Managed entry agreements and appropriateness tools over the last four years in Italy

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Background

Managed Entry Agreements (MEAs) are arrangements between a manufacturer and payer/provider that enable access to (coverage/reimbursement of) a health technology subject to specified conditions. These arrangements can use a variety of mechanisms to address uncertainty about the performance of technologies or to manage the adoption of technologies in order to maximize their effective use, or limit their budget impact [1]. Over time, MEAs demonstrated to be valid tools to address the challenge of containing healthcare expenditure.

In this regard, Italy is among the world's leading nations, thanks to the activity of AIFA. Several years ago, AIFA introduced MEAs, managed through AIFA Registry, established as early as 2005, starting with oncological drugs [2]. With Decree Law no. 95 of 6 July 2012, subsequently enacted into law, by Law no. 135 of 7 August 2012 and its amendments, the AIFA Registries were officially integrated into the NHS Information System [3].

According to the international taxonomy, MEAs are classified into three levels based on the objectives, the level of functioning of financial mechanisms and the agreement structure. This classification also applies to MEAs implemented in Italy, which can be associated with various tools for prescriptive appropriateness (PA) [4] (Figures 1 and 2).

European legislation subdivides MEAs as:

- Financial-based (FB), to which an AIFA Registry can also be applied;
- Outcome-based (OB), which are only applied with the AIFA Registry.

In both categories, agreements can be identified at the patient-level and population-level.

In FB MEAs, cost-sharing (CS) is observed at the patient level, while at the population level we find price-volume agreements and sales caps.

In OB MEAs, at the patient level we observe Risk-Sharing (RS), Payment-by-Result (PbR), Payment-At-Result (PaR), while those at the population level are not applied in Italy.

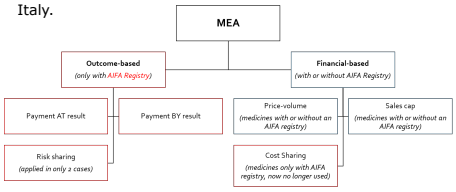

Figure 1. *Taxonomy of MEAs in Italy*

The AIFA Registry applies to both FB and OB MEAs. Whereas the Therapeutic Plan (TP) and the AIFA Note only apply to FB MEAs and mainly concern class A drugs.

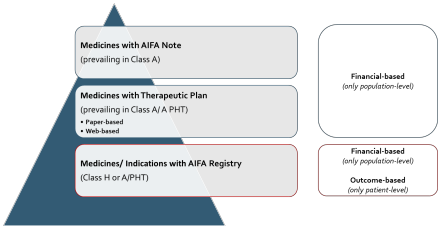

Figure 2. *Prescriptive appropriateness and MEA*

Objectives

The aim of the analysis is to describe the types of MEAs and the tools for prescriptive appropriateness (PA) that AIFA has implemented in the price and reimbursement negotiation procedures for A/H-classified medicines over the last four years.

Methods

The negotiation procedures' publications retrieved from the Italian Official Gazette webpage [5,6] from 11/2019 to 10/2023, regarding medicines reimbursed by the NHS in A or H classification, were extracted and analyzed (Figure 3).

Renegotiation procedures and multiple procedures concerning the same medicine were excluded to focus on the number of medicines rather than the negotiation process *per se*. For each medicine, we tracked the potential status of innovation and orphan, MEA, appropriateness tool, classification level, and therapeutic area.

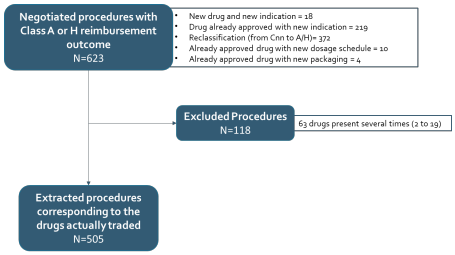

Figure 3. *Flow chart of data extraction*

Results

With reference to the reporting period, 505 drugs were included in the analysis: of these, 2% (n=9) were negotiated through the application of a MEA, 49% (n=248) through an PA tool, and 5% (n=24) through a combination of MEA and PA (Figure 4).

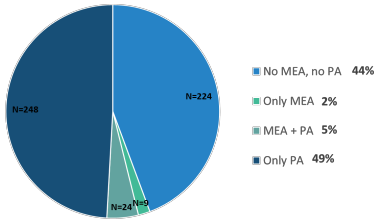

Figure 4. *Overview of data*

The MEA most frequently applied was the sales cap (88%), with almost half applied to medicines with H classification and the other half to A/PHT classification. This was followed by PaR (6%), price-volume agreement (3%) and PbR (4%), all applied to class H medicines. FB MEAs were thus applied in 90% of the cases (Figure 5).

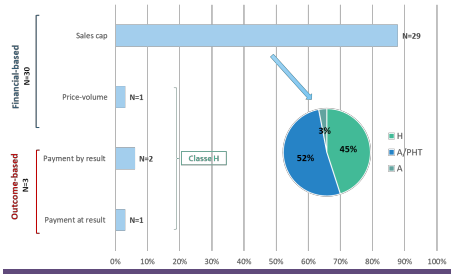

Figure 5. Description of MEAs and class of reimbursement

The most frequently used PA tool was the AIFA Registry (40%), of which 88% was applied to H classification. This was followed by the paper-based TP (38%), distributed as follows: 43% for medicines in A/PHT, 44% in H and 13% in A. The AIFA Note (21%) was applied in 88% of cases to medicines in A classification (and only for a small portion in A/PHT 12%), and the web-based TP (2%) was applied only to A/PHT medicines (Figure 6).

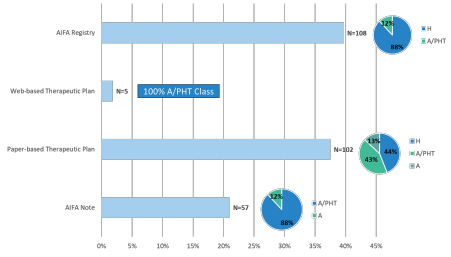

Figure 6. *Appropriateness and reimbursement class details*

Medicines with a cap agreement and without PA (27%) were all in class H. Medicines with both MEA and PA are shown in Figure 7.

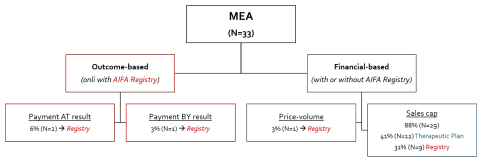

Figure 7. *MEA and appropriateness*

The most frequently therapeutic areas associated with a MEA are neurology/psychiatry (24%), respiratory (17%), metabolism and endocrinology (18%), oncology and infectious diseases (15%) (Figure 8A). Medicines negotiated with a PA most often associated belong to oncology (27%) (Figure 8B), as is the case for medicines with an AIFA Registry (87%).

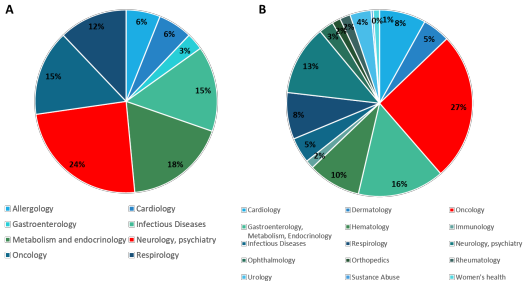

Figure 8. Most represented therapeutic areas

Of the medicines under analysis, 14% are orphans. Among these, 16% have been granted a MEA (67% sales cap, 17% PaR, 8% price-volume and 8% PbR). Of the orphan medicinal products (OMP) (78% of which are classified in H) 68% have a PA mainly through the AIFA registries (80%). Additionally, 12% of OMP have both MEA and PA: the TP was only applied to medicines with sales cap (17% of those with MEA), while the Registry (58% of those with MEA) was used for with other types of MEA as well.

13% of the analyzed medicinal products obtained innovativeness' recognition (either full or conditional): of these, 20% obtained a MEA (in 69% of cases sales cap, 15% PaR, 8% price-volume and 8% PbR). Of the innovative medicines (89% of which are in class H), 89% have PA, mainly the AIFA Registry (87%). Moreover, 15% of the innovative medicines have both MEA and PA: the TP was only applied in medicines with sales cap (46% of those with MEAs), while the AIFA Registry (31% of those with MEAs) was also used with other types of MEAs.

Conclusions

As observed in our previous researches [1, 7], the use of OB MEAs in Italy decreased significantly year by year, until its almost complete disappearance in 2017-2018. Our last data, presented in this research, enhance how AIFA is currently preferring the application of PA and FB MEAs. This may be related to different aspects, including the complexity of defining responders and non-responders, the administrative burden of data collection, the feasibility of implementing innovative payment model (ATMP cases), etc.

In the period under analysis (last four years), AIFA made minimal use of MEAs (applied to only 7% of reimbursed medicines), preferring PA (54%). The sales cap (88%) and the AIFA Monitoring Registries (40%) were the most widely used tools. In the majority of cases (72%), the use of a MEA was associated with an appropriateness tool. This trend was also observed for orphan and innovative drugs. The therapeutic areas most frequently associated with a MEA was neurology/psychiatry (22%), while medicines negotiated with an PA most frequently belonged to oncology (26%).

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