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## Will a Fixed Price Reimbursement Policy for Statins be Cost-Effective for Turkey's Health Care System?

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The Social Security & Health section of the Turkish Statistical Institute (<http://www.turkstat.gov.tr/>) is the largest reimbursement foundation in Turkey covering nearly 70% of all health expenses for that country ([www.tuik.gov.tr](http://www.tuik.gov.tr)). In December 2009, the Social Security & Health foundation was scheduled to begin a fixed price reimbursement policy for several classes of medications, including the statin category, with the goal of reducing expenses. However, pharmacist associations and pharmaceutical companies raised concerns about the approach because of the proposed decreases in reimbursement to both pharmacies and pharmaceutical manufacturers. In light of the concerns, the fixed price reimbursement policy was delayed.

In the past, evaluation of statins' cost-effectiveness has included assessment of the prevalence and incidence of diseases treated by statins [1,2], costs of morbidity and mortality of these diseases [1,2], relative effectiveness and safety of statins compared to other treatment options [1-8], and the relative cost-effectiveness of available statins in comparison to each other [2,7]. The cost-effectiveness evaluation conducted by Kockaya, et al. [2] was specific to family practice in Turkey and is particularly germane to the discussion in this commentary (<http://www.scirp.org/journal/HEALTH/>).

The evaluations just described are extremely useful for decision-making, but typically are made under the assumptions that patients have adequate access to each compared medication and that the medications are used as directed in order to achieve outcomes similar to those identified through controlled clinical trials. We propose that, as fixed price reimbursement policies are designed and implemented, consideration must be given to how the policies would affect access to medications and patient adherence behaviors in light of out-of-pocket costs they may incur.

For example, daily 10 mg rosuvastatin's monthly treatment cost is nearly US\$ 20 in Turkey. At the time this commentary was prepared, the Turkish Social Security & Health foundation paid approximately 80% of this amount leaving patient to pay only US\$ 4 out-of-pocket for a one-month

supply. However, if a fixed price reimbursement policy for statins is set at US\$ 10 per month, this would leave US\$ 10 for patients to pay out-of-pocket. This amount may be prohibitively expensive for many patients as Turkey's monthly gross domestic product per capita is only US\$ 750.

We suggest that decisions regarding fixed price reimbursement policies must consider the effects of the policy on (1) the availability of medications (access) and (2) the out-of-pocket burden for patients. Such evaluations should include survey-based willingness-to-offer and willingness-to-pay analyses. Failure to consider these consequences of a fixed price policy could result in policies that decrease the amount spent on statins but increase costs associated with stroke, heart attack, and other cardiovascular diseases. Such evaluations also could help inform policy decisions regarding reimbursement and payment for statins that are used by particularly vulnerable populations.

In conclusion, we propose that published cost-effectiveness analysis for statins can help inform decisions regarding fixed price policies regarding these medications. However, consideration must be given to how the policies would affect access to medications and patient adherence behaviors in light of out-of-pocket costs they may incur. We recommend that such evaluations should include survey-based willingness-to-offer and willingness-to-pay analyses. Failure to consider these consequences of a fixed price policy could result in policies that may decrease the amount spent on statins but would increase costs associated with stroke, heart attack, and other cardiovascular diseases.

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