

Commercial Bulletin

Special points of interest

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NICE to pre-review new drugs before launch

NICE have changed their processes and introduced 'Evidence summaries: new medicines' procedures which are designed to help commissioners and other decision makers to have the right information about key new medicines.

Evidence summaries are synopses of the best available evidence for selected new medicines.

However existing medicines can also be covered where new indications or a new formulation has been developed.

The strengths and weaknesses of all the relevant evidence are critically reviewed in each evidence summary; however they are not formal NICE guidance.

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Patients' health may be at risk because of limited access to Valuable medicines, warns ABPI.

The UK has the lowest medicine prices in Europe, however for the uptake of medicines the UK is one of the worst due to cost cutting.

Figures from the DH (Department of Health) show the cost of prescribing medicines has fallen by 0.4 per cent in the last year, however the volume had increased by 4 per cent.

Now that Medicine prices are now firmly under control; the government should not look to make savings at the expense of patients. PCTs are vetoing medicines due to focus on cost.

Irish Government negotiate Pharmaceutical Price cuts

On the 15th October the Irish minister of health James Reilly agreed pharmaceutical price cuts which will save €400 million.

The announcement followed intensive negotiations involving the Irish

Pharmaceutical Healthcare Association (IPHA), the HSE and the Department of Health.

The deal is an important step in reducing the cost base of the Irish health system.

The new deal will last three years and will mean significant price reductions for both patients and

the state, and will apply to patented and off patent products. Additionally the new deal assures greater access to new cutting-edge drugs for certain conditions.

Healthcare reform continues to affect GP confidence, according to a survey of primary healthcare providers

- The latest Lloyds TSB Commercial Healthcare Confidence Index has revealed two thirds of GPs consider the move towards clinical commissioning groups as a negative thing for the NHS.
- Over half of GPs expect to see more practice mergers, co-location and/or larger practices over the next five years,

Confidence amongst GPs has continued its slow decline in the second half of 2012, according to the latest Lloyds TSB Commercial Healthcare Confidence Index.

Over a third (36%) of GPs believe that the arrival of Clinical Commissioning Groups will have an adverse effect on the NHS, an increase of seven percent from 2011.

Over half (58%) of GPs believe practice mergers, co-locations and/or larger practices will become more prevalent over the next five years.

Positive attitudes towards practice ownership, involving the purchase of property, increased by seven percent, with a third (33%) of respondents saying they would like to be involved in premises ownership in the future. Sixty percent of GPs were positive about owning property in the future, compared to 52 percent in 2011.

Commenting on the results, Ian Crompton, Head of Healthcare Banking Services at Lloyds TSB Commercial, said: "Confidence has barely improved amongst GPs since the start of the year and overall they have suffered much more than dentists and pharmacists on the back of recent healthcare reforms.

To view the full Lloyds TSB Commercial Healthcare Confidence Index please visit www.lloydstsb.com/healthcare and to take part in the next Healthcare Confidence Index visit www.healthcareconfidenceindex.co.uk

Jon Saltinstall of Lloyds TSB

Gregg Bull - Surelines - www.surelines.com

PRICE WATCH UK

Category M has another two members

Two recent UK generics-market entrants – candesartan and naratriptan – have been added to our list of 'fast movers' to mark their transition from category C to category M in the latest Drug Tariff of pharmacy reimbursement prices. Moxonidine and pravastatin, launched in 2004, have been removed from our table to make way for them.

To see more go to <http://www.wavedata.co.uk/newinfo.asp> and view our article from this month's Generics Bulletin.

WaveData

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FUNDING OF HEALTH SERVICES

Having recently had the opportunity of comparing the cost of providing medical care in the USA with that in the UK, one fundamental point quickly emerged. The costs in both states ultimately comes from the public’s pocket. In the USA there is a complex scheme of insurance which directly relates to the individuals contribution. If you are not insured, you get no care or have to pay for it independently.

So the level of US medical care is dependent on the extent of insurance cover. Those who cannot afford the cover are picked up in a limited form by a government welfare system.

In the UK the means of collecting resources through taxes and national insurance contributes towards a fund that provides medical care to everyone regardless of their level of contribution. The medical care structure in both countries has evolved around these concepts. In the USA they are trying to change the system to bring affordable medical care to all, something similar to that in the UK. But it must be remembered that the UK system has been running for over 60 years and to change the USA system cannot be done overnight.

Even the UK is showing signs of strain which I believe is through insufficient funding and a culture of waste. Over the years since the creation of the NHS, the UK population has grown and aged. We are now living longer, more healthily and have many more conditions to treat. This is a direct result of the success of medical and pharmaceutical research and development. The allocation of resources has not kept pace with these changes.

It is the job of the government in power to allocate funds collected from the public to medical care. Those resources are finite and must be apportioned reasonably and in the most economically viable fashion. So, we have bodies set up like the National Institute for Health and Clinical Excellence (NICE). Some might say it should be *Economics* rather than *Excellence*. They get criticised for apparently withholding treatments because of cost, but it must be realised that when dealing with a defined level of resource, limits must be set. So, to deal with this problem, we must either resort to the early days of the NHS when doctors could prescribe anything, which is unacceptable...or to increase funding by whatever means. Another element which is essential is to eliminate waste, but it remains to be seen what action is taken.

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**W A T S O N A N N O U N C E S N E W
 G L O B A L N A M E**

Watson is the world's third-largest generics manufacturer, with more than 750 products marketed globally through operations in more than 60 countries. Watson’s global branded pharmaceutical business develops and markets products principally in Urology and Women's Health, and is committed to

developing and marketing biosimilars products in Women’s Health, Oncology and other therapeutic categories. In addition, Watson is the fourth-largest U.S. generic pharmaceutical product distributor through its Anda, Inc. business, and also develops and out-licenses generic pharmaceu-

tical products outside of the U.S. through its Medis third-party business. **Watson has announced that it will adopt a new global name – Actavis – effective in 2013.**



Irish pharmaceutical pricing.

Wavedata are delighted to announce the launch of their Irish data service which is accessed through <http://www.wavedata.net> in exactly the same way as the UK pricing service.

This information will complement the Northern Irish pricing data Wavedata have been collecting since 2001.

Wavedata's Managing Director Charles Joynson says; "At last we are beginning to be able to see the differences in prices between the Irish Republic and Northern Ireland.

Most noticeably the prices for local products are considerably higher and more variable than the UK.

Parallel import prices on the other hand seem to be broadly in-line with UK prices."



WaveData — Top ten products

According to WaveData, these were the most commonly investigated products in searches of the online pricing data at <http://www.wavedata.net>

Both uk and pi prices were viewed for each product, giving some indication of where the focus was in October 2012

Simvastatin Tabs 40mg 28
Candesartan Tabs 4mg 28
Perindopril Tabs 4mg 30
Atorvastatin Tabs 10mg 28
Lansoprazole Caps 30mg 28
Atorvastatin Tabs 20mg 28
Atorvastatin Tabs 40mg 28
Atorvastatin Tabs 80mg 28
Irbesartan Tabs 75mg 28
Betahistine Tabs 16mg 84

This bulletin now goes out to 2800 plus people, and it is growing each month.

If you would like to add or suggest any articles/comments, please let me know by the 12th December 2012, as I will be issuing the next one on the 19th

December 2012.

If you have any colleagues who would like to receive this, please let them know about it.

You can view all copies of the Bulletin at

<http://www.wavedata.co.uk/newinfo.asp>

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