

Comparative analysis of pricing and reimbursement policies and methods for prevention and control of diseases caused by HIV infections in the United Kingdom, Germany, France, Italy, Spain, and Bulgaria



Dimitrova V M¹, Dimitrova J M¹
¹ Department of Organization and economics of pharmacy, Faculty of Pharmacy, Medical University – Sofia, Bulgaria
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INTRODUCTION

- For more than three decades the world has been facing the global challenge of tackling the HIV epidemic
- Although HIV infection is preventable, significant HIV transmission continues across the WHO European Region
- The global threat of HIV infection requires sustainable solutions driven by investments from both the public and the private sector

AIM OF THE STUDY

- The objective of this study was to:
- Conduct comparative analysis of different therapeutic groups of drugs intended for treatment of HIV / AIDS, according to the recommendations of the European AIDS Clinical Society (EACS) and their availability in the United Kingdom, Germany, France, Italy, Spain (EU5) and Bulgaria,
 - To compare the levels of these indicators in Bulgaria and to make a reasonable assumption about the degree of coverage of the needs of Bulgarian patients for modern treatment, guaranteeing survival and good quality of life

MATERIALS AND METHODS

- Comparative analysis of the pricing and reimbursement (P&R) policies of HIV / AIDS drugs in the countries under consideration
- Comparative analysis of the role of the health technology assessment in the evaluation / access to HIV drugs in the respective countries
- Measurement of compliance and availability indexes in the markets considered in this research
- Comparative analysis of the methods for prevention, diagnosis and control of the disease in each of the considered countries

REFERENCES

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RESULTS

- Access to Antiretroviral treatment across Europe’s Big5 is generally provided to a high standard, although areas for improvement exist
- In the UK, Germany, France, Italy and Spain policy and guidelines are in place and largely effective in the clinical treatment of PLWH, Bulgarian physicians are mainly referencing to EACS, however not directly included in the pricing and reimbursement decision-making of novel ARV therapies

Indicators	UK	Germany	France	Italy	Spain	Bulgaria
Access to ART	free of charge	free of charge	free of charge	free of charge	free of charge	free of charge
Guidelines in place	local	local	local	local	local	EACS
Time to treatment	variable	variable	variable	variable	variable	variable
Financing	centralized	loosely organized	centralized	centralized within each region	centralized within each region	centralized
Regular Monitoring	yes	yes	yes	yes	yes	yes
Country	UK	Germany	France	Italy	Spain	Bulgaria
HTA body	NICE	IQWiG	HAS	AIFA	AEMPS	NCPRMP

Criteria	ICER/QALY, explicit threshold	P&R depends on whether the added benefit level is judged major, considerable or mild, and the strength of evidence.	Price depends on the improvement in actual benefit (ASMR scale I – V). CEA for innovative drugs (ASMR I to III). No threshold; ICER/QALY	P&R depend on the added value of the medicine	CIPM decides price and reimbursement “taking into account” mainly therapeutic usefulness, budget impact, and cost-effectiveness	CEA, CUA, CMA or CBA. Threshold set at 3 times GDP per capita. Other factors may also be taken into account (unmet medical need).
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Decision relevance	N/A	Yes	Yes	Yes	Yes	Yes
Impact	N/A	Only price	P&R	P&R	P&R	P&R

Country	UK	Germany	France	Italy	Spain	Bulgaria
Medicines in PDL (out of 41)	37	41	35	38	15	22

Availability index	0.90	1.00	0.85	0.93	0.37	0.54
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CONCLUSIONS

- Overall access to ARV therapies in Europe’s Big5 and Bulgaria is generally provided to a high standard. Time to initiation of treatment may vary but once initiated, patients are monitored on a regular basis.
- Bulgaria is the only country without a national program for prevention and control of HIV infections in place and the only one where PrEP has not been neither introduced, not reimbursed