pharmacists (59%) who reported facing problems in processing the new form; one reason is that the national list of generic drugs is outdated and not easily accessible.

Implementation correction measures are better late than never

The new medical form is a major milestone for the Lebanese health care system and its introduction is considered an achievement for the Lebanese MOPH. However, there remain some obstacles that might hinder its effective implementation. The study details evidence-based and context-specific recommendations and stresses on engaging and coordinating between various stakeholders. Some suggested solutions included: introducing policies on the pricing system; regulating interactions between pharmaceutical companies and health professionals; educating patients and healthcare professionals about generic drugs to address existing misconceptions; updating the national list of substitutable generic drugs and making it more easily accessible; and incorporating courses on generic drugs in the undergraduate medical and pharmacy curricula. The study also suggests that, with the launch of the e-services platform at the Health Ministry, the Unified Medical Prescription can be made electronic to facilitate timely surveillance and alleviate administrative hurdles.

References

Fadi El-Jardali, Racha Fadlallah, Rami Z. Morsi, Nour Hemadi, Mounir Al-Gibbawi, Magda Haj, Suzan Khalil, Youssef Saklawi, Diana Jamal and Elie A. Akl , Pharmacists’ views and reported practices in relation to a new generic drug substitution policy in Lebanon: a mixed methods study, February, 2017

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