

Commercial aspects of rational use

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Rational use: who can be against this?

- Pharmaceutical company: more use = more money
- Patient: hope does live (homeopathy)
- Doctor: quick way to help (anti-depressives)
- Health Insurer: keep costumers satisfied



Disclaimer

We are convinced that pharmaceuticals can have great added value for healthcare.

2011

- Financial crises: cost cuts in health care
- No more blockbusters: new businessmodel
- Patients more responsible and educated
- Doctors more evidence based

How to act?

- Patient: compliance, think, be responsible
- Insurer: buy quality at affordable price
- Doctor: act evidence based, be responsible for costs

Pharmaceutical companies

- Reconsider businessmodel
 - Find societal needs (unmet medical needs)
 - Collaborate (HTA, payers, precompetitive)
- Rebuild social contract
 - Transparency (pipeline, indication, price)
 - Demand driven (early dialogue, what do we want?)
 - Risk sharing
 - Rational use: commercial, strategic, societal, quality of life
- Trust (EFPIA' declaration on ethics)

Societal Stakeholders

- Signal priority unmet needs and focus for treatments
- Coordinate work Agencies dealing with companies
- Collaborate with industry

Added Value



Unmet medical need

Priority Medicines WHO 2004

- Products for injection (e.g. insulins) need no refrigeration
- **Short term medication:**
- Anti infectives
- Antibiotics
- Antivirals, e.g. hepatitis C
- Drugs for prematurity (of babies)
- **Medications for treating degenerative diseases, e.g.**
- Osteoarthritis
- Effective medications for treating alzheimer's disease
- Drugs for COPD
- Peripheral artery occlusive disease
- Pain medications (no new substances for outpatient care)

Take home

- We cannot afford non rational use any longer
- Go for shared value

