DRUGS PRICING PREDICTABILITY IN FRANCE: WHICH MANAGED-ENTRY AGREEMENTS SUIT THE BEST ?

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BACKGROUND

In France, drugs price is negotiated between the French Healthcare Products Pricing Committee (the so-called CEPS) and manufacturers. Under some circumstances, the list price is associated with managed entry agreement.

OBJECTIVE

This analysis aims to identify if a correlation can be drawn between the rebates type, drug characteristics and their evaluation by the French National Authority for Health (HAS).

METHOD

A retrospective analysis of all drugs with a rebate agreement in 2017 was conducted. It exhaustively considers all drugs reimbursed in France since 2010. The characteristics analysed were drug status (Orphan / Non orphan ; Oncologic / Non oncologic drug), Added-medical value (ASMR) score (I; II; III; IV; V), target population (0-1000; 1000-10 000; 10 000-100 000; >100 000 patients/year) and type of rebate (capping; simple discount; price-volume; posology; daily treatment cost; and pay for performance). Data has been aggregated, providing confidentiality about which drugs and clauses are associated.

RESULTS

129 drugs were identified and 3 different analyses were performed:

1. Analysis based on drug status – Figure 1 and 2:
Most orphan drugs have a capping agreement (84%) and to a lesser extent a price-volume mechanism (46%). 67% of oncologic drugs have a simple discount and 46% have a price-volume agreement. Rebates are almost equally represented between non-orphan and non-oncologic drugs .

2. Analysis based on the HAS evaluation with the level of ASMR – Figure 3:
67% of innovative drugs (ASMR I to III) have a capping. Price-volume rebate is preponderant for drugs with minor added value (ASMR IV). For drugs with no added value (ASMR V), there is a balance between all kind of rebates.

3. Analysis based on target populations – Figure 4:
Capping rebate are more frequent in smaller target populations.
For large target population (> 100 000 patients/year), all kind of rebates could be applied.

Figure 1: Type of managed entry agreement repartition for oncologic drugs and orphan drugs

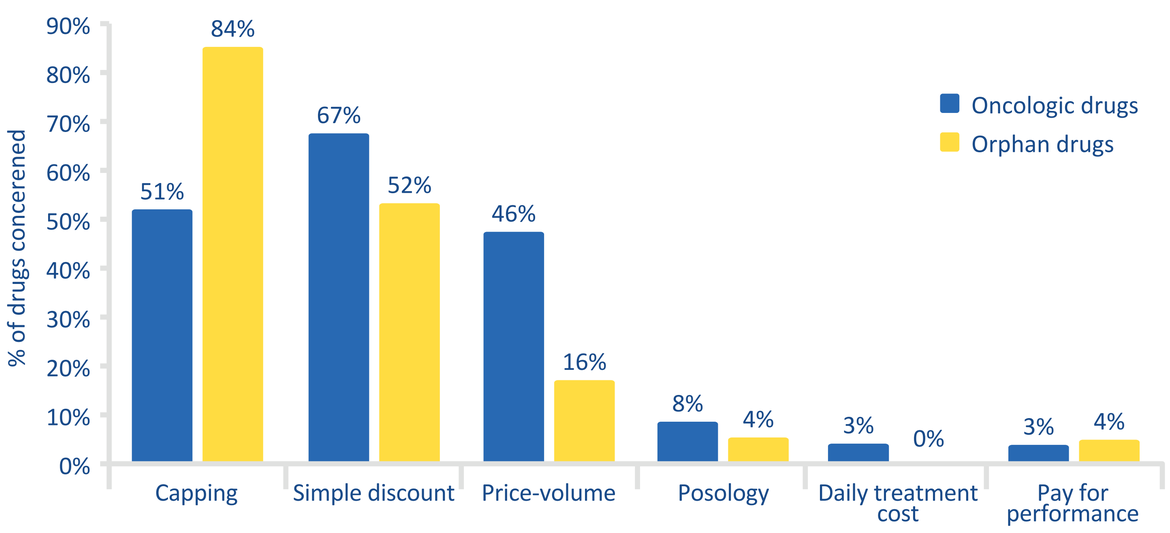


Figure 2: Type of managed entry agreement repartition for non-oncologic drugs and non-orphan drugs

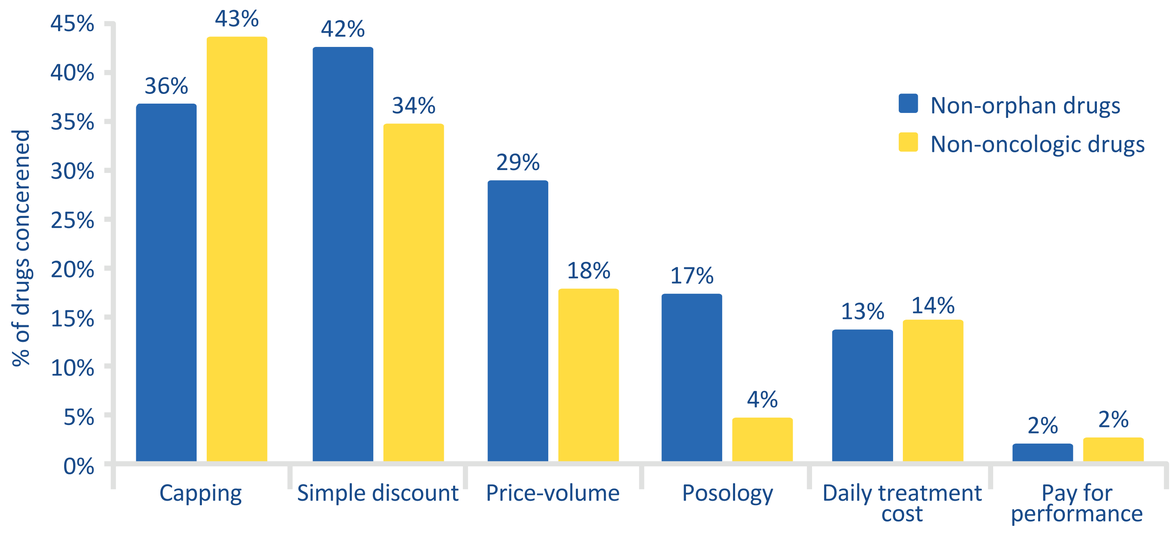


Figure 3: Type of managed entry agreement repartition according to the ASMR level

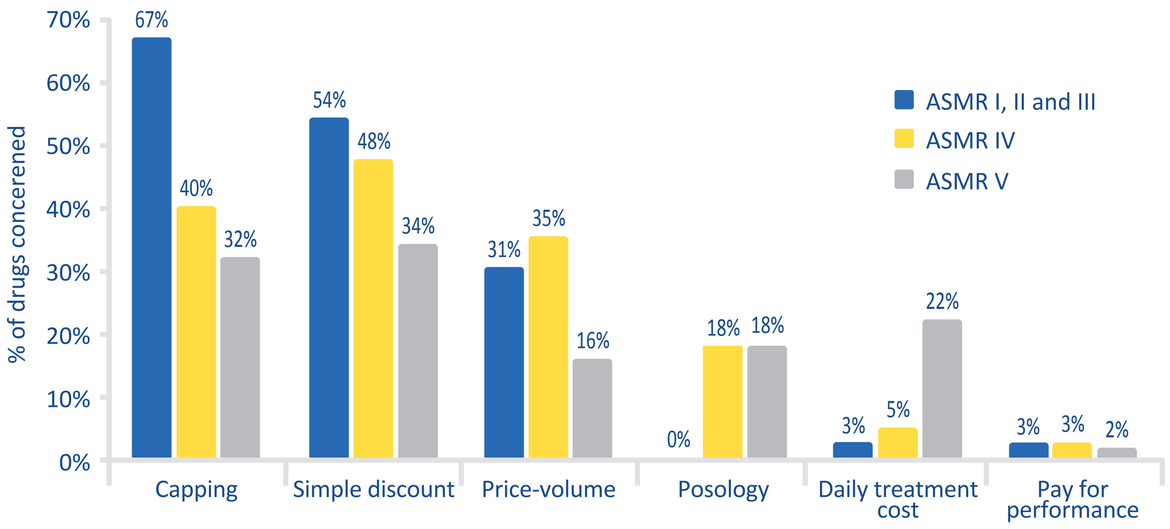
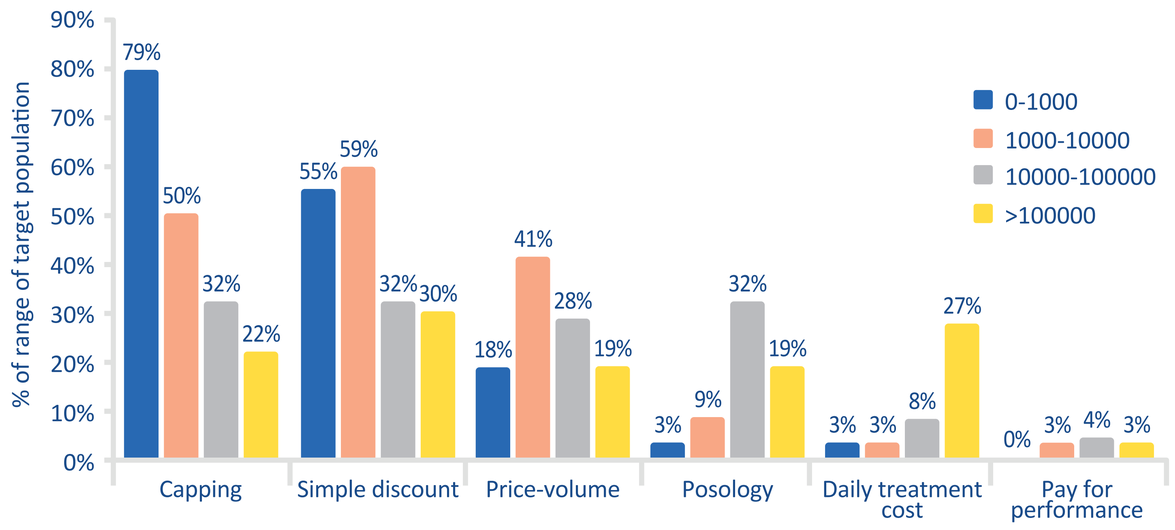


Figure 4: Type of managed entry agreement repartition according to the target population



CONCLUSION

Rebate types may be predicted depending on evaluation criteria and drug characteristics. The different pricing trends can be explained by the mechanisms of payment, for example, the fixed budget for orphan drugs has lead to 84% of them being price capped. Price-volume agreements are mainly concentrated for oncologic drugs, which is characteristic of agreements related to multiple indication extensions.
Most of drugs with an ASMR I, II or III are subject to a simple discount, due to the European facial price they are guaranteed to have, the net price could be lower.

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