

Patient Access to Medicines in Greece

An Industry perspective

Nikos Kefalas

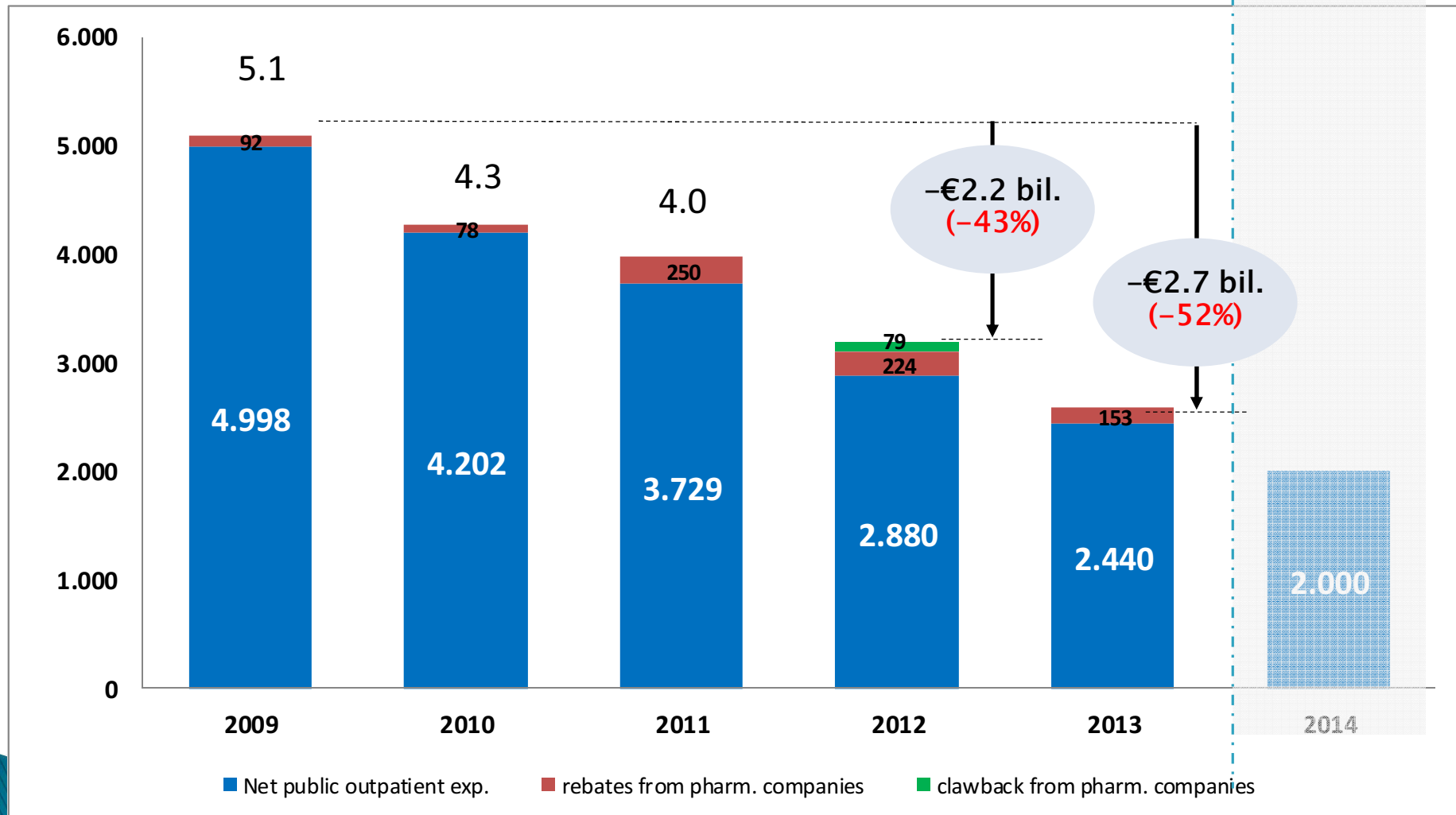
SfEE Vice President

Managing Director, Janssen Pharmaceutical Greece

TACD Conference on A2M – Athens, May 31st 2013

Public outpatient pharmaceutical expenditure: net saving of €2.7 bil. in 4 years (2013 vs 2009)

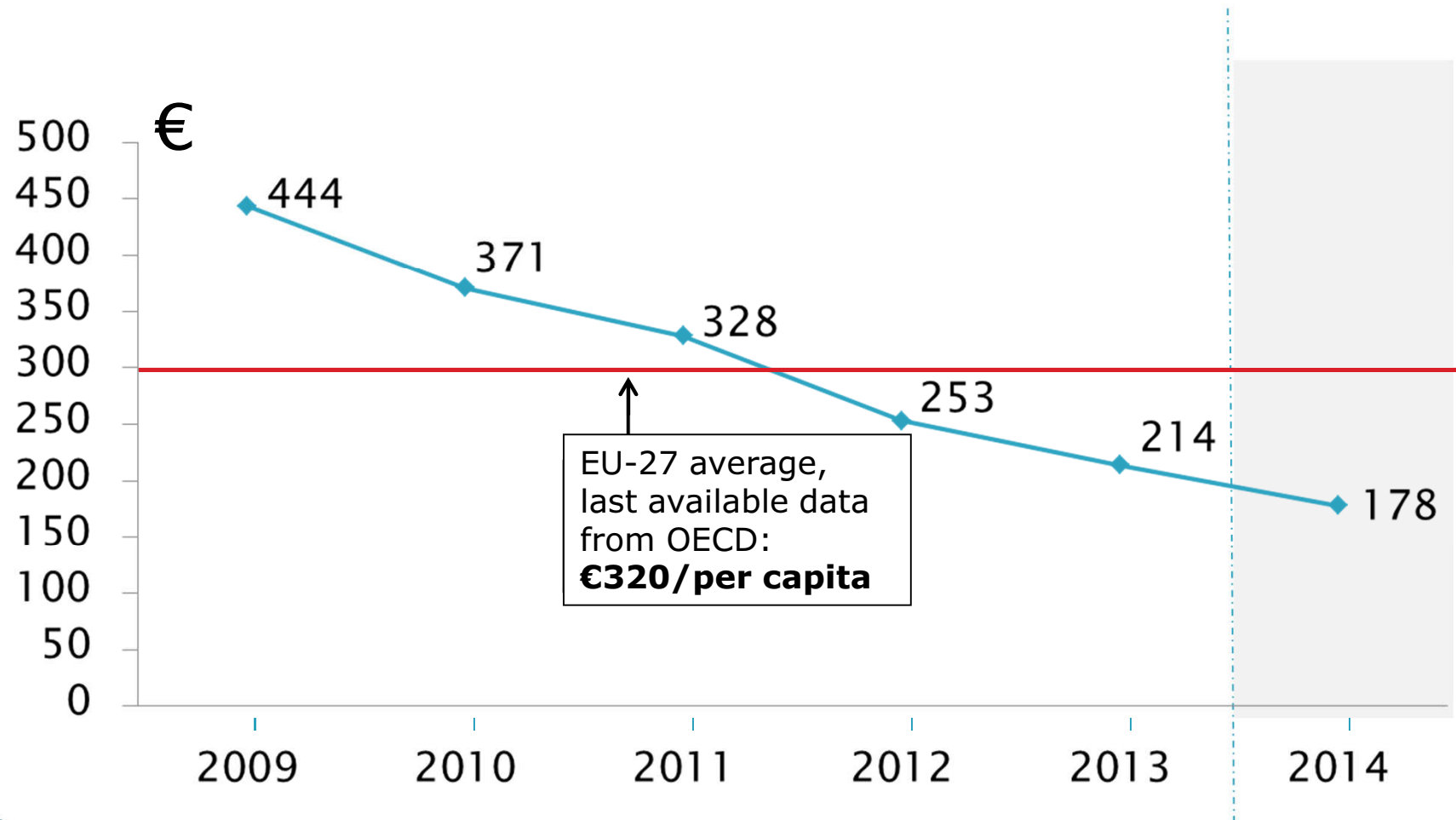
Reached MoU targets, (clawback) <€40 mil. in 2012



Net Public Pharmaceutical Expenditure per capita in Greece

2013: average of EU vs Greece (€2.44 bil.): +50%!

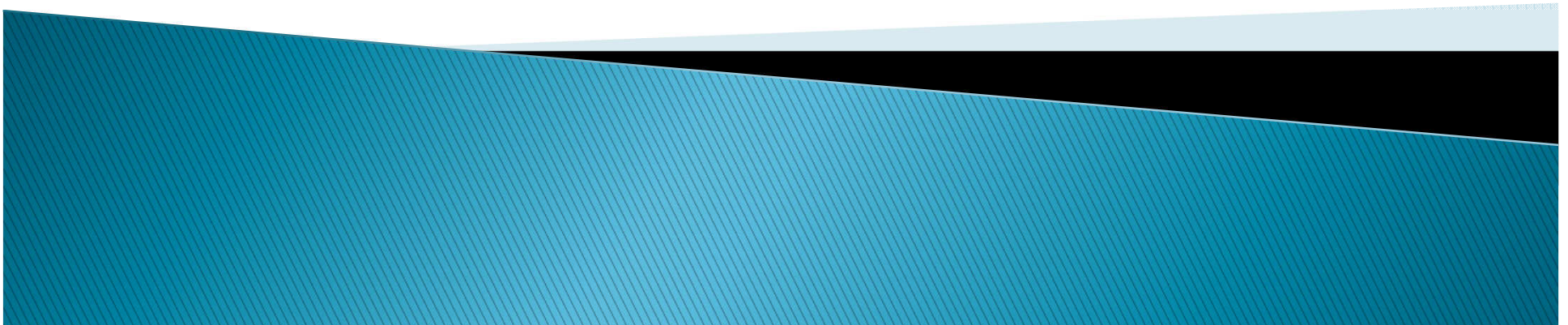
2014: average EU vs Greece (€2.1 bil.): +80%!



Source: IOBE/SfEE, Facts & Figures 2012

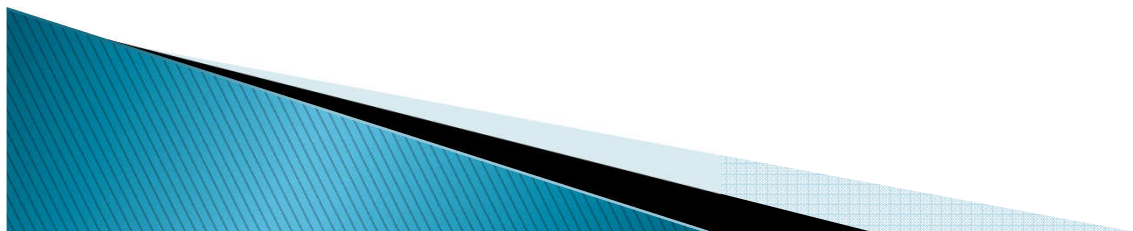
The main consequence:

Significant difficulties to get access in medicines in private & public pharmacies and Hospitals, especially for severe diseases



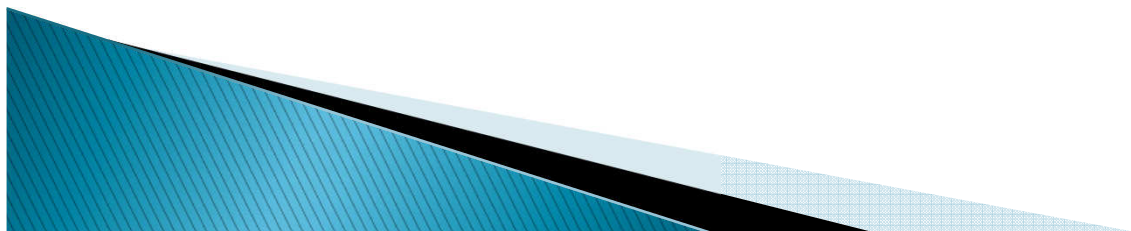
Main aspects of Patient access issues

- ▶ Difficulties to pay for their contribution in therapies
- ▶ Bureaucracy, delays and obstacles to get medicines from public hospitals & pharmacies (e.g. L.3816 medicines)
- ▶ Market shortages / supply issues
- ▶ No pricing & reimbursement approval for new innovative medicines for almost 2,5 years



The main causes

- ▶ Harsh economic and social situation – Increasing number of people without insurance coverage/unemployed
- ▶ Issues in re-pricing process
- ▶ Increase in patient co-payment
- ▶ Accumulated arrears to healthcare providers/ significant delays in payments
- ▶ Limited budgets of public hospitals – non supply of severe disease medicines



SfEE mission: Patient access to new and existing therapies – What are our proposals ?

Price approval for all new medicines (prototype/Gx), pending approval for ~2,5 years – Gradual reimbursement by Social Security Funds

Reform of the pricing system/methodology, to ensure simplicity and avoid market shortages and international reference price issues
(Average of 3 EU lowest prices for all prototype products is the solution)

Continuous flow of payments from public institutions to healthcare providers/
Payment of all accumulated arrears

Simplification of positive list & reimbursement mechanism and restoration of rationale patient co-payment levels, especially for certain severe disease areas

Ensure the appropriate funding of hospitals/EOPYY, to ensure the smooth supply of medicines to patients
Re-adjust MoU goals for pharmaceutical spending

Thank you

Discussion

