

IMPLEMENTATION OF ACCESS INITIATIVES FOR PHARMACEUTICAL INNOVATIONS IN CATSALUT

TOWARDS AN INTEGRATED CONCEPT OF HEALTH AND CARE SERVICES MODEL: VALUE DRIVEN TRANSFORMATIONS

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BACKGROUND & OBJECTIVES

Pharmaceutical innovations are essential for improving public health, bringing new opportunities to treat certain diseases. Nevertheless, newly approved medicines are often linked to high prices representing the most rapidly increasing components of health care spending (1). Access to pharmaceutical innovations is challenging, so public healthcare systems are increasingly introducing non-traditional access mechanisms. Once the centralized marketing authorizations is granted by the EMA, the Spanish NHS is responsible for making decisions about pricing and reimbursement for pharmaceutical innovations (2). However, the Spanish NHS is decentralized and the Catalan Health System (CatSalut) is in charge to define the therapeutic positioning of pharmaceutical innovations, their prioritization for use, and to identify uncertainties and the subsequent need to implement different access initiatives in the region(3). CatSalut has the proper information technologies to implement all types of access initiatives allowing daily clinical and economic data collection (4). The aim of the study is to describe the different access initiatives implemented from 2014 to 2020 in Catalonia

METHODS

Adopting the perspective of the public healthcare payer (CatSalut), we performed a descriptive analysis of the different access initiatives implemented from January 2014 to December 2020 in Catalonia. They were categorized into pharmacological tariffs, risk sharing arrangements (RSA), divided into economic outcomes based (RSA-economic) and health outcomes based (RSA-health) and payments for value. We examined the number of access initiative by disease, and the number of medicines involved. In addition, we describe the total costs, their savings and/or amount refunded

RESULTS

Pharmacological tariffs consist of setting a dynamic maximum economic amount for a group of treatments for the same indication. CatSalut together with hospital representatives developed pharmacological tariffs based on efficiency criteria. CatSalut only paid the agreed amount to the hospitals allowing their own clinical management.

There were set 16 pharmacological tariffs of which all of them are still ongoing.

Risk sharing arrangements (RSA) were designed to manage uncertainties of innovative medicines associated to their effectiveness and/or budget impact. These arrangements were agreed between CatSalut and MAH of the medicine.

A total of 15 RSA were implemented, 11 of which are still ongoing:

- 8 RSA-health based on price linked reimbursement.
- 7 RSA-economic: 3 budget capping, 2 simple discounts and 2 price -volume

Payments for value were based on data generated from RSA-health which culminated in a simple discount.

There were 2 simple discounts implemented based on health outcomes

Table 1. Total costs and savings/refunds by access initiatives types

	Pharmacological tariffs	RSA-health	RSA-economic	Payments for value
Total cost (ME)	2.228,2//1.147,4 ^y	13,3	78,6	5,3
Savings/refunds (ME)	73,9	1,8	1,8	0,3
Savings/refunds (%)	6%	14%	2%	5%

* From 2018-2020 the total medication cost was 1.147M€ and resulted in overall saves of EUR 73,9 M€ (6%) for CatSalut. This information was presented for an specific period due savings could only be identified during this period.

CONCLUSIONS

Exists few studies summarizing access mechanisms for pharmaceutical innovations. This study shows that RSA and payments for value were established for medicines with potential high clinical implications and economic impact, mainly involving onco-haematological and rare diseases. On the other hand, pharmaceutical tariffs were used for medicines with high economic impact and high umber of patients such as infectious diseases, autoimmune inflammatory diseases or metabolic disorders.

REFERENCES

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