

Pharmaceutical Pay-for-Delay Agreements In Decline Since 2013

Between 2005 and 2013, the amount of pharmaceutical "pay-for-delay" agreements increased dramatically, from three (3) to $40.^{1}$ Pay-for-delay agreements, also known as reverse payments, allow brand-name pharmaceutical companies to delay generic competition to a brand-name drug by paying a generic competitor to hold its competing product off the market for a defined period of time.² The *Federal Trade Commission* (FTC), which has been fighting these agreements since 2001,³ stated that these pay-for-delay agreements cost consumers an average of \$3.5 billion in higher drug costs per year.⁴ Following an Eleventh Circuit decision in 2005, where the court held that pay-for-delay agreements "cannot be the sole basis for a violation of antitrust law,"⁵ pay-for-delay agreements reemerged, increasing steadily each year until 2013, when they began to decrease significantly in response to the June 2013 U.S. Supreme Court decision Federal Trade Commission v. Actavis, Inc.⁶ The Supreme Court held that pay-for-delay agreements are neither presumptively valid or presumptively in violation of federal antitrust law, but should be examined under a "rule of reason" analysis to determine whether the agreement results in anticompetitive effects.⁷ This decision makes it possible for pay-for-delay agreements to be the basis for a violation of antitrust law, and has caused the number of these agreements to decrease; however, brand-name pharmaceutical companies are still using a number of other strategies to potentially stifle competition for their branded products.⁸ This Health Capital Topics article will briefly describe pay-for-delay agreements, the history of such agreements pre-Actavis, and the evolution of the competitive environment surrounding pharmaceutical patent disputes post-Actavis.

Pay-for-delay agreements arise in patent litigation when a generic pharmaceutical company pursues *Food and Drug Administration* (FDA) approval of a generic version of a brand-name drug.⁹ Under the *Drug Price Competition and Patent Term Restoration Act of 1984*, commonly referred to as the *Hatch-Waxman Act*, a generic pharmaceutical company may seek market entry prior to the expiration of the brand-name drug's patents.¹⁰ If a patent protects the brand-name drug, the generic pharmaceutical company may: (1) contest the validity of the patent; or, (2) argue that its new product does not infringe the brand-name drug's patent.¹¹ If the generic pharmaceutical company can successfully prove its case on either ground, the FDA will then approve the

generic version for sale to the general public.¹² The first generic company to file its application and receive FDA approval under the Hatch-Waxman Act obtains 180 days of marketing exclusivity,¹³ during which it is the only generic version of the brand-name drug on the market. This procedure provides generic pharmaceutical companies with an incentive to challenge brand-name patents,¹⁴ while also potentially reducing the profitability of the brand-name drug, since the brandname pharmaceutical company is likely to be forced to lower the price of the brand-name drug to remain competitive.¹⁵ In response to this incentive, brand-name pharmaceutical companies often attempt to enter into a pay-for-delay agreement to avoid the risk of generic competition by paying the generic pharmaceutical company to delay putting its product on the market, usually until the brand-name drug's patent has expired.16

"[M]ost if not all reverse payment settlement agreements arise in the context of pharmaceutical drug regulation,"¹⁷ and prior to 2005, FTC investigations and enforcement actions against pay-for-delay agreements helped deter their use.¹⁸ However, in 2005, the U.S. Court of Appeals for the Eleventh Circuit rejected a rule of law that would automatically invalidate pay-for-delay agreements, stating that pay-for-delay agreements "cannot be the sole basis for a violation of antitrust law."¹⁹ For example, the number of pay-for-delay agreements increased from three (3) in fiscal year 2005 to 40 in fiscal year 2012.²⁰ This substantial increase in the number of pay-for-delay agreements was largely due to a circuit court split as to whether pay-for-delay agreements violated federal antitrust law.²¹ Some circuits held that pay-for-delay agreements were per se antitrust violations (i.e., the agreements are, in and of themselves, illegal), while other circuits ruled that these agreements were legally permissible unless they granted exclusivity that exceeded the scope of the patent.²² It was not until the Supreme Court decision in Actavis that there was a definitive ruling as to whether pay-for-delay agreements violate federal antitrust law.²¹

In *Actavis*, the FTC filed a complaint claiming that the pay-for-delay agreement between Solvay Pharmaceuticals, Inc. and two generic pharmaceutical companies, Actavis and Paddock, violated federal antitrust laws.²⁴ In 2006, Solvay paid Actavis and Paddock millions of dollars annually to keep generic

versions of its daily testosterone replacement therapy drug, AndroGel, off the market until 2015.²⁵ The companies argued that these payments were compensation for other services performed, such as promotion of AndroGel by the generic companies, but the FTC contended that these payments were compensation for agreeing not to compete against Solvay.²⁶ The court ruled in favor of the FTC, stating, "...there is reason for concern that settlements taking this form tend to have significant adverse effects on *competition.*²⁷ The court concluded that pay-for-delay agreements may violate antitrust law; however, such agreements should be evaluated for possible violations based on a substantive "rule of reason" analysis, rather than a presumptive "quick look" approach.²⁸ The court stated:

"...the likelihood of a reverse payment bring about anticompetitive effects depends upon its size, its scale in relation to the payor's anticipated future litigation costs, its independence from other services which it might represent payment, and the lack of any other convincing justification."29

After the Actavis decision, the FTC reported that payfor-delay agreements began to decrease, from 40 agreements in fiscal year 2012, the last complete year before the Actavis decision, to 21 agreements in fiscal year 2014.³⁰ While the FTC may view the decrease in the number of pay-for-delay agreements as a positive in their objective to end such agreements, it remains unclear as to whether this decrease will be indicative of long-term decreases in pay-for-delay or other anticompetitive agreements,³¹ as the number of overall settlements between brand and generic pharmaceutical companies in fiscal year 2014 was consistent with recent years.32

The Actavis decision may lead to an increase future investigation and litigation of pay-for-delay agreements.³³ As noted by the FTC in 2014, settlements between branded and generic companies are still prevalent.³⁴ Actavis provided some clarity regarding the antitrust inquiry to be applied in deciding pay-for-delay cases; however, the Court failed to discuss alternative forms of settlements between brand-name pharmaceutical companies and generic manufacturers involving drug patent disputes, such as those involving an overt monetary payment, that may result in equally anticompetitive outcomes.³⁵ Future litigation surrounding pay-for-delay agreements, as well as other brand-name agreements between and generic pharmaceutical companies, may provide further clarity as to the trajectory of the competitive environment in the pharmaceutical industry and are worthy of monitoring.

filled-federal-trade-commission-under-medicare-prescriptiondrug-improvement/160113mmafy14rpt.pdf (Accessed 6/3/2016).

- 2 "Pay-for-Delay: How Drug Company Pay-Offs Cost Consumers Billions" By Federal Trade Commission, January 2010, https://www.ftc.gov/sites/default/files/documents/reports/paydelay-how-drug-company-pay-offs-cost-consumers-billionsfederal-trade-commission-staff-study/100112payfordelayrpt.pdf (Accessed 6/3/2016), p. 1.
- 3 "Pay-for-Delay: When Drug Companies Agree Not to Compete" Federal Trade Commission, https://www.ftc.gov/newsevents/media-resources/mergers-competition/pay-delay (Accessed 6/7/2016).
- 4 *Ibid*, p. 8.
- 5 "Schering-Plough Corporation v. Federal Trade Commission" 402 F.3d 1056, 1076 (11th Cir., March 8, 2005).
- Federal Trade Commission, 2015, "Agreements Filed with the 6 Federal Trade Commission under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003: Overview of Agreements Filed in FY 2014".
- 7 "Federal Trade Commission v. Actavis, Inc." 133 S.Ct. 2223, 2237 (Supreme Court, June 17, 2013).
- 8 "Pay-for-delay' deals protecting branded drugs are falling" By Lisa Schencker, Modern Healthcare, January 14, 2016, http://www.modernhealthcare.com/article/20160114/NEWS/160 119926 (Accessed 6/3/2016).
- 0 Federal Trade Commission, January 2010, "Pay-for-Delay: How Drug Company Pay-Offs Cost Consumers Billions", p. 3.
- 10 "Drug Price Competition and Patent Term Restoration Act of 1984" Pub. L. No. 98-417, 98 Stat. 1585, 1586 (September 24, 1984).
- 11 "Pay-For-Delay Settlements in the Wake of Actavis" By Michael L. Fialkoff, Michigan Telecommunications and Technology Law Review, Vol. 20, No. 2 (2014), p. 524.
- 12 Ibid.
- Pub. L. No. 98-417, 98 Stat. 1585, 1589 (September 24, 1984); 13 "Guidance for Industry: 180-Day Generic Drug Exclusivity Under the Hatch-Waxman Amendments to the Federal Food, Drug, and Cosmetic Act" By Center for Drug Evaluation and Research, Food and Drug Administration, June 1998, http://www.fda.gov/downloads/Drugs/.../Guidances/ucm079342. pdf (Accessed 6/8/2016), p. 2.
- Federal Trade Commission, January 2010, "Pay-for-Delay: How 14 Drug Company Pay-Offs Cost Consumers Billions", p. 3.
- 15 Fialkoff, 2014, p. 524.
- 16 Ibid.
- 17 133 S.Ct. 2223, 2227.
- 18 Federal Trade Commission, January 2010, "Pay-for-Delay: How Drug Company Pay-Offs Cost Consumers Billions", p. 1; Fialkoff, 2014, p. 525.
- 19 402 F.3d 1056, 1076.
- 20 Federal Trade Commission, 2015, "Agreements Filed with the Federal Trade Commission under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003: Overview of Agreements Filed in FY 2014".
- 21 Fialkoff, 2014, p. 525.
- 22 Fialkoff, 2014, p. 524-25
- 23 Schencker, January 14, 2016.
- 24 133 S.Ct. 2223, 2225.
- 25 Ibid, p. 2229.
- 26 Ibid.
- 27 Ibid, p. 2231. 28 *Ibid*, p. 2237.
- 29 Ibid.
- 30 Federal Trade Commission, 2015, "Agreements Filed with the Federal Trade Commission under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003: Overview of Agreements Filed in FY 2014"
- 31 "Controversial 'pay-for-delay' deals drop after FTC's win in top court" By Diane Bartz, Reuters, January 13, 2016, http://www.reuters.com/article/us-pharmaceuticals-patent-ftcidUSKCN0UR2JA20160113 (Accessed 6/3/2016).
- 32 Federal Trade Commission, 2015, "Agreements Filed with the Federal Trade Commission under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003: Overview of Agreements Filed in FY 2014".

[&]quot;Agreements Filed with the Federal Trade Commission under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003: Overview of Agreements Filed in FY 2014" By Bureau of Competition, Federal Trade Commission, 2015,

https://www.ftc.gov/system/files/documents/reports/agreements-

- 33 "Pay-for-Delay Drug Deals: Do They Hurt or Help Patients?" By Roxanne Nelson, Medscape, April 15, 2015, http://www.medscape.com/viewarticle/843231 (Accessed 6/3/2016).
- 34 Federal Trade Commission, 2015, "Agreements Filed with the Federal Trade Commission under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003: Overview of Agreements Filed in FY 2014".
- 35 Fialkoff, p. 538-39.





(800) FYI - VALU Providing Solutions in the Era of Healthcare Reform

Founded in 1993, HCC is a nationally recognized healthcare economic financial consulting firm

- HCC Home
- Firm Profile
- HCC Services
- HCC Experts
- Clients & Projects
- HCC News
- Upcoming Events
- Contact Us
- Email Us

HEALTH CAPITAL

CONSULTANTS (HCC) is an established, nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, Missouri, with regional personnel nationwide. Founded in 1993, HCC has served clients in over 45 states, in providing services including: valuation in all healthcare sectors; financial analysis, including the development of forecasts, budgets and income distribution plans; healthcare provider related intermediary services, including integration, affiliation, acquisition and divestiture; Certificate of Need (CON) and regulatory consulting; litigation support and expert witness services; and, industry research services for healthcare providers and their advisors. HCC's accredited professionals are supported by an experienced research and library support staff to maintain a thorough and extensive knowledge of the healthcare reimbursement, regulatory, technological and competitive environment.



Robert James Cimasi, MHA, ASA, FRICS, MCBA, CVA, CM&AA, serves as Chief Executive Officer of **HEALTH CAPITAL CONSULTANTS** (HCC), a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Master in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Institution of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, and is the author of several books, the latest of which include: "*Adviser's Guide to Healthcare – 2nd Edition*" [2015 – AICPA]; "*Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services*" [2014 – John Wiley & Sons]; "*Accountable Care Organizations: Value Metrics and Capital Formation*" [2013 - Taylor & Francis, a division of CRC Press]; and, "*The U.S. Healthcare Certificate of Need Sourcebook*" [2005 - Beard Books].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious "*Shannon Pratt Award in Business Valuation*" conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisers for which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS** (HCC), where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 20 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 1,000 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the co-author of the "<u>Adviser's Guide to Healthcare – 2nd Edition</u>" [2015 – AICPA], numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: *The Accountant's Business Manual* (AICPA); *Valuing Professional Practices and Licenses* (Aspen Publishers); *Valuation Strategies; Business Appraisal Practice;* and, *NACVA QuickRead.* In addition to his contributions as an author, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); the National Association of Certified Valuators and Analysts (NACVA); Physician Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (FACHE) and holds the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter, and is current Chair of the ASA Healthcare Special Interest Group (HSIG).



John R. Chwarzinski, MSF, MAE, is Senior Vice President of HEALTH CAPITAL CONSULTANTS (HCC). Mr. Chwarzinski's areas of expertise include advanced statistical analysis, econometric modeling, as well as, economic and financial analysis. Mr. Chwarzinski is the co-author of peerreviewed and industry articles published in *Business Valuation Review* and *NACVA QuickRead*, and he has spoken before the Virginia Medical Group Management Association (VMGMA) and the Midwest Accountable Care Organization Expo.

Mr. Chwarzinski holds a Master's Degree in Economics from the University of Missouri – St. Louis, as well as, a Master's Degree in Finance from the John M. Olin School of Business at Washington University in St. Louis. He is a member of the St. Louis Chapter of the American Society of Appraisers, as well as a candidate for the Accredited Senior Appraiser designation from the American Society of Appraisers.



Jessica L. Bailey-Wheaton, Esq., is Vice President and General Counsel of HEALTH CAPITAL CONSULTANTS (HCC), where she conducts project management and consulting services related to the impact of both federal and state regulations on healthcare exempt organization transactions and provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services. Ms. Bailey is a member of the Missouri and Illinois Bars and holds a J.D., with a concentration in Health Law, from Saint Louis University School of Law, where she served as Fall Managing Editor for the *Journal of Health Law & Policy*.



Kenneth J. Farris, Esq., is a Research Associate at HEALTH CAPITAL CONSULTANTS (HCC), where he provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services, and tracks impact of federal and state regulations on healthcare exempt organization transactions. Mr. Farris is a member of the Missouri Bar and holds a J.D. from Saint Louis University School of Law, where he served as the 2014-2015 Footnotes Managing Editor for the *Journal of Health Law & Policy*.