



New roles for industrial pharmacists within the economic framework of healthcare

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M Sc Pharm



LIF

- Trade Association for the research-based pharmaceutical companies in Sweden
- Around 65 member companies. Almost all our members are multi-national companies.
- Our companies represents around 90 per cent of the Swedish market for pharmaceuticals
- Members have 20 000 employees in Sweden
- Trade surplus is about 35 billion SEK/Year
- A SME organization (IML) with 17 member companies are associated members of LIF

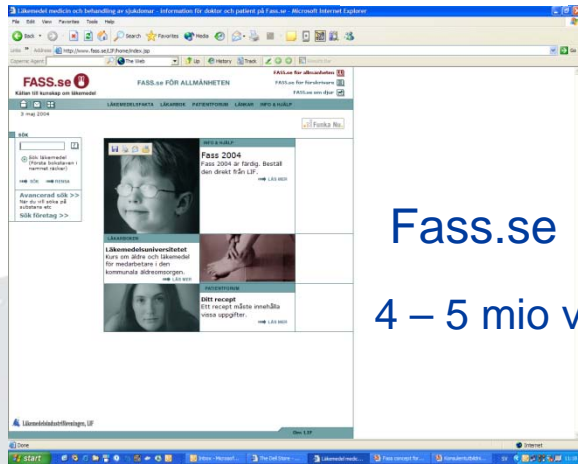
LIF's external activities

LIF represent members

- In questions relevant to members, i.e:
 - R&D
 - Production
 - Distribution/supply
 - Marketing and information about pharmaceuticals
 - Pricing and reimbursement
 - Regulatory issues
 - The quality of Swedish health care
 - Environmental issues
 - Information



Fass.se is THE primary source of medicine information for Swedish doctors, patients and pharmacists



Fass.se

4 – 5 mio visitors/month

e-prescriptions

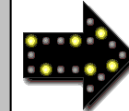
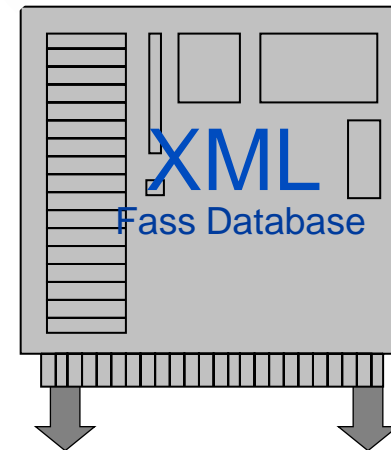
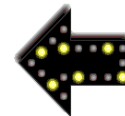


Sjunet



Local interfaces

Future additions



Pharma Industry and others



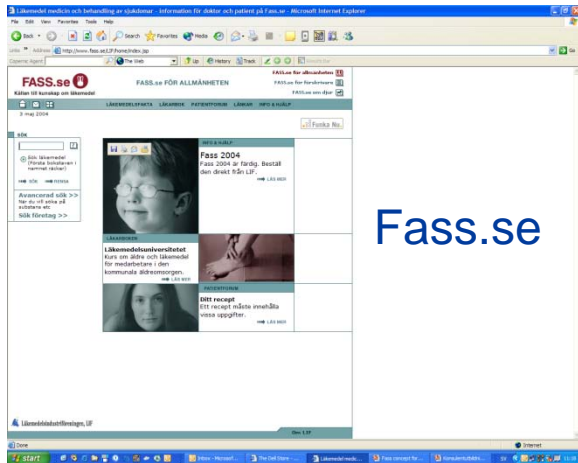
Medical Products Agency



FASS
Patient-FASS
FASS Vet.

LIF The research-based pharmaceutical industry

Access to medicines



■ Product information

- Links to company websites
- Product e-mail

■ “All about medicines”

■ Virtual Health Center

- Links to extended disease information

■ Patient Forum

- Patient Organizations

■ Research and Development

- Pipeline
- Clinical Trials

■ My Fass

■ Medicines University

- Elderly people and medicines
 - Number of students 200.000+



Accessibility

”economic framework ”

- Pharmacy de-regulation delayed – for now
- Financial crisis – impact on all public expenditure
- Payers take control – “value for money”
- Paying for services and results
 - first pharmaceutical companies
 - why not community pharmacies?
- Outcome counts



Pharmacy deregulation

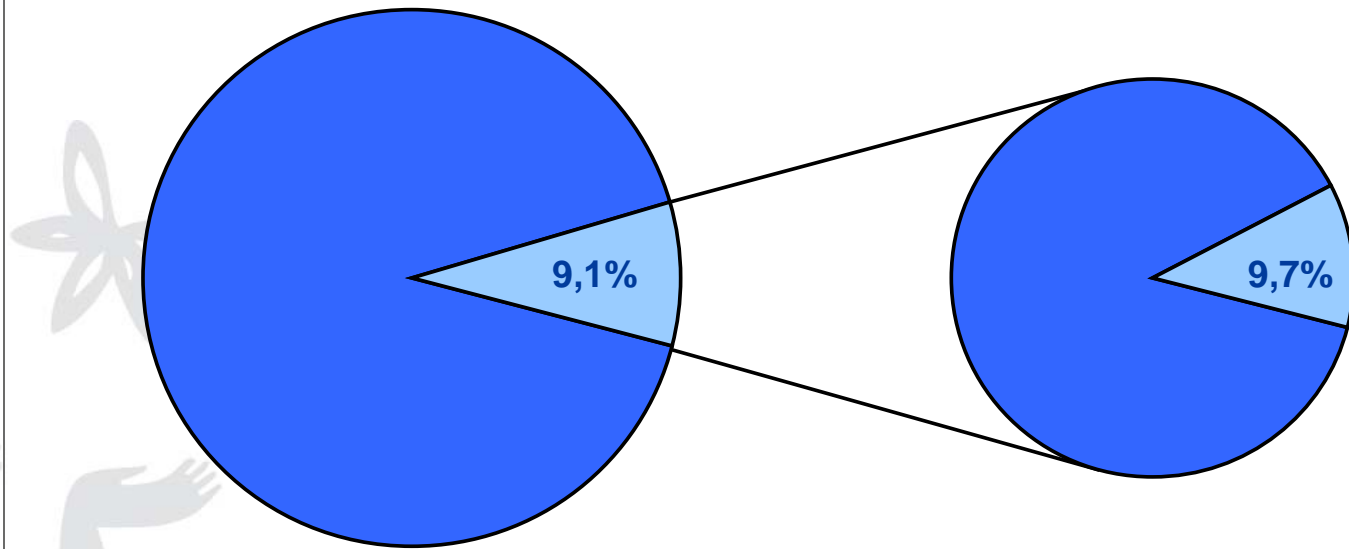
Apoteket

- From 1 July
- Pharmacy monopoly abolished
- Sales of pharmacies, divided into clusters, has started
- Appr 50% still state owned (Apoteket AB and new state chain of independents)
- Pharmacy margins increased – industry pays
- <http://www.omstruktureringsbolaget.se/en/>

2007*

Health care costs as per cent of GDP

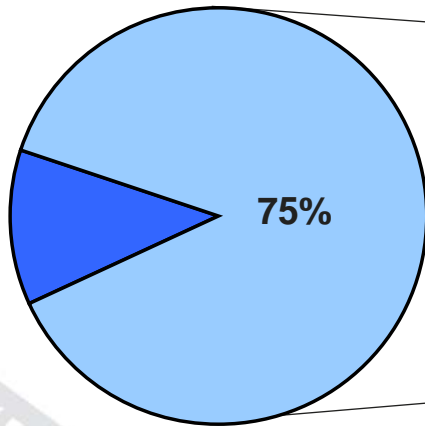
Prescribed medicines as per cent of health care costs



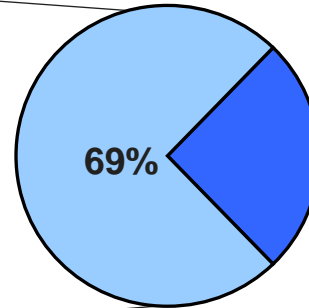
* Prel. figures

2.12 Public expenditures for the Pharmaceutical Benefit Scheme MSEK

County council share of reimbursed sales



Full reimbursement sales out of county councils reimbursement



Source: National Board of Health and Welfare

Swedish reimbursement system

- Pharmaceuticals are financed through three sources:
 1. Inpatient – County Councils
 2. Outpatient – County Councils receive government grant
 3. Patient co-payment (appr 20%)



Pricing and reimbursement in Sweden

- The Dental and Pharmaceutical Benefits Agency, TLV
- Determine whether a pharmaceutical product or dental care procedure shall be subsidized by the state
- New task: cost savings



Principles assessing applications:

- Cost effectiveness
 - From a societal perspective
- Need and solidarity
 - providing more assistance to those people who have the greatest needs
- Human value
 - Respect for equality of all people



Societal perspective

Costs

- Price
- Health care measures
- Side effects

Benefits

- Being cured
- Quality of life
- Ability to work
- Less need for assistance



Restrictions and special conditions

- Main focus – product oriented scheme
- In exceptional cases a medicine can be included for a restricted area of use or a limited patient group
- Certain conditions, e.g. new studies, can be attached to decisions



Review of medicines already on the market

- About 2000 medicines to be reviewed
- Divided into 49 therapeutic groups
- Biggest (cost) are reviewed first
- Ongoing:
 - E.g. diabetes
 - RA



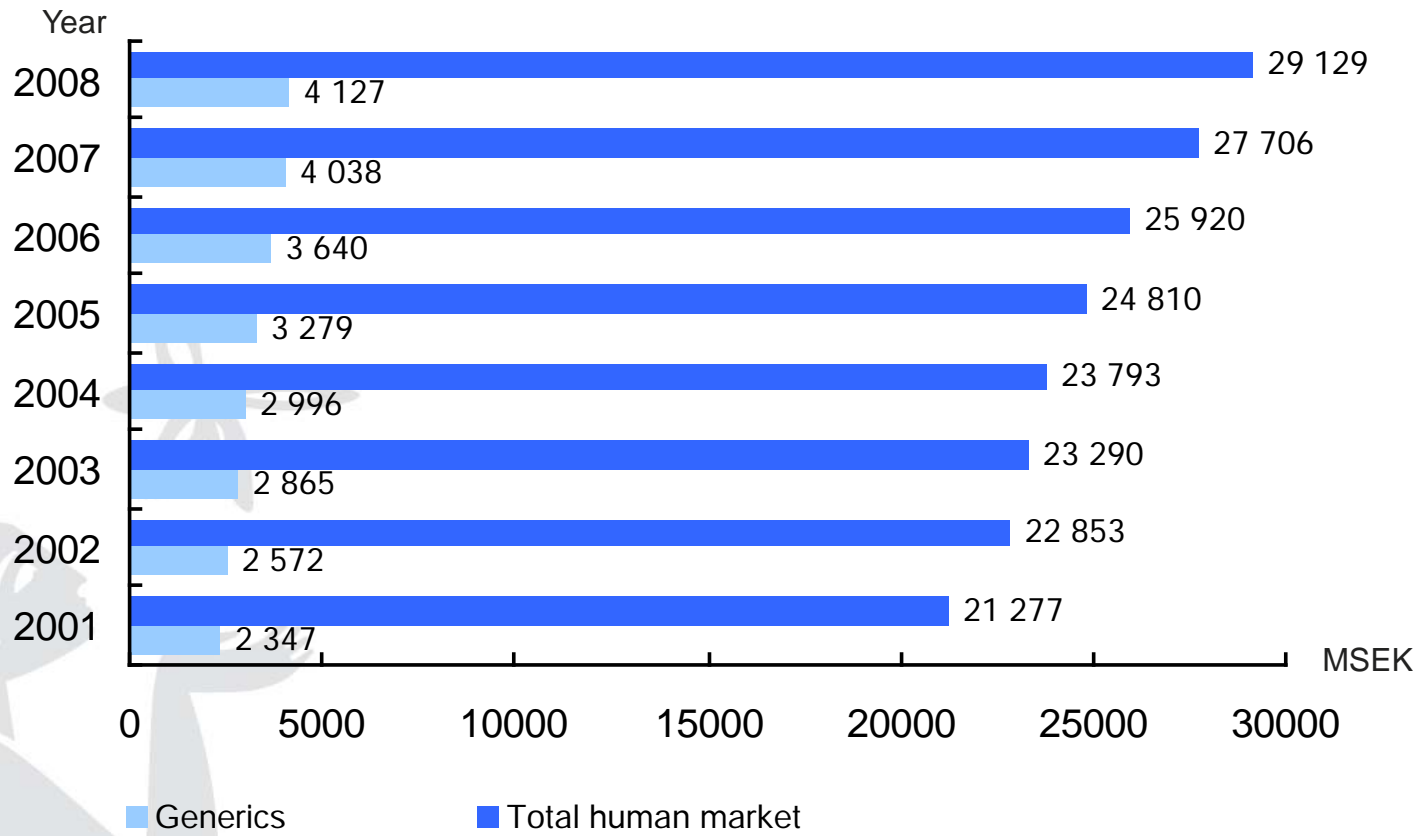
Generic substitution

- Compulsory since 2002
- Pharmacies to choose cheapest available in pharmacy
- TLV decides on price changes
- New, more regulated, system to be put in place in the deregulated pharmacy market
- Only the cheapest will be regarded as "available" for reimbursement by pharmacies



1.12 Pharmaceutical sales, total human market and generics

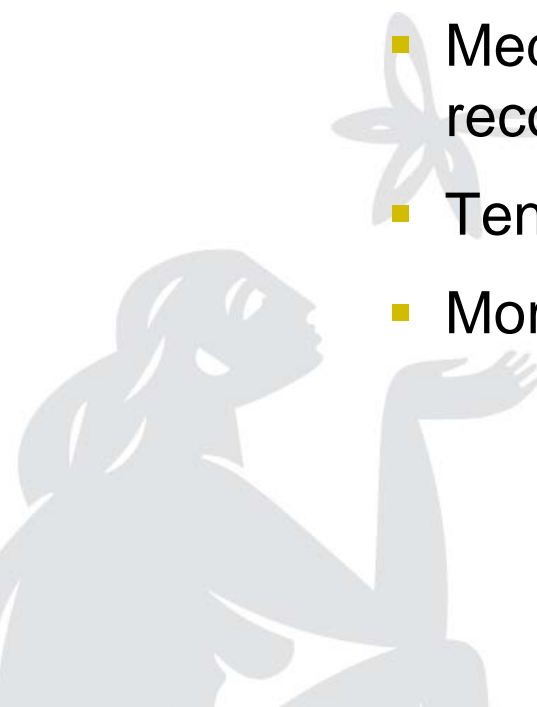
Pharmacy purchasing prices (AIP), MSEK, excl. vet. incl. nicotine products at pharmacies



Source: IMS Health

County Councils

- Next step after TLV
- Swedish county councils employs pharmacist for expert role
- Medicine committees decide upon local recommendations
- Tenders
- More focus on budgets.....



Value based pricing

- Different principles for pricing:

- Cost
- Market
- Valuebased

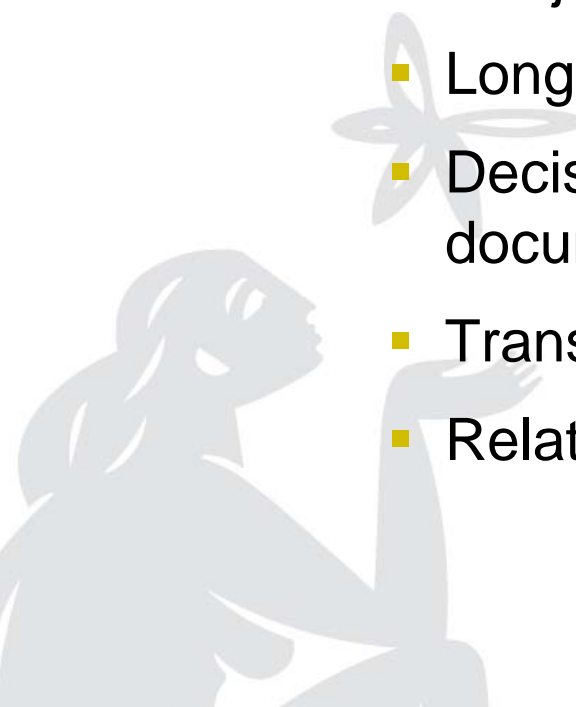
- Why

- Patient need i focus
- Supports cost effective use
- Stimulates research and development



Important

- Societal perspective
- Relevant comparisons
- Not just cost effectiveness
- Long term and predictable
- Decisions also for new medicines with insufficient documentation
- Transparency
- Related to clinical experience



Future:

- Interaction between HTA and Regulators
 - Endpoints
 - Efficacy-effectiveness
- Areas of interaction
 - Clinical studies
 - Scientific advice
 - Benefit/risk evaluations
 - Post authorization studies
- Goal
 - Integrated development to satisfy requests of both regulators and payers
 - Role for EMEA?



An opportunity lost?

- Pharmaceutical companies
 - In the business to make money by helping people
 - In the long run
 - Need to develop new medicines all the time



- Community pharmacies
 - In the business to make money by helping people
 - In the long run
 - Need customers to come back

- So similar – and still no common agenda....

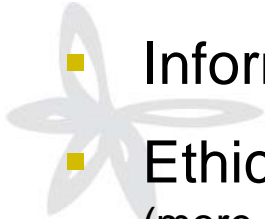
Industrial pharmacists

- Often active compiling documentation together with health economists
- Involved in assessing outcome
- More cooperation with pharmacies wanted
 - Compliance programmes
 - Compiling clinical experience from patients
 - Etc.



No common agenda (sadly)

- Adherence and patient support
- Paying for performance
- Support for innovation
- Information to patients
- **Ethical behavior**
(more an issue with other industry sectors, though)



Develop?

- Patient support programs
- Disease management, incl. novel models for pricing
- Follow-up systems
- New channels of delivery
- Clinical research: recruitment of patients
- New role for EMEA on relative effectiveness?
- Value based health care
- Pricing relating to national value
- And self care...

Value of Self Medication

■ AESGP

- ‘Self-care related competencies for European pharmacists and pharmacy students’

Jurate Svarcaite

- [The Economic and Public Health Value of Self-Medication](#), June 2004
- Svensson M & Anell A
[Värdet av receptfria läkemedel - ett hälsoekonomiskt perspektiv](#)
Lund: IHE e-rapport 2008:1 (in Swedish)



Sweden test country?

- From state monopoly to integrated pharmacy chains
- Common ethical platform
- Pilot on 2D barcoding (anticipating EU legislation)
- FASS collaboration unique
- LIF vision to build industry-pharmacy interface 2

