INTRODUCING THE ‘FOURTH HURDLE’ IN THE NEW EUROPEAN UNION MEMBER STATES: THE CASE OF HUNGARY

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OBJECTIVES: This paper outlines the current development of the “fourth hurdle” (i.e. requirement of effectiveness and cost-effectiveness data for drug coverage policy decisions) in one of the new European Union member states, describes the needs and seeks to address some of the most important questions in this field. METHODS: The paper draws on international experiences and discusses some issues that a given jurisdiction needs to consider prior to introducing the “fourth hurdle” for pharmaceuticals. RESULTS: The “fourth hurdle” is very relevant to the new member states since many existing drugs are unevaluated and many new, expensive drugs are becoming available. On the other hand, the existing resources for health technology assessment, including economic evaluation, are quite limited. CONCLUSIONS: The most important issue seems to be that the implementation of the “fourth hurdle” needs to be achieved in a way consistent with the limited resources for health economics analysis in the new member states. Specifically this means that, in setting priorities for drugs to be evaluated, additional criteria need to be applied. In particular, priority should be given to assessing drugs that have been evaluated in other countries, since this affords the opportunity to adapt existing studies or models to the situation of the new European Union member states.

METHODS focused on proper drug management (out-patient formularies, drug monitoring utilization systems, prescribing behaviour), etc. METHODS: Managers of 50 randomly selected pharmacies in Poland were interviewed. RESULTS: At the moment, drug costs, experts’ opinion, personal opinion and drug efficacy are the most important sources of information. However, in an ideal situation the order should be different: efficacy, expert opinions and costs. Lack of governmental agencies’ regulations on pharmacoeconomic evaluations, limited access to standardised cost data and low reliability of existing results of studies are listed among the main drawbacks in application of pharmacoeconomic study results. Wider use of pharmacoeconomics may be due to the creation of national cost databases in Health Care and introduction of transparent evaluation criteria. Societal and patient’s viewpoint were indicated as the most appropriate where 87% of respondents declared the need to expand their knowledge in the field, 48% supported the idea of the creation of outpatient formularies, 42% were opposed, 65% confirmed the necessity of introduction of central drug usage monitoring systems, 65% of pharmacists claimed that they should inform GPs that their patients are unable to purchase a prescribed drug (co-payment is too high, need for substitution) and 75% thought that discussing economic aspects of treatment with patients was necessary.