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Highly innovative drugs in the Czech Republic:

**retrospective analysis of impact on early
market entry, regular reimbursement system
entry and public pharmaceutical expenditure**

Highly innovative drugs - definition

Very severe disease

Unmet medical need

Significantly better clinical
effectiveness or safety

Highly innovative drugs – reason

- 👁 Early entry to the market
 - Final ICER and budget impact do not play a role in the decision on temporary reimbursement
 - Compulsory agreement between payers and MAH
- 👁 Possibility to prove clinical and cost effectiveness
 - More data on effectiveness and safety in real world
 - Payers certainty about the real budget impact
- 👁 Patients' access to the treatment
 - Often HID are on Czech market earlier than in other European countries
- 👁 Meeting the unmet need
 - Can not be taken into account in standard cost effectiveness analyses

Highly innovative drugs – procedure

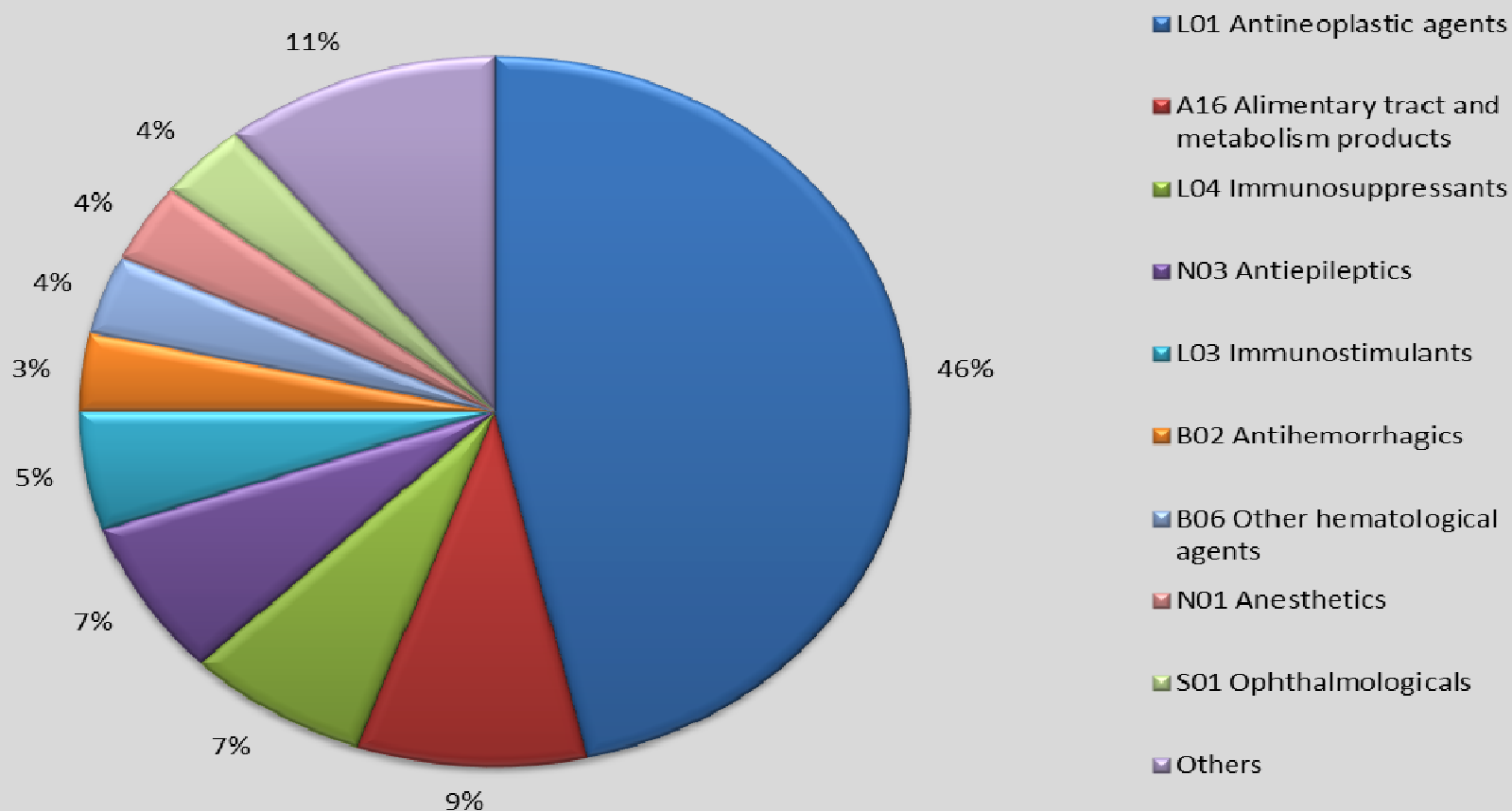
- 👁 SUBMISSION – voluntary scheme
- 👁 ASSESSMENT – clinical effectiveness and safety, meeting highly innovative criteria
- 👁 ASSESSMENT – cost effectiveness and budget impact – without impact on the decision on reimbursement
- 👁 APPROVAL - Temporary reimbursement 24 + 12 months
- 👁 CLINICAL DATA COLLECTION – mandatory after approval – druh registries
- 👁 REASSESSMENT – after 24 months and at time of entry to the regular reimbursement system

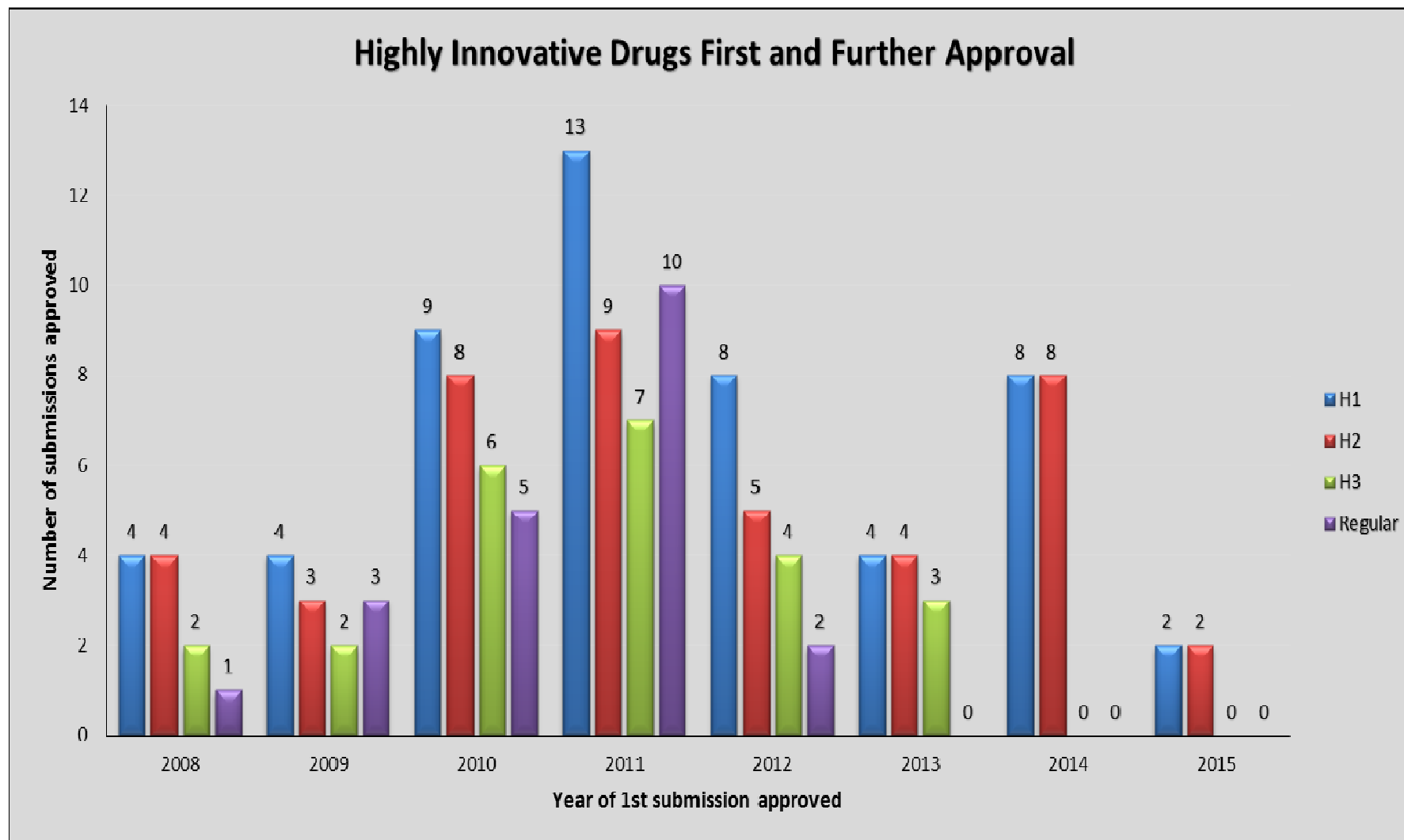
Highly innovative drugs- retrospective analyses



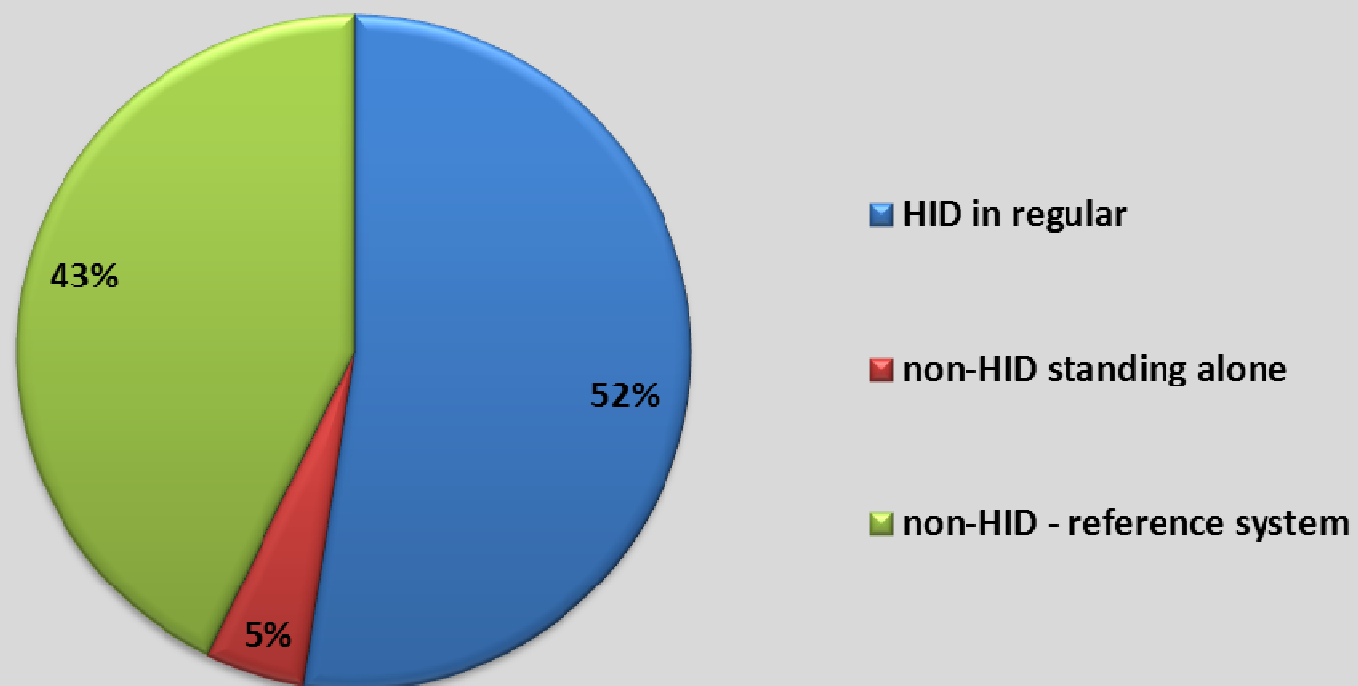
<http://www.merule-expert.com/>

Number of submissions approved according to ATC

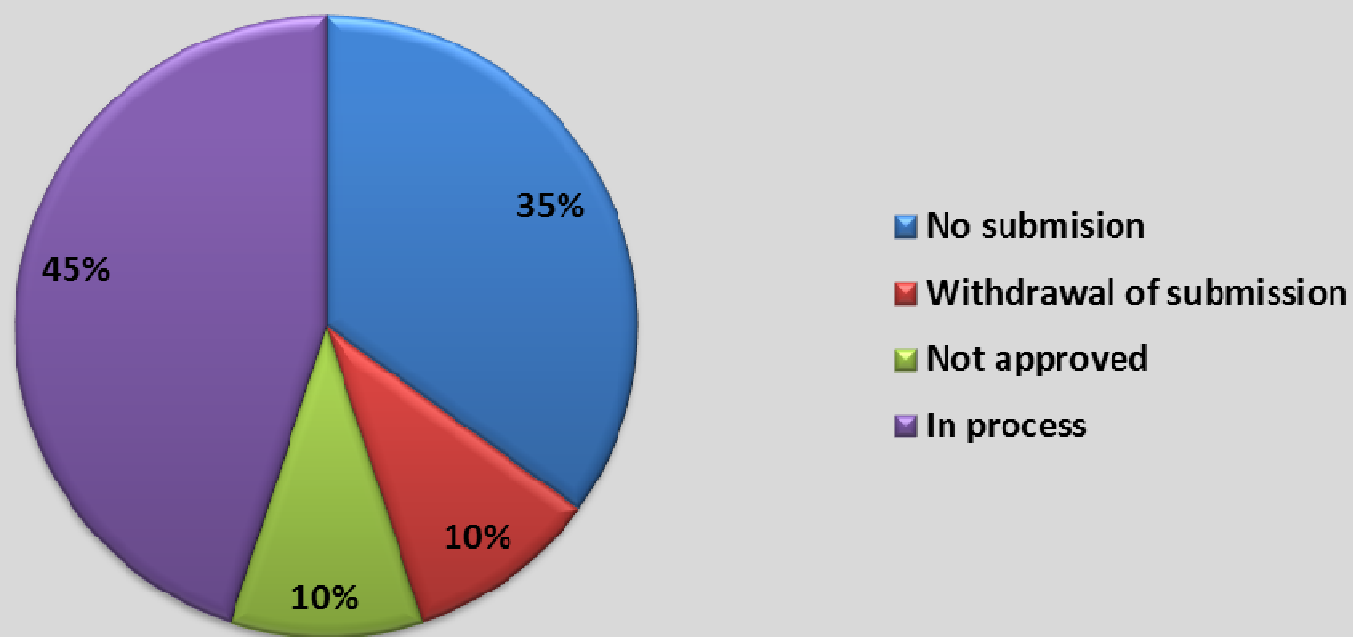




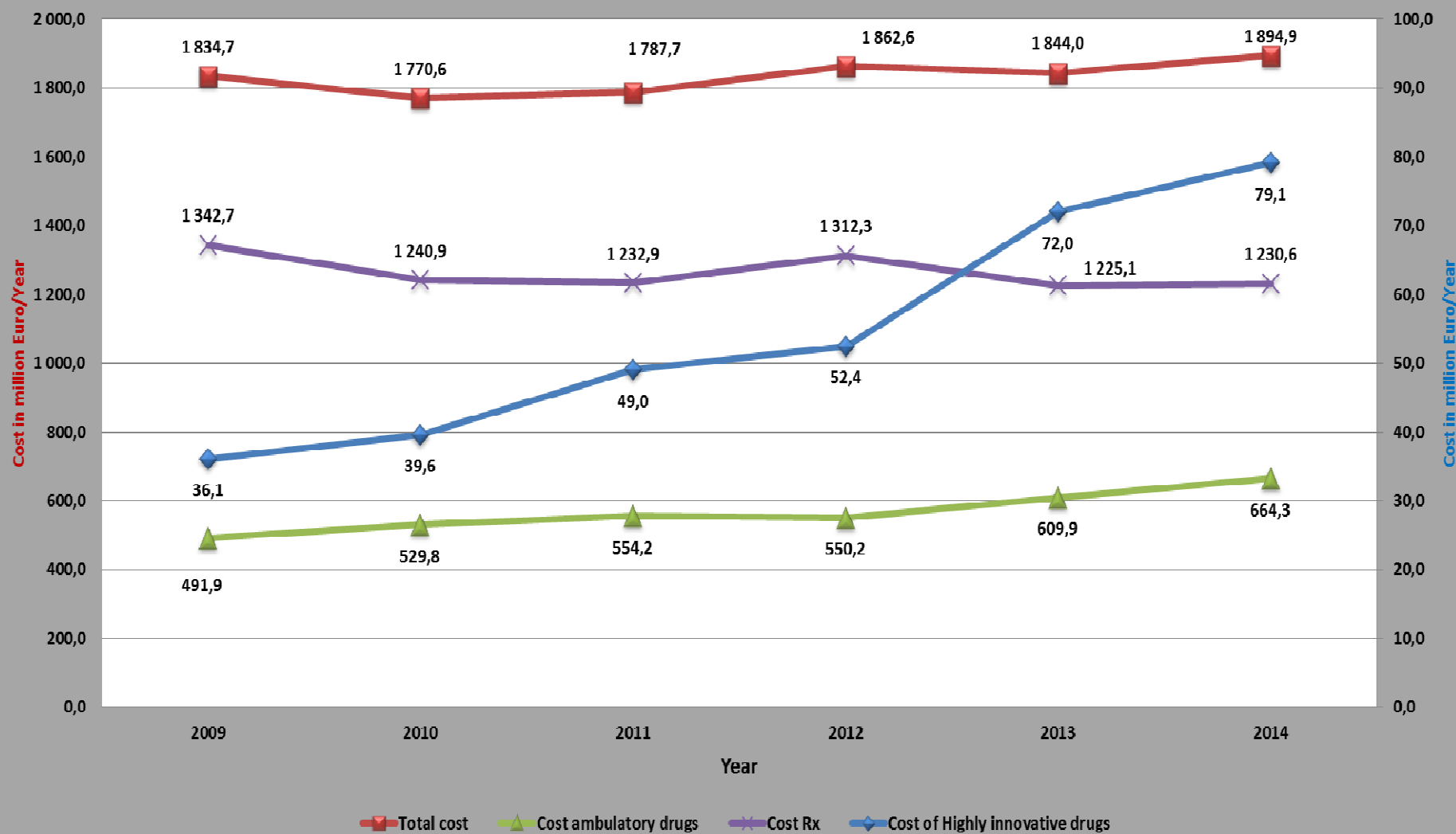
Mode of Regular System Entry



Medical Products not entering the Regular System (20 drugs from 52 drugs evaluated as HID)



Public Pharmaceutical Expenditures During Years 2009-2014



Highly innovative drugs. vs. orphans

- 👁 No specific legislation for orphan drugs
- 👁 the term HID does not mean orphan drug
- 👁 Many orphan drugs are highly innovative but not all
- 👁 Problems with high costs and insufficient real-world data

Pharmacoeconomics - part I

- Mandatory pharmacoeconomic analysis for reimbursement
- Budget impact analysis
- Cost-effectiveness analysis (no WTP threshold set in the Czech legislation)

Pharmacoeconomics - part II

Temporary reimbursement:

- usually incomplete analysis (lack of data from real clinical practice)
- indicative results (not crucial for reimbursement)

Permanent reimbursement:

- complete analysis (clinical studies data vs. real clinical data)

Highly innovative drugs - conclusions

- 🕒 **Early entry to the market**
- 🕒 **Unmet need**
- 🕒 **Highly expensive therapy (between 2009 - 2014 the expenses increased by more than 50%)**
- 🕒 **Discussion about data from real clinical practice**
 - small number of patients
 - patient registries (ownership of data, differences between clinical studies and registries)



Thank you for your attention

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