

Τιμολόγηση και αποζημίωση στην αγορά του φαρμάκου: είναι βέβαιο ότι έχουν συζητηθεί και αναλυθεί όλες οι πιθανές λύσεις

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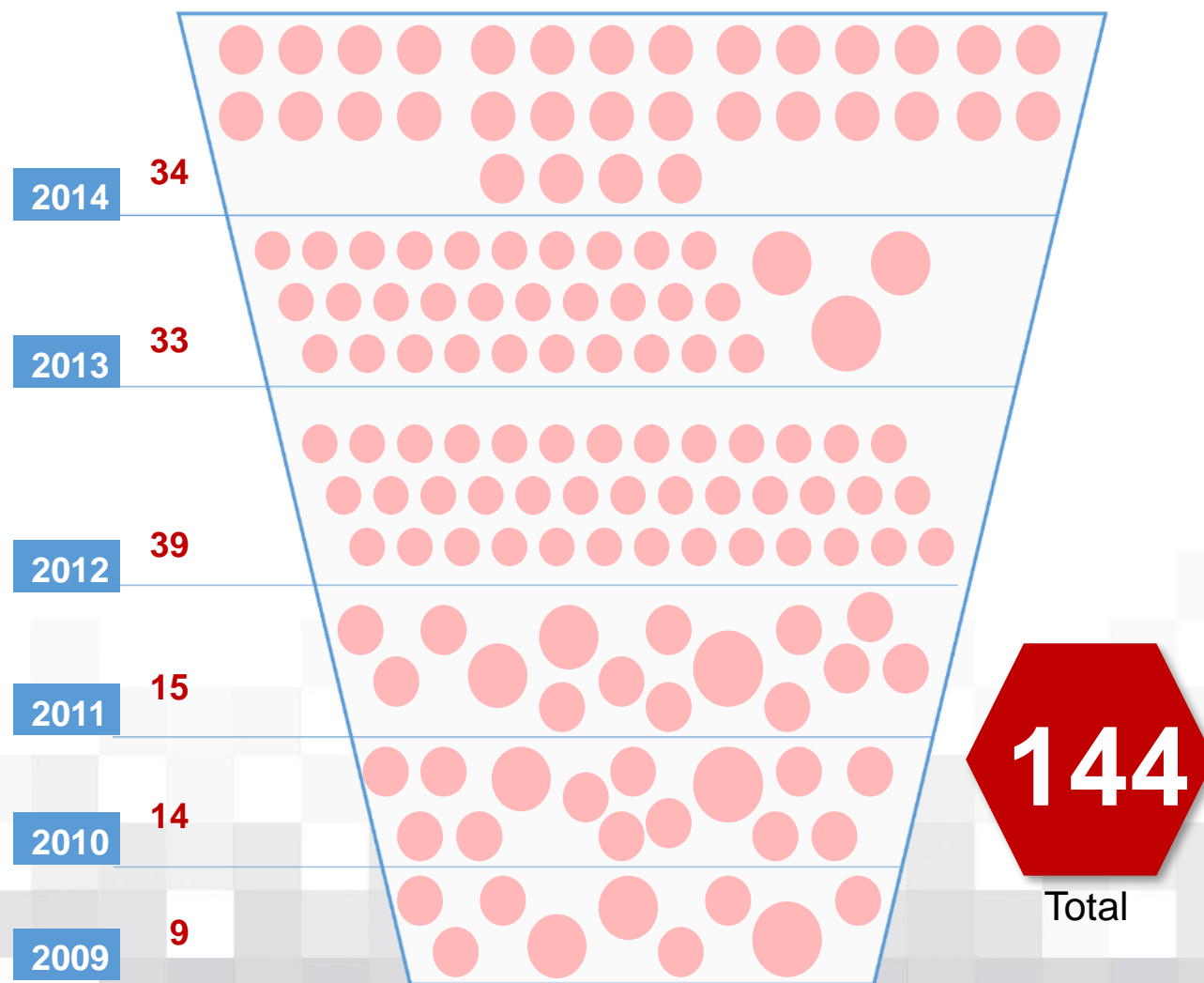
President PhRMA Innovation Forum

Larissa Forum, Sunday 07 April 2019

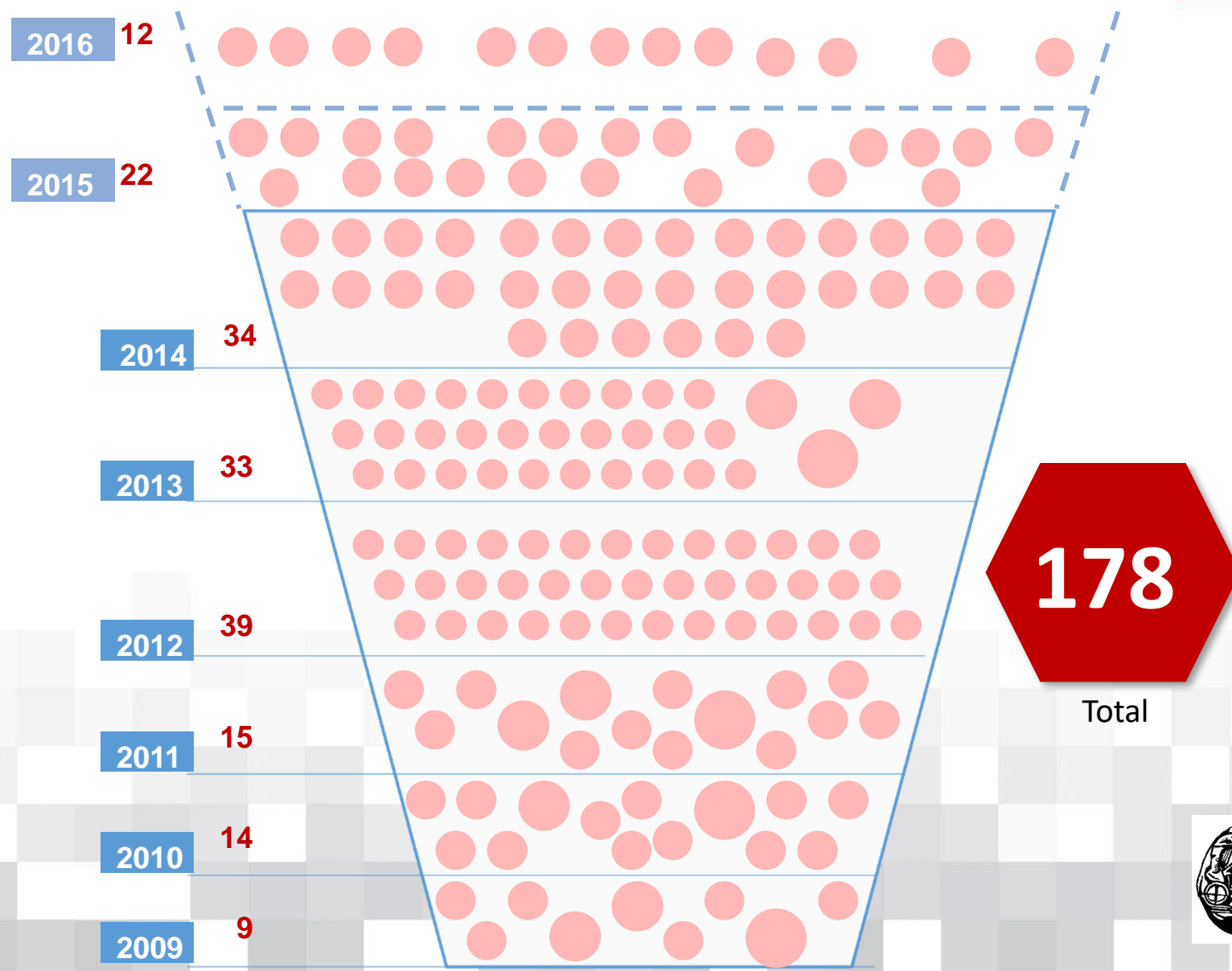


PHARMACEUTICAL COMPANIES
OF *Johnson & Johnson*

Number of pharmaceutical policy interventions in Greece (2009 - 2014)



Number of pharmaceutical policy interventions in Greece (2009 - 2016)



Key factors influencing access to essential medicines

1. Rational selection

Reimbursement lists elaborated using transparent and accountable procedures, up-to-date treatment guidelines elaborated using the best evidence, etc.

2. Affordable prices

Price negotiation, sound generic policies, etc.

4. Reliable health and supply systems

Development of pharmaceutical national policies, quality assurance reinforcement, etc.

3. Sustainable financing

Increase and prioritization of public funding for medicines, identification of efficiency gains, etc.



Price control mechanisms

- 1 Direct price control
 - ➔ External Reference Pricing
 - ➔ Value Based Pricing
- 2 Indirect price control
 - ➔ Internal Reference Pricing
 - ➔ Use of economic evaluation
- 3 Utilisation control
- 4 A mix of the above methods

Who is looking at whom?



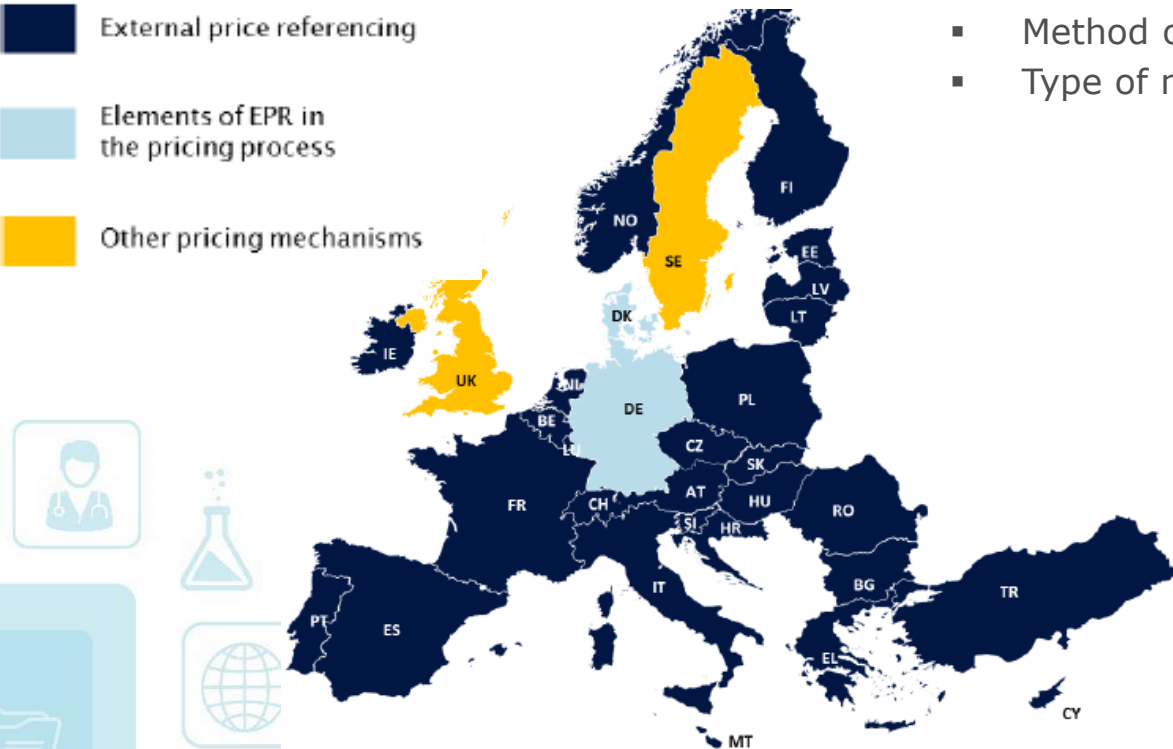
24 out of 27 EU member states apply ERP but with methodological variations

External price referencing

Elements of EPR in the pricing process

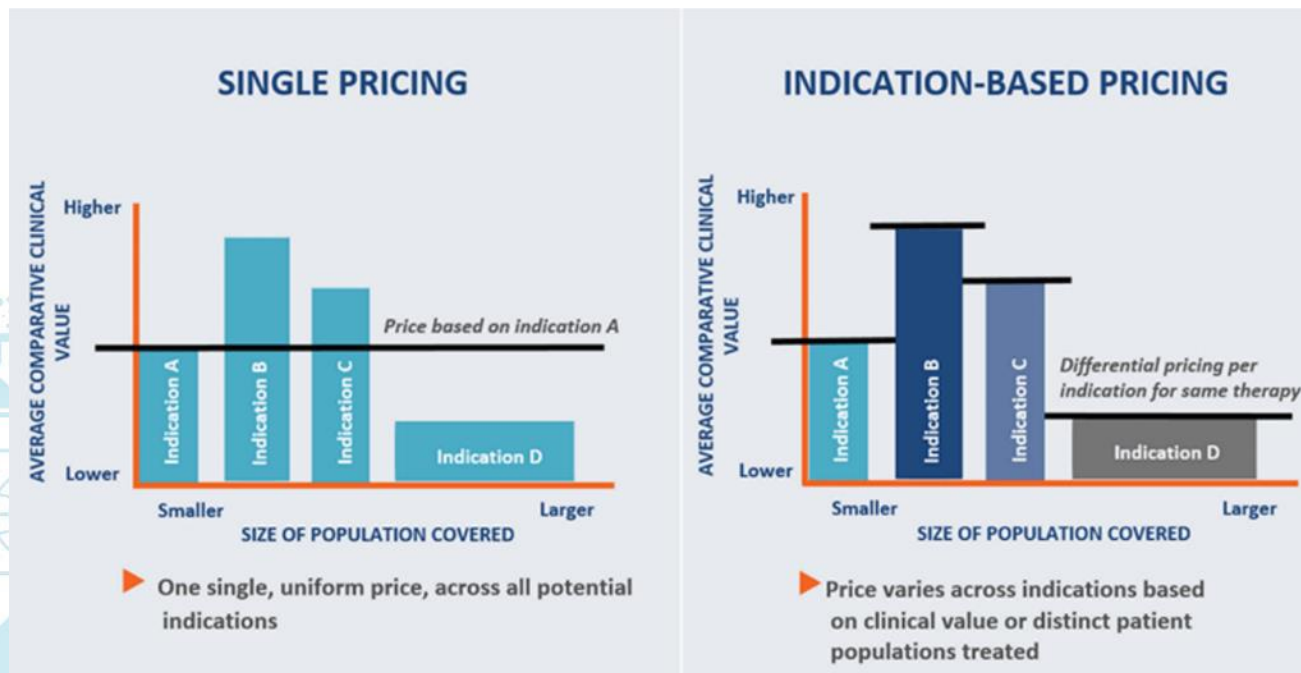
Other pricing mechanisms

- Number of reference countries
- Method of calculation
- Type of medicines (inpatient, prescribed)

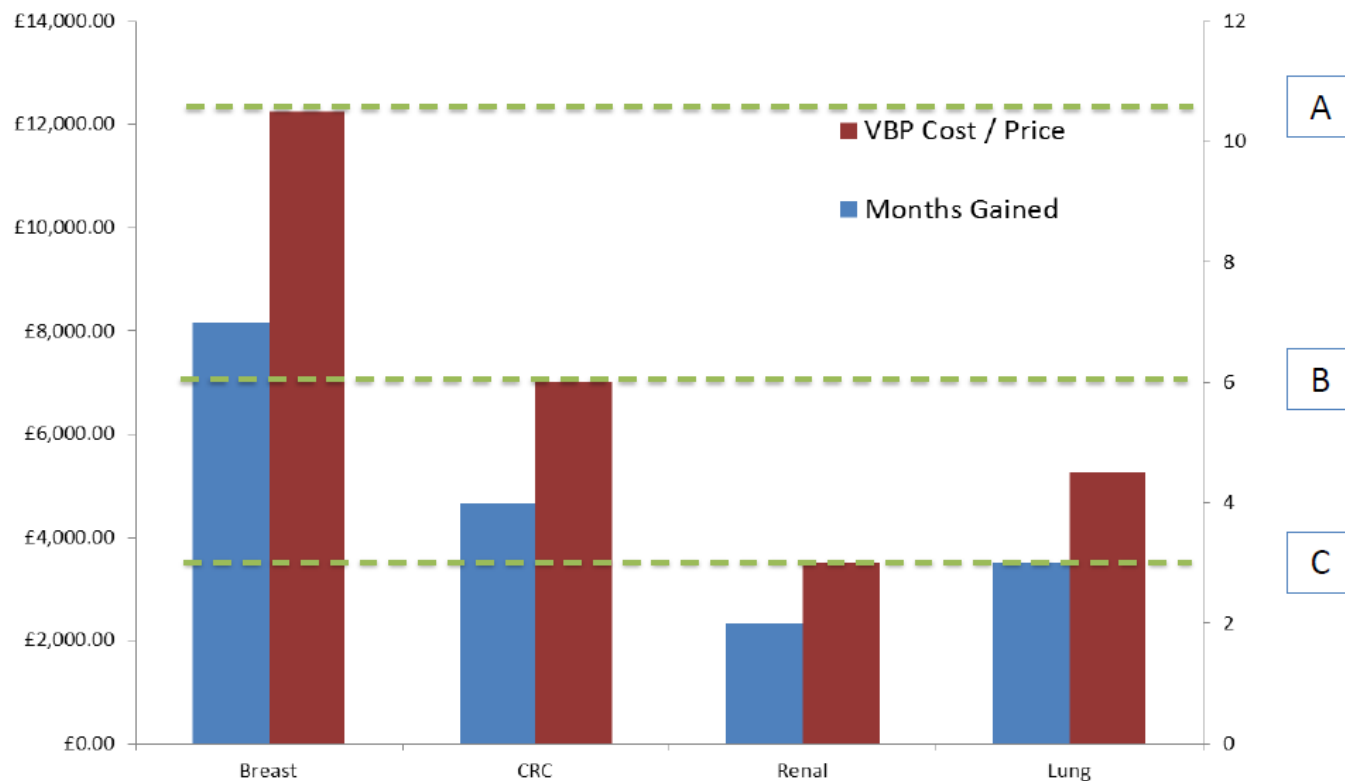


While other EU member states set prices for new medicines based on value

- Price setting and/or thus decision on reimbursement based on the therapeutic value that the medicine offers



Multiple indication in oncology: how do we set a value based price?

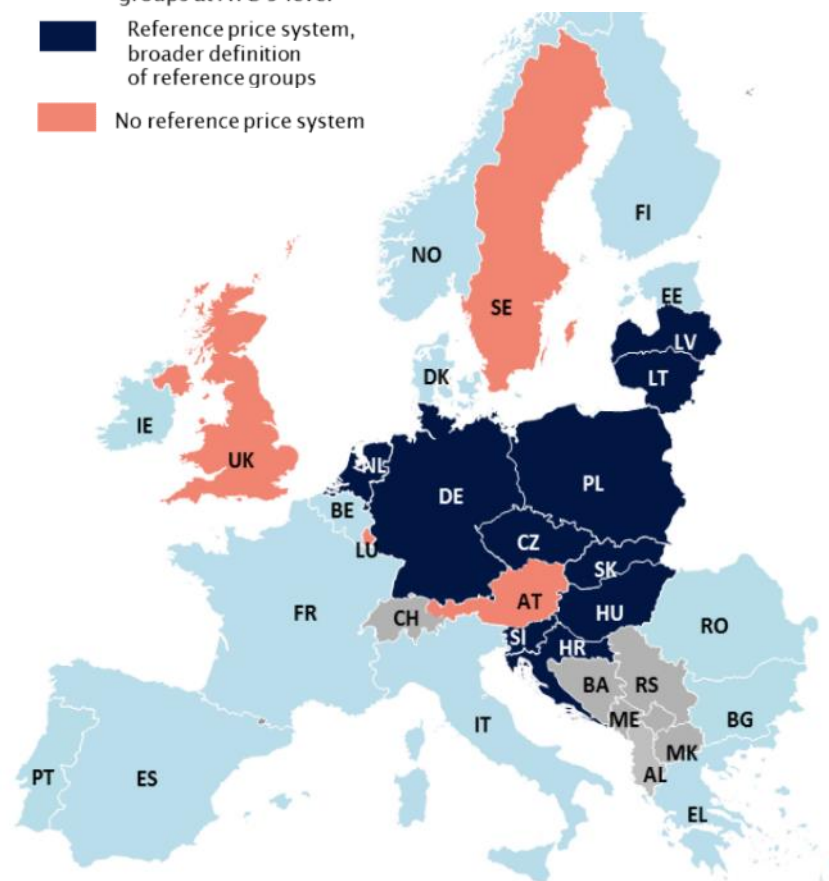


* Hypothetical figures for illustrative purposes only

A high number of EU members states apply IRP

- A fixed price (reference/reimbursed price) for a medicine is determined
- Patients pay the difference between reference/reimbursed price and the retail price (in addition to fixed copayment or copayment rates)
- Usually set at ATC4 or ATC5 level

- Reference price system, reference groups at ATC 5 level
- Reference price system, broader definition of reference groups
- No reference price system



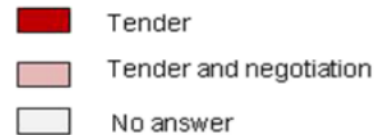
Price setting based on utilization control to perform contractual agreements

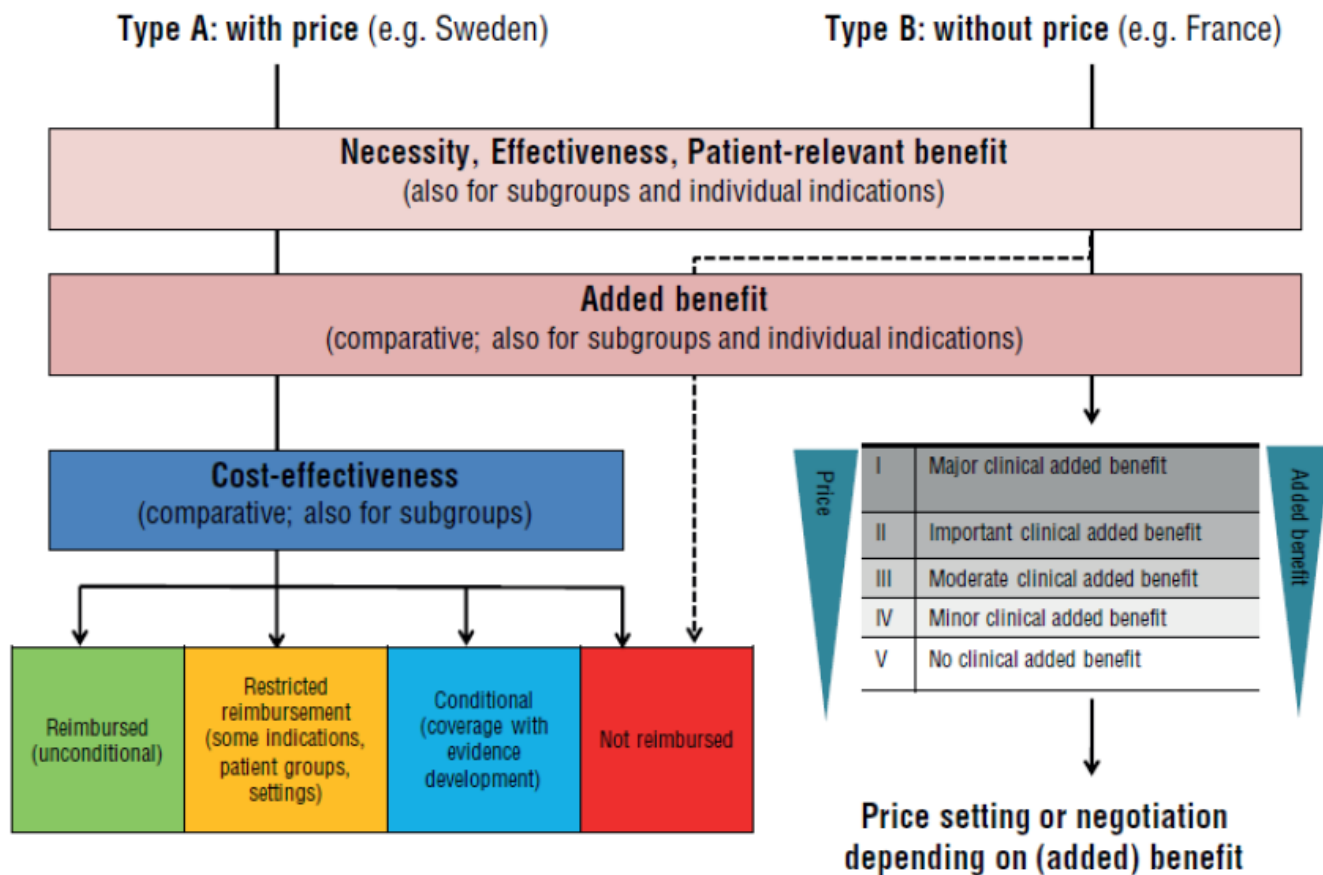
- Ensuring volumes are controlled (ie tenders) and drugs go to the right patients (MEAs)
- Envelope agreements
 - Multi annual contract specifying max sales volumes
 - If volumes exceeded: discounts and rebates
 - Negotiation
 - Need for epi data



Tendering but with variation in volume

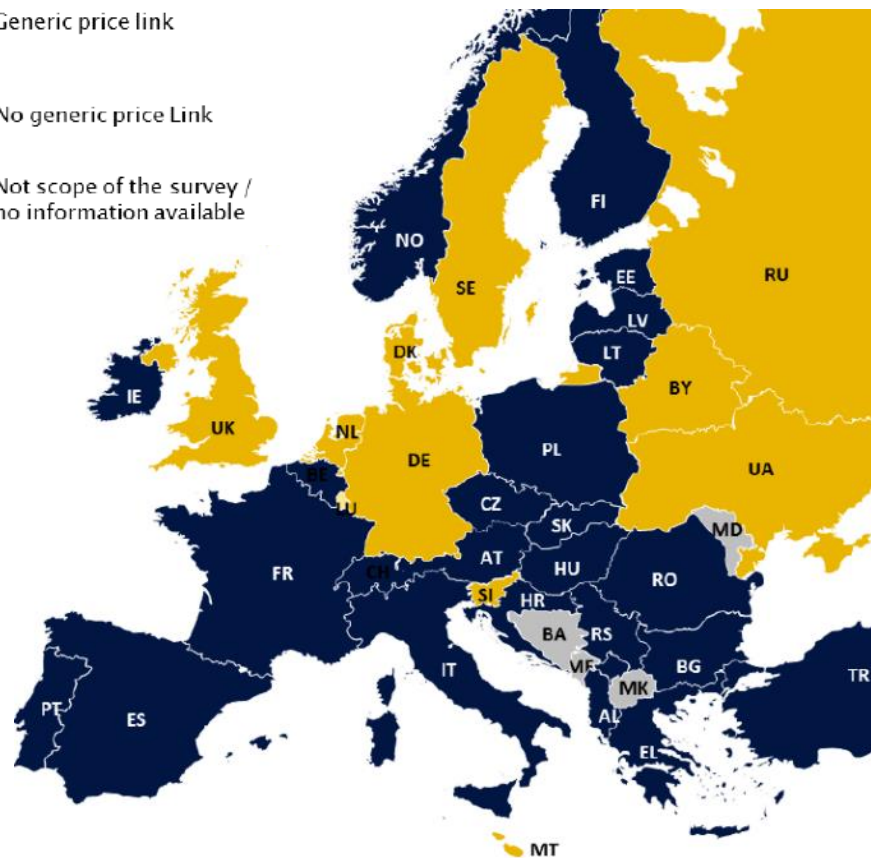
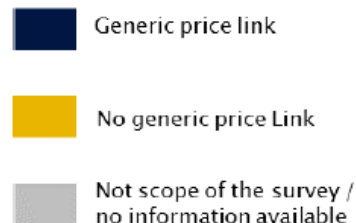
- Generally at the hospital level
- Means of pricing:
 - Negotiation with industry
 - Tendering





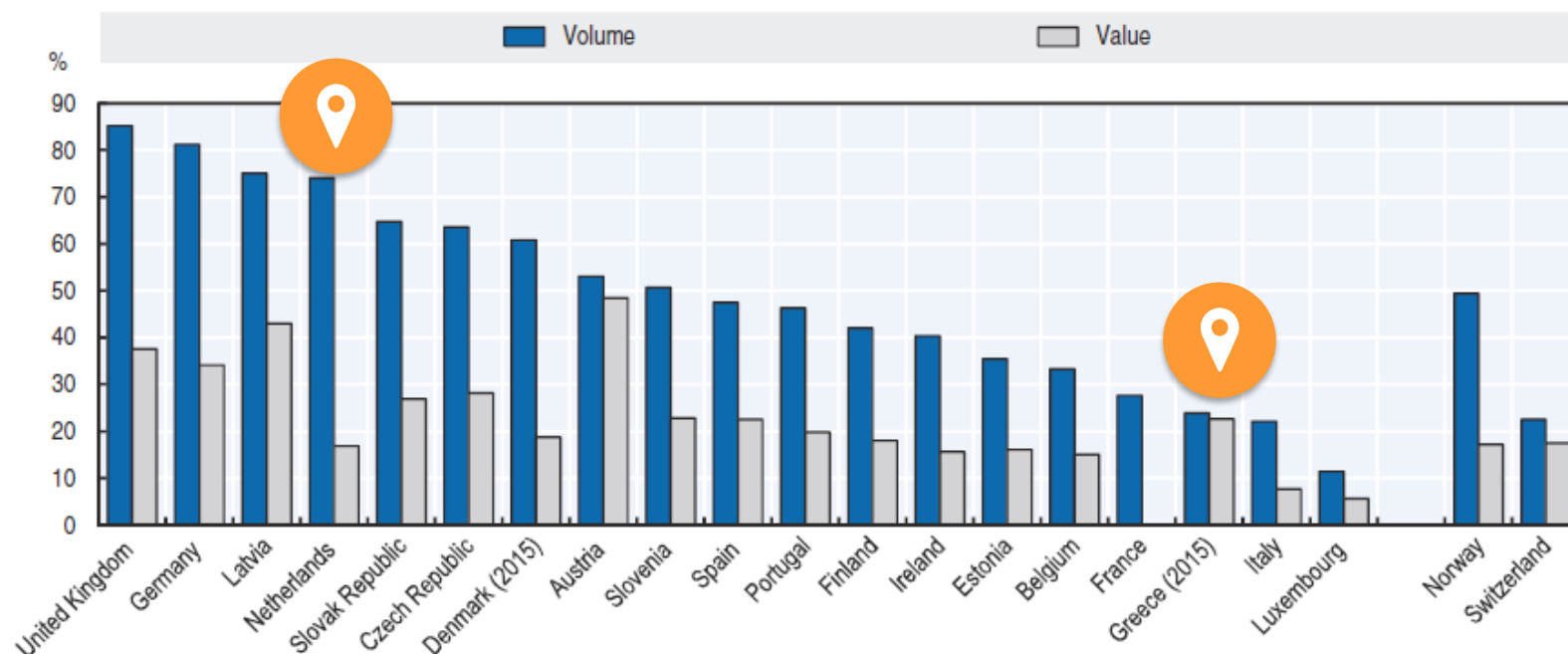
Gx price regulation in EU member states

- FRA: 60% of originator price
- LAT: 30% of originator price for the first generic, then 10% less for the followings, then 5%



Why do we need to increase volume of Gx and biosimilars?

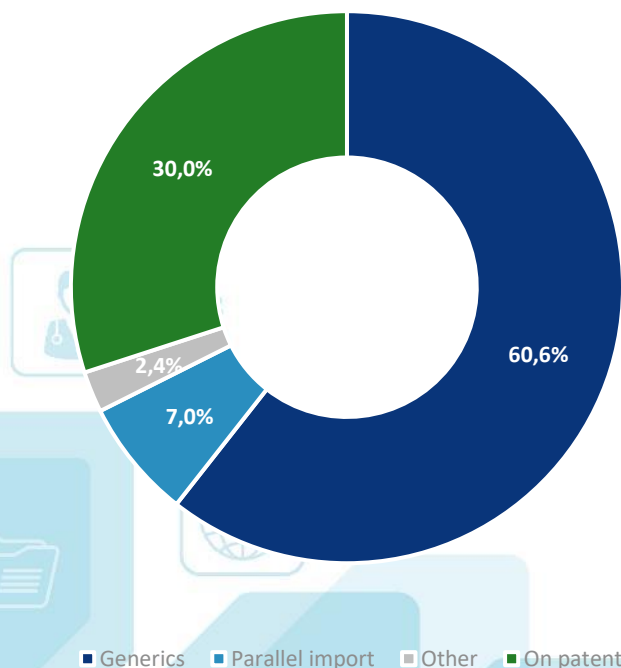
Figure 2.10. Generic market share by volume and value, 2016 (or latest year)



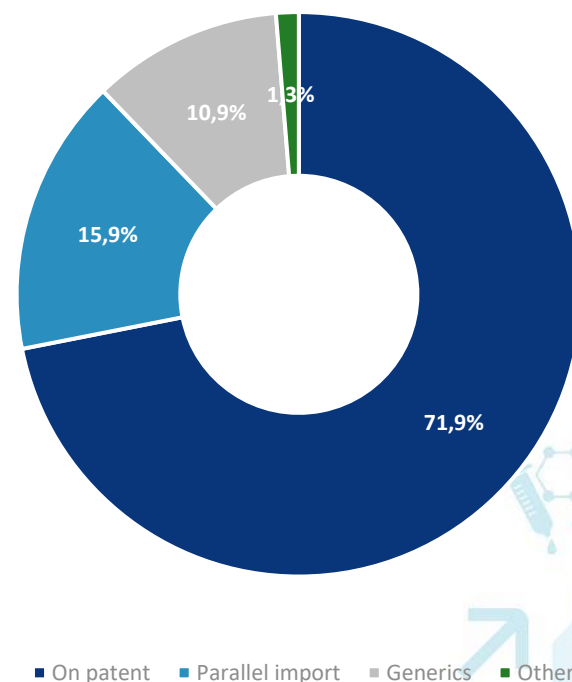
Sources: "Health at a glance", OECD/European Union 2018

Dutch example: 60% Gx in volume “release” 70% of costs for branded innovative medicines

Volume 2010

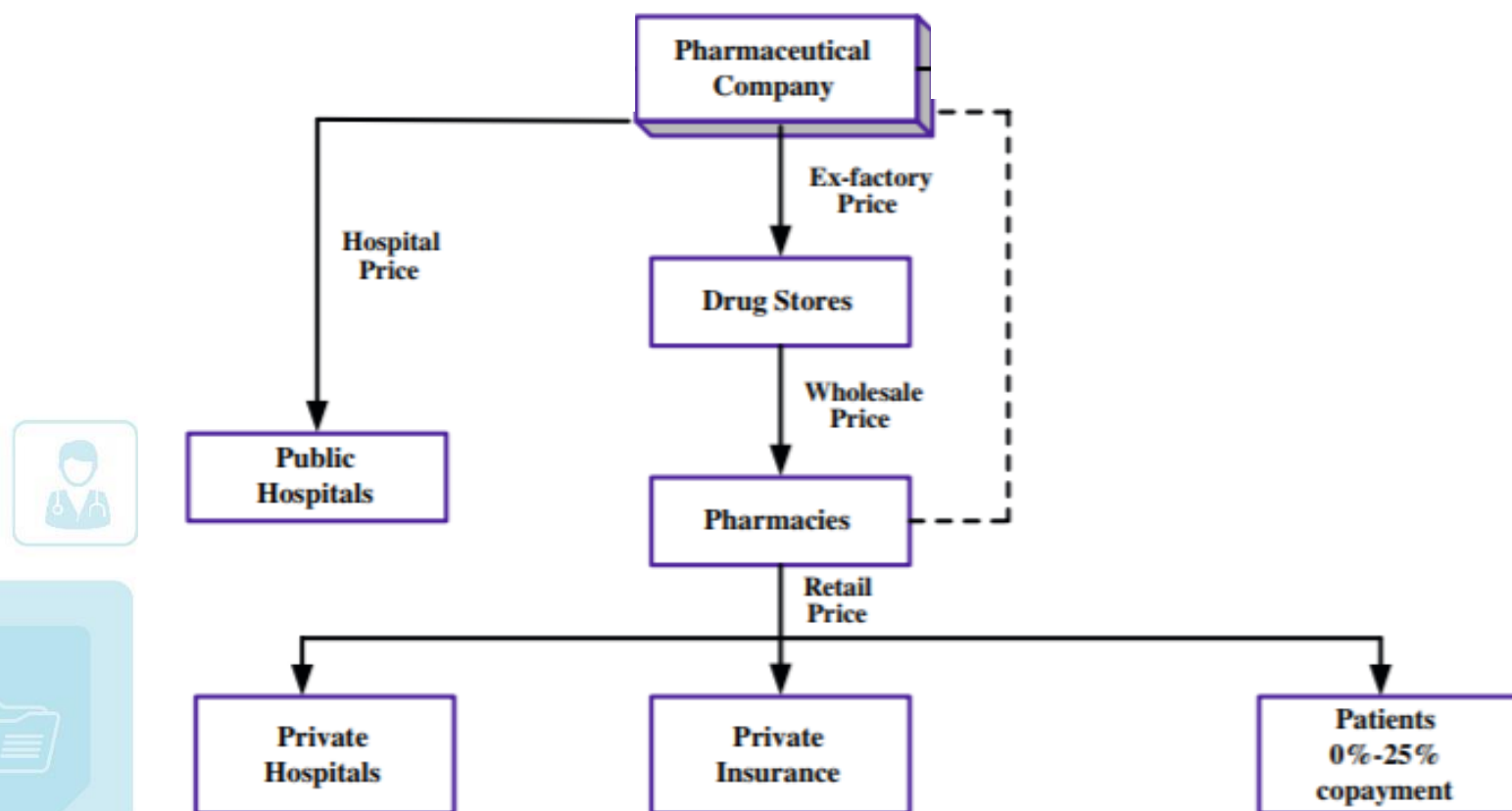


Values 2010



Sources: Netherlands

Different price levels in Greece dependent on distribution channels



Συμπεράσματα

- Greece's current system of External Reference Pricing is unnecessarily complex and has a high administrative burden
- This has led to a lack of stability and predictability in prices and reimbursement for pharmaceuticals in Greece
- Produce a system of External Reference Pricing in Greece that is stable, dependable, predictable, administratively simple, and sustainable
- Shift attention from pricing to reimbursement in order to ensure adequate levels of coverage and produce savings for the system by using a number of tool used widely elsewhere
- In any case, price is not a target in pharmaceutical policy
- Both price and reimbursement are means, to ensure as wide an access as possibly to innovative treatments for patients in need, within a country's budget



Συζήτηση «πρωινή»

1. Τιμολόγηση με βάση εισοδηματικά κριτήρια (income/taxation based):

- 20% των ασθενών θα πληρώνει για τα πάντα, το 50% θα πληρώνει πολλά και το υπόλοιπο 30% δεν θα πληρώνει τίποτα
- Κατά πόσο αυτό είναι δίκαιο? Και κατά πόσο αυτό είναι βιώσιμο?
 - Ακόμα και για life threatening παθήσεις? Και για χρόνια νοσήματα?
 - Με ποια κριτήρια γίνονται assigned τα copayment rate? Για τη ψωρίαση?
 - Παράδειγμα όσοι ασθενείς αγοράζουν γενόσημα δεν έχουν % συμμετοχής?

2. Επικαιροποίηση αρνητικής/θετικής λίστας:

- Lifestyle προϊόντα (για παράδειγμα vitamin D)
- Τεράστιος αριθμός κωδικών στη θετική λίστα, με ποια κριτήρια εντάσσονται στη θετική και με ποια στην αρνητική λίστα?
- Εξαρτάται μόνο από τον ΚΑΚ η κατάθεση στη θετική ή στην αρνητική? Και εάν ναι γιατί?
- Η αρνητική λίστα θα μπορούσε να γίνει πιο regulated υπό την έννοια και του free competition.

3. Ρόλος της ιδιωτικής ασφάλισης στη φαρμακευτική περίθαλψη:

- Πώς θα συνδράμουν στην αποζημίωση?
- 4% voluntary insurance for health (incl pharma) OECD 2016