the reduction of pharmaceutical expenditure was one of the main targets for fiscal adjustment in Greece. Objective 1 of this study was to assess the use of generic medicines in Greece, as a key driver for savings from the pharmaceutical market, and compare it with that of other major European countries. METHODS: IMS data from several European countries was collected in terms of the overall retail pharmaceutical market and the consumption of generic medicines. The study focused on the top-10 genericized molecules for Greece including alendronic acid, atorvastatin, carvedilol, clarithromycin, clopidogrel, donepezil, fluconazole, olanzapine, omepazole and simvastatin. To ensure an “apples-to-apples” comparison across countries, the study focused on the retail market only (excluding hospitals) given that, in Greece, there is no publicly-available data for pharmaceutical consumption within the hospital setting. RESULTS: The analysis indicated that, in Greece, the public use of generic medicines within the top-10 were largely not available, with off-patent medicines holding the remaining 35%. Compared to the cluster of Southern European countries plus Ireland for calendar year 2013. CONCLUSIONS: Generic penetration within the 10 largest genericized molecules, in Greek retail-pharmacy setting, is significantly lower versus the weighted average of all countries and also compared to that of countries in similar economic situation with Greece.

OBJECTIVES: Medicine shortages are a global phenomenon. A growing number of countries and regions have implemented HTA in the context of the regulatory framework on European and national level. The present study aims to investigate the characteristics, determinants, legal aspects and management of medicine shortages in Belgium, France and from the perspective of the European Union. METHODS: A review of scientific and grey literature, and semi-structured interviews with key representatives of health care systems’ stakeholders on the national and European level. RESULTS: Three medicine shortages reported three times more shortages than Belgium. However, the main therapy area, the major cause and the dynamics of medicine shortages were analogous between the two countries. Determinants of medicine shortages were categorised in manufacturing problems, distribution and policy issues, and economic-related challenges. Manufacturing problems were more frequently reported as the primary cause of medicine shortages. Laws and regulations related to medicine shortages are more extensive in France than Belgium. However, both countries have taken similar steps to address such shortages. CONCLUSIONS: Although medicine shortages are country-specific, the underlying mechanisms of medicine shortages appear to be similar in Belgium and France. Economic aspects seem to play a central role in the phenomenon of medicine shortages. Further research will be performed to understand the impact of the legal framework around medicines on the occurrence of medicine shortages may be limited. Collaboration, communication and coordination are key to any effective approach to address medicine shortages.

OBJECTIVES: Firstly, to review whether medicines that have received expedited regulatory approval in the European Union (EU) subsequently received positive recommendations from their respective HTA agencies. Results: A total of 13 medicines were identified. EU HTA agencies currently recommended at least one negative appraisal for nearly half of these medicines. For four medicines, ≥1 negative appraisal resulted in a positive recommendation. CONCLUSIONS: The proportion of positive recommendations in EU countries are higher than in the US. There is a need for a more consistent approach to the use of HTA in the context of the European financial support for medicine研发. Further research is needed to understand the determinants of the use of HTA in the context of the European financial support for medicine研发.

OBJECTIVES: To provide a comprehensive description of the current Drug Reimbursement Systems in Algeria and to compare it to two archetypes drug reimbursement systems in France and UK and to a system in a middle income country. Results: Medicine shortages are a global phenomenon. A growing number of countries and regions have implemented HTA in the context of the regulatory framework on European and national level. The present study aims to investigate the characteristics, determinants, legal aspects and management of medicine shortages in Belgium, France and from the perspective of the European Union. Methods: A review of scientific and grey literature, and semi-structured interviews with key representatives of health care systems’ stakeholders on the national and European level. Results: Three medicine shortages reported three times more shortages than Belgium. However, the main therapy area, the major cause and the dynamics of medicine shortages were analogous between the two countries. Determinants of medicine shortages were categorised in manufacturing problems, distribution and policy issues, and economic-related challenges. Manufacturing problems were more frequently reported as the primary cause of medicine shortages. Laws and regulations related to medicine shortages are more extensive in France than Belgium. However, both countries have taken similar steps to address such shortages. Conclusions: Although medicine shortages are country-specific, the underlying mechanisms of medicine shortages appear to be similar in Belgium and France. Economic aspects seem to play a central role in the phenomenon of medicine shortages. Further research will be performed to understand the impact of the legal framework around medicines on the occurrence of medicine shortages may be limited. Collaboration, communication and coordination are key to any effective approach to address medicine shortages.

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