

PARIS – The head of French pharma industry body LEEM has said that setting the prices of cancer drug combinations will be « the next major stage in negotiations » for agreements with the French economic committee for health products (CEPS).

Philippe Lamoureux was taking part in a debate on the price of healthcare innovation, along with CEPS chairman Maurice-Pierre Planel, the chair of national cancer institute INCa Norbert Ifrah, the chair of healthcare users' union France Assos santé Alain-Michel Ceretti, and the chair of the economic and public health commission (Ceesp) Christian Saout.

Ifrah said at the debate on Thursday that beyond the current cost of cancer drugs, from a financial viewpoint INCa is concerned about future changes, with the perspective of a wealth of new drugs reaching the market and the increase in drug combinations (APMHE 53618).

Planel agreed, factoring in the rapidity of approvals for indication extensions, which can take place « within four to six months » of the initial marketing authorisation compared to « five to 10 years » previously.

Some drugs « can now only be used in combination » which presents a financial and legal challenge, he said.

« It's a challenge in terms of competition law, as the competition directorate will not allow us – a regulator whose job it is to set administered prices – to organise the market, » Planel said.

Lamoureux said this would be « the next major stage in negotiations for an agreement with the economic committee. We will have to find solutions for managing these combinations of treatments which frequently belong to different pharmas ».

Later, he called for the introduction of « new tools » to manage reimbursement of the new treatments.

Single European prices

The participants debated the idea of setting a single European price for innovative drugs, something Saout called for.

Lamoureux said that drugs for which the Transparency Commission (CT) has granted additional therapeutic value in the ASMR I to ASMR III range (major, substantial or moderate additional therapeutic value) already have a reimbursed price level which is consistent with prices in Germany, the UK, Italy and Spain. Saout pointed out, however, that these are face-value prices, before any discounts.

Panel cited attempts by several European Union members (Benelux, Austria and several Mediterranean countries) to negotiate prices, which he said was a more realistic effort than negotiations involving 27 or 28 member states. « If we set a European price and then we negotiate in each country, that's not workable, » he commented.

Concerning innovative drug price levels, Lamoureux used the example of hepatitis C drug prices to argue that « it is competition that permits dynamic price management ».

Saout reacted by saying that « there comes a point when certain things are no longer acceptable. They can't tell us three years ago that there's a drug that cures people and of course it's expensive and it's worth 50,000 euros, and now come and offer drugs that don't offer a cure, which prolong life for three weeks and are worth 50,000 euros ... The Leem chairman had said prices could not skyrocket, but we're all seeing that they have skyrocketed... there has to be an element of moderation in pricing ».

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