

STRATEGIES BASED ON EVIDENCE TO RATIONALIZE THE HIGH-COST MEDICINE LIST IN THE DOMINICAN REPUBLIC

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SPECIAL POINTS OF INTEREST:

2014

Budget for high-cost medicines surpassed the MoH planned budget for all other medicines and supplies

2014

56 out of 98 high-cost medicines were not considered for 2015 procurement, after evidence-based analysis

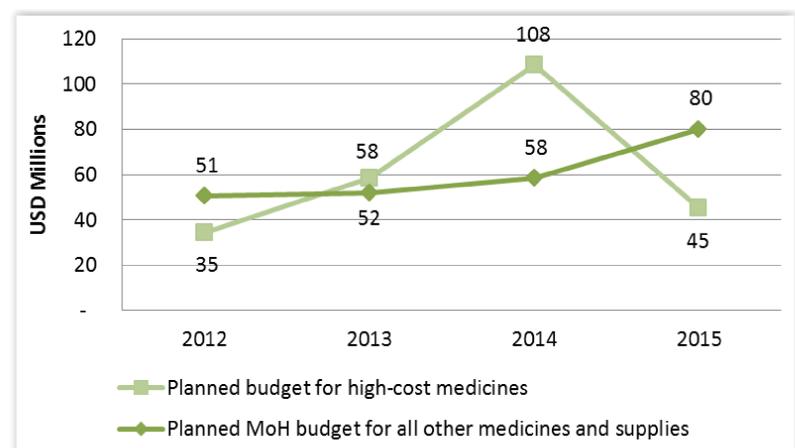
2015

Savings are estimated at USD 62 million

BACKGROUND

The Ministry of Public Health (MoH) of the Dominican Republic organized the High-Cost Medicines Program (HCMP) in 2008 to facilitate clinical care for patients with very rare diseases and high-cost treatments. In 2012, HCMP provided care to 5,171 beneficiaries. SIAPS determined that the planned budget for the purchase of high-cost medicines in 2012 was USD 35 million. The estimated cost for the procurement of high-cost medicines in 2014 was more than 3 times greater than in 2012 (USD 108 million), far

surpassing the MoH's planned medicine budget for the rest of its programs for disease control, hospitals, and primary care units (USD 58 million).



INTERVENTION AND RESULTS

In 2012, the MoH requested technical assistance from SIAPS to revise the list of 98 high-cost medicines. The implemented strategy consisted of 1) review of international reference lists and scientific literature by a pharmaco-epidemiologist to identify the therapeutic benefits, safety, costs, and alternative therapies and to recommend products' continued inclusion, exclusion, or substitution and 2) a workshop for reviewing and

validating the proposals by a group of clinical specialists who serve as HCMP advisers and international consultants.

The group agreed on the medicines to be procured in 2015. The final procurement plan included 42 medicines, at an estimated cost of USD 45 million. The planned budget for the purchase of high-cost medicines in 2015 was reduced by USD 62 million, relative to 2014.

