THE RIGHT MEDICINE for THE RIGHT PATIENT at THE RIGHT TIME

12-13 YEARS UNTIL A NEW MEDICINE REACHES A PATIENT

PHASES OF THE RESEARCH AND DEVELOPMENT PROCESS

Pre-clinical development: Acute toxicity, Pharmacology, Chronic toxicity
Clinical trials: Phase I, Phase II, Phase III
Registration / Marketing authorisation
Price
Reimbursement
Pharmacovigilance

PAYERS AND GOVERNMENTS USE MULTIPLE TOOLS, FOR EXAMPLE:

Value assessment – Using Health Technology Assessment (HTA) to assess the additional benefit versus the standard of care.1,2
External reference pricing – the manufacturer is allowed to sell the medicine based on pricing benchmarks relative to prices of other countries.3,4
Managed entry agreements – the authority and the manufacturer agree on specific conditions, e.g. price relative to number of patients, reimbursement based on outcomes etc.3
Tenders are used when public entities such as hospitals purchase medicines.4

TENDER RISKS LIMITING THE AVAILABILITY OF THE RIGHT MEDICINE FOR THE RIGHT PATIENT IF THEY:
• Focus only on lowest price
• Do not allow for multiple criteria
• Only allow for a single winner

NOT EVERY PATIENT IS THE SAME

Physicians should always have the possibility to prescribe the best treatment for the right patient.2

FLEXIBLE PROCUREMENT PRACTICES
Should take into account a variety of selection criteria so that physicians have a variety of treatment options that best meet patients’ needs.6

ONE OPTION
BEST OPTION
MULTIPLE OPTIONS

CANCER MANAGEMENT HAS TO MEET PATIENTS’ NEEDS

CANCER MANAGEMENT HAS TO MEET PATIENTS’ NEEDS

REFERENCES:
Ref. 4: Carone et al. Cost-containment policies in public pharmaceutical spending. 2012. European Commission, DG ECFIN.