



# Do European rheumatoid arthritis patients have equal access to treatment with new medicines?

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## Variation in access to (new) medicines

- Seen in practice, even within a country
- Reasons are complex and diverse
  - Postal code prescribing<sup>1</sup>
  - Difference in health spending<sup>2</sup>
  - Clinical culture<sup>3</sup>
- Set of factors – nature of the medicine

1) Emery P., BMJ 2002, 2) Jonsson B., EJEc 2008, 3) Nolte E., RAND study 2010



## Objective

To further explore the use of the biological tumour necrosis factor alpha (TNFalpha) inhibitors used in the treatment of RA as a measure of access to treatment with new medicines in four European countries



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  - Infliximab (Remicade®) approved in 1999



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  - Etanercept (Enbrel®), approved in 2000
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- Annual treatment costs:  
€13,500 – €15,000



## Selection of countries (n=4)

- Availability of utilisation data



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  - geography
  - gross domestic product
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## Utilisation data



- Support of (personal) European network
- Combination of sales & claim data
- Hospital and ambulatory data



## Utilisation data



- Support of European network
- Combination of sales & claim data
- Hospital and ambulatory data
  
- ATC/DDD methodology
- Utilisation rates: DDDs/1000inhabitants/day
- Data period: 2003 - 2007



## Qualitative data



- Country-, health system characteristics
  - websites of OECD, national authorities, PPRI







## Qualitative data




- Country-, health system characteristics
  - websites of OECD, national authorities, PPRI
- Interview data – rheumatologists
  - Themes:
    - hurdles to perform an adequate treatment of RA
    - opinions on current treatment options
    - future directions of RA treatment.







## Qualitative outcomes

				
Population (mill)*	4.6 – 4.7	16.2 – 16.4	4.0 – 4.3	10.4 – 10.6


\*Data for 2003 and 2007



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\*Data for 2003 and 2007






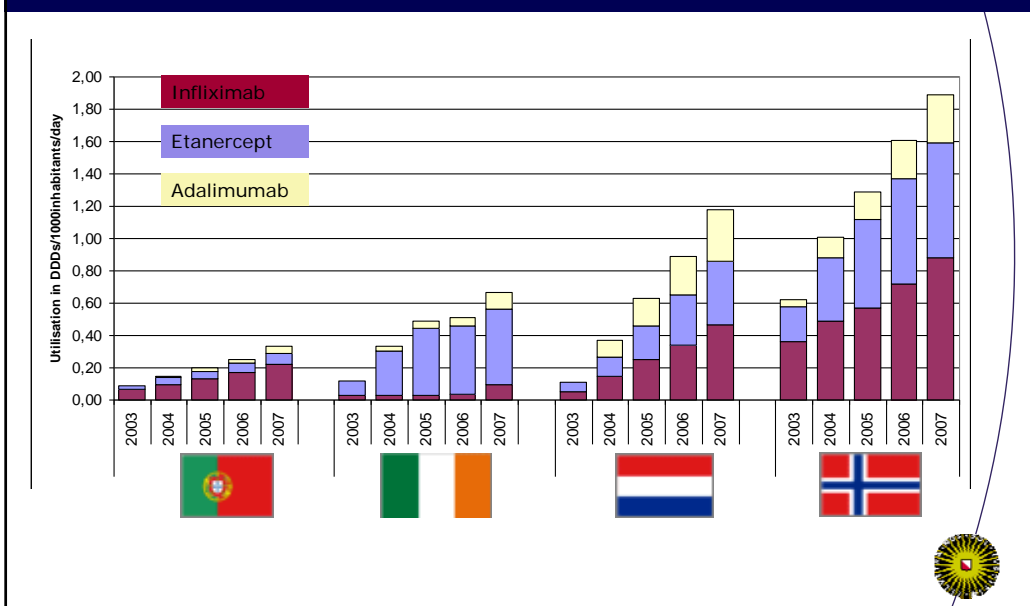
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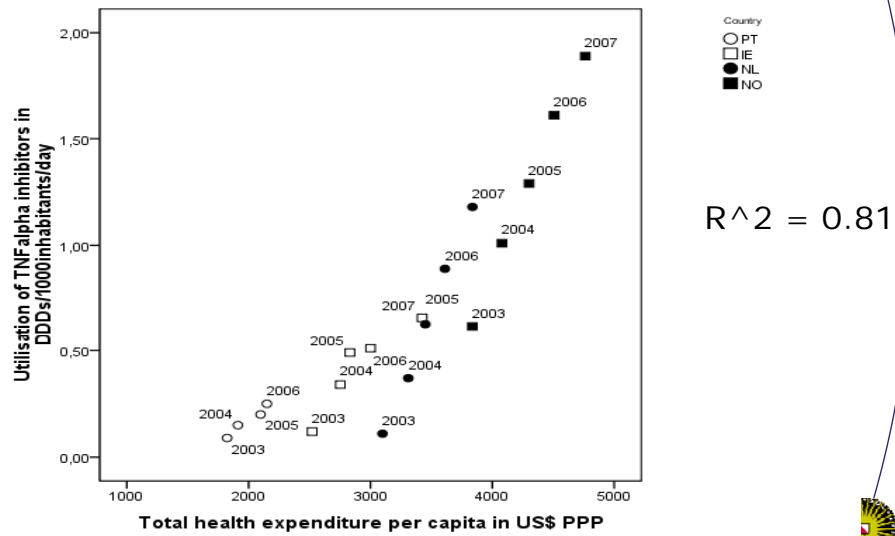
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## Utilisation of TNFalpha inhibitors



## TNFalpha utilisation versus total health expenditure







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Outpatient reimbursement (2009)	No co-payment	No co-payment	Medical Scheme	No outpatient use

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-  • Central tender system, consultation of a colleague



## Summary / discussion

- Large variation between countries
- Major driver → total health expenditure



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- Large variation between countries
- Major driver → total health expenditure
- Other factors:
  - Level of financing and regulation health system
    - E.g: regional differences, recognition guidelines
  - Reimbursement policies
    - E.g. budget cap
  - Access to rheumatologists
    - E.g. no outpatient use, limited n° rheumatology clinics



## Conclusions

Not all European patients do have equal access to important medicines in the treatment of RA.

In case of evidence-based treatment of RA, the causes of variation should feature prominently on future public health agendas.



## Thanks for your attention

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# Increase in correlation over time

(TNFalpha use versus total health expenditure)

