One of the objectives of this research was to assess the pricing and reimbursement possibilities, as well as the budget impact of a new medicine for bladder cancer immunotherapy. We investigated the number of medicines for bladder cancer immunotherapy that were registered and listed in the period between March 2011 and March 2014, in Serbia. We also made pharmacoconomic analysis that would be a part of the Health Insurance Fund submission file.

The success of the approval process for NMBICs is highly dependent on the disease. Radical cystectomy should be considered after BCG treatment failure, when BCG is contraindicated or not available. BCG is reimbursed in Serbia (wholesale price: €79.18/kg, total costs: €1,476/kg, with reimbursement for costs of €1,476/kg) and in other countries, too. The high costs of BCG may have some consequences on the use of this medicine in other countries. The absence of the treatment encouraged the Serbian Pharmaceutical Association to reconsider the reimbursement decision for BCG.

The absence of the treatment encouraged the Serbian Pharmaceutical Association to reconsider the reimbursement decision for BCG. As the price proposal for new medicine would be 55,438, expenses per patient per year would be 498,876, and total costs for 520 patients would be 259,412,406, it is projected that total savings would be 111,150,000 per year. Market share of domestic BCG (53.99% of total) and BCG (15.7% of total) is relatively small. The future aim is to develop, register and list domestic BCG that would provide lower costs per patient, high quality, availability and the continuous immunotherapy.

The primary objective of this study was to assess the pricing and reimbursement possibilities, as well as the budget impact of a new medicine for bladder cancer immunotherapy. We investigated the number of medicines for bladder cancer immunotherapy that were registered and listed in the period between March 2011 and March 2014, in Serbia. We also made pharmacoeconomic analysis that would be a part of the Health Insurance Fund submission file. The success of the approval process for NMBICs is highly dependent on the disease.

Radical cystectomy should be considered after BCG treatment failure, when BCG is contraindicated or not available. BCG is reimbursed in Serbia (wholesale price: €79.18/kg, total costs: €1,476/kg, with reimbursement for costs of €1,476/kg) and in other countries, too. The high costs of BCG may have some consequences on the use of this medicine in other countries. The absence of the treatment encouraged the Serbian Pharmaceutical Association to reconsider the reimbursement decision for BCG. As the price proposal for new medicine would be 55,438, expenses per patient per year would be 498,876, and total costs for 520 patients would be 259,412,406, it is projected that total savings would be 111,150,000 per year. Market share of domestic BCG (53.99% of total) and BCG (15.7% of total) is relatively small. The future aim is to develop, register and list domestic BCG that would provide lower costs per patient, high quality, availability and the continuous immunotherapy.

The primary objective of this study was to assess the pricing and reimbursement possibilities, as well as the budget impact of a new medicine for bladder cancer immunotherapy. We investigated the number of medicines for bladder cancer immunotherapy that were registered and listed in the period between March 2011 and March 2014, in Serbia. We also made pharmacoeconomic analysis that would be a part of the Health Insurance Fund submission file. The success of the approval process for NMBICs is highly dependent on the disease. Radical cystectomy should be considered after BCG treatment failure, when BCG is contraindicated or not available. BCG is reimbursed in Serbia (wholesale price: €79.18/kg, total costs: €1,476/kg, with reimbursement for costs of €1,476/kg) and in other countries, too. The high costs of BCG may have some consequences on the use of this medicine in other countries. The absence of the treatment encouraged the Serbian Pharmaceutical Association to reconsider the reimbursement decision for BCG. As the price proposal for new medicine would be 55,438, expenses per patient per year would be 498,876, and total costs for 520 patients would be 259,412,406, it is projected that total savings would be 111,150,000 per year. Market share of domestic BCG (53.99% of total) and BCG (15.7% of total) is relatively small. The future aim is to develop, register and list domestic BCG that would provide lower costs per patient, high quality, availability and the continuous immunotherapy.

The primary objective of this study was to assess the pricing and reimbursement possibilities, as well as the budget impact of a new medicine for bladder cancer immunotherapy. We investigated the number of medicines for bladder cancer immunotherapy that were registered and listed in the period between March 2011 and March 2014, in Serbia. We also made pharmacoeconomic analysis that would be a part of the Health Insurance Fund submission file. The success of the approval process for NMBICs is highly dependent on the disease. Radical cystectomy should be considered after BCG treatment failure, when BCG is contraindicated or not available. BCG is reimbursed in Serbia (wholesale price: €79.18/kg, total costs: €1,476/kg, with reimbursement for costs of €1,476/kg) and in other countries, too. The high costs of BCG may have some consequences on the use of this medicine in other countries. The absence of the treatment encouraged the Serbian Pharmaceutical Association to reconsider the reimbursement decision for BCG. As the price proposal for new medicine would be 55,438, expenses per patient per year would be 498,876, and total costs for 520 patients would be 259,412,406, it is projected that total savings would be 111,150,000 per year. Market share of domestic BCG (53.99% of total) and BCG (15.7% of total) is relatively small. The future aim is to develop, register and list domestic BCG that would provide lower costs per patient, high quality, availability and the continuous immunotherapy.

The primary objective of this study was to assess the pricing and reimbursement possibilities, as well as the budget impact of a new medicine for bladder cancer immunotherapy. We investigated the number of medicines for bladder cancer immunotherapy that were registered and listed in the period between March 2011 and March 2014, in Serbia. We also made pharmacoeconomic analysis that would be a part of the Health Insurance Fund submission file. The success of the approval process for NMBICs is highly dependent on the disease. Radical cystectomy should be considered after BCG treatment failure, when BCG is contraindicated or not available. BCG is reimbursed in Serbia (wholesale price: €79.18/kg, total costs: €1,476/kg, with reimbursement for costs of €1,476/kg) and in other countries, too. The high costs of BCG may have some consequences on the use of this medicine in other countries. The absence of the treatment encouraged the Serbian Pharmaceutical Association to reconsider the reimbursement decision for BCG. As the price proposal for new medicine would be 55,438, expenses per patient per year would be 498,876, and total costs for 520 patients would be 259,412,406, it is projected that total savings would be 111,150,000 per year. Market share of domestic BCG (53.99% of total) and BCG (15.7% of total) is relatively small. The future aim is to develop, register and list domestic BCG that would provide lower costs per patient, high quality, availability and the continuous immunotherapy.