

Inflexibility and pharmaceutical policy impasses – Brave reforms are currently needed

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The continuous worsening of the economic data, **the threat of an absolute collapse of our National Health System** and as a consequence, of the population's health indexes, **the pharmaceutical market's breakdown**, as well as the **exhaustion of drug pricing** as a principal measure of exercising pharmaceutical policy, all reveal the **imperative need for an immediate change of priorities within the drug sector**.

Unilaterally persisting on the pharmaceutical expenditure's financial dimension –with in fact, a provocatively erroneous (?) focus on drug nominal values– **covered up what is fundamentally in question**: the protection of public interest and public health, through the **factual evaluation (cost/usefulness)**, and the **rationalization of drug use**.

There is no doubt that this unilateral persistence on pricing issues exhausted the efficiency and the dynamics of a potential pharmaceutical policy tool, a tool which must be used with great caution. The use of nominal values as a dominant measure for achieving “random/accounting” goals of socioeconomic adjustment, particularly through the selective targeting of specific drug categories and the inconsiderate shifting of a large part of the expenditure on the citizens, **has not only failed to rationalize pharmaceutical healthcare but, on the contrary, it has exacerbated problems, jeopardizing the sustainability of pharmaceutical care**, while ignoring the dimensions related to Public Health protection. It ignored the primary issues which should have been addressed: How are new drugs evaluated? What is the reimbursement price, and what is the cost for the insured patients?

Unfortunately, instead of dealing with these issues which are at the core of every country's pharmaceutical policy, the discussion has been disoriented. In fact, it is being deliberately disoriented, in the context of **both pricing and generics prescribing**, in a way that leads to their considerable **depreciation**, the **eradication** of their **beneficial contribution to country's public finances**, as well as the elimination of any potential to **dynamically penetrate (the market)**. Furthermore, bringing forward the issue of prescribing generics based on their **active ingredient**, as the major topic of structural changes and corruption combated in the healthcare sector, covers, with particular care and attention, the need to evaluate both the prescribing and the regulation of drug circulation/consumption. After five years 'reformation' in the pharmaceutical sector, **our country remains a unique case**. All drugs which are patent-protected **are covered by the insurance bodies**, regardless of their price; in fact, quite often, they are covered at their retail price. The same holds true for **several off-patent drugs, for which drugs there are available cheaper, essentially identical, Greek drugs**.

It is considered as a given that within the context of a social state's principles, the coverage of all treatments for the citizens in need is a social and moral obligation. Yet, this cannot be done unless there is appropriate validation and **systematic evaluation**. **Unfortunately, in Greece, we do not evaluate new treatments, we do not negotiate the reimbursement prices**, and we do not provide resources for the essential **control mechanisms** for their use. The only one thing which we manage to consistently carry out, is to **aggravate, burden, and exhaust the patients, and guide them to more expensive treatments**.

The unjustified substitution of cheaper/older "tested" drugs with new and more expensive ones—drugs which in fact, often do not show any substantial, additional, therapeutic advantage—is an **inconceivable fact** for the insurance systems of other European countries. This self-evident, obvious matter has **concerned neither our loaners' "representatives", nor the "incorruptible transparency officials"** who have taken it upon themselves to support... the measures, and to **bring forth the reformation of the drug market**. The fact that these new drugs have much higher consumption in Greece, compared to the rest of the European countries, does not seem to be bothering them. In addition, another issue that doesn't seem to be of concern for the "reformation forces" is the fact that prescribing these drugs, based on either their active ingredient or their commercial name, identifies them with their one and only manufacturer; and, of course, the fact that, as a whole, **all these drugs are imported and way more expensive** is merely random and of no importance...

Rationally administered drugs, yield savings

Restoring the pricing and reimbursement system of drugs comprises a necessary condition, yet not sufficient enough to lead to the pharmaceutical expenditure's rationalization. This is due the fact that in a country like Greece, where the annual consumption probably exceeds 55 million prescriptions, what is—first and foremost—necessary is to emphasize the promotion of structural measures, which will **validate prescribing** and lead to a **correct, proper drug use**. Measures which will focus on the **timely administration** of the appropriate pharmaceutical regimen, having the patients comply with the medications instructions of use, **restricting the consumption of antibiotics**, managing chronic treatments, **polymorbidity and polypharmacy**, appropriately using cheaper therapeutic options and generics, **monitoring the results** of pharmaceutical treatments, etc.

International experience and studies show that analogous interventions aiming to **rationalize drug use**, can lead to **savings of up to 8% in the overall healthcare expenditure**. Within the Greek healthcare system, this percentage translates between **1,1 and 1,2 billion euros**.

It is therefore clear, that the reformation of pharmaceutical care will result from the materialization of a series of reforms which will yield multiple benefits—and this not in an accounting or cumulative manner—. Unfortunately, **such interventions require the existence of Public Health policies**, appropriate education of the citizens as much of the healthcare officials, as well as **a stable pharmaceutical policy framework**.

Are these prerequisites currently utopic? Perhaps, however, if presently we do not change the way in which we perceive the reality around us, and if we do not immediately and correctly plan a stable pharmaceutical policy framework, then when will this happen?

It is also noteworthy to stress that we must, at last, **evaluate the significance of domestic production**, as well as the **potential to produce added values** from the entire sector.

Branded Greek drugs represent an important potential for our **national economy's growth**, in a **high-technology sector** which is characterized by **quality, extroversion, responsibility** and **research activity**. With a technical know-how accumulated for over 50 years, with 27 ultramodern factories, with significant exports and international recognition and presence, the Greek Pharmaceutical Industry can and has committed to growth and to the future. What the Greek pharmaceutical industry requests is a **stable regulatory framework** without any intention of protectionism or counter-productive subsidies, rather it aims to bring forth a logic of acknowledging the obvious **added value of domestic production**, but, with no traps or 'tripping' from domestic or foreign origins.

Therefore, what remains to be seen is whether the drug policy will be differentiated, and towards which direction. Unless, **we prefer importing what we can actually produce**, annihilating, aside from everything else, **every growth potential for our country!**