

2010

Will a Fixed Price Reimbursement Policy for Statins be Cost-Effective for Turkey's Health Care System?

Guvenc Kockaya

Albert I. Wertheimer

Follow this and additional works at: <http://pubs.lib.umn.edu/innovations>

Recommended Citation

Kockaya G, Wertheimer AI. Will a Fixed Price Reimbursement Policy for Statins be Cost-Effective for Turkey's Health Care System?. *Inov Pharm.* 2010;1(2): Article 19. <http://pubs.lib.umn.edu/innovations/vol1/iss2/6>

INNOVATIONS in pharmacy is published by the University of Minnesota Libraries Publishing.

Will a Fixed Price Reimbursement Policy for Statins be Cost-Effective for Turkey's Health Care System?

Guvenc Kockaya, MD¹, Albert I. Wertheimer, PhD²

¹Istanbul University, Istanbul Medicine Faculty, Pharmacology and Clinical Pharmacology Department

²Temple University, School of Pharmacy, Center for Pharmaceutical Health Services Research

The Social Security & Health section of the Turkish Statistical Institute (<http://www.turkstat.gov.tr/>) is the largest reimbursement foundation in Turkey covering nearly 70% of all health expenses for that country (www.tuik.gov.tr). In December 2009, the Social Security & Health foundation was scheduled to begin a fixed price reimbursement policy for several classes of medications, including the statin category, with the goal of reducing expenses. However, pharmacist associations and pharmaceutical companies raised concerns about the approach because of the proposed decreases in reimbursement to both pharmacies and pharmaceutical manufacturers. In light of the concerns, the fixed price reimbursement policy was delayed.

In the past, evaluation of statins' cost-effectiveness has included assessment of the prevalence and incidence of diseases treated by statins [1,2], costs of morbidity and mortality of these diseases [1,2], relative effectiveness and safety of statins compared to other treatment options [1-8], and the relative cost-effectiveness of available statins in comparison to each other [2,7]. The cost-effectiveness evaluation conducted by Kockaya, et al. [2] was specific to family practice in Turkey and is particularly germane to the discussion in this commentary (<http://www.scirp.org/journal/HEALTH/>).

The evaluations just described are extremely useful for decision-making, but typically are made under the assumptions that patients have adequate access to each compared medication and that the medications are used as directed in order to achieve outcomes similar to those identified through controlled clinical trials. We propose that, as fixed price reimbursement policies are designed and implemented, consideration must be given to how the policies would affect access to medications and patient adherence behaviors in light of out-of-pocket costs they may incur.

For example, daily 10 mg rosuvastatin's monthly treatment cost is nearly US\$ 20 in Turkey. At the time this commentary was prepared, the Turkish Social Security & Health foundation paid approximately 80% of this amount leaving patient to pay only US\$ 4 out-of-pocket for a one-month

supply. However, if a fixed price reimbursement policy for statins is set at US\$ 10 per month, this would leave US\$ 10 for patients to pay out-of-pocket. This amount may be prohibitively expensive for many patients as Turkey's monthly gross domestic product per capita is only US\$ 750.

We suggest that decisions regarding fixed price reimbursement policies must consider the effects of the policy on (1) the availability of medications (access) and (2) the out-of-pocket burden for patients. Such evaluations should include survey-based willingness-to-offer and willingness-to-pay analyses. Failure to consider these consequences of a fixed price policy could result in policies that decrease the amount spent on statins but increase costs associated with stroke, heart attack, and other cardiovascular diseases. Such evaluations also could help inform policy decisions regarding reimbursement and payment for statins that are used by particularly vulnerable populations.

In conclusion, we propose that published cost-effectiveness analysis for statins can help inform decisions regarding fixed price policies regarding these medications. However, consideration must be given to how the policies would affect access to medications and patient adherence behaviors in light of out-of-pocket costs they may incur. We recommend that such evaluations should include survey-based willingness-to-offer and willingness-to-pay analyses. Failure to consider these consequences of a fixed price policy could result in policies that may decrease the amount spent on statins but would increase costs associated with stroke, heart attack, and other cardiovascular diseases.

References

1. Turkish Society of Cardiology [National Cardiology Health Politics], Turkish Society of Cardiology Antalya 2007 www.tkd.org.tr.
2. Kockaya G, Wertheimer A, Daylan Kockaya P, Esen A. Considering the cost-effectiveness of statins in Family Practice in Turkey from a payer perspective. *Health* 2009; 1(4): 274-80.
3. The Scandinavian Simvastatin Survival Study Group. Randomised trial of cholesterol lowering in 4444 patients with coronary heart disease; the

- Scandinavian Simvastatin Survival Study (4S). *Lancet* 1994; 344:1383-9.
4. Boyacı B. Cardiometabolic risk management: statins in the prevention of cardiovascular events *Turkiye Klinikleri J Med Sci* 2008; 28(6 Suppl. 1):S44-7.
 5. Jackevicius CA, Anderson GM, Leiter L, Tu JV. Use of the statins in patients after acute myocardial infarction: does evidence change practice? *Arch Intern Med* 2001; 161:183-8.
 6. Lemaitre RN, Furberg CD, Newman AB, Hulley SB, Gordon DJ, Gottdiener JS et al. Time trends in the use of cholesterol-lowering agents in older adults. *Arch Intern Med* 1998; 158:1761-6.
 7. Benner, J.S., Smith, T.W., Klingman, D., Tierce, J.C., Mullins, C.D., Pethick, N., *et al.* (2005) Cost effectiveness of rosuvastatin compared with other statins from a managed care perspective *value in health*, 8(6), 618-628.
 8. Mora S, Glynn RJ, Hsia J, Macfadyen JG, Genest J, Ridker PM. Statins for the Primary Prevention of Cardiovascular Events in Women With Elevated High-Sensitivity C-Reactive Protein or Dyslipidemia. Results From the Justification for the Use of Statins in Prevention: An Intervention Trial Evaluating Rosuvastatin (JUPITER) and Meta-Analysis of Women From Primary Prevention Trials. Circulation. 2010 Feb 22. [Epub ahead of print]