In your recent statements as president of PEF, you have been repeating your conviction that the Greek pharmaceutical industry is capable of covering the domestic drug demand needs, and more precisely, 70% of the ones available through pharmacies as well as 50-55% of the ones distributed through hospitals.Mightthisassessmentbe ratheroptimistic?

I wouldn't say that it is optimistic, or excessive. Greek production can, indeed, cover 70% of the consumption in prescriptions, that is, 70% of the drugs used by Greek patients in primary healthcare at low prices. In addition, with the exception of special medicinal products, we can also cover 50% of the needs in hospital care. There are domestically produced generics in the field of oncology as well.

Since by now it is a fact that we produce high-quality, effective and affordable drugs, we can –and we must- cease importing. For sure, if this were to be applied to all sectors, then we do have hope for the near futurein Greece.

May I also note that, today, the market share of drugs produced in Greece is around 20%.

You have already supported this ability of yours to the political leadership as well as to the Prime Minister himself. What do you expect from their side thereafter? Is there commitment for specific actions?

We are currently providing information and request for very specific legislative regulations within a long-term strategy and pharmaceutical policyframework. During the last year, we have seen the legislation of numerous fragmentary measures. Someofthemhavebeenintherightdirection.

What we primarily ask for currently is a sustainable budget for pharmaceutical expenditure to be defined. And this can be done with numbers and facts, based on consumption and drug prices.

Aside from this general prerequisite, in order for us to be able to cover the percentages I mentioned for our country's needs, we ask, first and foremost, for an overall political strategy for generics produced in Greece to be established. Thispoliticalstrategyshouldhavethefollowingcharacteristics:

-First, there should be a price reduction system that is rational and does not destroy cheap drugs maintaining at higher prices the ones that are more expensive. Crushing price reductions in affordable drugs lead to their withdrawal from the market and their subsequent substitution by more expensive treatments. The lack of cost-effective and high-quality drugs in the market threatens patients' access to necessary treatments, thus certainly raising some serious ethical issues.

-Second, there should be a system within which the insurance funds compensate for efficient drugs of all therapeutic categories, thus indirectly guiding the patient toward cost-effective and high-quality products;that is, an overall compensation system whereby the doctor will be able to suggest a brand-name, high-quality Greek medicine and the pharmacist will also be able to substitute a reference drug with a brand-name, high-quality domestically-produced medicine.

I believe that this is a political strategy, which will soon lead to a gradual shift of the Greek drug market share from 20% to above 50%. And this is due to the fact that Greek production and Greek industry are here, and they have very good access as well as relationships of trust with the Greek doctor and the Greek pharmacist.

How do you expect to convey this proposed strategy?

An essential "element", one that clearly must be applied, is a targeted information campaign for the public relative to the Greek drugs' quality. This is our job; we have specific proposals, we have planned specific actions and we believe that we can pursue these actions in collaboration with EOF as well as with other unions, such as the Panhellenic Pharmaceutical Association (PFS), the Hellenic Medical Association (PIS), the Athens Medical Association, etc.

We have already discussed with PFS and PIS, and I believe that this is something we will soon launch, certainly within the framework of each union's priorities. We are in constant discussion, exploring the ways through which doctors will be able to convey to the public a sense of trust for generic drugs produced in Greece.

You have proposed, promulgated and discussed this drug political strategy of yours with the political leadership; what is the answer that you have received? Which is the primary issue in need for immediate action?

I truly believe that, henceforth, we must orient our efforts toward a management strategy of these crucial issues based on national interest, and not according to measures that the Troika has "agreed" with theGovernment. A lot of these measures, for example the way the active substance was legislated, are irrational. No savings for the system are achieved and there are serious side-effects. It has not been functional at all. The issue concerning the active substance indirectly favors imported drugs, imported generics and imported, more expensive originator medicines, because they are unique. All this creates, unjustly, problems for a shrinking Greek production, without yielding any benefit for the insurance funds.

We must move on to the "next day". The Minister has accepted this and agrees(this is true for all former ministers, not only for the current). We thus now consider that priority will be given to initiating changes to the benefit of the insured, the insurance funds and the Greek production.

You mentioned shrinkage in domestic production and Greek generics'penetration, yet facts from the year 2014 do not reflect this image…

Indeed, there is currently an increasedpenetration in some categories, and this is positive. In addition, we have lower prices and do, in fact, see the trust in Greek drugs being enhanced. Nevertheless, we are still far from what one could claim to the benefit of both the insurance funds and patients who will pay a smaller contribution.

I should note here that a patient is currently paying larger contributions in all categories; however, if we compare the amount he/she used to pay in the year 2009 to the current alternative choices he/she would have through domestic generic drugs, we would understand that the people should move toward that direction in order to have quality and economic solutions.

Therefore, participationof the Greek production has indeed increased to some degree, yet much less than the set goal. We mustn't also forget the measures for rebate and claw-back, that is, the economic pressure put on the pharmaceutical industry. Unfortunately, 50% of the income originating from drugs we price goes to indirect and direct taxation.

In spite of the existing pressure, the industry has also announced new investments…

Yes, becausewefunctiononalong-termplan. Without new investments, our production units will be inexistent in the near future. We need to have oxygen as well. Unfortunately, we currently have an unbelievable policy that essentially "removes" sources out of Greek production units and hands them to importers. Basically, it takes money out of investments that can be made in the country and sends it to trading companies, within a closed budget. This 20% I mentioned as being the market share of Greek production' companies primarily concerns generics; if this policy on active substance continues to be applied as it is, and if price reductions mostly for old, affordable drugs carry on, I think that in 2 years' time, instead of shifting to 70%, we will head to 0% and import all drugs. We are, once again, sending out an alarm warning.

Since you referred to drug prices, I would like you to comment on the price list over which numerous discussions and objections have been raised…

It is positive that prices are now defined at regular intervals, but what is very negative is the existing pricing system, which is not EOF's business, but a matter of law. The existing system is very complex and creates significant problems, essentially taking into consideration different forms and packaging in some countries. These must be a modernization; we must function in ways similar to those seen in other, functional European systems by adopting them.

In these systems, essentially no insurance fund is involved in sales prices, but everyone is involved in compensation prices. The therapeutic result is evaluated, the novelty is assessed, and so is the price of a

certain drug in comparison to other, similar drugs. Based on this, I consider the categorization in the price list to be one of the correct actions that were taken. However, this is just the first step.

The second and most important step is to use cost/benefit evaluation tools for new pharmaceutical treatments, in order to make evidence-based decisions according to each drug's efficiency relative to its price(cost effectiveness). In this way, there will be a better source distribution within the context of a closed drug budget. Unfortunately though, instead of this, in Greece we still have an irrational system whereby affordable drugs are even morereduced, while the expensive ones remain at relatively high prices, with high consumption.

PEF has noted that, if the procurement procedure for hospitals continues to be done in the way tendering procedures have been legislated to take place, then in 2 years' time, there will be no Greek drug in public hospitals. What have you observed in these procedures?

What we, as PEF, have noted is that within the last 3 years, tenders that were carried out by the Health Procurement Committee (EPY) used as a sole criterion the lower price, and that procurement of the drug was doneby one supplier. This led our hospitals to be under a monopolistic "hostage" for each active substance, since only one was allowed to supply a given active substance. Most often, specific multinational pharmaceutical industries with high technical expertise in price dumbing strategies offered derisory prices in order for them to be pronounced tenderers and to eliminate domestic competition. They followed this tactic even when they knew beforehand that they did not have the capacity to eventually supply the National Health System.

In spite of our own protests, we realized that EPY refused to comply with the Presidential decrees' provisions related to price dumping, sanctions that must be imposed on companies which do not fully respect their contractual engagements, or have violated the mandates of the World Health Organization/EOF's circulars.

EPY is only focusing on generic drugs, which constitute just 20% of pharmaceutical expenditure in hospitals, choosing a tendering procedure model that will lead to a complete deindustrialization of our country and an unconditional surrender of our hospitals to foreign drug importers, without any essential benefit.

Today, the one-tenderer and no-therapeutic-protocol-monitoring-in-hospitals model has led to the opposite results (increase in overall expenditure), since there is neither adequacy control by EPY, nor overall monitoring of the tendering procedures' execution. As a result, shortages in hospitals lead to the use of other medicinal preparations (products under protection/patent) at a cost 40-50 times higher than the tenderer's price, without any sanction being imposed on the tenderer.

From our side, we have proposed specific solutions for the rationalization of the hospitals' procurement procedure, which in fact do not involve any additional cost for the State. In particular, our propositions refer to the selection of 3 suppliers either with pre-described quantities and without an electronic

auction double system, or through a central tendering procedure with the requested quantity being at 50% of the required and procurement of the remaining 50% originating from the other suppliers, outside the tendering procedure.

In closing, I would like you to mention the key elements your drug policy aims at, such as they were presented to the Prime Minister.What exactly is it that you ask from the state?

PEF presented to the Prime Minister a complete proposal and a framework of commitments from the Greek pharmaceutical industry relative toincreasing job positions and investing in R&D. All these will lead to a significant further boost in the Greek pharmaceutical industry's export orientation.

We have requested from the government to decisively reverse the current agonizing reality; we have, in fact, proposed this to be done through a series of specific actions that I shall summarize below:

1. Pharmaceutical Expenditure should be readjusted to the real therapeutic needs of the population; to realistic levels and with minimum cost for the budget.

2. Importance should be given to monitoring consumption and prescribing; measures for drug supply and demand should be legislated. In this way, there will be a direct reduction in the unbearable claw-back and rebates that are now threatening the sustainability of every production unit.

3. Crushing price reductions, especially in cost-effective drugs, should cease. Expenditure can be controlled primarily through the rationalization of prescriptions.

4. A rational drug procurement framework for hospitals must be established; the current procedure leaving room for monopolies must come to an end.

5. An overall policy for generics, including the adaptation of prescribing on the basis of active substances, must be implemented; doctors and pharmacists must be given the necessary incentives to choose Greek brand-name drugs.

6. EOF must be modernized and staffed. We must thus deal with the current abuse of competition regulations during Greek and foreign generic drug licensing that occurs at the expense of Greek pharmaceutical industry and to the benefit of generics' large importers.

7.Prescription protocols and monitoring systems for expensive drugs must be implemented.

8. IncollaborationwithEOF, theGreekbrand-namedrug'squalityas well as the multiple importance of its choice mustbepromotedtothesociety.

9. ApermanentDrug General Secretariat shouldbeestablished.