PAYING FOR COSTLY PHARMACEUTICALS—REIMBURSEMENT STATUS OF LONG-ACTING INSULIN ANALOGUES IN SELECTED DEVELOPED COUNTRIES

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OBJECTIVES: Many aspects of the scientific, economic and political discussions on the benefit of new medicines, for which modern insulins are a pivotal example, influence recent decisions about drug reimbursement. This study was undertaken to compare the reimbursement status of long acting insulin analogues (LAIA) in several industrialized countries around the globe, where different criteria for public funding of pharmaceuticals have been used, but all include estimators of clinical effectiveness and/or cost effectivity. METHODS: The study was performed based on a combination of desk research, direct contact with national diabetes stakeholders and expert review of websites of HTA or similar agencies, or interviews carried out with national stakeholders representing health ministries, patient organisations or medical community.

RESULTS: Fifteen countries have been included in the study (Australia, New Zealand, Canada, UK, The Netherlands, France, Germany, Austria, Sweden, Norway, Latvia, Lithuania, Estonia, Hungary, Bulgaria). Only in France LAIA are reimbursed in 65%, in all remained countries—in 100%. But in most countries there are several restrictions on access to LAIA, namely criteria for this type of treatment have been developed to respond the clinical and economic evidence (use in selected patients, application only for insulin-refractory patient, regular reassessments of metabolic control, listing after the company agreed to a price reduction).

CONCLUSIONS: The story of LAIA is important not only because of the way the evidence has been interpreted, but because the voice of consultative bodies resulted in action by the health care purchasers.