

"Influence of pharmaceutical industry's marketing strategies on hemophiliacs treatment options"

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Despite low number of patients with coagulation disorders this field becomes one of the most lucrative marketing fields for pharmaceutical industry worldwide. Governments both in countries with developed economies and some developing countries such as Iran spends substantial amounts of their health care budget on providing very expensive medicines for managing patients with coagulation disorders. Although tragedy of the spreading HIV infections among hemophiliacs in 1980s through administration of tainted plasma derived medicines played a critical role on expanding market for new formulations of clotting factors, pharmaceutical Industry's marketing strategies pushed many health systems in developing countries to their limits on spending for these medicines. In many cases pharmaceutical companies through engaging in a non competitive pricing behavior maximized their profit giving the limited competition in the market.

Coagulation disorders are considered as "rare" disease and currently there are about 7,000 haemophilia patients in Iran. Despite limited resources available in Iran's health sector, Iranian hemophiliacs shortly after introduction of commercial concentrated coagulation factors had access to these medicines. Due to governmental support, these medicines which have been mainly imported as finished products are almost free of charge for these patients. Therefore Iran national health care system has to spend a considerable portion of its limited resources to finance these medicines. Therefore, despite the fact that the cost and limited availability of factor concentrates are the most critical challenges in developing countries, consumption of FVIII in Iran shows an increasing trend and now it is about 2.0 IU per capita.

Despite presence of national drug regulatory in Iran, pharmaceutical market in Iran, due to lack of proper surveillance on clinical efficacy and cost effectiveness of the medicines presented to the market, could be considered as a non regulated market. Lack of national transparent guidelines on pharmaceutical market strategies and responsibilities for the pharmaceutical companies, evaluation of the medicines introduced to the market for their efficacy on improving patient's quality of life and code of the ethics governing prescribers and companies' interactions are the most causes of irregularity in the Iran's pharmaceutical market. New medicines in this filed mostly gets into the market through pressures produced by patient groups and/or prescribers' demand. This happens even before a scientific evaluation of these medicines for their clinical efficacy and/or cost effectiveness from national health system's perspective performed. Newly marketed coagulating factor concentrates are the examples of such marketing strategies adopted by the international pharmaceutical companies in the Iran's pharmaceutical market.

There is no doubt that having access to the most effective interventions and medicines is the genuine right of all Iranian patients with clotting disorders. However, it is believed that only a comprehensive

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efficacy and cost effectiveness evaluation of such intervention or medicines in a national perspective should be the concrete pre requisite of marketing authorization for such treatment strategies. Managing the hemophiliacs with inhibitors or Glanzmann thrombasthenia patients are current failure examples in Iran's health care system. Inhibitor development is a serious complication in hemophilia care as it can reduce treatment efficacy and greatly increase cost of patient care. Although there are several strategies to manage such cases, there are substantial differences from both cost and efficacy point of view among such strategies. Today many developed countries have implemented cost effective interventions such as Immuno tolerance induction strategy using Factor VIII concentrate or administration of high quality platelets for Glanzmann patients as efficacious interventions to manage such patients. However, the fact that these methods are being replaced by using very expensive medicines such as FVIIa for managing such patients in Iran is a sign of imposed treatment strategy by the international pharmaceutical companies in absence of a national guideline and surveillance strategies.

Despite the fact that in countries such as Iran with limited resources available in health care sector a modified strategy of lower cost treatment and a holistic approach to patient care with cost effective utilization of limited resources would lead to the implementation of a viable standard of care, especially in the expensive field of hemophilia, lack of a national strategy has reduced effectiveness of such spending on quality of life of hemophilia patients.