

HEOR NEWS



A diverse collection of relevant news briefs from the global HEOR (health economics and outcomes research) community.

1 Europe Ready to Cash in on Cheap Copies of AbbVie Biotech Drug (PharmaLive/Reuters)

US drug maker AbbVie faces a crunch moment in Europe in mid-October when less-expensive copies of its \$18-billion-a-year biologic drug Humira—the world's best-selling prescription medicine—hit the market. With vast sums at stake, European healthcare administrators say they will waste no time in exploiting the situation to drive down drug bills. “The opportunity is too big miss,” said Jatinder Harchawal, one of the coordinators of Britain's push for greater use of cheaper biotech drug copies (known as biosimilars) and chief pharmacist at the Royal Marsden hospital. <http://www.pharmalive.com/europe-ready-to-cash-in-on-cheap-copies-of-abbvie-biotech-drug/>

2 Eli Lilly CEO: Why Consumers Are Key to Bringing Down Healthcare Costs (Forbes)

For all of us who want better value in healthcare, seeing Apple, Amazon, and other tech companies deploy record profits to transform delivery of medicines and medical services should be good news. But there's one big barrier standing in the way: the outdated US healthcare system. Without significant reforms, these companies' efforts—and many investors' hopes—could fail.

http://fortune.com/2018/08/27/eli-lilly-health-care-pharmaceuticals/?utm_source=NPC+Contact+List&utm_campaign=e9df3cf67e-EMAIL_CAMPAIGN_2018_08_27_06_24_COPY_01&utm_medium=email&utm_term=0_3ddd3927eb-e9df3cf67e-198281001

3 Key Senate, House Lawmakers Tell HRSA to Do Its Work on 340B (Modern Healthcare)

After months of oversight and legislative hearings, key House and Senate lawmakers say the Health Resources and Services Administration needs to work with its current resources before Congress grants the agency more authority over the 340B drug discount program—from fining drug makers who knowingly overcharge 340B hospitals to determining how to set ceiling prices for drugs.

<http://www.modernhealthcare.com/article/20180827/NEWS/180829912>

4 John Arnold: Are Pharmacy Benefit Managers the Good Guys or Bad Guys of Drug Pricing? (STAT News)

This model has generated significant criticism lately for good reason. Commercial insurers complain that pharmacy benefit managers are not passing through the rebate revenue they should.

In Medicare, the Medicare Payment Advisory Commission has consistently raised concerns that pharmacy benefit managers are not choosing the lowest-cost drugs. And recent work by 46brooklyn suggests that pharmacy benefit managers are charging Medicaid managed care organizations much more for generic drugs than they are paying pharmacies. So where did pharmacy benefit managers go wrong? In three areas: consolidation, rebate revenue, and transparency.

https://www.statnews.com/2018/08/27/pharmacy-benefit-managers-good-or-bad/?utm_source=NPC+Contact+List&utm_campaign=e9df3cf67e-EMAIL_CAMPAIGN_2018_08_27_06_24_COPY_01&utm_medium=email&utm_term=0_3ddd3927eb-e9df3cf67e-198281001

5 NICE Rejects Perjeta in Post-Surgery Breast Cancer Use – Again (pharmaphorum)

NICE has continued to reject Roche's Perjeta (pertuzumab) in its use to prevent early-stage HER2-positive breast cancer from recurring after surgery, after reconsidering evidence in the light of changes to the cost of the drug combination. The new first draft guidance considers corrections to the costs of administering the drugs, and the impact of cheaper biosimilar trastuzumab—a near copy of Roche's Herceptin—on reducing the overall cost of the adjuvant Perjeta regimen.

<https://pharmaphorum.com/news/nice-rejects-perjeta-in-post-surgery-breast-cancer-use-again/>

6 How to Tame Healthcare Spending? Look for 1% (The New York Times)

The healthcare system in the United States costs nearly double that of its peer countries, without much better outcomes. Many scholars and policymakers have looked at this and dreamed big. Maybe there's some broad fix—high deductibles, improvements in end-of-life care, a single-payer system—that can make United States health care less expensive. But what if the most workable answer isn't something big, but hosts of small tweaks? A group of about a dozen health economists has begun trying to identify policy adjustments, sometimes in tiny slices of the health care system, that could produce savings worth around 1% of the country's \$3.3 trillion annual health spending. If you put together enough such fixes, the group points out, they could add up to something more substantial.

<https://www.nytimes.com/2018/08/27/upshot/rising-health-care-costs-economists-propose-small-solutions.html>