

Copenhagen Economics report on the impact of pharmaceutical incentives on innovation, availability and accessibility of medicinal products

STAMP Expert Group meeting, 8 June 2018





Study on incentives for pharmaceuticals

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OUTLINE

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- Methodology
- Findings
- Next steps



Rationale & objectives

EC Single Market Strategy (2015)

• '...consolidate and modernize IP rights as a way to stimulate innovation and growth..., and to engage in a reflection on ways to improve the patent system in Europe for pharmaceuticals'

Council Conclusions (2016) - COM invited to prepare:

- an overview of various pharmaceutical incentives and rewards
- an evidence based analysis of impact on innovation, availability and accessibility



"Pharmaceutical incentives"

The study looks at the following five incentives:

- The supplementary protection certificate (SPC)
- Data protection
- Market protection
- Market exclusivity for orphan medicinal products
- Rewards for paediatric medicinal products



Methodology

- Quantitative information: economic and econometric analysis
 - newly created dataset of 558 medicinal products (sample)
- Qualitative information: literature review + case studies + interviews with stakeholders
- Member States involvement: meeting with contractor in September 2017



Key findings (general)

- Effective protection period has declined (15 → 13 years)
- Average development time increased (10 → 15 years)
- 10% of products enjoy > 20 years of protection (secondary patents?)
- 51% of sample patent last to expire
- EU has very/most attractive pharma incentives regime in comparison to other jurisdictions



Key findings SPC

- 45% of medicinal products in dataset have obtained an SPC in at least one of the MS
- Average duration of protection for all granted SPCs:
 3.5 years (max. 5 years)
- Where the SPC expires last, it adds on average 2.6 years beyond the patent, market or data protection



Main findings (innovation)

 Positive relationship between effective protection period and level of pharma R&D

 Other factors also influence R&D investments (e.g. tax, education, work force)

 Countries with high GDP per capita ('wealth') constitute most important medicinal markets



Main findings (availability)

- Products are not launched in all countries in EU (market size and willingness to pay)
- Great variety in launch of product between ATC codes:
 - → Medicinal products with highest estimated launch are ATC 1 "Antineoplastic and immunomodulating agents" (incl. many **cancer** medicines)
 - → Medicinal products with lowest estimated launch are ATC1 category of "**Dermatologicals**"



Main findings (accessibility)

- Generic introduction leads to ~ 50% decrease in price (on average)
 - a hypothetical 10% change in spending from originators to corresponding generics would entail a possible saving of > 10 billion euros in EU.
- Generic policies vary greatly within EU



Next steps

- External input in ongoing analysis requested by Member States in the Council Conclusions of June 2016
- Evaluation of Orphan and Paediatric Regulations in 2019
- Commission will continue to engage with MS and stakeholders



Thank you for your attention!