

# The value of the pharmacy network in Portugal

Executive summary of the findings on a network of 2,920 community pharmacies and 202 pharmacy extensions, present in all 308 municipalities of the national territory, including the Autonomous Regions of the Azores and Madeira.

The geographic distribution of the 2,920 pharmacies across the mainland and the Autonomous Regions of the Azores and Madeira, shows the network's presence throughout the national territory.



Autonomous Region of the  
Azores · 53 pharmacies

Autonomous Region of  
Madeira · 65 pharmacies

## 82%

of Portuguese people live **less than 5 km** from a pharmacy · 41% travel on foot

## 57.2%

turn **first to the pharmacy** for a minor symptom · consistent across all age groups, including younger people

## 43.6%

of those who identify the pharmacy as their **first point of contact** reported avoiding at least one trip to a health centre or hospital

## 75.3%

**high or full trust** in the pharmacist · satisfaction 4.51/5

## 4.0 vs 2.6

**pharmacists per pharmacy** in Portugal vs the European average · 10.8 pharmacists per 10,000 inhabitants in Portugal

Each dot = 1 community pharmacy · Source: ANF

► STRUCTURAL FINDINGS ON THE PHARMACY NETWORK IN PORTUGAL

# For 82% of Portuguese people, the pharmacy is the closest healthcare location

2,920 pharmacies and 202 pharmacy extensions cover all 308 municipalities. In 2025, pharmacies recorded more than 550,000 visits per day (working days).

The Netsonda Nova SBE/ANF survey (n=1,000, ±3.1%) reports that **82% of Portuguese people live less than five kilometres from a pharmacy**, compared with 53.1% for the health centre and 13.7% for the hospital. **41% travel on foot** to the pharmacy and 76.4% arrive in under 10 minutes. In every region of mainland Portugal, the pharmacy is the health service with the shortest average travel time (between 7 and 11 minutes), whereas the hospital can exceed 40 minutes.

In 2025, the 2,920 pharmacies recorded **174.3 million visits** — around 14.5 million per month and more than **550,000 per day (working days)**, peaking at 16.3 M in October and 15.4 M in December (the seasonal vaccination campaign and year-end). The monthly average per pharmacy is 4,997 visits (median 4,287), consistently distributed across the network; **68.4% of users always go to the same pharmacy**.

The geographic reach that underpins this activity is structural. The 2,920 pharmacies and 202 pharmacy extensions cover all 308 municipalities: 306 have at least one pharmacy and the remaining two, both in the Autonomous Region of the Azores (Corvo and Lajes das Flores), are served by a pharmacy extension. Average density is **2.7 pharmacies and 10.8 pharmacists per 10,000 inhabitants**, with the highest relative density in the interior districts — Portalegre, Guarda, Évora, Beja and Vila Real. In Portugal, each pharmacy has, on average, **4.0 pharmacists** (2024 data), compared with **2.6 in the European average** (PGEU 2024), reflecting a greater concentration of qualified human resources per unit.

Trust is widespread. **75.3% report high or full trust** in the pharmacist (perceived importance 8.5/10); satisfaction with the pharmacy (4.51/5) is higher than with the health centre (3.77/5) and the SNS 24 health helpline (3.60/5) and remains **at or above 4.5/5 across all age groups**, with an upward trend in the 65+ groups. For minor symptoms, **57.2% turn first to the pharmacy** (vs 16.5% the health centre and 12.1% SNS 24) — the dominant pattern across **all regions** (65% in the South, 63% in the Interior North, remaining predominant in the Greater Lisbon and Greater Porto areas) and across **all age groups**, including younger people, where the pharmacy remains the main option despite greater diversification.

**DISTANCE**

## 82%

live < 5 km from a pharmacy · 53.1% from the health centre · 13.7% from the hospital.

41% travel on foot · 76.4% arrive in under 10 min.

**USE**

## >550,000/day

visits in 2025 (working days) · 174.3 M/year  
14.5 M/month · average 4,997/month per pharmacy.

68.4% of people always go to the same pharmacy.

**PROFESSIONAL DIFFERENTIATION**

## 4.0 PT vs 2.6 EU

pharmacists per pharmacy in Portugal (2024 data) vs the European average (PGEU 2024) · 10.8 pharmacists per 10,000 inhab. PT · 2.7 pharmacies per 10,000 inhab. PT.

Highest density in the interior districts.

**TRUST · SATISFACTION**

## 75.3%

high or full trust in the pharmacist · 4.51/5 satisfaction (vs 3.77 health centre · 3.60 SNS 24) · 8.5/10 perceived importance.

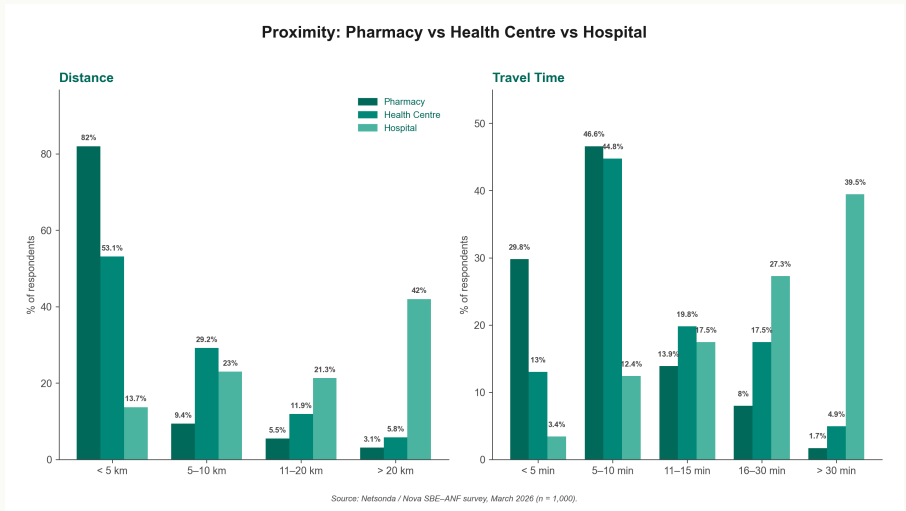
57.2% turn first to the pharmacy for a minor symptom.

**COMPARATIVE NETWORK REACH**

Schools	8,058	1 / 1,284 inhab.
Pharmacies	2,920	1 / 3,542 inhab.
CTT post offices	2,362	1 / 4,379 inhab.
USF + UCSP	1,615	1 / 6,404 inhab.
Espaços Cidadão	1,000	1 / 10,343 inhab.
District courts	23	1 / 449,698 inhab.

USF + UCSP — public primary-care units · Espaços Cidadão — one-stop public-service desks

A denser network than the postal service and primary care — serving the entire resident population.



**THE DAILY SUPPORT PHARMACIES PROVIDE TO THE MOST VULNERABLE**  
quality-of-life impacts evidenced in the literature (selected bibliography on the back cover)

<p><b>ACCESS TO MEDICINES</b></p> <p>Close, differentiated access for the population, reinforced for the most vulnerable, notably through <i>aberm</i>.</p>	<p><b>ADVICE</b></p> <p>Therapeutic adherence · safe and effective use · advice on common ailments managed at the pharmacy</p>	<p><b>HEALTH MONITORING</b></p> <p>Primary, secondary and tertiary prevention</p>	<p><b>SUPPORT FOR PEOPLE WITH CHRONIC CONDITIONS</b></p> <p>Therapy follow-up, review and reconciliation</p>	<p><b>PSYCHOSOCIAL SUPPORT</b></p> <p>Emotional support · reduced isolation</p>
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**OUTCOMES: QUALITY-OF-LIFE IMPACTS EVIDENCED IN THE LITERATURE (SELECTED BIBLIOGRAPHY ON THE BACK COVER)**

Adherence ↑ Hospitalisations ↓ Well-being ↑ Autonomy ↑ Life expectancy ↑

► **SEASONAL VACCINATION · COMMON AILMENTS · OTHER PHARMACY SERVICES · SNS SAVINGS AND AVOIDED EMISSIONS**

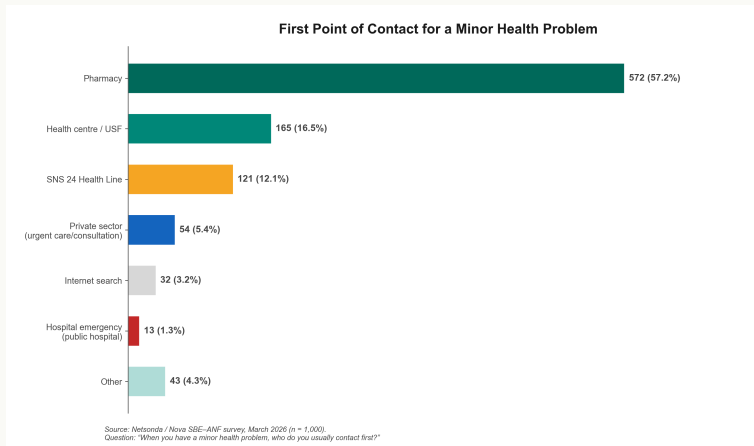
# Vaccination, common ailments resolved at the pharmacy and other pharmacy services prevent trips to the SNS

Seasonal vaccination and the response to common ailments are, by volume, the two largest services. In both, proximity complements the SNS response, preventing trips and contributing to lower emissions.

In the 2024/2025 seasonal vaccination campaign, **around 2.17 million vaccines** were administered in pharmacies (flu + COVID-19) — of which **2.04 million under the quota of Portugal's National Health Service (Serviço Nacional de Saúde — SNS)** — across 2,570 pharmacies in 305 municipalities. Of all vaccines administered to the population eligible for vaccination in pharmacies (aged 60 to 84), **72.1% of flu vaccines** and **75.7% of COVID-19 vaccines** were administered in pharmacies, contributing substantially to vaccination coverage. Since pharmacies were included in the seasonal flu and COVID-19 vaccination campaign, it has been possible to **increase the number of vaccination points to 3,500** and **cut the average distance by ~50%** from the population to the nearest vaccination point (compared with a scenario without pharmacies).

The 2024/25 seasonal vaccination campaign avoided **797 tCO<sub>2</sub>e** in the SNS quota (-60% of the emissions associated with travel, ~96 k€ in avoided Social Cost of Carbon (SCC)), and **97 tCO<sub>2</sub>e** in the private flu quota (-61%, ~12 k€ in avoided SCC). It additionally avoided **148 tCO<sub>2</sub>e** through the administration of other vaccines (-63%, ~18 k€ in avoided SCC).

In 2025, the year in which registration of the common ailments management service began, an estimated **477,000 acts were recorded (+146% on 2024)**, with **97.8% resolved at the pharmacy** and only 2.2% referred to a medical consultation, showing the potential to help relieve pressure on hospital emergency departments and the SNS 24 line. In parallel, 57.2% of Portuguese people turn first to the pharmacy for a minor symptom: urinary tract infections (4,218 cases) and acute oropharyngeal infections (34,250) are examples of routine conditions well suited to being managed close to home. The growth of this service would help ease the burden of consultations and emergency attendances on users. Recorded common ailments services avoided **332 tCO<sub>2</sub>e** in 2025 (-53%, ~40 k€ in avoided SCC).



The pharmacy services considered in the study include, among others, seasonal vaccination (~2.04 M, SNS quota), parameter measurement, rapid tests and screening (~841,000), patient-history consultations under chronic therapy renewal (~765,000), common ailments (~477,000 recorded), administration of injectables (~207,000) and proximity dispensing of hospital medicines (~58,000). The calculation considers only the fraction of these acts that, according to the responses of the Netsonda/Nova SBE survey (n=1,000), effectively avoided a trip to the SNS. Applying the prices in Portaria 207/2017 (updated for the wage growth of SNS nurses, +24.1%, 2017–2024) to that fraction, the **net savings to the SNS** are estimated (cost avoided, minus the amount paid for the service provided at the pharmacy). Among the services analysed, seasonal vaccination stands out, with estimated net savings of **around 34 M€/year**, and proximity dispensing of hospital medicines, with **around 5 M€/year**. These estimates are conservative: the prices in the Portaria are administrative prices, recognised as lower than the real cost of producing care within the SNS.

## ► ESTIMATES OF THE SAVINGS GENERATED FOR THE SNS BY THE PHARMACY SERVICES ANALYSED ARE CONSERVATIVE

The officially recorded volumes of common ailments, of patient-history consultations under chronic therapy renewal and of other services show **significant under-recording**: actual activity is substantially higher than the volumes counted.

### VACCINATION 2024/25

# 2.17 M

vaccines administered in pharmacies (flu + COVID-19)  
 · of which 2.04 M under the SNS quota · 2,570 pharmacies · 305 municipalities. Of the vaccines administered to the eligible population (aged 60-84), 72.1% of flu vaccines and 75.7% of COVID-19 vaccines were administered in pharmacies.

*Including pharmacies cut the average distance to the vaccination point by ~50%.*

### COMMON AILMENTS · 2025

# 97.8%

resolved at the pharmacy · ~477,000 acts recorded in 2025 (+146%) · 2.2% referred.

*57.2% turn first to the pharmacy for a minor symptom.*

### SAVINGS TO THE SNS

# ~34 M€ from seasonal vaccination

per year · based on ~2.04 M doses, SNS quota · updated Portaria price.

### AVOIDED EMISSIONS

# 1,042 · 332 tCO<sub>2</sub>e

in 2025 · total vaccination 1,042 t (SNS 797 + private 245) · common ailments 332 t (-53%).

## ► CHRONIC THERAPY RENEWAL · PROXIMITY DISPENSING · SEVEN PROGRAMMES

# Chronic therapy renewal, proximity dispensing of hospital medicines and proximity programmes support people living with chronic illness and vulnerable populations

Continuity of treatment (chronic therapy renewal and proximity dispensing of hospital medicines) and the seven social programmes are aimed above all at people with chronic illness, older people with polypharmacy and vulnerable populations — users for whom every trip carries a cost.

There was a substantial increase in the number of consultations of patients' prescription and dispensing histories, carried out by the pharmacist over the past 12 months, rising from **~393,000 in 2024 to ~765,000 in 2025 (+95%)**. This growth shows the service's contribution to strengthening the pharmacist's autonomy in managing chronic therapy. The service also avoided **150 t CO<sub>2</sub>e** in 2025 (-16%; considering that the pharmacy intervention prevented trips to the health centre in 26.3% of cases), with an economic benefit associated with avoided emissions (SCC) of 18 thousand euros.

## ► CHANGE IN THE PRESCRIBING AND DISPENSING PATTERN · 2022 → 2024

The chronic therapy renewal service aims to ensure users' continuous access to their medicines throughout the prescribed period, avoiding trips to hospitals and/or health centres solely to obtain prescriptions. Compared with 2022 (the period before this measure was implemented), 2024 saw a **15% reduction in the average number of annual prescriptions per user on hypertension medication**, alongside a **25% increase in the number of dispensings per prescription at the pharmacy**. These results suggest a change in the prescribing and use pattern — fewer prescriptions issued, but a higher dispensing frequency per prescription — consistent with a partial shift of contacts from the health centre to the pharmacy. The same pattern was observed in users on **COPD/asthma** medication, with a **10% reduction in the number of prescriptions issued** and a **17.4% increase in the number of dispensings per prescription** (Source: Sifarma data, Cientis analysis).

Proximity dispensing of hospital medicines, during and after the pandemic, supported thousands of people — already in 2024, around 54,000 acts were recorded. Following the entry into force of Decreto-Lei n.º 138/2023, 2025 saw **1,294 episodes** with 3,057 packs dispensed under the new legal regime, with an estimated more than 700 users benefiting from this service. The current scale is modest, but the impact per act is the highest: **-79% of emissions**. The beneficiaries are people with chronic illness, often living far from the hospital. Expansion to the eligible universe (~150,000 people with the relevant conditions) would translate into ~2,000 tCO<sub>2</sub>e/year avoided (~240 k€ in avoided SCC).

The pharmacy network takes part in seven proximity programmes (among others), with an **annual scale of more than 150,000 interactions — participations, support and interactions**. The *abem*: Rede Solidária do Medicamento (Medicines Solidarity Network) programme supported **16,399 beneficiaries** in 2025 across 1,252 pharmacies in 176 municipalities (1.9 M€ in medicines); it generated ~29 M€ in savings to the SNS between 2016-2023 (a return of ~5.4 € per 1 €), eliminated catastrophic expenditure for 7.5% of beneficiaries and avoids 62.4 t CO<sub>2</sub>e/year. *Farmacêutico vai à Escola* (Pharmacist Goes to School) reached **33,007 children** (+69%, 25 topics). *Linha 1400* (the 1400 health helpline) recorded ~100,000 contacts/year; the *Programa de Troca de Seringas* (Needle Exchange Programme) distributed **126,688 syringes** in 2024 (savings of >2 M€ to the SNS over 5 years); the *Banco Farmacêutico* (Pharmaceutical Bank) collected **9,570 medicines** at the 16th Jornada de Recolha de Medicamentos (Medicines Collection Drive); the 28th campaign by the NGO AMI collected **14 t** of radiographs across 1,025 pharmacies; the *C-SENioR* collaborative deprescribing programme for older people increased deprescribing by **+46.3 p.p.** compared with usual care (Romano et al. 2025).

 CHRONIC THERAPY PATIENT-HISTORY CONSULTATIONS · 2025

## +95%

growth in 12 months · **~765,000 consultations** · 150 t CO<sub>2</sub>e avoided (-16%).

24.3% of the Portuguese population is aged 65+.

 PROXIMITY DISPENSING

## -79%

emissions per act (DL 138/2023) · 1,294 episodes in 2025.

Expansion to the eligible universe: ~2,000 tCO<sub>2</sub>e/year avoided (~240 k€ in avoided SCC).

 PROGRAMMES FOR THE MOST VULNERABLE

## >150,000

interactions · annual scale across **7 programmes**:

*abem* programme: 16,399 beneficiaries (1,252 pharmacies, 1.9 M€) · Pharmacist Goes to School 33,007 children (+69%) · 1400 helpline ~100,000 contacts · Needle Exchange Programme 126,688 syringes · Pharmaceutical Bank 9,570 medicines · AMI campaign 14 t of radiographs · *C-SENioR* deprescribing in older people +46.3 p.p.

### A SELECTION OF PUBLISHED SCIENTIFIC EVIDENCE ON THE VALUE OF PHARMACIES AND EXAMPLES IN CONTRACTED SERVICES

#### Social and Economic Value

Félix et al. (2017) A "with vs without service" model validated by an expert panel: a gain of **8.3% in quality of life** and total economic value of 879.6 M€ (incl. 448.1 M€ in avoided health resources).  
*BMC Health Services Research*

#### *abem* Programme — Rede Solidária do Medicamento

Gouveia et al. (2023) Longitudinal study (2016-2018) using administrative databases: a **3.4% reduction in the intensity of poverty**, 5.6% in severity; eliminated catastrophic expenditure for 7.5% of beneficiaries.  
*J. Health Services Research & Policy*

#### Needle Exchange Programme

Borges et al. (2020) Cost-effectiveness analysis (5-year horizon): a **6.8% reduction in HCV infections** and 6.5% in HIV, with savings of more than 2 M€ to the SNS.  
*Canadian Pharmacists Journal*

#### Seasonal Vaccination Strategy in Portugal

Goiana da Silva et al. (forthcoming) The first campaign with community pharmacies as vaccination points alongside SNS health centres. Aligned with WHO recommendations for universal coverage, drawing on the geographic accessibility of pharmacies. Results considered a **success on several metrics**.  
*Frontiers in Public Health*

#### Rapid HIV/HCV/HBV testing (Fast-Track Cities)

Figueira et al. (2022) Mixed-methods study (quantitative + focus groups): pharmacies **increase access to testing**, especially for first-time tests; speed, confidentiality and trust as enabling factors.  
*Int. J. of Clinical Pharmacy*

#### Equity in Access to COVID-19 Testing

Guerreiro et al. (2025) Cross-sectional study with geospatial modelling: average distance cut from 3.7 km to 1.8 km and a significant reduction in territorial inequalities in access.  
*European J. of Pharmaceutical Sciences*

#### Proximity Dispensing of Hospital Medicines (COVID-19)

Murteira et al. (2022) Before-and-after cohort (3 months): a significant increase in adherence and satisfaction; **annual savings of 262.1 €/user** in travel and absenteeism.  
*Value in Health*

► THE PROFESSIONAL INFRASTRUCTURE AND CIRCULARITY THAT MAKE THE SERVICES POSSIBLE

# The pharmacy network sustains employment, tax revenue, circularity and territorial cohesion

The capacity to deliver the services and run the programmes described in the previous pages rests on a network with 21,632 direct jobs, qualified teams and an infrastructure that makes pharmacies' participation in the circularity of medicines possible (the VALORMED and DIVERDE systems).

In 2024, based on 2,319 tax IDs (89.1% of pharmacies) from SABI (Bureau van Dijk), pharmacies generated, on a conservative basis, **3,985 million euros in turnover** — a turnover comparable in scale to Autoeuropa, but spread across 2,920 micro and small enterprises present in all 308 municipalities. They sustained 1,066.6 M€ in direct GVA, 478.0 M€ in wages and **21,632 direct jobs**.

The Input-Output analysis (INE matrix, eTrace tool) raises the impact to **3,230.0 M€ of GDP (1.12% of GDP)**, **2,496.1 M€ of total GVA and 53,034 jobs sustained**, distributed across the whole territory. Total annual tax revenue (VAT + personal income tax + social security + corporate income tax) reaches **1,214.2 M€**, equivalent to **7.8% of the SNS budget** (15,553 M€, 2024). The weight is particularly high in the interior districts — 2.15% of local GVA in Bragança, 1.37% in Castelo Branco, 1.29% in Portalegre.

The same network makes the circularity of medicines possible. **Community pharmacies' participation in the VALORMED system**, in 2024, made it possible to collect **1,262 tonnes of packaging and medicine waste** — of which 38.7% was sent for recycling — and avoided **436 tCO<sub>2</sub>e** (-41% compared with a scenario in which that waste would follow the undifferentiated route). **Pharmacies' participation in the DIVERDE system**, dedicated to home self-care health waste (~290 tonnes generated in 2025), will enter progressive operation from 2027, with the potential to collect and treat more than 1,630 tonnes over a ten-year horizon.

**MULTIPLIER EFFECT · PRODUCTION**

**1 € → 3.21 €**

every 1 € of production in the pharmacy sector generates 3.21 € of total production in the Portuguese economy

*Each euro produced by the pharmacy generates a further 2.21 € in indirect and induced effects for the rest of the economy.*

**MULTIPLIER EFFECT · EMPLOYMENT**

**1 → 2.45**

every 1 FTE job in the pharmacy sector sustains 2.45 FTE jobs in the Portuguese economy

*Each direct job in the pharmacy generates a further 1.45 jobs in indirect and induced effects in the rest of the economy. FTE = full-time equivalent.*

**FISCAL RETURN TO THE STATE**

**1,214 M€**

annual fiscal contribution = 7.8% of the SNS budget (2024).

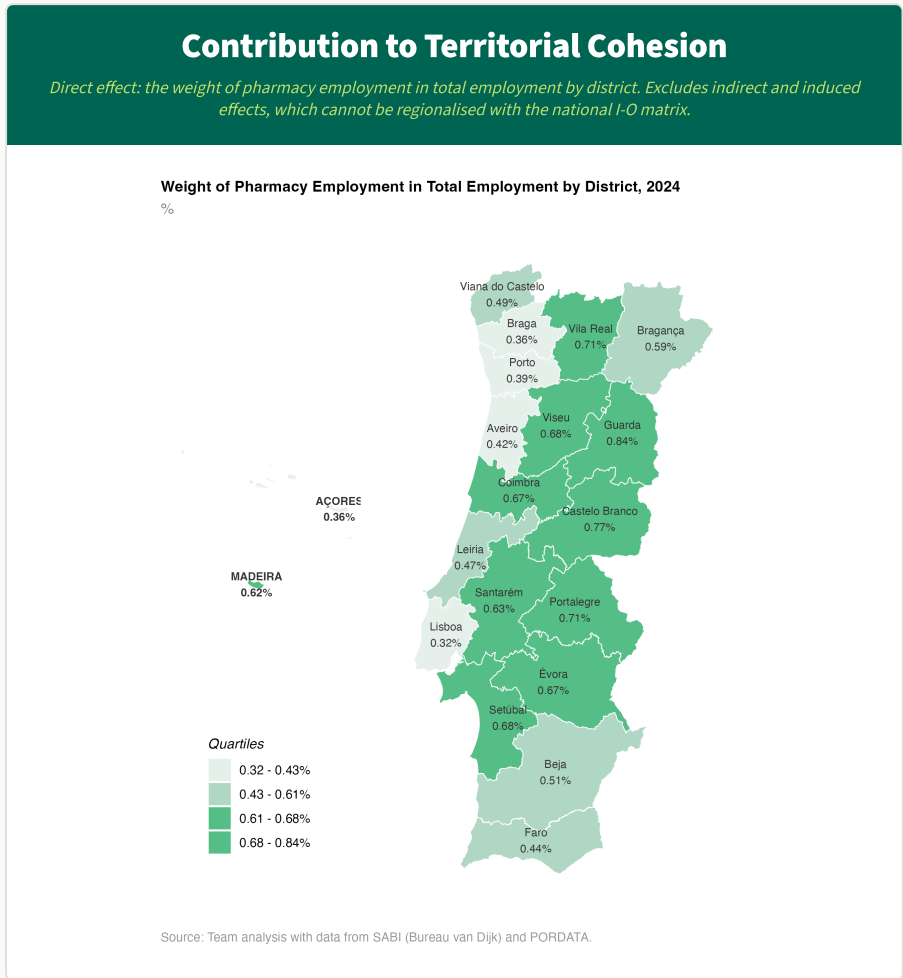
*VAT + personal income tax + social security + corporate income tax. The network saves the SNS money and generates tax revenue.*

**TERRITORIAL COHESION**

**53,034**

jobs sustained · 308/308 municipalities.

*High weight in the interior: Guarda 0.84%, Castelo Branco 0.77%, Vila Real and Portalegre 0.71%.*



## STUDY

# The value of the pharmacy network in Portugal

## COORDINATION

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