Preise
bei neuen Arzneimitteln
Trends, Vergleiche, Analysen

Dr. Sabine Vogler

26. November 2021

IQWIG-Herbst-Symposium, Köln/online

Gesundheit Österreich
GmbH

Interessenoffenlegung

- Mitarbeiterin der GÖG (Eigentum des BMSGPK)
- Mitglied in der Beneluxa-Kooperation
- Mitglied des WHO Fair Pricing Advisory Boards
- Co-Chair des Expert Panel zur Aktualisierung der WHO Guideline on Country Pharmaceutical Pricing Policies
- Fachliche Unterstützung für die Oslo Medicines Initiative

- Leiterin des WHO-Kooperationszentrum für Arzneimittelpreisbildung und -erstattung

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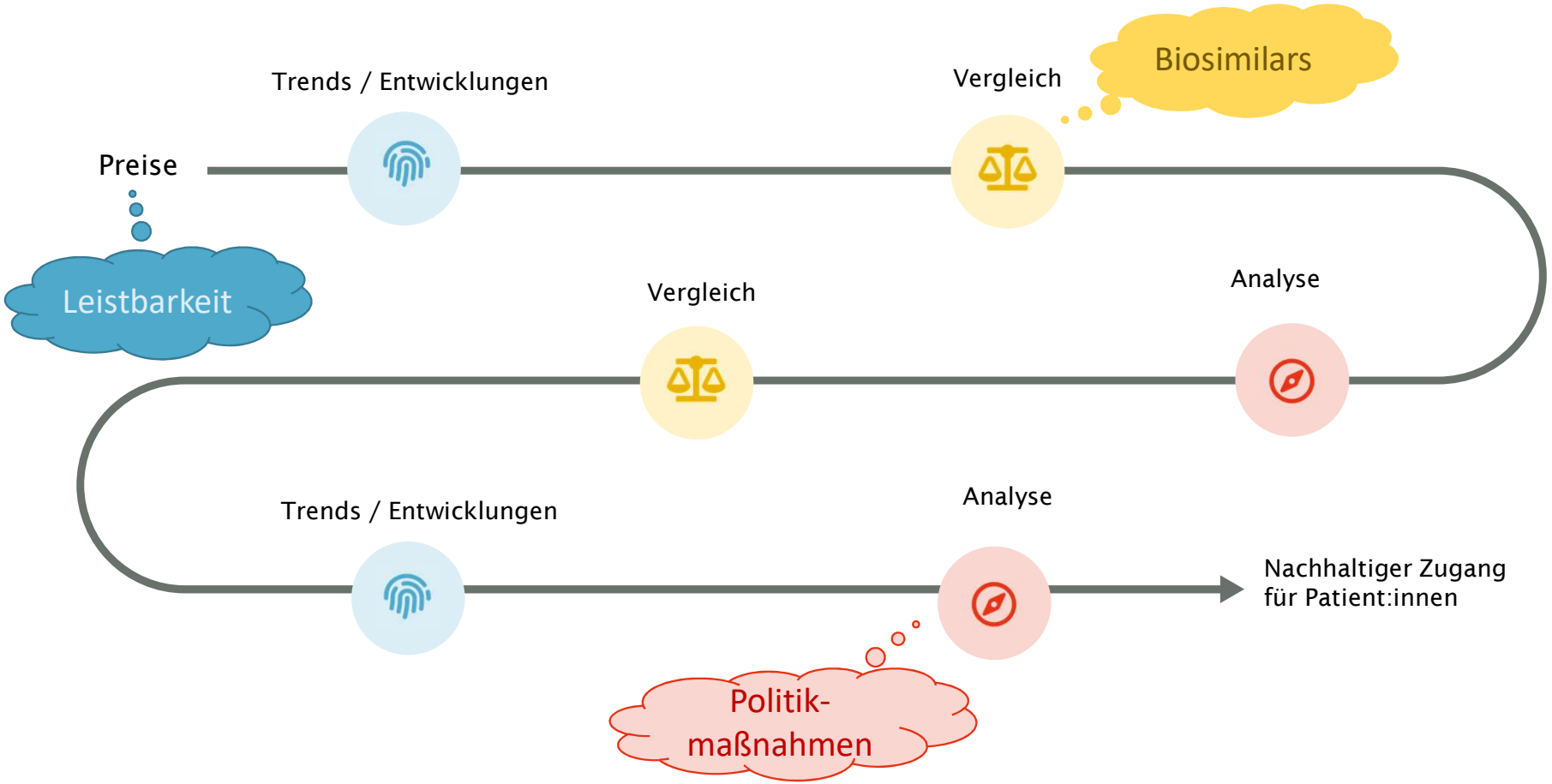
Inhalt: Preise bei neuen Arzneimitteln



Dramatisch steigende Preise im letzten Jahrzehnt

https://www.forbes.com/2010/02/19/expensive-drugs-cost-business-healthcare-rare-diseases.html?sh=42949da85e10

Feb 22, 2010, 06:00am EST

The World's Most Expensive Drugs

Matthew Herper Former Staff

I cover science and medicine, and believe this is biology's century.

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This article is more than 10 years old.

When people talk about expensive drugs, they usually are referring to drugs like Lipitor for high cholesterol ($1,500 a year), Zyprexa for schizophrenia ($7,000 a year) or Avastin for cancer ($50,000 a year). But none of these medicines come close to making Forbes' exclusive survey of the most expensive medicines on the planet.

The nine drugs on our list all cost more than $200,000 a year for the average patient who takes them. Most of them treat rare genetic diseases that afflict fewer than 10,000 patients. For these diseases, there are few if any other treatments. So biotech companies can charge pretty much whatever they want.

Alexion Pharmaceutical's Soliris, at $409,500 a year, is the world's single most expensive drug. This monoclonal

https://www.beckershospitalreview.com/pharmacy/10-most-expensive-drugs-in-the-us-2.html

10 most expensive drugs in the US

Katie Adams - Monday, March 8th, 2021 Print | Email

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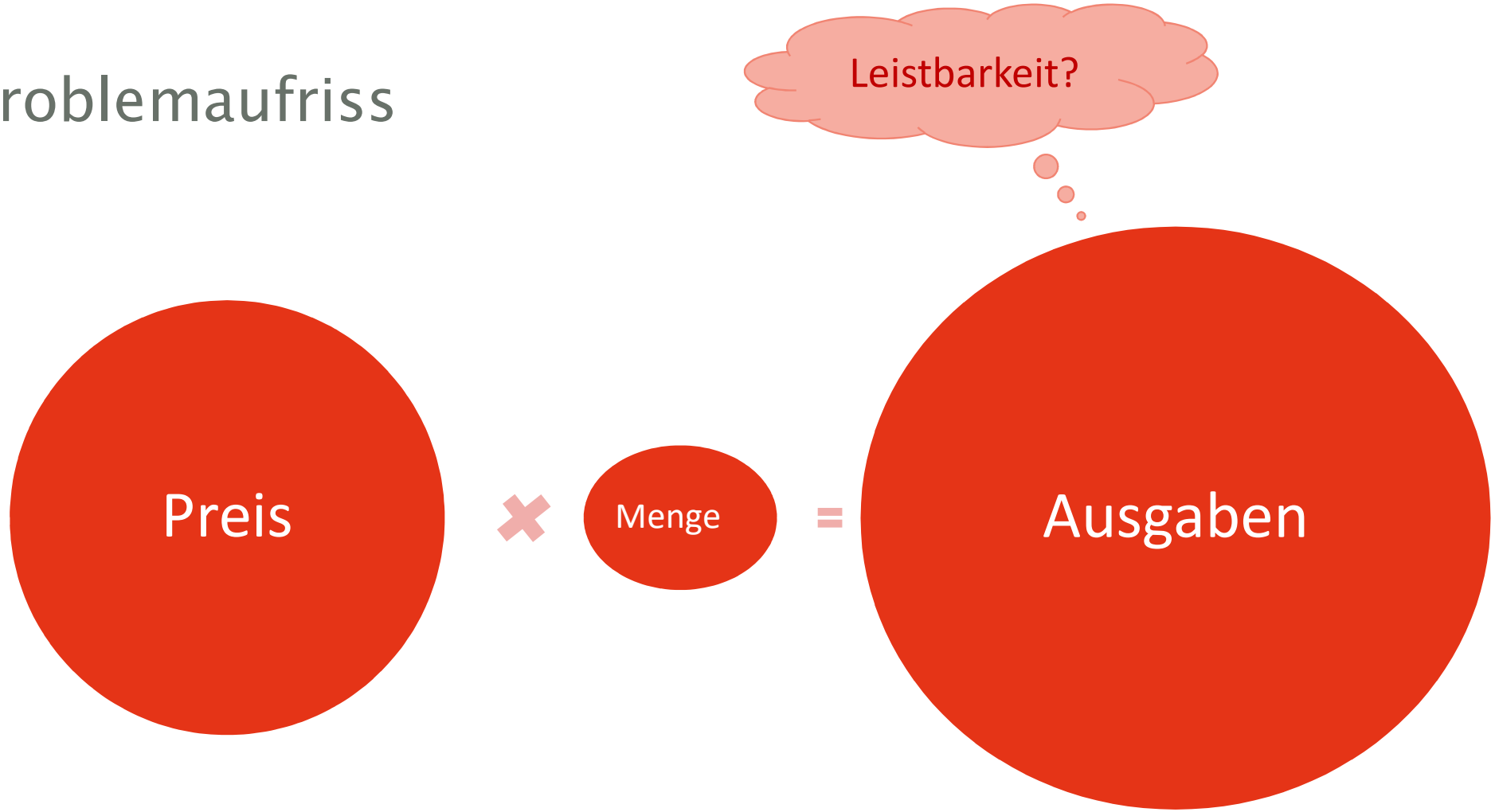
Zolgensma, a drug that treats spinal muscular atrophy, is the most expensive drug in the U.S. with an estimated annual cost of $2,125,000, according to research released March 8 by GoodRx.

Below are the 10 most expensive drugs in the U.S., along with their annual cost, based on length of therapy.

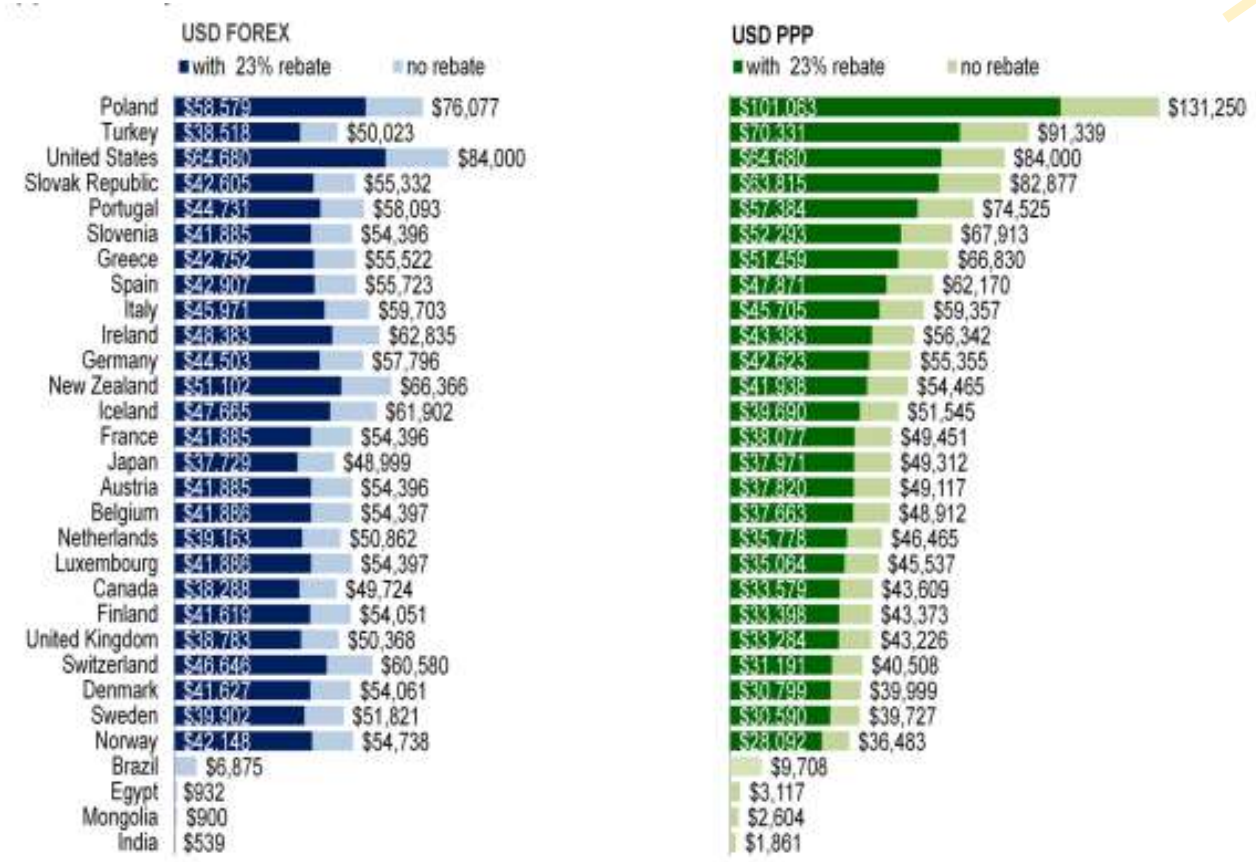
1. Zolgensma (AveXis): $2,125,000
2. Zokinvy (Eiger BioPharmaceuticals): $1,032,480
3. Danyelza (Y-mAbs Therapeutics): $977,664
4. Myalept (Aegerion Pharmaceuticals): $889,904
5. Luxturna (Spark Therapeutics): $850,000
6. Folotyn (Acrotech Biopharma): $793,870
7. Brineura (BioMarin Pharmaceuticals): $730,340
8. Blincyto (Amgen): $712,672
9. Ravicti (Horizon Therapeutics): $695,970
10. Soliris (Alexion Pharmaceuticals): $678,392

Problemaufriss



Sofosbuvir änderte den Diskurs

2015, FAP
12 Wochen
Therapie



https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002032

Iyengar S, Tay-Teo K, Vogler S, Beyer P, Wiktor S, de Joncheere K, et al. (2016) Prices, Costs, and Affordability of New Medicines for Hepatitis C in 30 Countries: An Economic Analysis. PLoS Med 13 (5): e1002032

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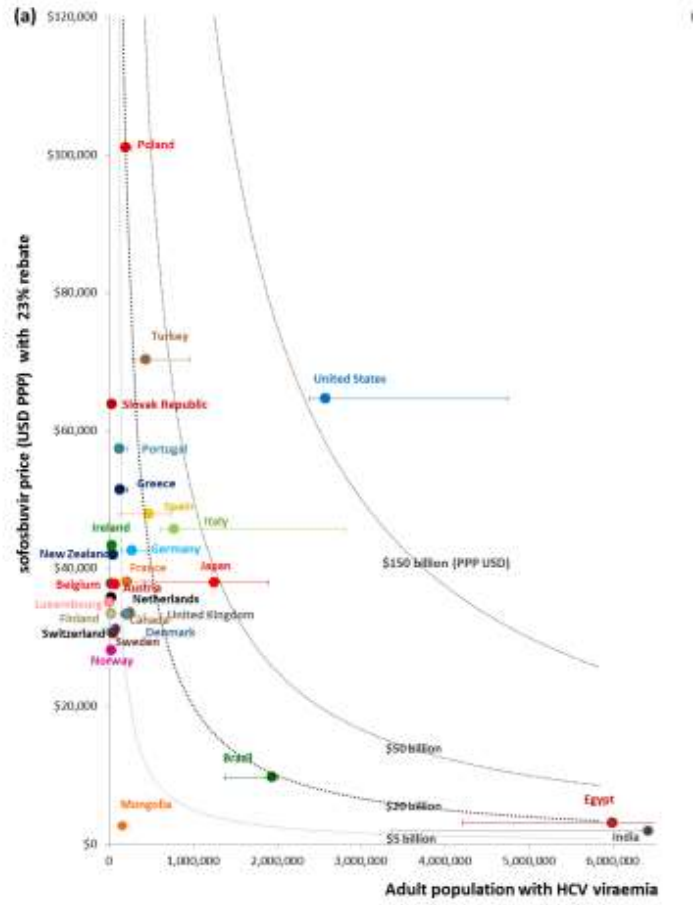
Leistbarkeit von Sofosbuvir

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002032



"Based on PPP-adjusted TPE and without the cost of ribavirin and other treatment costs, treating the entire HCV viraemic population with these regimens at the PPP-adjusted prices with a 23% price reduction would amount to **at least one-tenth of current TPE** across the countries included in this study, ranging from **10.5% of TPE in the Netherlands to 190.5% of TPE in Poland**. In 12 countries, the price of a course of sofosbuvir without other costs was **equivalent to 1 y or more of the average annual wage of individuals**, ranging from **0.21 y in Egypt to 5.28 y in Turkey**."

Iyengar S, Tay-Teo K, Vogler S, Beyer P, Wiktor S, de Joncheere K, et al. (2016) Prices, Costs, and Affordability of New Medicines for Hepatitis C in 30 Countries: An Economic Analysis. PLoS Med 13 (5): e1002032

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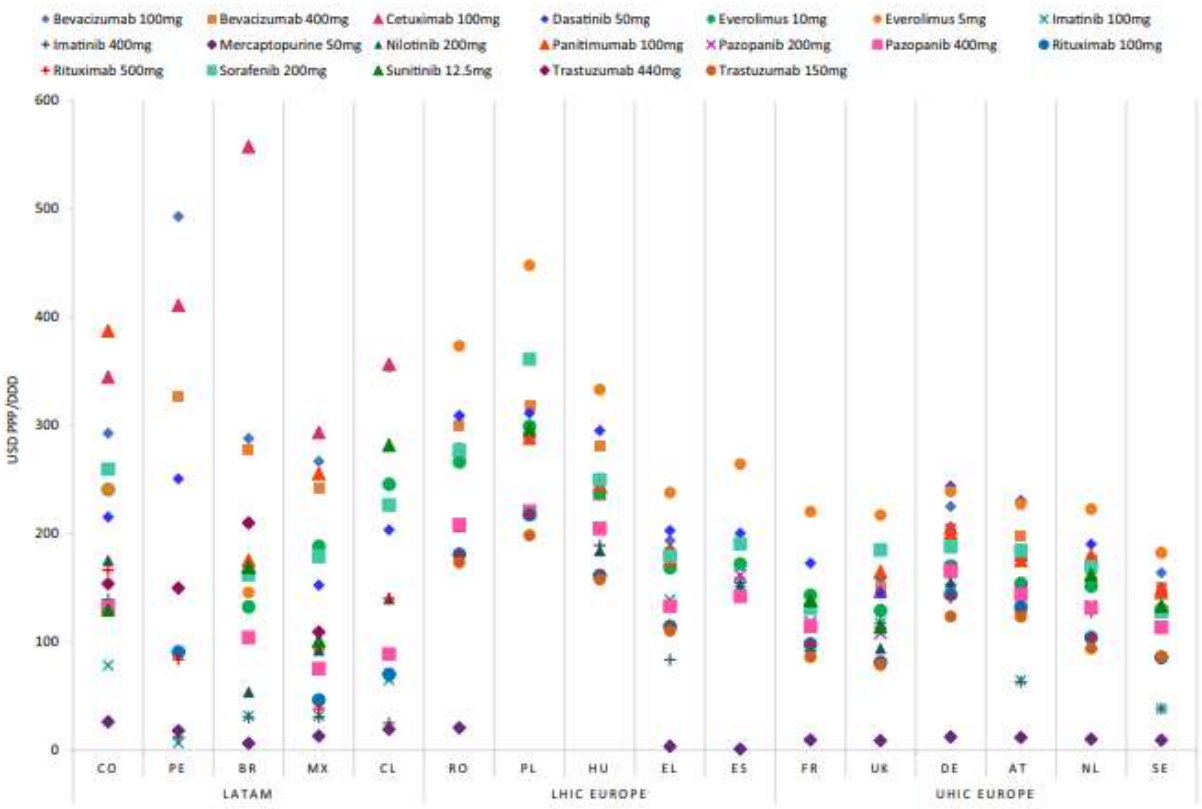
Onkologika: Preise im Vergleich (Europa und Lateinamerika)

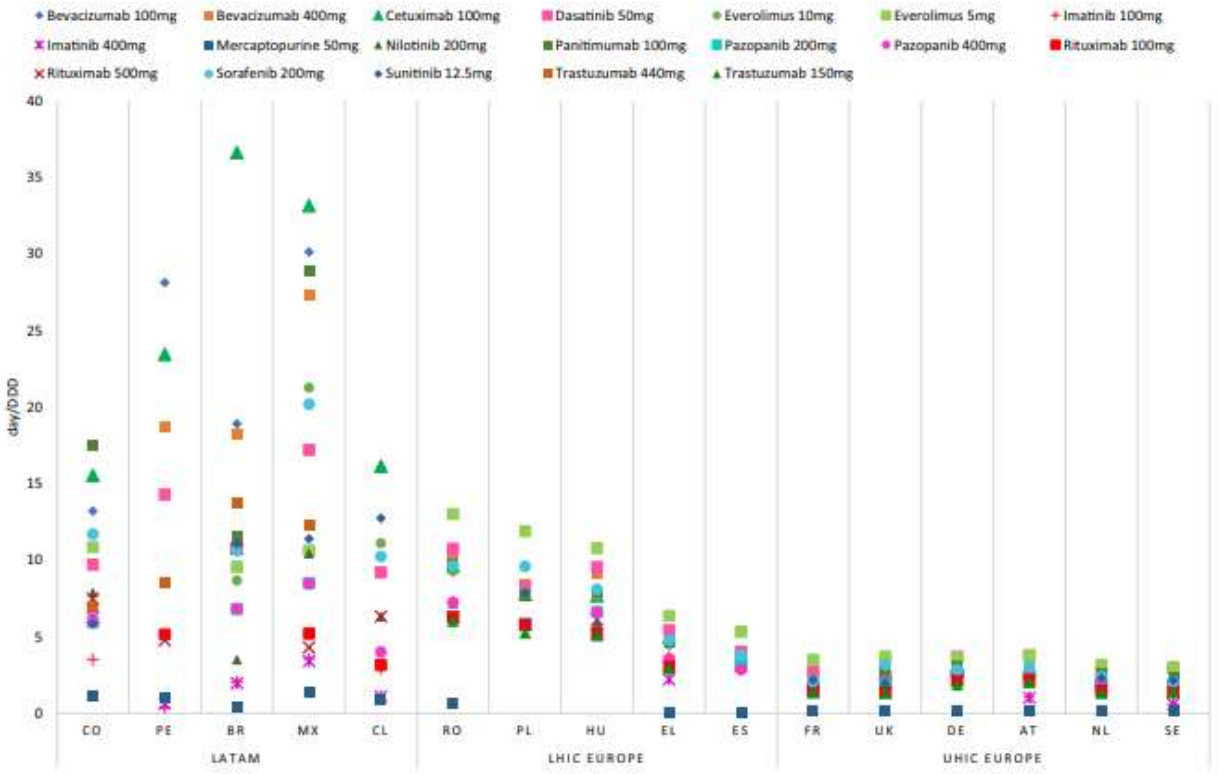
https://doi.org/10.1007/s40258-021-00670-4



- KKP-bereinigte Preise variieren zwischen Ländern
- In UHIC tendenziell niedriger als in LHIC

Moye-Holz D, Vogler S. Comparison of Prices and Affordability of Cancer Medicines in 16 Countries in Europe and Latin America. Applied Health Economics and Health Policy 2021

Onkologika: Leistbarkeit im Vergleich (Europa und Lateinamerika)



Leistbarkeit gemessen an nationalem Mindestgehalt

https://doi.org/10.1007/s40258-021-00670-4

Moye-Holz D, Vogler S. Comparison of Prices and Affordability of Cancer Medicines in 16 Countries in Europe and Latin America. Applied Health Economics and Health Policy 2021

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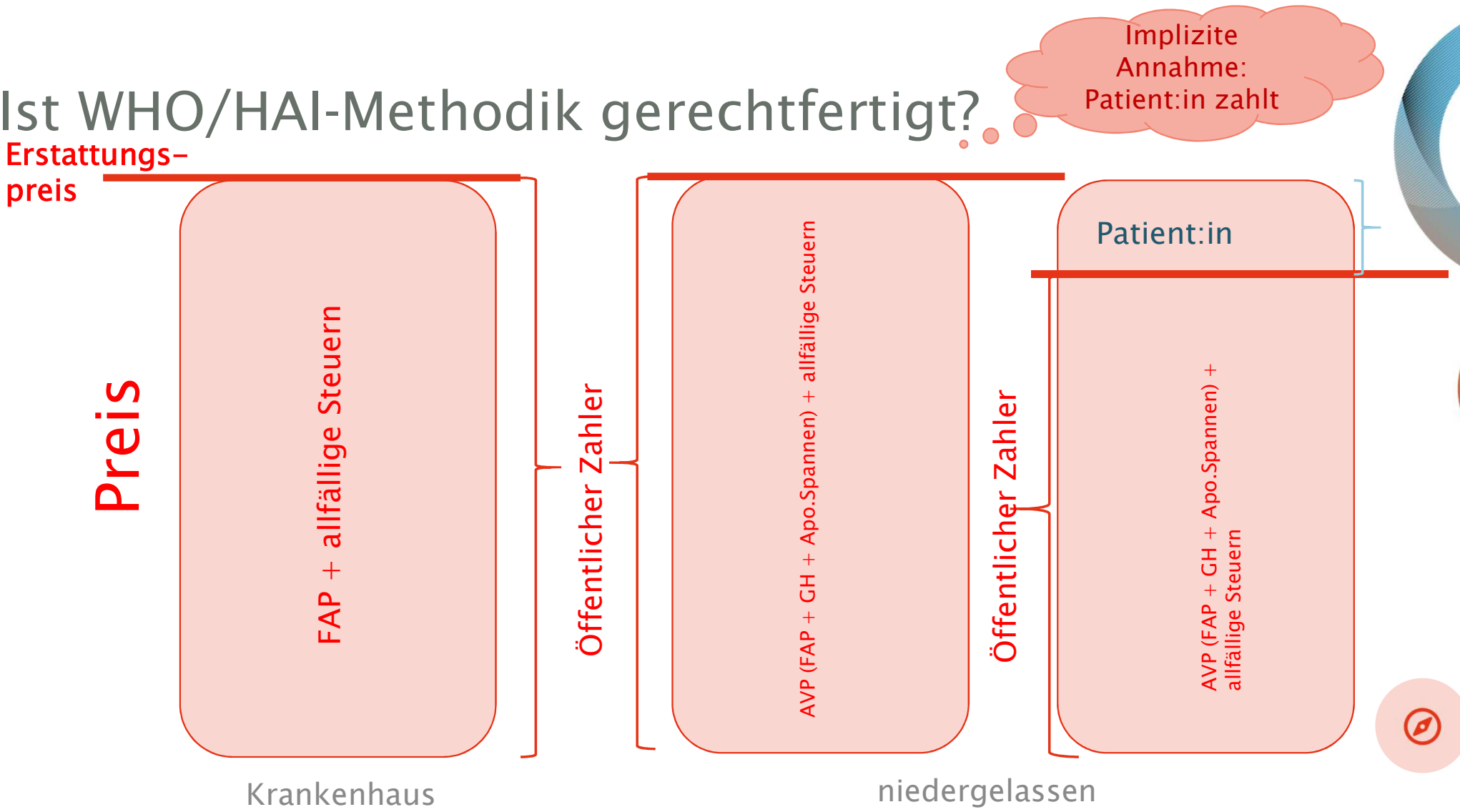
Ist WHO/HAI-Methodik gerechtfertigt?



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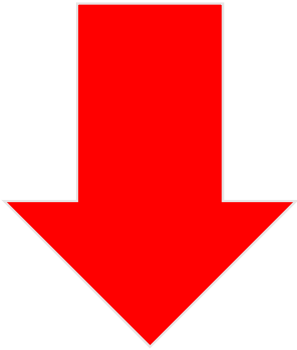
Hohe Preise bedeuten für den (öffentlichen) Zahler

Arzneimittel ist
nicht leistbar

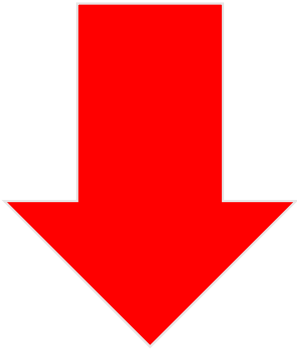
> In 2019 Norway "had to reject 22% of new medicines and treatments due to very high prices. This means we were not able to offer these medicines to patients who need them."
> Bent Høie, Minister of Health and Care Services of Norway

https://www.youtube.com/watch?v=L2eiUY_ya8g

Hohe Preise bedeuten für den (öffentlichen) Zahler



Arzneimittel ist
nicht leistbar



„Equity" zwischen Ländern

Arzneimittel wird **„leistbar"** zu Lasten von …

- Nachhaltigkeit
- anderen Arzneimitteln / Gesundheitsgütern
- Prinzipien (z.B. Transparenz, HTA)

Verantwortung der Regierung, Zugang zu neuen Arzneimitteln zu schaffen?

SDG Target 3.8:

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Konfliktäre Ziele (aus anderen Politikbereichen)

Wie (neue) Arzneimittel(preise) leistbar machen?

1. Preisregulierung

Nationale Kompetenz von EU-MS

Überschneidung mit Erstattungsmaß-nahmen

EU-Transparenzrichtlinie (89/105/EEC)
Fristen, Begründungen, Berufung, Publikation (erstattungsfähige Preise)

Definition:

Regelungen und Mechanismen, die von Behörden bei der Preisbildung von Arzneimitteln eingesetzt werden (z.B. gesetzliche Preisfestsetzung, Verhandlungen).

https://ppri.goeg.at/node/910

Umfang von Preisregulierung in PPRI-Ländern

Countries	State/Authority	Pharmaceutical company
Albania, Belgium, Brazil, Cyprus, Greece , Israel, Lithuania, Luxembourg, Malta, Moldova, Netherlands, Republic of Serbia, Saudi Arabia, Turkey	All medicines	-
Australia, Croatia, Czech Republic, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Kazakhstan, Latvia, Poland, Republic of Korea, Russian Federation, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, United Kingdom, Ukraine	Reimbursable medicines	Non-reimbursable medicines
Austria	Reimbursable outpatient medicines	Non-reimbursable medicines and inpatient medicines
Germany	Reimbursable medicines after 12 months	Non-reimbursable medicines and reimbursable medicines in the first year
Canada	On-patent medicines and off-patent reimbursable medicines	Off-patent non-reimbursable medicines
Bulgaria, Iceland, North Macedonia, Norway, Portugal, Romania	Prescription-only medicines	Non-prescription medicines
Armenia, Belarus, Denmark, Kosovo, Kyrgyzstan, Singapore	-	All medicines

https://ppri.goeg.at/sites/ppri.goeg.at/files/inline-files/PPRI%20Report2018_2nd_edition_final.pdf

Vogler S, Zimmermann N, Haasis MA: PPRI Report 2018 – Pharmaceutical pricing and reimbursement policies in 47 PPRI network member countries. GÖG, Wien 2019

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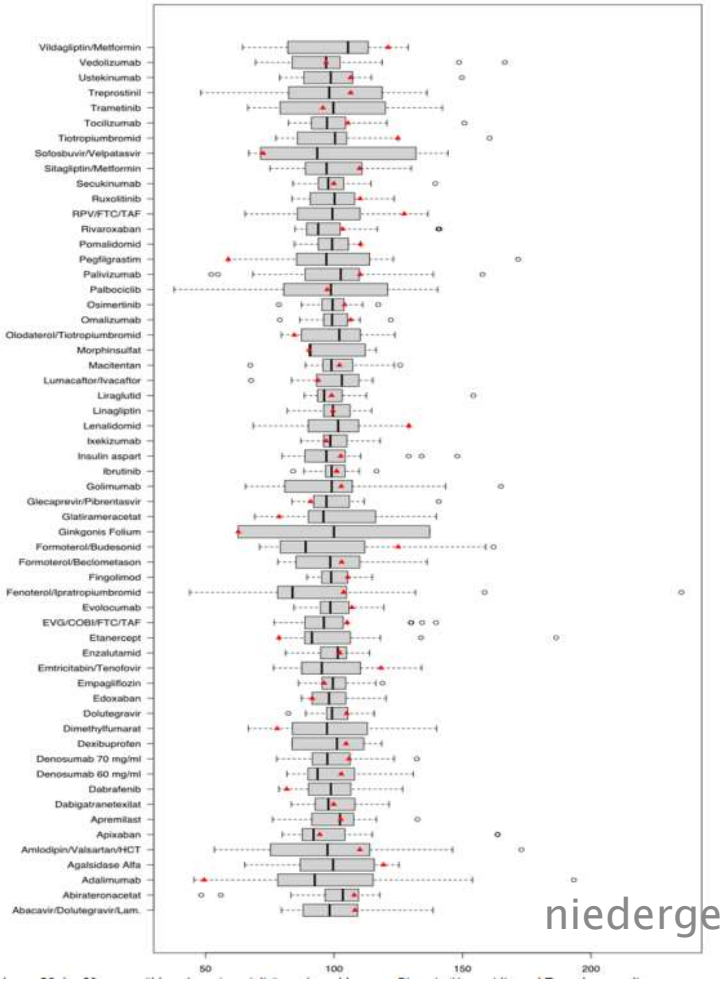
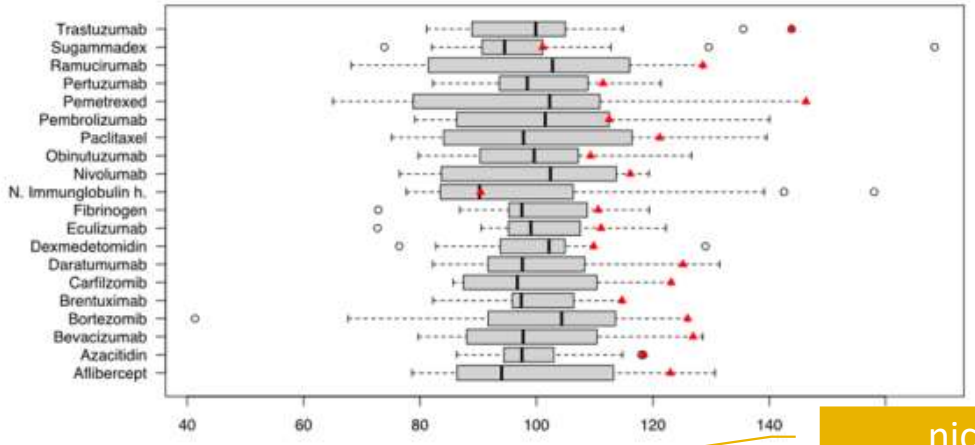
Implikationen von freier Preisbildung – Beispiel AT

https://ppri.goeg.at/sites/ppri.goeg.at/files/inline-files/PPI_Top_2019_Preisstudie_final_bf_0.pdf



niedergelassen

2019-Daten, 60 +20 ausgabenstarke Arzneimittel in Österreich (Listenpreise zu NCU)



Krankenhaus

nicht preisreguliert in AT

Vogler S, Schneider P, Fischer S et al.: Preisvergleich ausgabenstarker Arzneispezialitäten 2019. Gesundheit Österreich, Wien 2021

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Wie (neue) Arzneimittel(preise) leistbar machen?

1. Preisregulierung

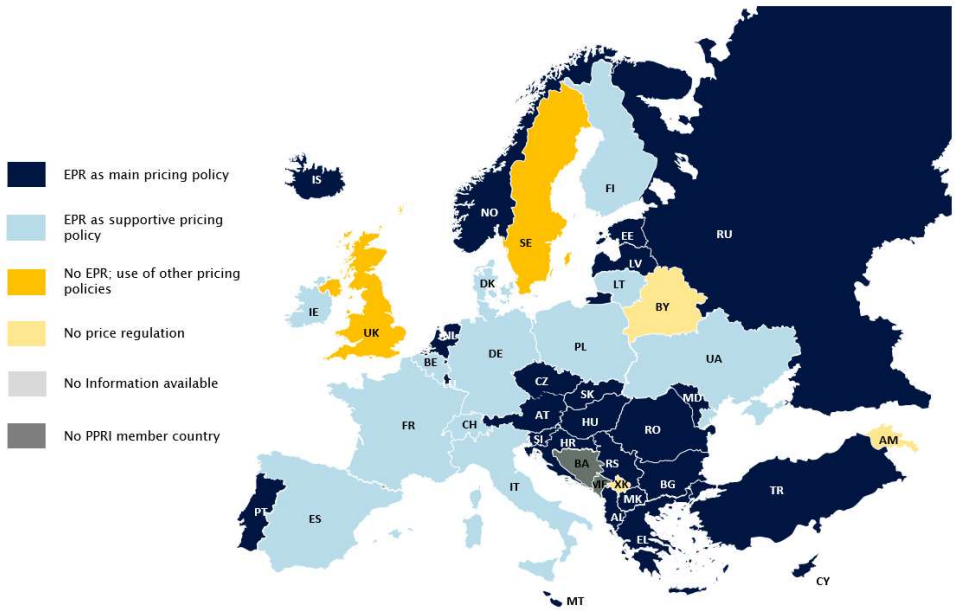
2. Preisregulierung mittels adäquater Maßnahmen

Kriterien zur Festlegung von Preisen		Maßnahme der Preisbildung
Preise in anderen Ländern	⇒	External Price Referencing
Preis eines vergleichbaren Arzneimittels im gleichen Land	⇒	Internal Price Referencing (z.B. Generika-Preis-Link)
Therapeutischer Zusatznutzen	⇒	Value Based Pricing
Kosten (Produktionskosten, F+E)	⇒	Cost-plus Pricing
Preis (bzw. weitere Spezifikationen) in einem Anbot	⇒	Competitive Pricing
Bestimmte Bedingungen / (erwartete) Ereignisse (Outcomes)	⇒	Conditional Pricing (e.g. Managed-entry Agreements)
Zahlungsfähigkeit und -bereitschaft (WTP)	⇒	Collaborative Pricing / Differential Pricing

Vogler S. Assessment of EPR and alternative policies. In: Vogler S, editor. Medicine Price Surveys, Analyses and Comparisons. London: Elsevier; 2019.

Zugang zu neuen (teuren) Arzneimitteln in der Praxis

https://ppri.goeg.at/sites/ppri.goeg.at/files/inline-files/PPRI%20Report2018_2nd_edition_final.pdf



Andere EPR-Länder referenzieren

hat Auswirkungen

Preisniveau

Zugang (strategischer Launch)

EPR (basierend auf Preisen in anderen Ländern)

Benchmark-Preis

ZU HOCH

ein leistbar(er)er Preis wird verhandelt (vertraulicher Rabatt)

höherer Listenpreis wird publiziert

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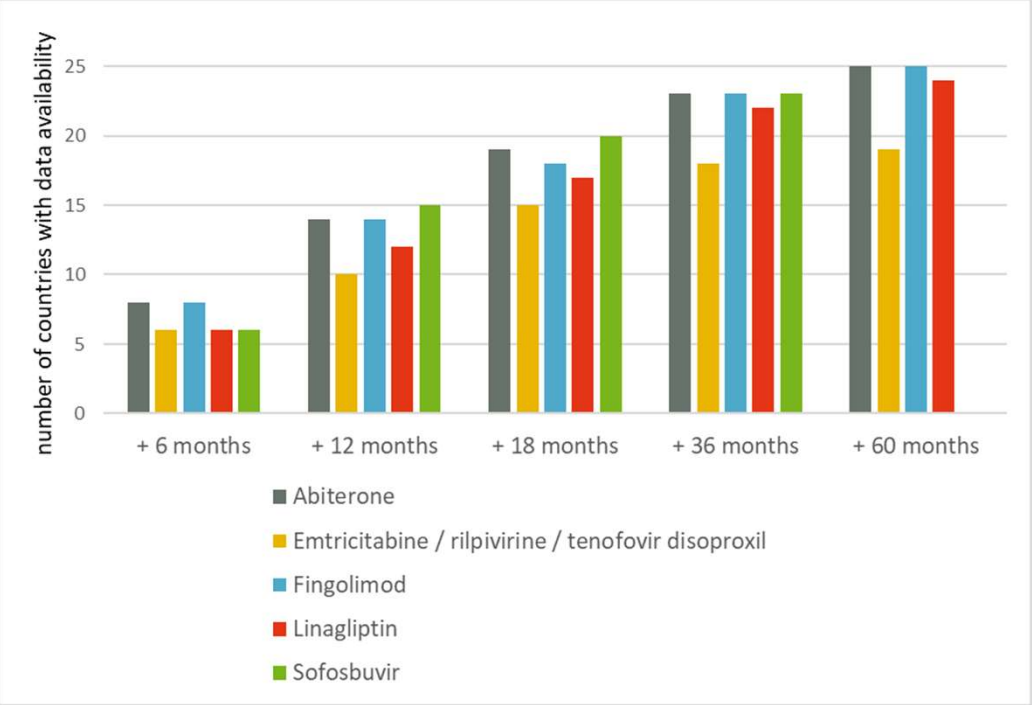
Strategischer Launch:
Spill-over-Effekte für Länder mit niedrigeren Preisen



https://link.springer.com/article/10.1007%2Fs41669-019-0120-9

Vogler S, Schneider P, Zimmermann N. Development of average European medicine prices: Implications for the methodology of external price referencing policy. PharmacoEconomics Open. 2019;3(3):303–9

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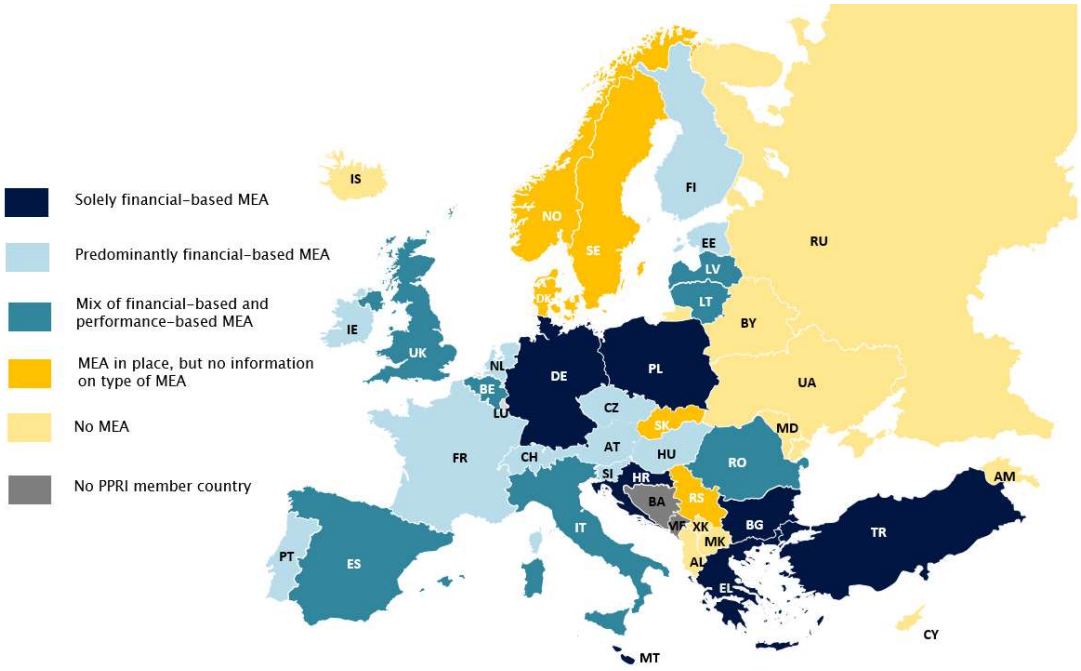
Managed-entry Agreements

Pros	Kontras
Machen Arzneimittel leistbar	… zu welchem „Preis”?
Möglichkeit, Unsicherheit zu managen	Finanzierung von Arzneimitteln mit schmaler Datenlage
RWE-Generierung	Administrativer Aufwand, zeitintensiv
Signale an pU, in welche therapeutischen Bereiche investiert werden soll	Signal der Zahler, dass sie bereit sind, höhere Preise zu zahlen
	Höhere Listenpreise



Vogler S, Zimmermann N, Haasis MA: PPRI Report 2018 – Pharmaceutical pricing and reimbursement policies in 47 PPRI network member countries. GÖG, Wien 2019

https://ppri.goeg.at/sites/ppri.goeg.at/files/inline-files/PPRI%20Report2018_2nd_edition_final.pdf

Was bringen MEA?


KCE REPORT 288

KCE

Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

HOW TO IMPROVE THE BELGIAN PROCESS FOR MANAGED ENTRY AGREEMENTS? AN ANALYSIS OF THE BELGIAN AND INTERNATIONAL EXPERIENCE

2017 www.kce.fgov.be .be

Fehlende Evaluationen

Evaluation konnte nicht wie geplant durchgeführt werden

1.3 A difficult process due to data confidentiality and threat of legal proceedings

KCE's main priority was to evaluate the existing conventions to provide well-considered advice to the policy makers to improve their policy. The analysis was nevertheless limited by the confidential character of the appendices of the conventions, encompassing the precise outcome of the negotiation process (for instance the exact amounts or percentages of discounts, budget caps, etc.). KCE committed from the beginning of this project to respect the confidential nature of the conventions (with anonymous aggregated reporting and with a final check by the RIZIV – INAMI to verify the respect of the confidentiality and the validity of all observations and statements).

This was nevertheless not approved by the representatives of the pharmaceutical industry. Even after having invited them to participate in the study as external stakeholders, in full transparency, Pharma.be, a Belgian organisation representing part of the (non-generic) pharmaceutical industry, threatened to take legal action against KCE if the study was continued. We unfortunately had no other choice than to stop the collaboration and to base our analysis on public information only. Details on the compensation mechanisms available in the appendices of these conventions could not be used (neither directly, nor indirectly).

https://kce.fgov.be/sites/default/files/atoms/files/KCE_288_Improve_Belgian_process_managed_entry_agreements_Report.pdf

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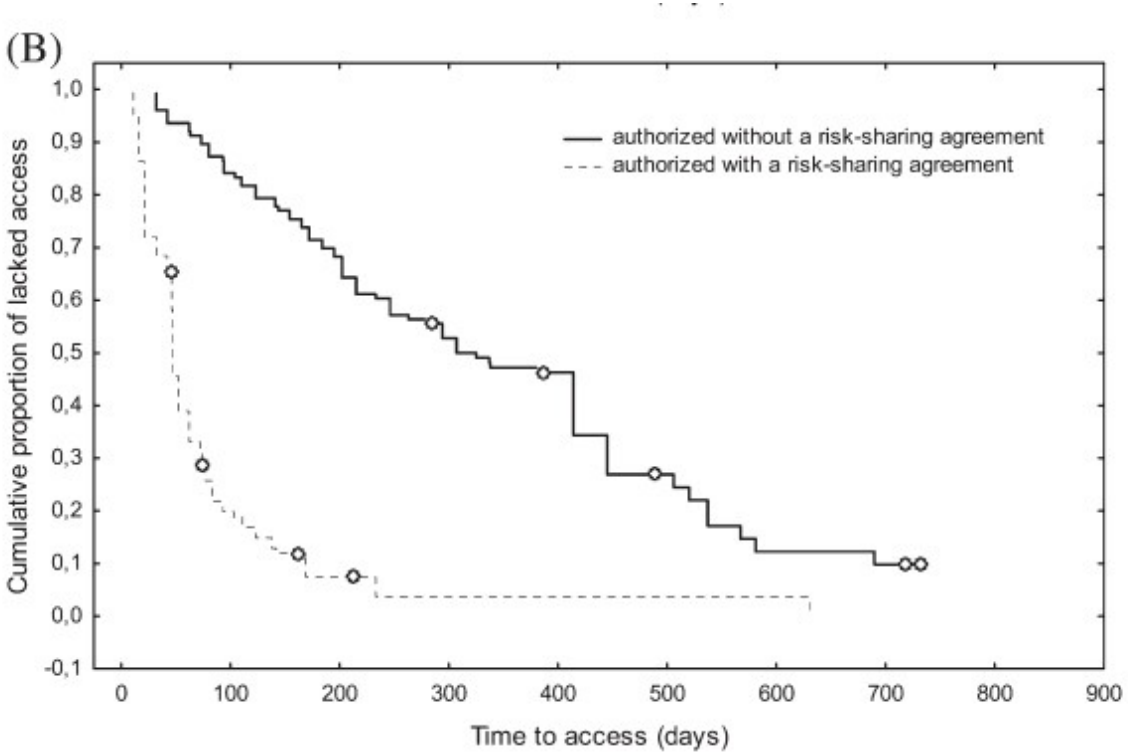
Was bringen MEA? Rascherer Zugang



Time to market and patient access to new oncology products in Italy: a multistep pathway from European context to regional health care providers - PubMed (nih.gov)

Russo P, Mennini FS, Siviero PD, Rasi G. Time to market and patient access to new oncology products in Italy: a multistep pathway from European context to regional health care providers. Annals of Oncology. 2010;21(10):2081–7

Was bringen MEA? Sammlung von RWE-Daten

Health Policy 123 (2019) 267–274

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Implementing managed entry agreements in practice: The Dutch reality check

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[a] National Healthcare Institute (ZIN), Diemen, the Netherlands
[b] Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht, the Netherlands
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ARTICLE INFO

Article history:
Received 19 July 2017
Received in revised form 26 August 2018
Accepted 21 September 2018

Keywords:
Managed entry agreements
Conditional reimbursement schemes
Health care financing
Policy evaluation

ABSTRACT

Background: Conditional financing (CF) of expensive hospital drugs was applied in the Netherlands between 2006 and 2012; a 4-year coverage with evidence development (CED) framework for expensive hospital drugs. This study aims to evaluate the CF framework, focusing on Health Technology Assessment (HTA) procedures.
Methods: Using a standardised data extraction form, researchers independently extracted information on procedural, methodological and decision-making aspects from HTA reports of drugs selected for CF.
Results: Forty-nine drugs were chosen for CF, of which 12 underwent the full procedure. The procedure extended beyond the envisioned 4 years period for 11/12 drugs. Outcomes research studies conducted as part of CF provided insufficient scientific data to reach conclusions on appropriate use and cost-effectiveness of 5/12 drugs. After re-assessment, continuation of reimbursement was advised for 10/12 drugs, with 6 necessitating yet additional conditions for evidence generation. Notably, advice to discontinue reimbursement for 2/12 drugs has not yet been implemented in Dutch healthcare practice.
Conclusions: Theoretically, CF provided an option for quick but conditional access to drugs. However, numerous aspects related to the design and implementation of CF negatively affected its value in practice. Future CED schemes should aim to incorporate learnings from the CF example to increase their impact in healthcare practice.

https://pubmed.ncbi.nlm.nih.gov/30316540/

Makady A, van Veelen A, De Boer A, Hillege H, Klungel O, Goettsch W. Implementing managed entry agreements in practice: The Dutch reality check. Health Policy. 2019;123(3):267-74.

"Importantly, for a third of research questions defined at T = 0, insufficient evidence was generated through the implemented outcome research studies to reach grounded conclusions at T = 4."

"Moreover, for half of the finalised drugs, reimbursement was continued based on yet further evidence generation to address remaining uncertainties."

"Theoretically, CF provided an option for quick but conditional access to drugs. However, numerous aspects related to the design and implementation of CF negatively affected its value in practice."

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Was bringen MEA? Höhere Listenpreise

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4112

Abstract

Managed entry agreements (MEAs) have been used for several years, with the aim of curbing the growth of pharmaceutical expenditure and enhancing patient access to innovation. Yet, much remains to be understood about their economic implications. This paper studies the impact of MEAs on list prices, that is, prices before the deduction of any discount. Using a theoretical model, we show that, under most price setting regimes, the introduction of an MEA leads to a higher list price. This is confirmed by our empirical analysis of a sample of 156 medicines in six countries, providing a conservative estimate of the increase in price due to the MEA of 5.9%. A relevant policy implication is that payers may overestimate the financial gains that can be achieved through this tool.

KEYWORDS

managed entry agreements, pharmaceutical prices, risk-sharing agreements

Gamba S, Pertile P, Vogler S. The impact of managed entry agreements on pharmaceutical prices. Health Econ. 2020;29(51):47-62

Was bringen MEA?

Leistbare (Echt)Preise für wirtschaftsschwächere Länder?

https://pubmed.ncbi.nlm.nih.gov/26670093/

Actual costs of cancer drugs in 15 European countries

The financial sustainability of cancer services as part of national health systems is a major challenge;[1] oncology consumes up to 30% of total hospital expenditure and the amount spent on expensive cancer drugs is rising fast.[2] In view of the pipeline of new drugs, these costs are likely to continue to grow.[3] Apart from the risk of unequal access

We noted that official or list prices differ substantially between countries (up to 92% lower than the highest), and actual prices also differ between countries (up to 58% lower; appendix). Additionally, reductions on list prices were very different between countries. The table shows a selection of prominent examples (the appendix provides

Lancet Oncol 2015
Published Online
December 3, 2015
http://dx.doi.org/10.1016/
S1470-2045(15)00486-6

See Online for appendix

Arzneimittel	RO	HU	PL	LT	CZ	ES	IT	FR	DE	UK	BE	NL	NO
Trastuzumab	3,8	18,1		0,0	4,2	11,6	38,9	0,0		0,0	3,5	0,2	4,9
Pertuzumab	0,0				2,2	11,0	30,7	0,0		0,0	3,0		
Rituximab	3,9					11,6	33,7	0,0		0,0	3,7	2,9	3,1
Bevacizumab	4,6		44,4	0,0		15,4	27,3	0,0		0,0	3,3	-0,1	
Ipilimumab	0,0				14,4	42,8	53,3		2,2		3,0	2,5	39,5
Imatinib	0,0			0,0	0,0	0,0	0,3	0,0	0,0	0,0	0,0	0,0	0,0
Sunitinib	0,0			0,0	5,9	3,6	35,6	8,7			6,6	16,7	0,9
Vemurafenib	0,0		7,4	0,0	0,0	15,3	37,2	4,8	5,2		13,2	22,5	32,1
Enzalutamide	0,0				0,0	-3,2	52,8	3,0			3,0	0,0	

van Harten WH, Wind A, de Paoli P, Saghatchian M, Oberst S. Actual costs of cancer drugs in 15 European countries. The Lancet Oncology. 2016;17(1):18–20
Eigene Darstellung

Diskussion um Transparenz: WHO-Transparenz-Resolution

- Take appropriate measures to **publicly share information on the net prices of health products**;
- Take the necessary steps […] to **support dissemination of** and enhanced availability of and access to aggregated **results data** and […] **costs from human subject clinical trials** regardless of outcomes […];
- Work collaboratively to **improve the reporting of information by suppliers** on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives;
- Facilitate improved public reporting of **patent status** information and **marketing approval** status of health products

SEVENTY-SECOND WORLD HEALTH ASSEMBLY

Agenda item 11.7

WHA72.8

28 May 2019

Improving the transparency of markets for medicines, vaccines, and other health products[1]

http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_ACONF2Rev1-en.pdf

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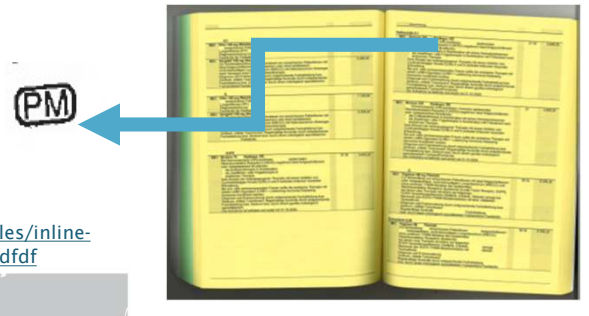
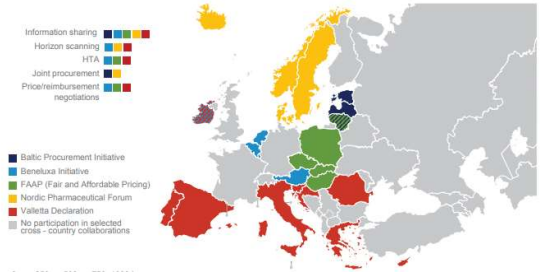
Nationale und länderübergreifende Maßnahmen zur Erhöhung der Transparenz

- Echtpreise bei Preisvergleich (EPR) heranziehen (Deutschland, neu: Italien)
- Berücksichtigung von F+E-Kosten (Italien, Frankreich, Spanien)



https://ppri.goeg.at/sites/ppri.goeg.at/files/inline-files/Cross-country collaborations_final.pdfdf



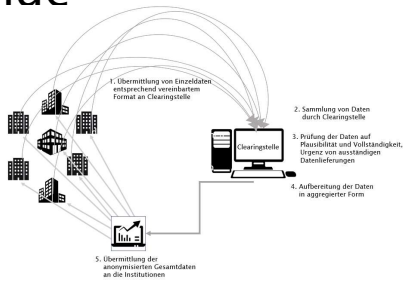
Health Evidence Network synthesis report 73

What is the evidence on legal measures to improve the transparency of markets for medicines, vaccines and other health products (World Health Assembly resolution WHA72.8)?

Katrina Perehudoff | Kaitlin Mara | Ellen 't Hoen

https://apps.who.int/iris/bitstream/handle/10665/342474/9789289055789-eng.pdf

- Länderübergreifende Beschaffung / Verhandlungen
- „Clearing-House“



https://euripid.eu/

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Internationale Initiativen für verbesserten Zugang zu Medikamenten (leistbare Preise, mehr Transparenz)

Fair pricing series BMJ
https://www.bmj.com/fair-pricing

https://www.who.int/medicines/access/fair_pricing/fair_price_report/en
https://apps.who.int/iris/bitstream/handle/10665/326407/WHO-MVP-EMP-IAU-2019.09-eng.pdf?ua=1
https://apps.who.int/iris/bitstream/handle/10665/348331/9789240038585-eng.pdf?sequence=1&isAllowed=y

https://www.youtube.com/watch?v=h-9hxGtQP4Y&t=1s

https://www.euro.who.int/en/health-topics/Health-systems/health-technologies-and-medicines/the-oslo-medicines-initiative

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Was bringt Preistransparenz?

?

What are the implications of policies increasing transparency of prices paid for pharmaceuticals?

A summary of the empirical evidence and a primer for understanding the policy perspective

Erin Webb, Erica Richardson, Sabine Vogler, Dimitra Panteli

Policy Brief des European Observatory on Health Systems and Policies (in Arbeit)

Welche Maßnahmen wirken? (preisdämpfend, Zugang)

Recommendations

1. External reference pricing
2. Internal reference pricing
3. Value-based pricing
4. Mark-up regulation across the pharmaceutical supply and distribution chain
5. Promoting price transparency
6. Tendering and negotiation
7. Promoting the use of quality-assured generic and biosimilar medicines
8. Pooled procurement
9. Cost-plus pricing for setting the price of pharmaceutical products
10. Tax exemptions or tax reductions for pharmaceutical products

Strong recommendations for the policy

Conditional recommendation against the policy

Conditional recommendations for the policy

https://www.who.int/publications/i/item/9789240011878

coherence, specificity, clear purpose, transparency, integrated framework, relevance, compliance, collaboration

Eight principles for developing and considering policies

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

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Biosimilars

Preisdynamik nach Eintritt von Biosimilars

Vogler S, Schneider P, Panteli D, Busse R.: Biosimilars in Deutschland und im europäischen Vergleich – Entwicklungen und Potenziale. In: Schwabe U, Paffrath D, Ludwig W-D, Klauber J (Hrsg.). Arzneiverordnungs-Report 2019. Berlin, Heidelberg: Springer; 2019. S. 321-53

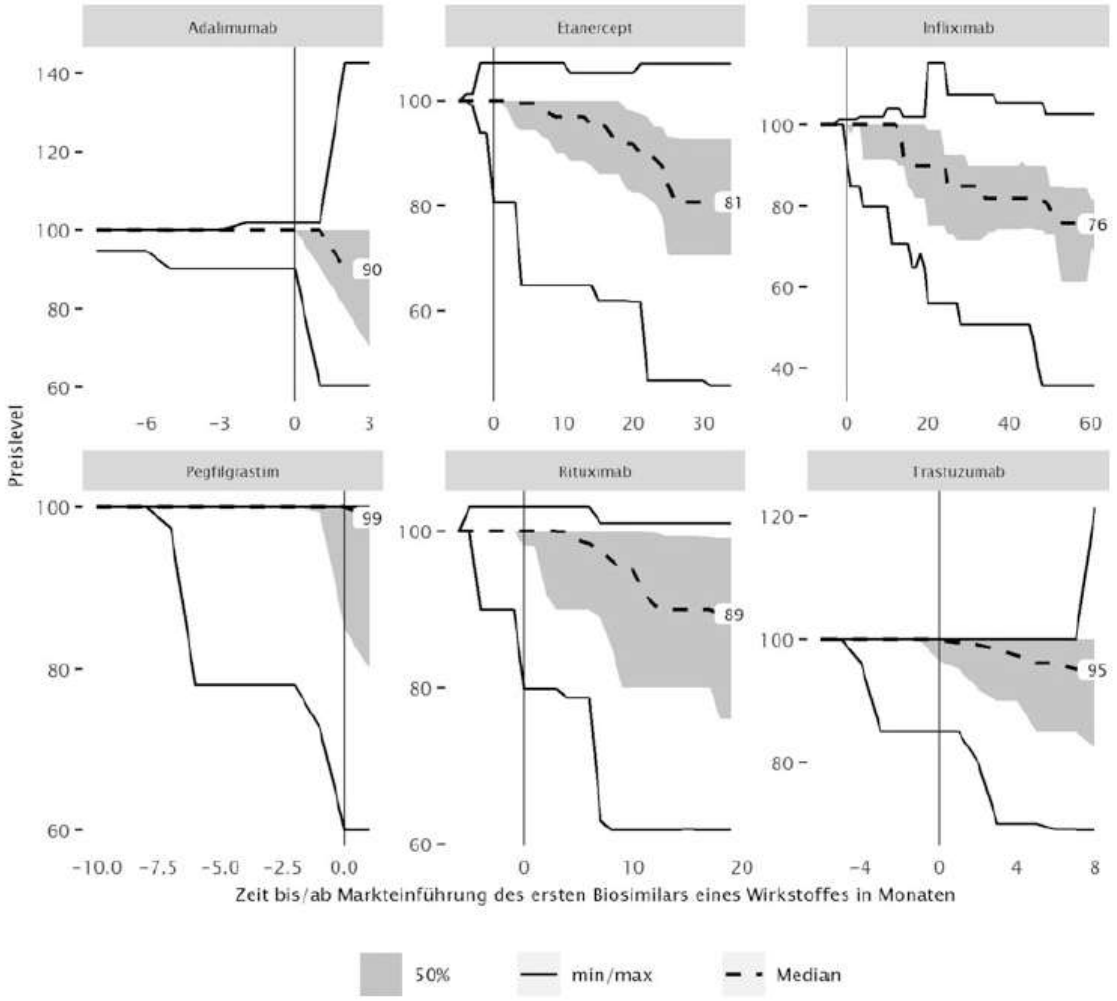

Abb. 8.2 Preisentwicklung ausgewählter biologischer Arzneimittel unterteilt nach Wirkstoff ab Einführung des jeweiligen Biosimilars in einem der untersuchten europäischen Länder, 100 = Preislevel des biologischen Arzneimittels 6 Monate vor Markteinführung eines Biosimilars

https://link.springer.com/chapter/10.1007%2F978-3-662-59046-1_8

for Pharmaceutical Pricing and Reimbursement Policies

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Biosimilars

1: Niedrigster Preis in Referenzländern
2: Preis-Link für DE (30% auf Biologikum)
3: Festbetragssystem (Preise aus DE)
4: Festbetragssystem (Preise aus Referenzländern)

Vogler S, Schneider P, Panteli D, Busse R.: Biosimilars in Deutschland und im europäischen Vergleich – Entwicklungen und Potenziale. In: Schwabe U, Paffrath D, Ludwig W-D, Klauber J (Hrsg.). Arzneiverordnungs-Report 2019. Berlin, Heidelberg: Springer; 2019. S. 321-53

Tabelle 8.6 Übersicht der potenziellen Ausgaben und Einsparpotenziale (in %) für 2019 der vier beschriebenen Szenarien, aufgegliedert nach definierten Arzneispezialitäten. (Quellen: Pharma-Preisinformation (PPI) Service, Wissenschaftliches Institut der AOK (WIDO); Analyse und Darstellung: Gesundheit Österreich GmbH)

#	Arzneispezialität	Ausgangswert	Szenario 1	Änderung	Szenario 2	Änderung	Szenario 3	Änderung	Szenario 4	Änderung
		(in. Mio €)	(in Mio. €)	(in %)	(in Mio €)	(in %)	(in Mio €)	(in %)	(in Mio. €)	(in %)
1	Adalimumab, 20 mg, Fertigspritze	1,3	0,5	−62,8	1,3	0,0	1,0	−25,9	0,6	−50,5
2	Adalimumab, 40 mg, Fertigspritze	507,7	200,0	−60,6	506,9	−0,2	320,6	−36,9	244,8	−51,8
3	Adalimumab, 40 mg, Fertigpen	288,9	113,8	−60,6	288,5	−0,1	182,1	−37,0	138,0	−52,2
4	Adalimumab 40 mg, Durchstechflasche	3,1	1,1	−62,8	3,1	0,0	3,1	0,0	1,6	−48,8
5	Adalimumab 80 mg, Fertigspritze	9,5	3,6	−62,3	9,1	−3,9	9,2	−2,6	5,6	−41,4
6	Adalimumab, 80 mg, Fertigpen	3,8	1,4	−62,8	3,8	0,0	3,8	0,0	2,2	−43,2
7	Etanercept, 10 mg, Fertigpen	0,6	0,3	−54,9	0,6	0,0	0,6	0,0	0,3	−50,1
8	Etanercept, 25 mg, Fertigspritze	1,5	0,7	−55,9	1,5	0,0	1,5	0,0	0,7	−52,8
9	Etanercept, 25 mg, Fertigpen	30,4	13,3	−56,2	30,0	−1,3	24,7	−18,7	14,3	−53,1
10	Etanercept, 25 mg, Durchstechflasche	0,1	0,0	−55,9	0,1	0,0	0,1	0,0	0,0	−51,7
11	Etanercept, 50 mg, Fertigspritze	260,7	113,0	−56,7	243,0	−6,8	234,5	−10,1	132,0	−49,4
12	Etanercept, 50 mg, Fertigpen	164,7	71,6	−56,5	154,4	−6,3	146,8	−10,9	82,7	−49,8
13	Infliximab, 100 mg, Durchstechflasche	306,4	129,3	−57,8	273,6	−10,7	298,1	−2,7	210,3	−31,4
14	Pegfilgrastim, 6 mg, Fertigspritze	77,0	36,1	−53,2	77,0	0,0	57,0	−25,9	39,1	−49,2
15	Rituximab, 100 mg, Durchstechflasche	12,2	6,3	−48,5	11,1	−9,2	11,4	−6,7	7,9	−35,6
#	Arzneispezialität	Ausgangswert	Szenario 1	Änderung	Szenario 2	Änderung	Szenario 3	Änderung	Szenario 4	Änderung
		(in. Mio €)	(in Mio. €)	(in %)	(in Mio €)	(in %)	(in Mio €)	(in %)	(in Mio. €)	(in %)
16	Rituximab, 500 mg, Durchstechflasche	11,0	6,5	−41,3	11,0	0,0	11,0	0,0	7,6	−31,1
17	Rituximab, 1.400 mg Durchstechflasche	207,1	108,6	−47,5	182,8	−11,7	196,5	−5,1	136,6	−34,1
18	Trastuzumab, 150 mg Durchstechflasche	279,0	145,0	−48,0	264,5	−5,2	261,5	−6,3	191,7	−31,3
19	Trastuzumab 440 mg, Durchstechflasche	17,4	9,7	−44,5	13,1	−24,7	17,4	0,0	11,9	−31,7
20	Trastuzumab 600 mg Durchstechflasche	41,4	24,8	−40,2	41,4	0,0	41,4	0,0	29,0	−30,0
	Gesamt	**2.223,9**	**985,5**	**−55,7**	**2.116,8**	**−4,8**	**1.822,4**	**−18,1**	**1.256,6**	**−43,5**

Verordnungen des Jahres 2018 und Arzneimittelpreise von Dezember 2018 werden für das gesamte Jahr 2019 fortgeschrieben

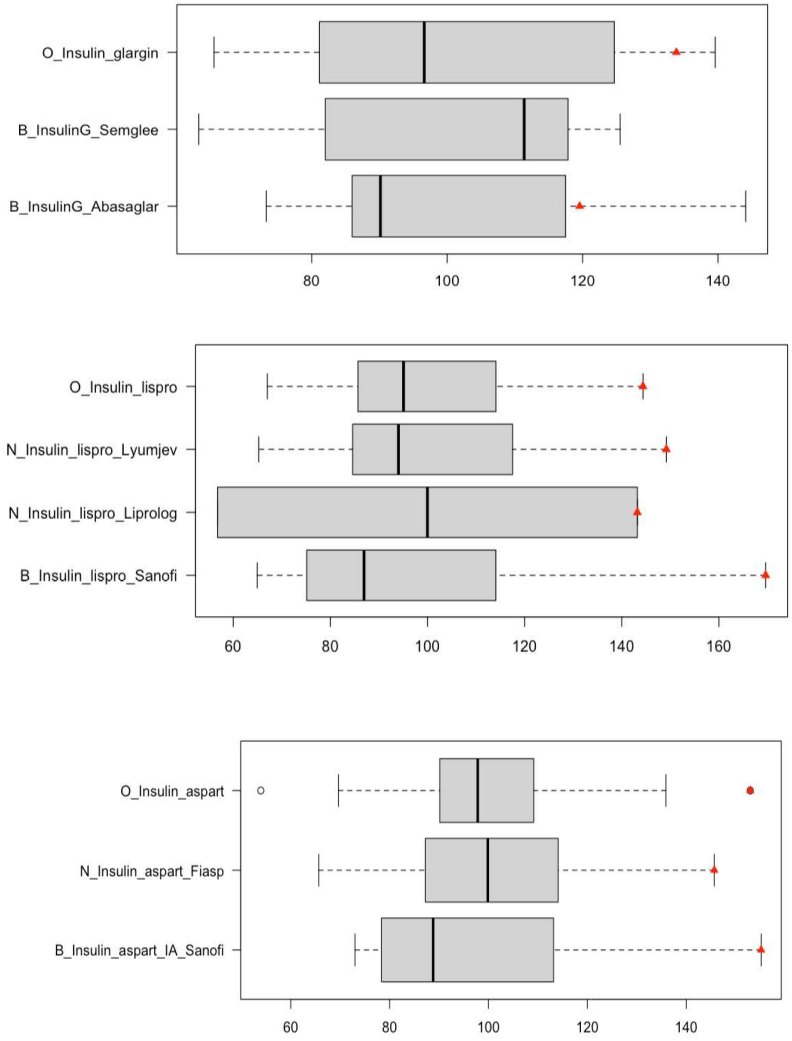
https://link.springer.com/chapter/10.1007%2F978-3-662-59046-1_8

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

Gesundheit Österreich GmbH

Biosimilars

- KKP-bereinigte Preise von DE in Vergleich zu Referenzländer + NO, August 2021



Vogler S, Panteli D, Busse R.: Biologika und Biosimilars in Deutschland und im europäischen Vergleich – Marktsteuerungsmechanismen und Preisvergleich (2021) – in Druck

Statt einer Conclusio: Prinzipien für „faire Preise“

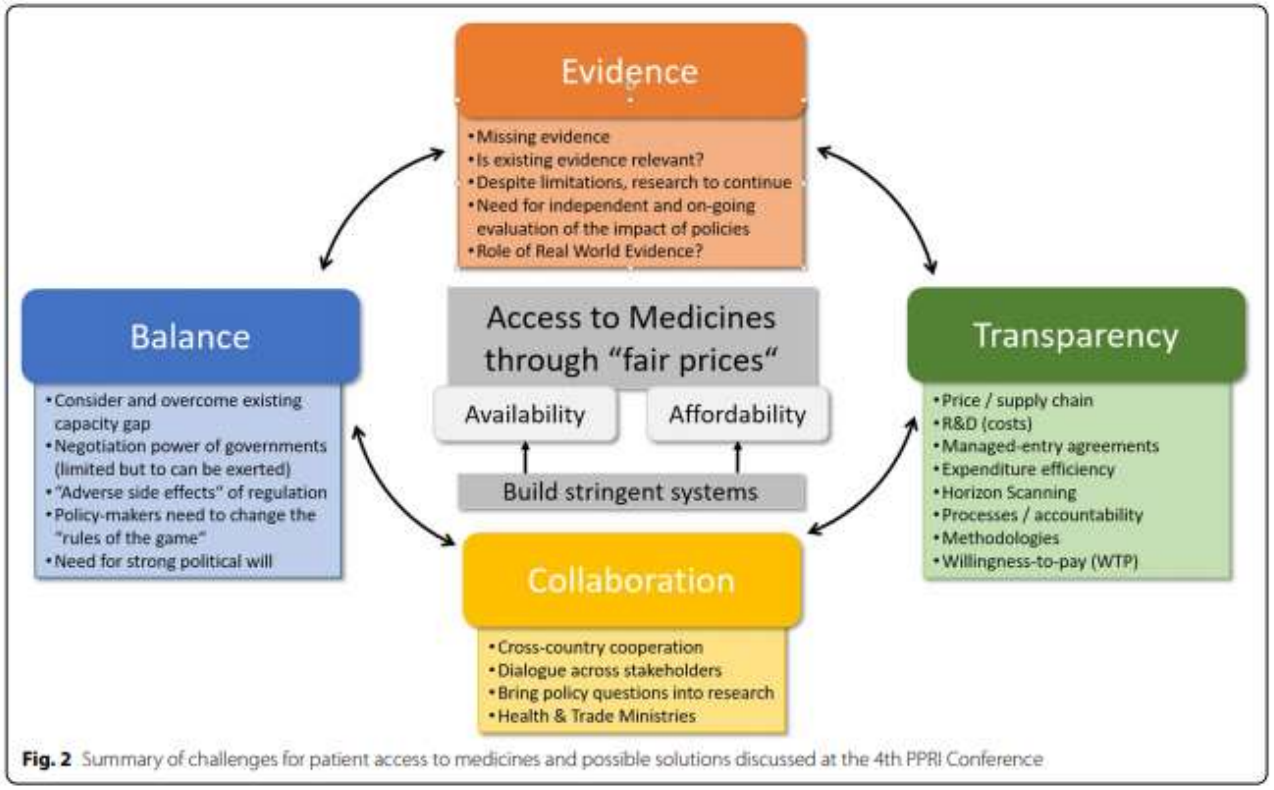


Fig. 2 Summary of challenges for patient access to medicines and possible solutions discussed at the 4th PPRI Conference

https://joppp.biomedcentral.com/track/pdf/10.1186/s40545-021-00300-3.pdf

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Entwicklungen, insbes. während der COVID-19-Pandemie

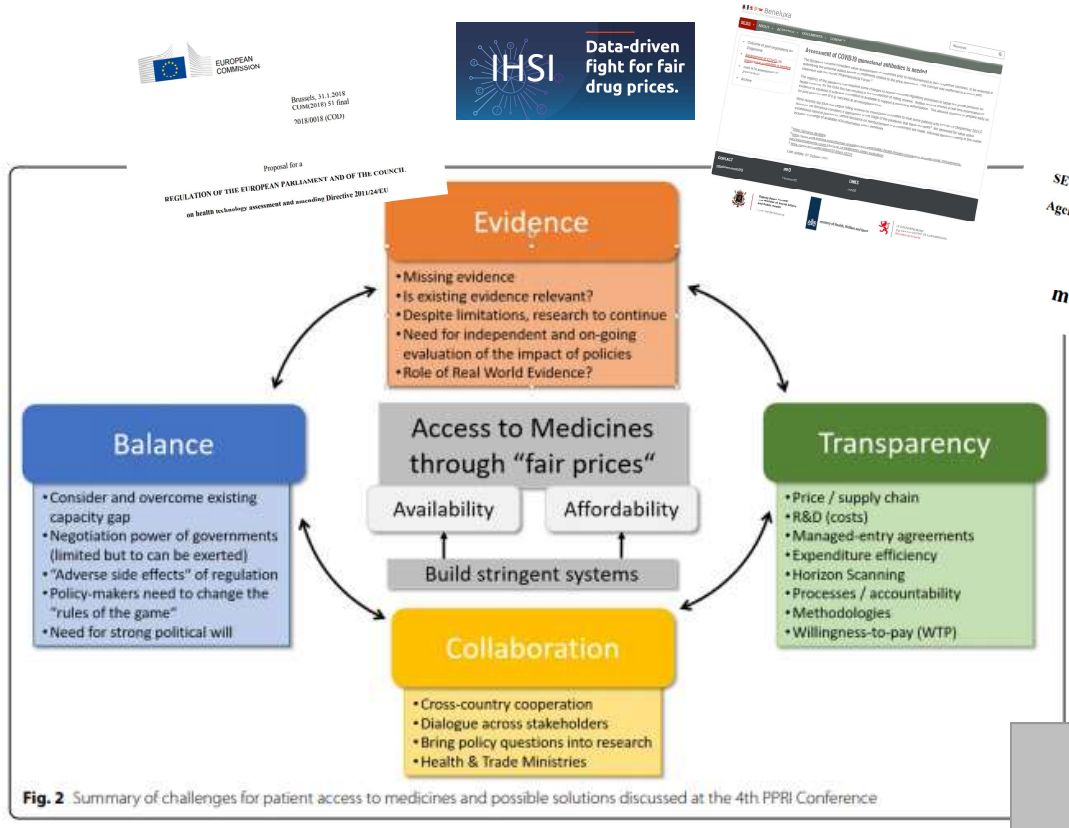
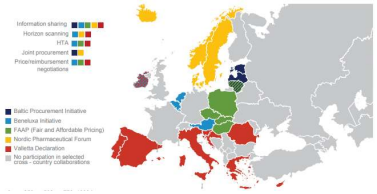


Fig. 2 Summary of challenges for patient access to medicines and possible solutions discussed at the 4th PPRI Conference



JOINT PROCUREMENT AGREEMENT
TO PROCURE MEDICAL COUNTERMEASURES

This Joint Procurement Agreement (the "Agreement") is made and entered into force on the [day] of [month], [year] by and between the following Contracting Parties:

the European Commission (the "Commission"), which is represented for the purposes of this Agreement by the Director-General of the Directorate-General for Health and Consumers; *Name to be inserted at the moment of signature*

and

the following Member States of the European Union:

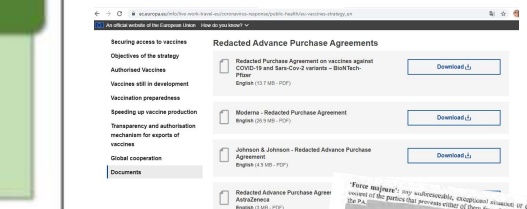
1) [Member State].

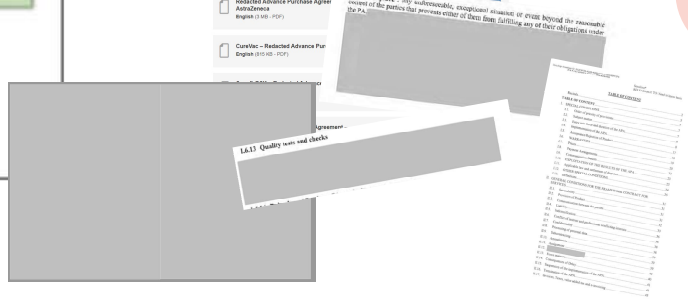
2)

SEVENTY-SECOND WORLD HEALTH ASSEMBLY
Agenda item 11.7

WHA72.8
28 May 2019

Improving the transparency of markets for medicines, vaccines, and other health products[1]


Redacted Advance Purchase Agreements



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Danke für Ihre Aufmerksamkeit!

Dr. Sabine Vogler
Abteilungsleiterin für Pharmaökonomie
Direktorin des WHO-Kooperationszentrums
für Arzneimittelpreisbildung und -erstattung

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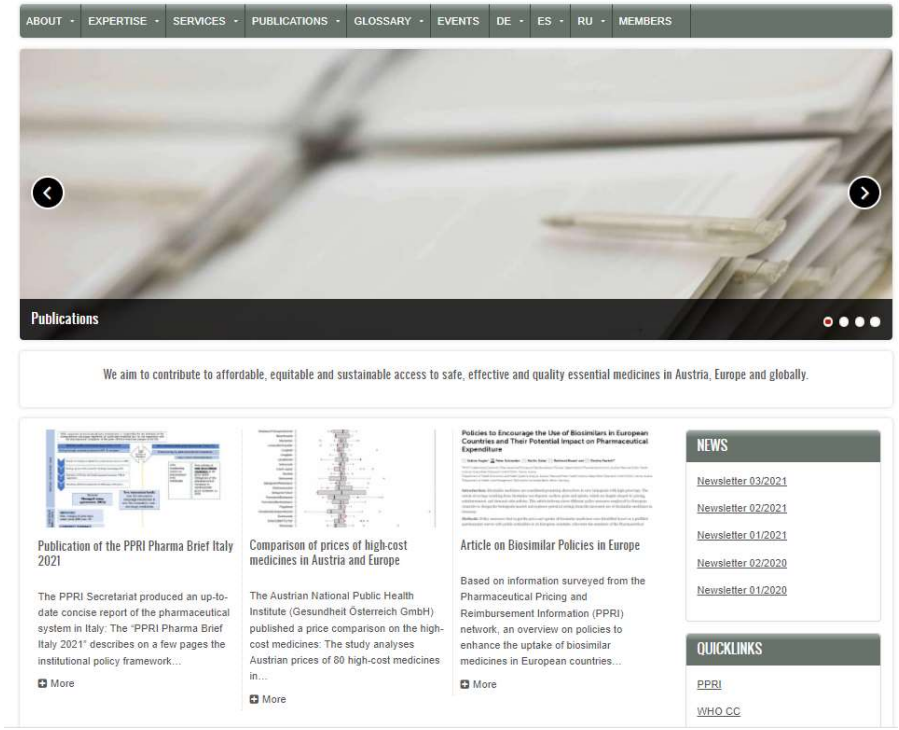

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