## Final report about the Swedish pilot of an alternative reimbursement model

*A selective summary of the full report published by PHAS on 31. May 2023*

**Which objectives did the pilot pursue and how was it designed?**

The Swedish government aimed to ensure availability of certain antibiotics and to gain information about the efficiency and effectiveness of the alternative reimbursement scheme.

Five new antibiotics participated in the pilot, all meeting the eligibility requirements of having activity against carbapenem-resistant Enterobacteriaceae, Pseudomonas aeruginosa or Acinetobacter baumanii. Maintenance of defined stock levels in the country was a prerequisite for reimbursements under the piloted scheme.

The model ensured a guaranteed minimum annual revenue per product of 4 mSEK (about 335 kCHF), consisting of two components: First the regular sales revenue, paid by the regions according to standard procedures, and second, as a subsidiary measure, payments at the national level to cover any difference between the sales revenue and the minimum guaranteed revenue.

**Which patients benefited from the availability of the products?**

Thirty three patients were treated during the pilot, mostly older patients, about 40% with kidney failure, and 20% in intensive care units, with relatively high short-term mortality. The most common infection was due to carbapenem-resistant Pseudomonas aeruginosa. Concluding from experience documented by NICE for England, the assessors assumed that some of the patients might not have been treated, at all, if the new antibiotics with better safety profiles than the existing old products had not been available.

**Did the pilot achieve the stated objectives?**

Overall national level funding amounted to about 25 mSEK (~2 mCHF) during the duration of the pilot.

The objective of having new treatments available seems to have been achieved, despite the extended stockout of one of the participating products: The global supply issue could not be prevented by the innovative reimbursement scheme. However, the sales statistic suggests that other products in the pilot were able to compensate for the defaulting product.

The efficiency of the innovative reimbursement scheme was more difficult to demonstrate: Did the scheme deliver best value for money? It was noted that three of the five products generated low or very low sales revenues and therefore required significant state funding. At first glance the assessors doubted whether the money was well spent on products in very low demand and in presence of other products that could cover the need. A final decision to withdraw products from such reimbursement scheme would have to be based on a thorough analysis of the clinical need.