

# **'Fake' prices Are price surveys still useful ?**

Inneke Van de Vijver National Institute for Health and Disability Insurance

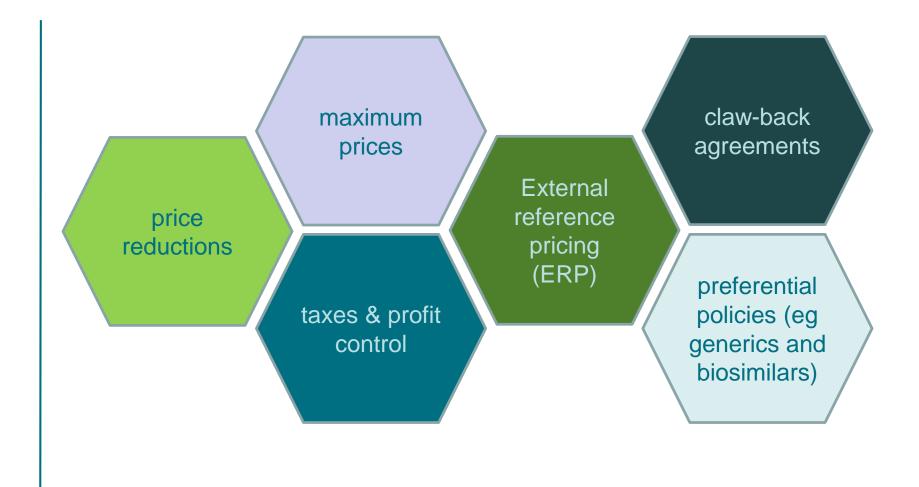


# **Goal of pharmaceutical policy**

- Access to promising therapies for patients
  → early access
- Access to the 'market' for pharmaceutical company
  → fair reward for value (= incentive for investment)
- Manage clinical uncertainties
  - $\rightarrow$  additional studies in subgroups? registries?
- Manage budget

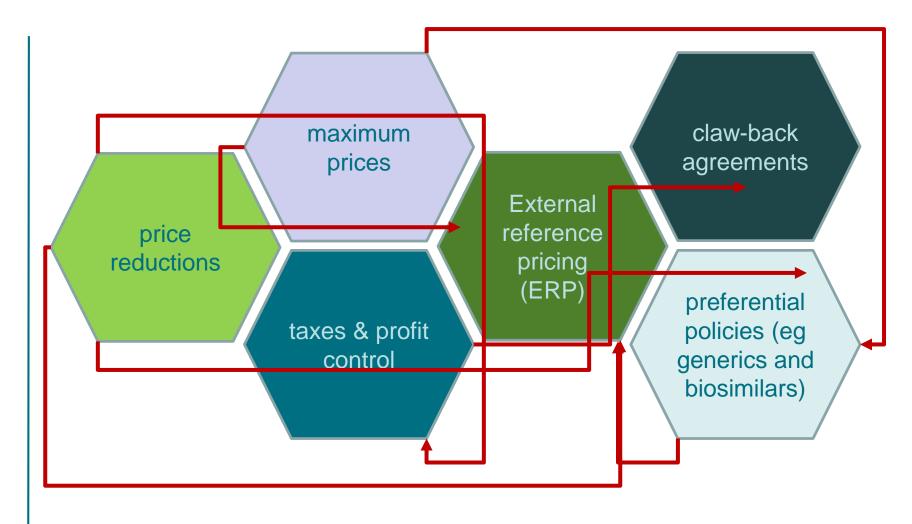
→ balance between payer's ability & industry's revenue expectations





### **REACTIVE POLICY**

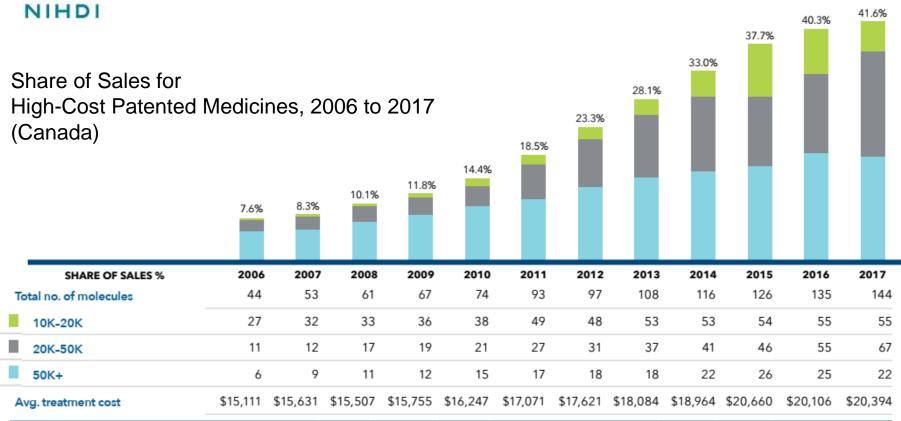




### **COMPLEX**



### **Offer based system**



Source: PMPRB; IQVIA Private Pay Direct Drug Plan Database, 2006-2017



MEA

A Managed Entry Agreement (MEA) is an arrangement between a manufacturer and payer/provider that **enables access** to (coverage/reimbursement of) a health technology subject to specified conditions.

These arrangements can use a variety of mechanisms to address uncertainty about the performance of technologies or to manage the adoption of technologies in order to effectively maximize their use, or limit their budget impact.

Source: Int J Technol Assess Health Care. 2011 Jan;27(1):77-83.



# **Reimbursement / financing techniques**

### **Financial schemes**

Pre-specified budget caps, discounts or rebates

## Value/Outcome/Performance based schemes

 Reimbursement rate is related to the actual future performance with a pre-specified definition of response

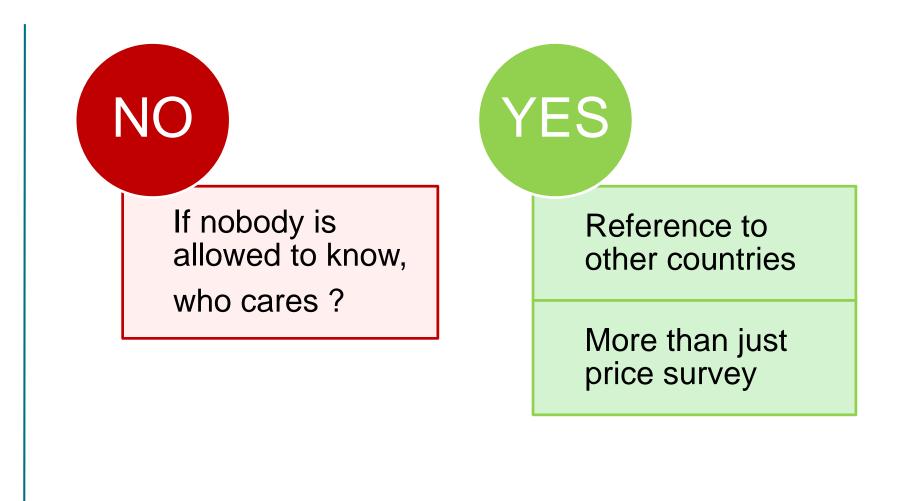


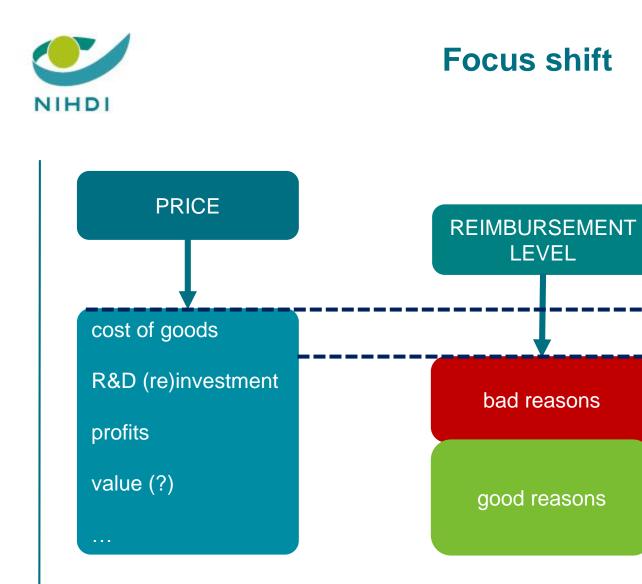
Are (price) surveys useful in a climate full of MEAs?

NO If nobody is allowed to know, who cares ?



# Are (price) surveys useful in a climate full of MEAs?





### PRICING

### **BUDGETING**



# Managed Entry Agreements Reimbursement level.. reflection of..

good reasons..

*willingness to pay (patient level) ...if confirmed performance* LEVEL

risk sharing

.. 'clinical trial evidence' versus 'real life treatments'

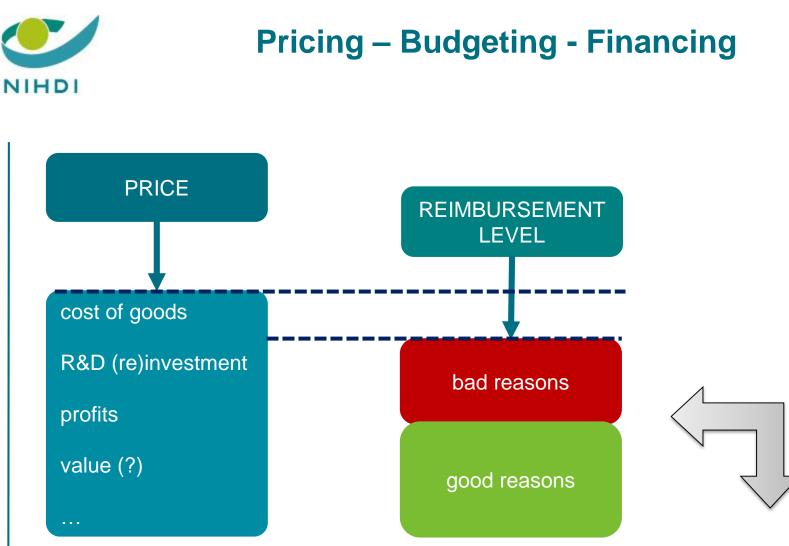
willingness to pay (societal perspective) ...taking into account budget limitations/allocations, prioritization (Horizon Scan), preferences,...

sustainability good reasons ..capacity to finance on the long term

bad reasons..

reluctance to say 'no' (media / public pressure / emotions)

BUDGETING

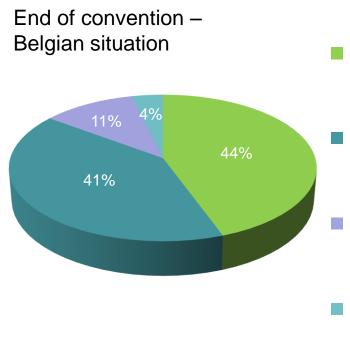


- financing and payment models
- value/outcome/performance based reimbursement

### **FINANCING**

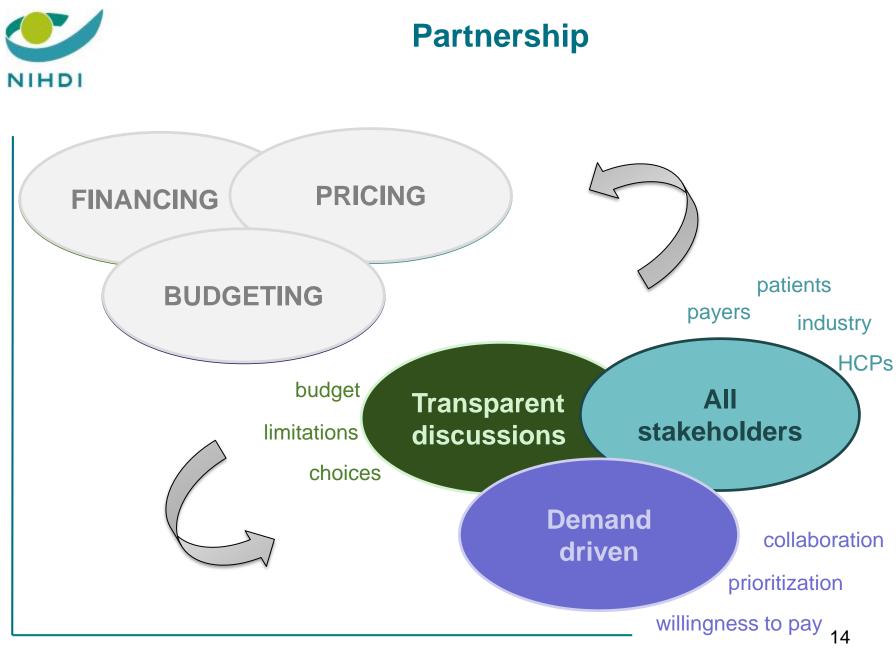


# Ideal world ?



- Definitive reimbursement (after new evaluation)
- Suppression of reimbursement (after new evaluation)
- Suppression of reimbursement (no new evaluation)

### WILLINGNESS



#### **INTERACTION**





Inneke.VandeVijver@riziv-inami.fgov.be National Institute for Health and Disability Insurance