Question	Answer
'@Bartek denmark case is a kind of monopsony, but in market like in Nepal where several buyers and served not only by the gov but also through private sector health cares, how and which strategy could work?	
'@Dorthe: since you are starting to view biosimilars as generics. Is the next step to have pharmacies/pharmacists switch patients?	we work with active switch when the first biosimilar come to the market. and we have had switch between biosimilar almost every year - if it is needed.
'@Dorthe: since you are starting to view biosimilars as generics. Is the next step to have pharmacies/pharmacists switch patients?	This is done by the clinicians/clinics - right?
Buen DÃ-a! como han abordado el desafio de la resistencia de los mÃ©dicos a no intercambair productos biotecnologicos?	We are using ours tender set-up. So by the tendering we have established a price level around 15% ((%85 discount) of the price before patent expiring
I would like to ask Dorthe how biosimilars are priced in Denmark? Is there any fixed discount that should be applied in the market entry? Regarding the price of originators, is there any mandatory price reduction when a biosilimar is licensed?	live answered
I would like to ask Dorthe how biosimilars are priced in Denmark? Is there any fixed discount that should be applied in the market entry? Regarding the price of originators, is there any mandatory price reduction when a biosilimar is licensed?	We are using ours tender set-up. So by the tendering we have established a price level around 15% ((%85 discount) of the price before patent expiring
'@Al-Harbi: is there any example of third and fourth biosimilar coming to SFDA and so that price is downed 70%?	What I mean is that we dont stick to this pecentage and we can go lower if avialable.

I wanted to know if you have any concerns with clinicians regarding interchangeability (switch)	we have had lots off education off - what are biosimilar and what are the purpose for intriducing them in the market. and we had doctors to evaluate if we could recomend the drugs for alle patient. we had also follow in database for all the patient so we could follow if there are more sideeffect and chance in efficacy. and we did't find anything.
Dr Sultan Harbi : Since biosimilar access will definitely save money and entail less expenditure compared to the biological counterpart, why regulate its price? Why not let competition control the price and establish a reimbursement price as the ceiling?	in terms of pricing,sfda is subjected to price any medicine to be registered including biosimilar , and the price must be controlled since it will available in public and private sector .
'@ Al Harbi (and others), what incentives are being (or should be) considered for manufacturers, reserachers, etc to ensure longterm/sustainable realization of the value of biosimilars?	in my opnion exceptions from fees and put the biosimilar in prioriy review will make appropriate incentives which will accelarate registration of biosimilar.
How should we price a product classified as "biobetter"?	bio better as i guess are also biosimilars but with better efficacy and safetry profiles!
How should we price a product classified as "biobetter"?	yes i guess so , but for a country like KSA should we apply the discount mentioned by Dr Sultan
In Canada, originator manufacturers provide â€œpatient support programsâ€ that frequently pay patientsâ€™ co-payments, but also provide clinical services (funded by the manufacturer) such as self-injection training or third-party infusion care. Biosimilar manufacturers are having to provide similar services to compete, which is a major barrier to market entry. Are patient support programs or access to infusion care providing such barriers in other countries?	live answered
'@ Dorthe (and others), through the tendering/negotiations is there a role for allocating market share to more than one biosmilar (and perhaps the originator as well)?	

'@Dorthe, I like your point in preparation work before patent expiration. Does it imply the use of TRIPS flexibilities, like Bolar exception, among other strategies?	
Listening to Salome, it seems to me that there is a case to be made before the competition authorities. Are there any plans for that?	live answered
Listening to Salome, it seems to me that there is a case to be made before the competition authorities. Are there any plans for that?	Thank you SalomÃ©. The EU competition authority just published this report: https://competition-policy.ec.europa.eu/sectors/pharmaceuticals-health-services_en Perhaps of interest for follow up discussions on the role of competition authorities in ensuring faiar pricing.
I agree that to centralized procurement and to harmonize key essential medicines needed in the country is a good start....then of course multiple suppliers, price should not be the only selectioon criteria...	
and of course is important to have treatment guidelines....and that those are implemented....	
Thank you so much! What you describe sounds so much more sensible!	live answered
One of the speakers referred to the challenges countries faced in developing their forecasts. What are the challenges you are seeing and what is needed to strengthen forecasts.	live answered
In your point of view, is it possible to propose a pricing policy that would be more appropriate for biosimilars? Should governments define price ceilings for biosimilars or allow competition reduce prices?	

'@all panelist, can you pls share perspectives which are applicable for LMICs, importing and patients paying system on these immunotherapies	Many of the immunotherapies will remain unaffordable - irrespective which country. That is wht regional ppoled procurement systems should be investigated - it will require polictal and administrative will from every one in the system
'@all panelist, can you pls share perspectives which are applicable for LMICs, importing and patients paying system on these immunotherapies	regional pooled procuremnet needs political commitment and also respective legal provisons to allow this and also eac one in the region might have different priority
We need to change the concept of competition which pharmaceutical companies hold and start elevating the whole idea of creating value for patient care and patient outcomes	
all panelist: i know there is provison to have differential pricing in WTO agreement, but how to reap this in the case of LMICs is never clear	
Title	**Link**
EU competition authority report	https://competition-policy.ec.europa.eu/sectors/pharmaceuticals-health-services_en