



François Houÿez

Director of Treatment Information & Access

CNA & CEF meeting, Paris, 28-29 October 2013

A campaign with a logo

 Very much inspired by the successful Access Campaign by MSF and partners

ACCESS

To

MEDICINES FOR

PEOPLE WITH
RARE DISEASES





The Access Campaign will cover:

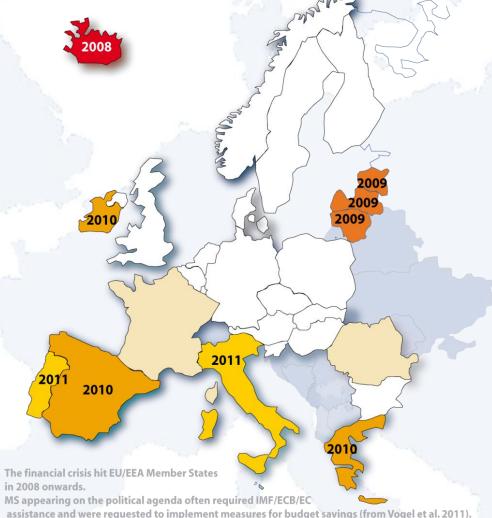
- Today -> The impact of health budget cuts on care
 - Soon -> HTA and the involvement of patients (EUnetHTA)
- In progress -> The compassionate use of medicines
- In progress -> Contractual agreements with payers, MOCA
 - A different economic model for OMP pricing





The financial crisis waves









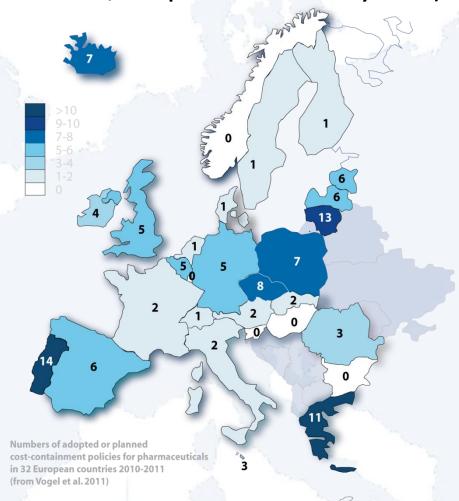






116 reforms on pharmaceuticals

(89 adopted 2010-2011, 27 planned next years)



Adapted from Vogler S, Zimmermann N, Leopold C, Joncheere KD. Pharmaceutical policies in European countries in response to the global financial crisis. Southern Med Review (2011) 4;2:69-79







Most common measures

Type of measure

- Price reduction of pharmaceuticals
- Change in co-payment
- Reimbursement lists and procedure
- Reference price system and/or pricing of generics
- INN prescribing mandatory

Number of MS

- 15 price reductions in 11 countries
- 13 measures in 9 countries
- 8 countries
- 10 countries
- Most frequent "other measures"





Eurordis working paper

Contains:

- Facts: some information on the impact of crisis and cost-containment measures
 - in the general population
 - in rare diseases
- Same medicines, different reimbursement decisions
- Country cards (26 countries)
- Specific questions to POs
- Works cited
- Glossary



Working paper on the impact of the economic crisis for people living with a rare disease 2013



EURORDIS Working paper

The impact of the economic crisis and cost-containment measures on European citizens' health

The case of rare diseases

In this docume

- An introduction: the onset of the crisis in 2008 and how European States were hit, how they
 decided to reduce public spending on health to diminish their deficits;
- Facts that suggest or show an impact of the crisis and of the measures to control the public deficit in the general population (on mental health, suicides, communicable diseases);
- A special focus on the situation of patients in Greece and Ireland
- An analysis of some medicines with diverging reimbursement opinions for some arphan products, as an illustration of ITA methods and conclusions that vary from one country to the other, with consequences on the access to treatments:
- Country cards, with
 - Information on health expenditure, characteristics of some policies to contain pharmaceutical costs (external reference pricing, health-technology assessment, public tendering, generics, co-payment...),
 - Main measures adopted to contain these costs
 - Questions to National Alliances to document on the impact of the crisis and of the economic measures from the patients' perspective;
- All sources of information contained in this working documen
- A glossary of all terms used in this document.

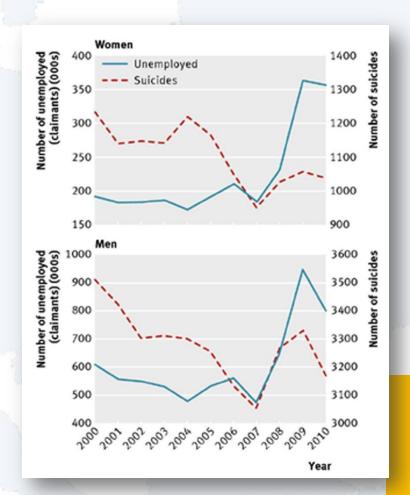
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04/11/2013

Insight

- Impact in the general population
 - Unemployment rates and suicides rates
 - Barr B, T.-R. D.-S. (2012, Vol345). Suicides associated with the 2008–10 economic recession in England: time trend analysis. British Medical Journal.

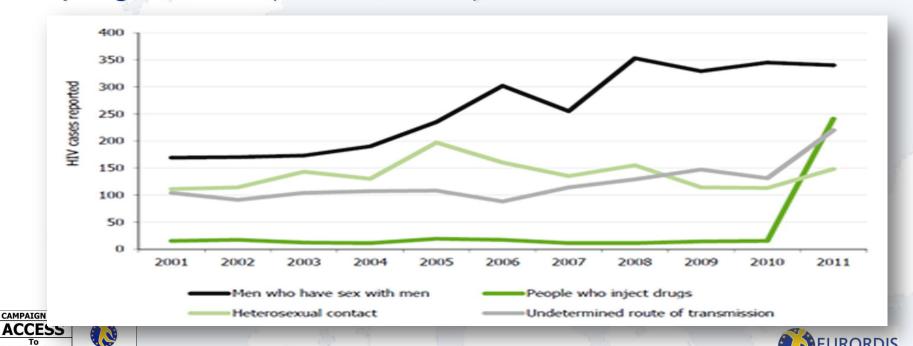






Insight

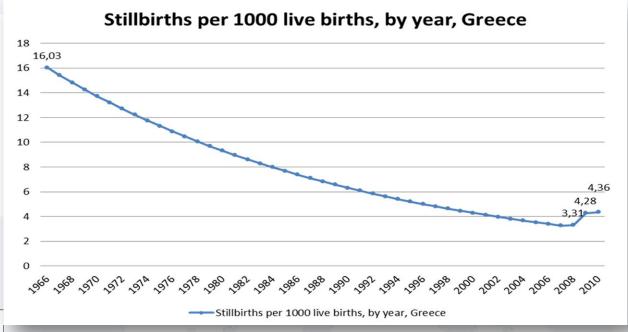
 Greece has seen a major upsurge in HIV infections among intravenous drug users, coinciding with substantial reductions in funding for needle exchange programmes (ECDC, 2012)



EURORDIS

Insight

 the stillbirth rate will continue to rise because an increasing number of pregnant women are unemployed and without insurance, and thereby excluded from the Greek National Healthcare System's obstetric care (Vlachadis N, 2013)

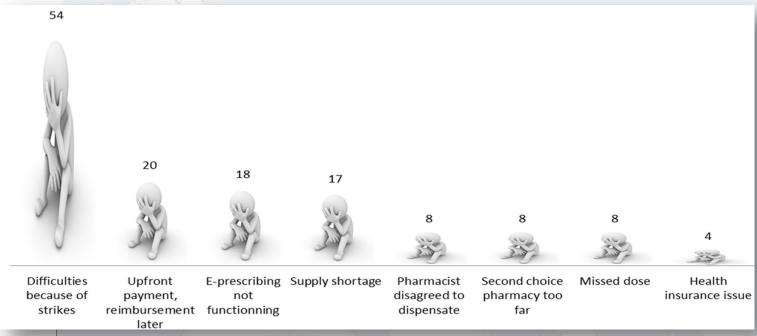






IPSOS patients' survey - Greece

 numbers of patients reporting difficulties in accessing medicines (base: 403 interviews). During the survey period, pharmacists had started a strike

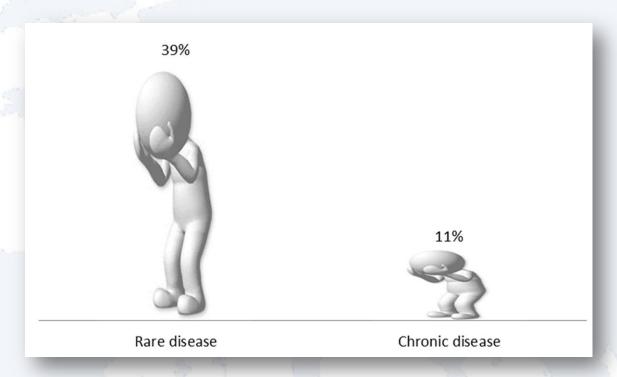






IPSOS patients' survey - Greece

 People who were prescribed an orphan drug were more frequently reporting shortages: 37/96 versus 23/207 with a chronic condition

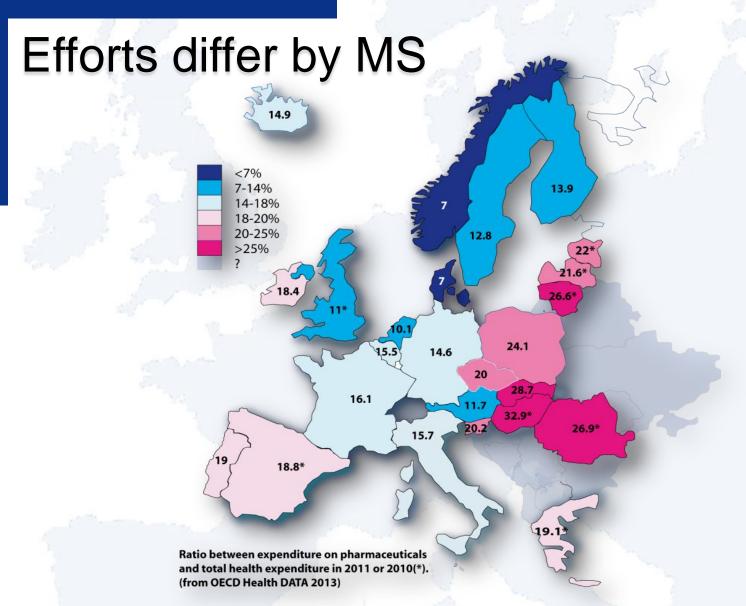






Same medicine, different coverage decisions: Myozyme® in 2012

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State	Agreements
Spain	No rebates
Italy	No rebates
Slovenia	Undisclosed complex risk sharing agreement
Poland	Only classical form (in children) is reimbursed
Belgium	100% reimbursed but exceptions in non-classical form: e.g. no reimbursement if no breathing problems or continuous oxygen treatment not needed
Latvia & Lithuania	No reimbursement
Scotland	Formally can be reimbursed but "not recommended for reimbursement"
Malta	No reimbursement
Germany	100% reimbursed
Finland	A study is in progress to improve evidence
Czech Republic	Not fully reimbursed. However it is possible that the actual retail price is lower than the list retail price so that in reality the product could be fully reimbursed.
France	In practice reimbursed
Sweden	Not reimbursed, but official decision was never formally taken
United Kingdom	Left to the counties, NICE has never formally reported on Myozyme®









Indices of drug price levels (ex factory prices)

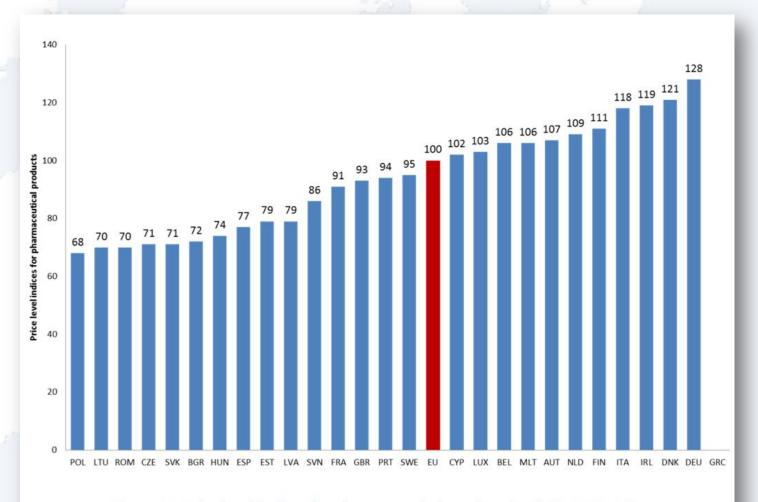


Figure 11: Price level indices for pharmaceutical products in 2005, EU25=100. Source: Eurostat (2007); Commission services (DG ECFIN). Notes: Price level for EL not available





Relative price levels (price/GDP per capita)

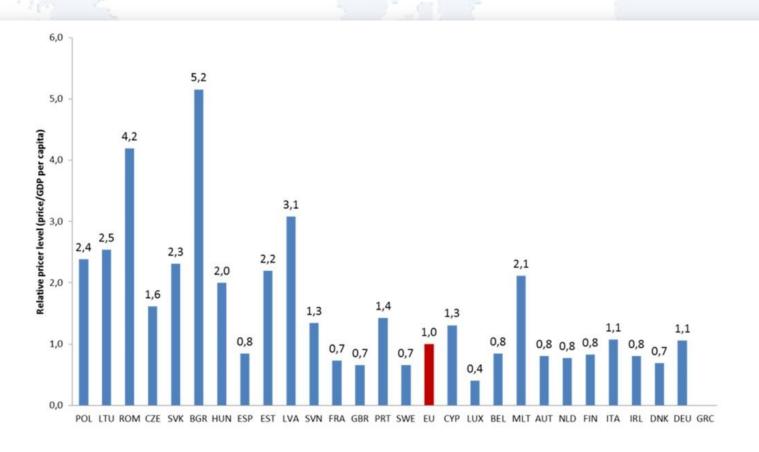


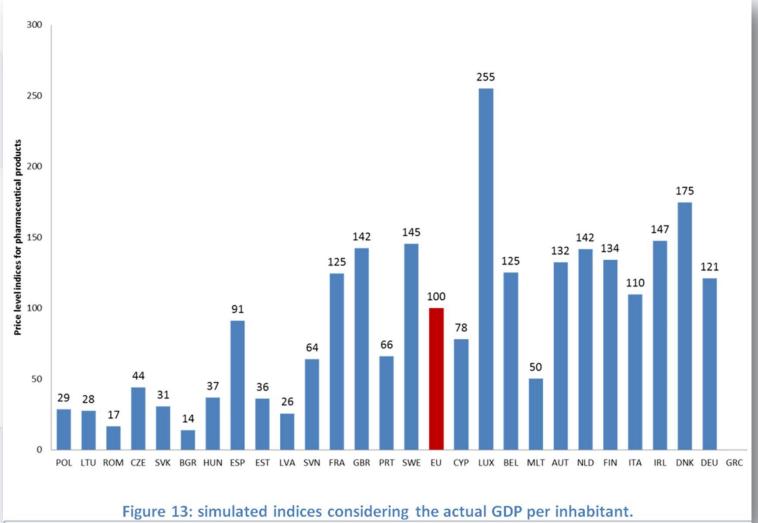
Figure 12: Relative price level (price/GDP per capita) for pharmaceutical products in 2005, EU25=100. Source: Eurostat (2007); Commission services (DG ECFIN). Notes: Price level for EL not available





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Simulated GDP per capita adjusted indices







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Analysis of measures: one example

Measure:

- Obligation to prescribe medicines using the active substance name only, not the brand name
- Adopted in SP, SW, BE,
 CY, DK, DE, GR, PO, RO
- Objective: to use generics (when applicable) more than genuine medicines

Our point

- Revatio® to treat HTAP contains sildenafil (aka Viagra®)
- Onsenal® to treat FAP contained celecoxib (aka Celebrex®)
- For companies that invested in drug repurposing, how can they generate returns on investments?
- Same for PUMA





Questions to alliances and federations

Population based evidence

 Do you have evidences of an impact of the economic and financial crisis on the health of citizens in your country, and in particular of people living with a rare disease?

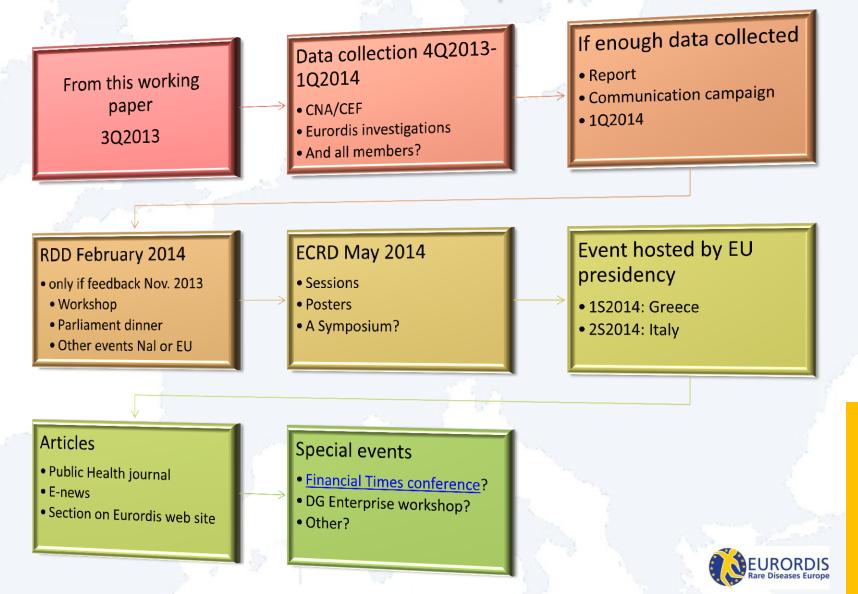
Patients' testimonies

 Do you have facts or testimonies from patients who had to renounce to medical or social care they were receiving before? Or who could not access it and yet it was needed?





What? How? And when? proposals



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Conclusions







Health is Wealth

