Unintended consequences of co-payment regulations in Belgium: the case of atorvastatin

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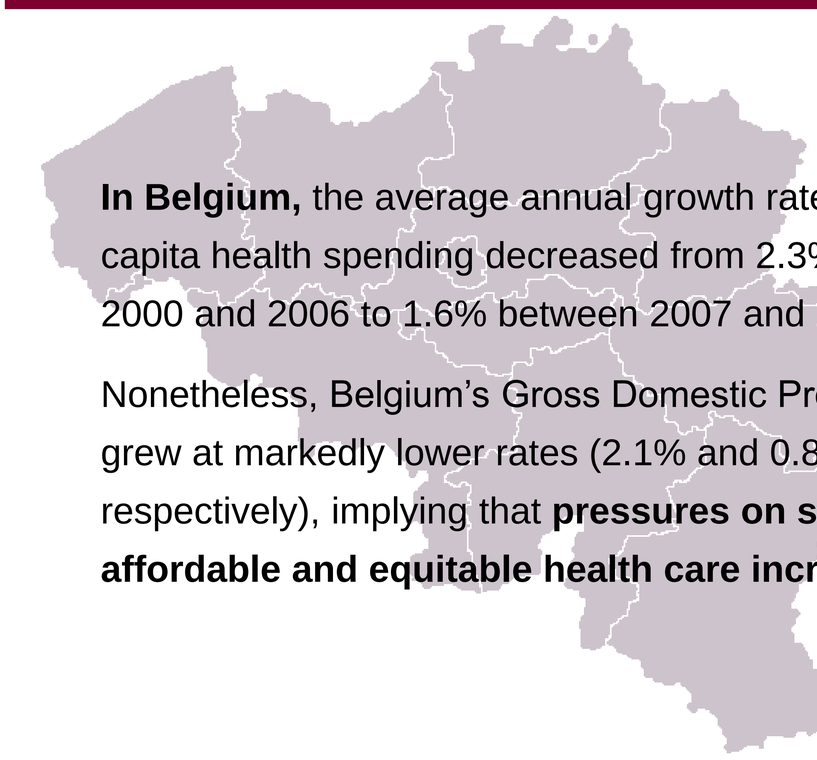
Background



In Belgium, the average annual growth rate of per capita health spending decreased from 2.3% between 2000 and 2006 to 1.6% between 2007 and 2013 [1].

Nonetheless, Belgium's Gross Domestic Product (GDP) grew at markedly lower rates (2.1% and 0.8%, respectively), implying that **pressures on sustaining affordable and equitable health care increase.**

Objectives

We assessed the impact of **co-payment regulations** on prices and sales figures for **atorvastatin in Belgium** (within a reference pricing system) before and after the **patent expiry in 2013.**

Methods

We related **sales figures** to coinciding price evolutions and broke down costs by their bearer (patient, sickness insurance).

We compared:

- **IMS Health database** (pharmacy sales figures)
- BCFI **unit price tables** (Belgian centre for Pharmaco-therapeutic Information)

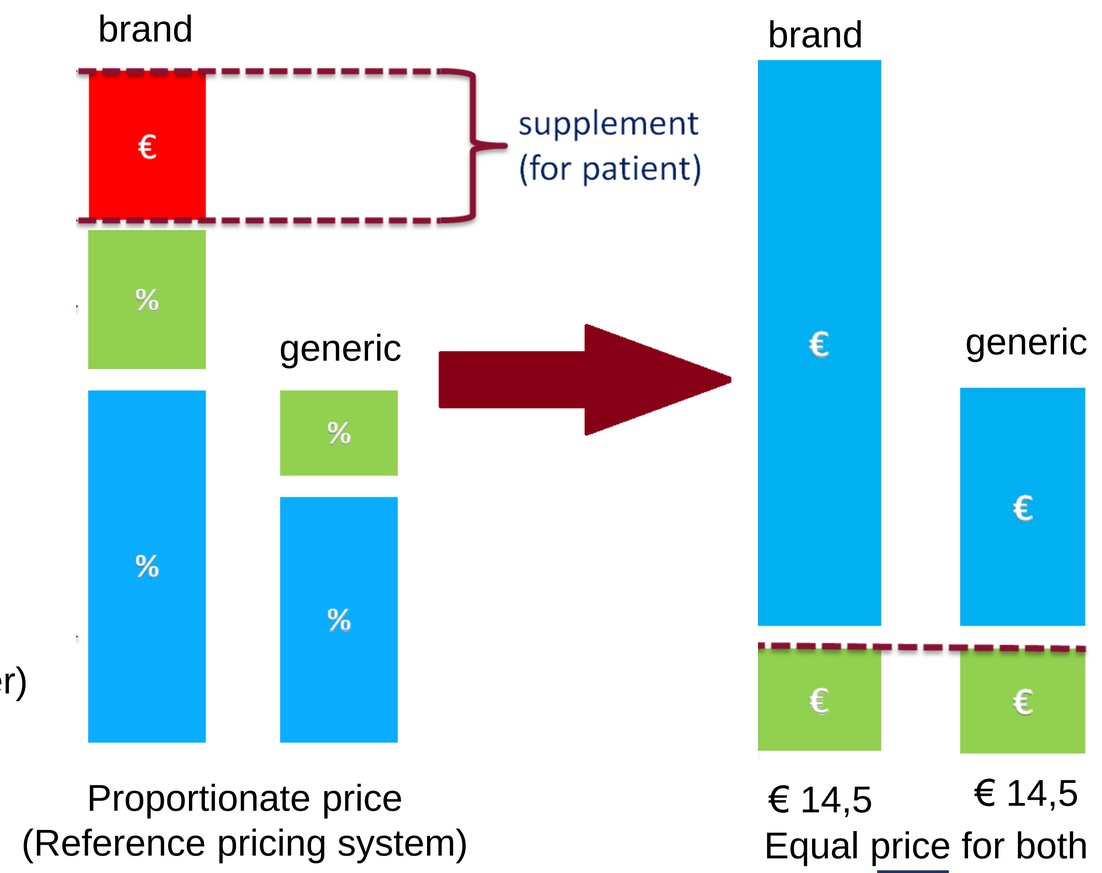
Results

Lipitor® 98*80mg
Public price: 123.51 euro

(After patent expiry)

Atorvastatin Mylan® 98*80mg
Public price: 62,52 euro

(Generic within reference cluster)



Reimbursement cost (by health insurance):
€ 109,1 for brand
€ 48,02 for generic

- No matter the reference price…
- Both '*low-price medicine*'
- High cost for health insurance
- No incentive (for patient nor prescriber) left to choose for a generic…

For this case only:
- Reimbursed packages: 19,777
- Public Price: € 2,157,671
- **Missed-out potential generic savings: 1,000,000**

Conclusion

Looking ahead at the patent expiry of rosuvastatin in 2016, the effectiveness of ***existing regulations*** *to curb growing pharmaceutical expenditures* ***requires urgent reconsideration***, based on the lessons learnt from case studies such as ours

In this case, the **reference pricing system** was a vain attempt to curb public drug expenditures.

A potentially feasible option would be to ***abolish the maximum co-payment level per package*** in the Belgian reimbursement system for therapeutically interchangeable drugs.