BACKGROUND
Italy is a very challenging country for market access (MA) of drugs, due to the dominance of cost-containment objectives, the extensive use of comparative analysis, and therapeutic equivalency. The inclusion of pharmacological policies at the regional level. This has turned into drug prices that are generally below major EU countries, both for retail and hospital markets, important market access delays at national and regional levels. This multilevel and complex environment require an integrated approach to market access actions by the pharmaceutical companies. 

Market Access Provider (MAP) is a privately owned consulting born in 2010, by winning on the MAG tender for the most innovative start-up project in Italy.

Figure 1. MA Provider activities

OBJECTIVES
The purpose of this paper is to support the industry in managing value propositions in market access, integrating national and regional issues and different functions in companies (pricing and reimbursement, Health economics, Public affairs, and Marketing), usually involved in market access actions.

METHODS
Epidemiology:
The integrated platform is open to all functions involved in MA (marketing, health economics, and regulatory research, P&R,) that could contribute in populating the model, with the relevant data. The model should be implemented at least 18-24 months before the expected launch date of the product.

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HOW SCAN WORKS

4. SCAN algorithm to define the price at national level: The value-based price algorithm is the core application of the SCAN platform. In this session all available data are summed up to determine a fair price for the new drug. For each chosen endpoint, a panel of experts gives a relative percentage score according to their importance (Figure 3). The weighted ratio of the endpoints is used to calculate the real value of the drug/comparator considered.

CASE HISTORY RESULTS
To validate the methodology, the authors have applied SCAN to some drugs recently approved in Europe and Italy. One of them is Lapatinib, that has recently got the price for metastatic breast cancer, vs trastuzumab, bevacizumab and doxorubicin.

CONCLUSIONS
The simulations show that SCAN is a useful tool to get a value-based price which takes into account all aspects of a new drug, compared to SOC. The model could be further developed to include assessment of new indications and new drugs with no available SOC. In addition, even if it has been tailored for the industry, it could be used also by third party payers to understand the value-based approach.

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