





Pharmaceutical policy measures, implemented in response to the recession, in Europe 2012/2013

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Can EU Citizens afford their medicines?

The economic crisis and access to medicines in Europe, 16 May 2013







Country examples - cuts of healthcare budgets incl. pharmaceutical expenditure

- » Belgium: 2013 agreement on a healthcare budget of € 26.7 billion, which is an increase of 4% compared to 2012. With regard to pharmaceuticals 2013 cuts of up to € 63 million are planned, with a budget of € 4.7 billion in 2012.
- » **Denmark**: Pharmaceutical expenditure in 2012 amounted to around € 1.66 billion (out-patient), which equals an increase of 0.1% compared to 2011. Generally speaking hospital-medicines drive the increase in expenditure.
- » Finland: In 2012 around € 2.07 billion (wholesale level) were spent on medicines, around 88% were prescription-only medicines. The growth rate 2011/2012 was around 2.7%. In 2013 decreases of around € 103 million and € 110 million in 2014 are expected.







Country examples - cuts of healthcare budgets incl. pharmaceutical expenditure

- » Greece: After negotiations with Troika-Experts agreement on a healthcare budget of € 2.88 billion in 2012, in comparison to the 2011 budget of € 4.1 billion it is a huge budget cut. This should be achieved through temporary price cuts of 25% for all reimbursable medicines including a ban of exports.
- » Portugal: 2013 agreement on a healthcare budget of € 8.34 billion, which is 17% lower than 2012. In the pharmaceutical sector decreases are achieved through price cuts and in the hospital sector.
- » Spain: In 2012 pharmaceutical expenditure decreased by 12% in 2012 (to around € 9.7 billion which is the same level as in 2004!) and additional 16% in 2013.







Pharmaceutical expenditure growth rate in € per capita 2011/2012



growth rate 2011/2012 per capita in €

No data: IE, NL, NO, UK

AT = Austria, BE = Belgium, CH = Switzerland, DE = Germany, DK = Denmark, EL = Greece, ES = Spain, FI = Finland, FR = France, IE = Ireland, IT = Italy, HU = Hungary, NL = Netherlands, NO = Norway, PT = Portugal, SE = Sweden, UK = United Kingdom

Source: PPRI Network Query January 2013







Overview of pricing measures 2012/2013

Country	Price cuts	Changes of mark-ups	Changes of VAT rates	Changes of EPR
BE	 ✓ 1,95% price cuts ✓ Price cuts for old medicines (>12 or 15 years) ✓ Prices of generics have to be at least 31% lower than originals 	✓ Changes of pharmacy margins	No changes	No changes
EL	 ✓ Publication of new price list incl. 25% temporary price cuts ✓ Pricing of generics changes 	✓ Changes of wholesale and pharmacy margin	No changes	 ✓ Price comparison to all EU MS ✓ Calculation of price (average of the 3 lowest products)
FI	✓ 5% price cut	No changes	✓ Increase from 9% to 10% for medicines	No changes
FR	 ✓ Price cuts: Statin, PPI, Clopidogrel, Reninangiotensin System (RAS), Alzheimer 	✓ Changes of wholesale and pharmacy margin	No changes	No changes
IE	✓ Price cuts	No changes	No changes	No changes
NL	No changes	 Negotiations regarding pharmacy margins 	No changes	No changes
PT	✓ Price reviews incl. price cuts	No changes	No changes	✓ April 2013: New reference countries: Spain, France and Slovakia
SE	 ✓ 5% price cuts for Humira and Enbrel ✓ Price review of Copaxone and Interferon-beta, G-CSF products 	✓ Negotiations regarding pharmacy margins	No changes	✓ 2014: discussion on implementing EPR for products that are on the market for more than 5 years (AT, BE, DK, FI, NL, NO)

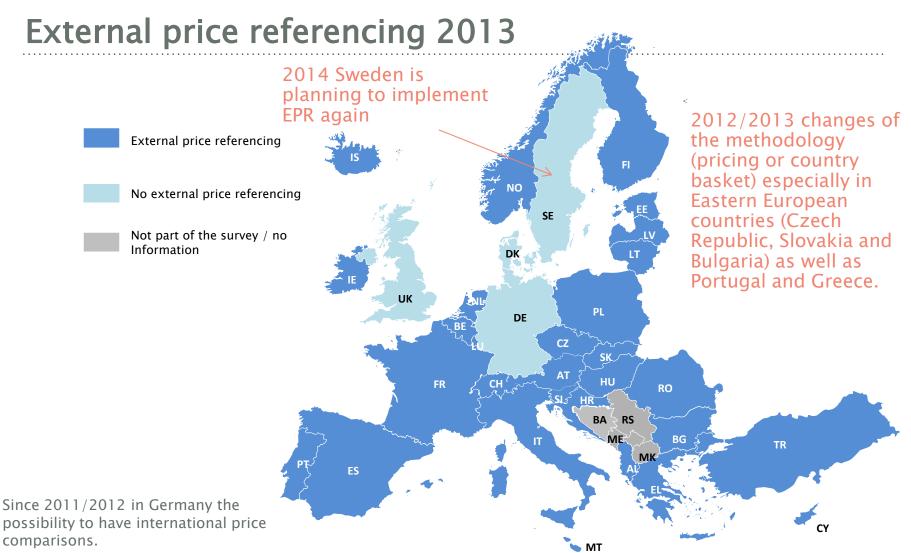
AT, CH, DK,ES, IT and NO had no changes. No information from the remaining countries.

AT = Austria, BE = Belgium, CH = Switzerland, DE = Germany, DK = Denmark, EL = Greece, ES = Spain, EPR = external price referencing, FI = Finland, FR = France, IE = Ireland, IT = Italy, NL = Netherlands, NO = Norway, PT = Portugal, SE = Sweden, UK = United Kingdom

Source: PPRI Network Query January 2013













Overview of reimbursement measures 2012/13

MS	Changes reimbursement list	Changes reimbursement rates	Changes co-payments	Changes reference price system
АТ	✓ Continuous review	No changes	✓ Annual adjustment of prescription fee	No RPS
BE	✓ Continuous review	 ✓ Introduction of additional reimbursement category for H2-RA & PPI ✓ Decrease of reimbursement rates 	✓ Annual adjustment of prescription fee	No changes
EL	 ✓ Continuous review by the new National Organization for Medicines, EOF 	No changes	No changes	✓ Introduction of RPS
ES	✓ Delisting of medicines	No changes	✓ Co-payment depending on income	✓ Faster procedure of grouping✓ Hospital medicines are included
FI	✓ Continuous review	✓ Decrease of reimbursement rates	✓ Decrease of annual co-payment limit	No changes
FR	✓ Delisting of Vasodilatoren, Multaq, Vastarel, Percutalgine, Glucovance	No changes	No changes	No changes
IE	✓ Continuous review	No changes	✓ Increase of annual co-payment limit	✓ Introduction of RPS as expected for May 2013
IT	✓ Continuous review	No changes	✓ Increase of co-payment depending on the region	No changes
NL	 ✓ TNF are only funded through hospitals; delisting of Replagal, Fabrazyme, Myozyme 	No changes	No changes	No changes
PT	✓ Continuous review	✓ Introduction of special reimbursement rates for certain patient groups	No changes	No changes
SE	✓ Delisting of Topimax, Cerezyme and Zavesca	No changes	✓ Increase of annual co-payment limit	No changes
UK	No changes	No changes	✓ Increase of prescription fee	No changes

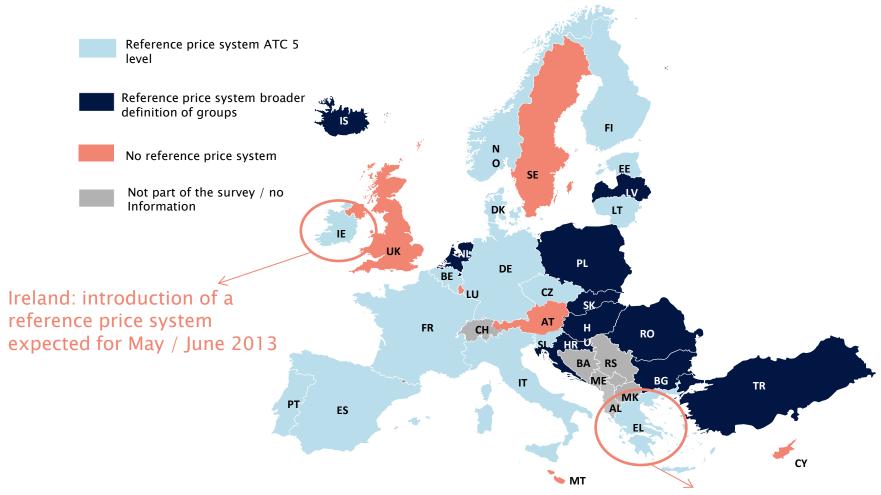
No changes: CH, DK, NO. No information: DE







Reference price system in Europe 2013



Source: PPRI Network Query January 2013

Greece: introduction of a reference price system, October 2012







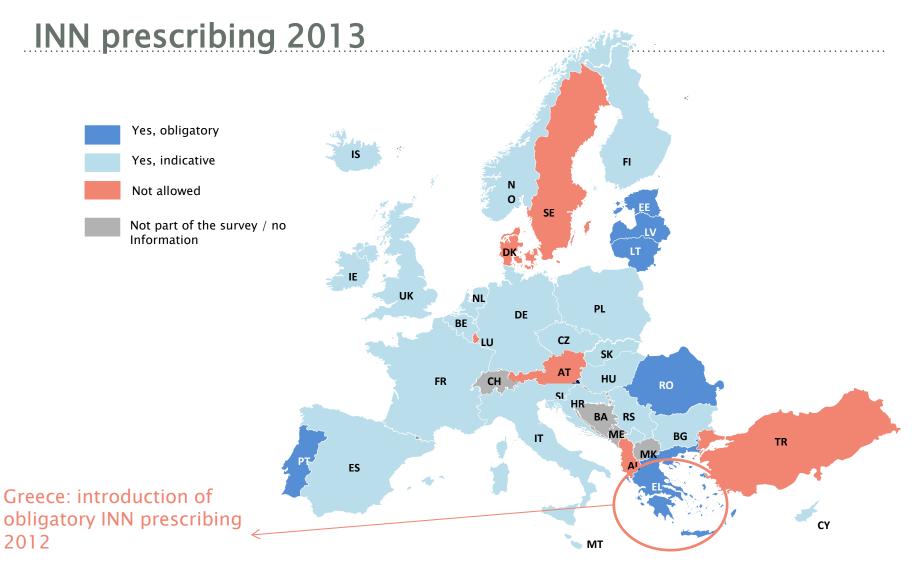
Overview of generic policy changes 2012/13

Countries	INN prescribing	Generic substitution	Other measures			
BE	No changes	✓ Obligatory prescribing of the cheapest generic	No changes			
DK	No changes	No changes	✓ Health Literacy measures, patients may ask for cheapest generic even if doctor prescribes original			
EL	✓ Introduction of obligatory INN prescribing	No changes	✓ Ban of parallel exports			
ES	No changes	No changes	✓ NHS tendering of Epoetin and Anti TNF			
IE	No changes	✓ Introduction of generic substitution May 2013	No changes			
PT	 ✓ New prescribing and dispending guidelines which enforce obligatory INN prescribing No changes		✓ Implementation of the "national pharmacy and therapeutic commission"			
UK	No changes	No changes	 ✓ Quality, Innovation, Productivity and Prevention (QIPP) medicines use and procurement work stream 			
No changes: AT, CH, FI, NL, NO, SE. No information: DE.						







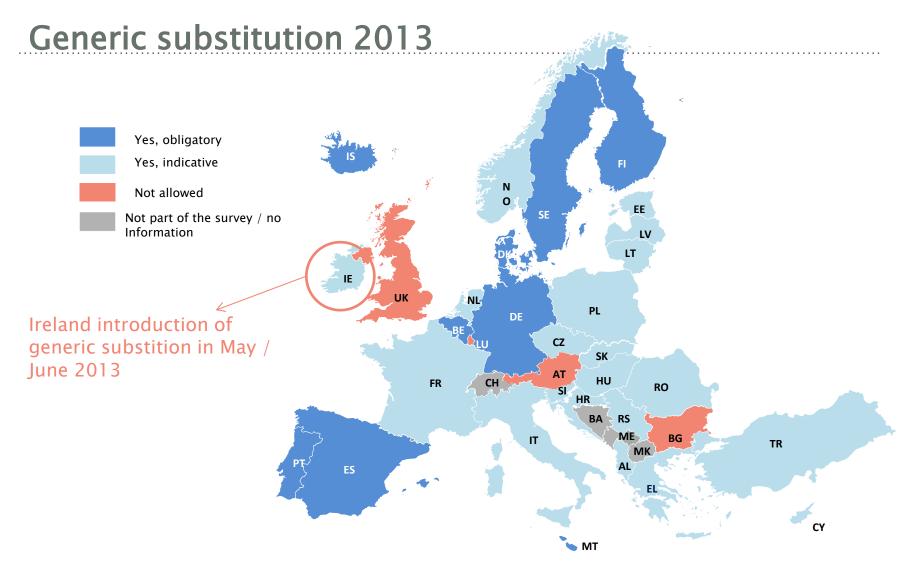


Source: PPRI Query January 2013









Source: PPRI Network Query January 2013







Conclusions

- » All EU Member States are under pressure to guarantee public funding of medicines in times of scares public resources.
- Economically stable countries (Finland, Denmark, Germany and Austria) show a positive growth of pharmaceutical expenditure in 2011/2012; economically less stable countries (Greece, Portugal and Spain), however show negative growth of pharmaceutical expenditure in 2011/2012.
- » Countries try to reach the desired savings through targeted measures in pricing, reimbursement and also in the area of generic policies.
- » Many countries chose to implement price cuts as a fast way to cut budgets.
- » Delisting of Orphan Drugs from general reimbursement due to insufficient cost-benefits ratios as well as increases in co-payments were additional measures to contain costs.
- » Promotion of cheaper generics, through obligatory generic substitution, is seen as an important measure to contain costs. However, a lot of the cuts in sales are rather due to patent expiries of major brands.







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