

How the Euripid collaboration contributes to price transparency of pharmaceuticals

Claudia Hahl

CAH Hahl¹, SF Fischer²

¹International Affairs, Austrian National Public Health Institute, Vienna, Austria

²Pharmaeconomics, Austrian National Public Health Institute, Vienna, Austria

Contact: claudia.hahl@goeg.at

Background:

Spending on pharmaceuticals is growing continuously with a forecast of reaching over one trillion Euro in the next five years. Also, the average price of newly launched medicines is steeply raising, thus putting pressure on public payers. With several new advanced therapies in the pipeline, there are concerns in terms of both affordability and access for all patients who may need these treatments. To manage high launch prices, public payers in Europe more and more rely on private law contractual arrangements with pharmaceutical companies, requiring significant price discounts and other types of managed-entry agreements (MEAs).

Methods:

In spring 2021 we analysed the EURIPID database (www.euripid.eu) for occurrence and frequency of MEA in the 28 countries (AT, BE, BG, CH, CY, CZ, DK, EE, EL, ES, FI, FR, HR, HU, IE, IL, IS, IT, LV, LT, NL, NO, PT, RO, SE, SI, SK, and UK) that are covered. Euripid is a voluntary, non-profit collaboration between mainly European countries on building up and maintaining a database with information on national prices of medicinal products.

Results:

24 out of 28 countries acknowledge the existence of MEA in their country. The highest number was identified in Italy with 1,317 agreements, followed by Latvia with 555 and Austria with 235. Seven countries use MEA as more or less standard instrument to manage their public pharmaceutical budget, whereas other countries just use it on case-by-case basis. Analysis shows that products above 100.0 Euro per unit (i.e. per shot or tablet) are much more likely to have a MEA than products with lower prices. Still, we found MEA in place also for products with a sales price per unit with <1.0 Euro. When looking into therapeutic areas, Antineoplastic and immunomodulating agents (ATC group L) including cancer medicines and immunosuppressants and medicines for the nervous system (ATC group N) dominated. Also, for some companies the likelihood of a MEA is higher than for others.

Key messages:

- Managed Entry Agreements (MEA) have become a standard tool for many public payers to manage high launch prices of pharmaceuticals.
- The scope of use varies widely: in some countries almost all newly launched pharmaceuticals are subject to such an agreement.