

NEWS DIGEST

- Regulators are giving early access to medicines, but what are the downstream effects on pricing and market access?
- Europe: European Commission launches the European Health Data Space (EHDS)
- UK: International Health Care Outcomes Index ranks UK second lowest across major health outcomes
- France: CNAM spending on medicines +11.1% in March 2022

REGULATORS ARE GIVING EARLY ACCESS TO MEDICINES, BUT WHAT ARE THE DOWNSTREAM EFFECTS ON PRICING AND MARKET ACCESS?

WHAT ARE EPA'S?

Early Access Programs (EAPs) help to give people with life threatening or seriously debilitating conditions early access to new medicines that do not yet have a marketing authorisation. They have the potential to benefit all stakeholders, from patients through to payers and even pharmaceutical companies themselves.



Patients for example, are able to access potentially life-saving medicines when there are no other treatments available, whilst pharmaceutical companies can benefit from generating additional data, which in turn facilitates their pricing and reimbursement (P&R) negotiations with payers.

However, because of heterogeneity amongst HTA bodies in Europe, there is often confusion surrounding the EAP process and how it feeds into reimbursement decision making and historically there have been delays in getting reimbursement for EAP products. This article will focus on some of the key changes HTA bodies are making to help support patient access for products previously enlisted under an EAP, and what pharmaceutical companies can do to support.

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EUROPE: EUROPEAN COMMISSION LAUNCHES THE EUROPEAN HEALTH DATA SPACE (EHDS)

THE NEWS

On 3rd May 2022, the European Commission launched the European Health Data Space (EHDS), which will help the EU to achieve a leap forward in the way healthcare is provided to people across Europe.

The EHDS will integrate three main product markets for primary use of health data: electronic health records, wellness apps, and other health and medical software products.

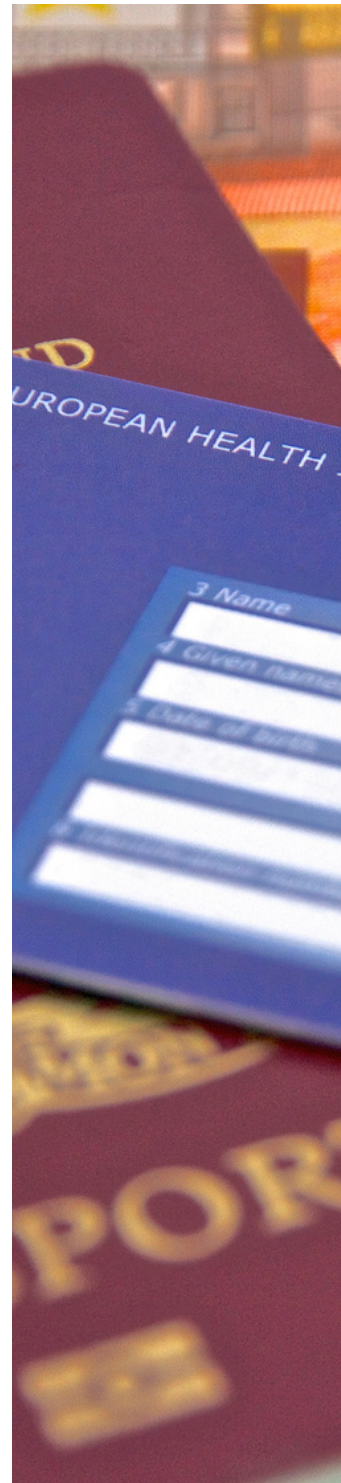
The European Health Data Space Objectives:

- ✓ Empower individuals through better digital access to their personal health data; support free movement by ensuring that health data follow people
- ✓ Unleash the data economy by fostering a genuine single market for digital health services and products
- ✓ Set up strict rules for the use of individual's non-identifiable health data for research, innovation, policy-making and regulatory activities

Why is this program important?

The COVID-19 pandemic has clearly demonstrated the importance of digital services in the health area. The uptake of digital tools increased significantly during this time. However, the complexity of rules, structures and processes across Member States makes it difficult to access and share health data, especially cross-border.

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UK: INTERNATIONAL HEALTH CARE OUTCOMES INDEX RANKS UK SECOND LOWEST ACROSS MAJOR HEALTH OUTCOMES

THE NEWS

The UK is ranked second to bottom across a series of major health outcomes including survival rates from cancer, strokes and heart attacks according to a major new comparison of global health systems.

The study (by the Civitas think tank) ranks the performance of the UK health care system with that of 18 comparable countries since 2000 (or the earliest year for which data is available). The data is derived from the Organisation for Economic Co-operation and Development (OECD) Health Statistics database.

Across 16 major health outcomes the UK comes bottom of the league four times – more than any other country – and is ranked in the bottom three for eight out of 16 measures.

Other key findings include:

- The UK is 10th out of 19 comparable countries for spending on its health system as a percentage of GDP.
- In 2019, the UK ranked 17th for life expectancy. UK life expectancy was 81.4 in 2019 compared to the average of 82.3 years.
- For strokes and heart attacks, the UK has the worst survival rates of comparable countries.
- Across five different types of cancer, the UK comes 16th out of 18 comparable countries:
 - The UK breast cancer five-year survival rate was 85.6% (15th out of 18)
 - The UK colon cancer five-year survival rate was 60% (the lowest of 18 countries)
 - The UK rectal cancer five-year survival rate of 62.5% was the 12th lowest of 18 countries.
 - The UK lung cancer five-year survival rate of 13.3% was the 17th lowest out of 18.
 - The UK stomach cancer five-year survival rate was 20.7% (17th lowest out of 18).
- For treatable diseases, the UK is second to bottom (15th out of 16).
- The only thing the UK tops the charts for is helping diabetics to avoid limb amputation. For every 100,000 people in the UK, on average 3.0 had a foot/leg amputation caused by diabetes in 2017, the best rate of 10 countries.



FRANCE: CNAM SPENDING ON MEDICINES +11.1% IN MARCH 2022

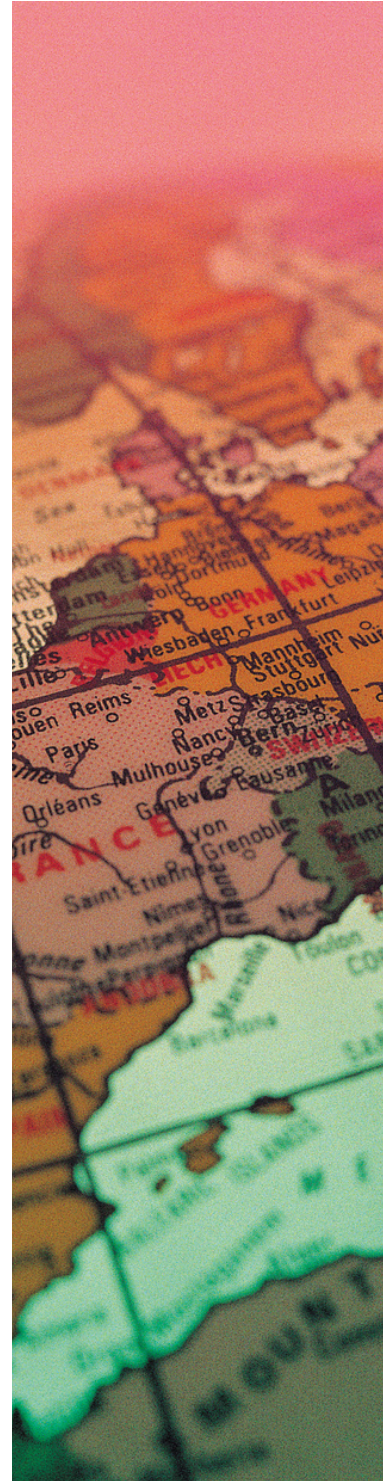
THE NEWS

Spending by the main health insurance fund (Caisse nationale d'assurance maladie, CNAM) on medicines increased by 11.1% in March 2022 compared to March 2021 (+18.6% over the 12 months April 2021 to March 2022 versus the previous 12 months).

Expenditure on retail drugs increased 12.3% on account of increased spending on high-cost treatments and expenses linked to the COVID-19 pandemic, while spending on rétrocession drugs (ie hospital drugs which can be dispensed by hospital pharmacies to hospital out-patients and charged to the patient's health insurer rather than the hospital) fell 0.2%.

Spending on out-patient care rose 5.9% in March 2022 compared to March 2021. Expenditure on consultations with general practitioners (GPs) and specialists increased by 1.9% and 3.3%, respectively, over the same time period. Spending on public hospitals meanwhile grew by 17.6% in March 2022 versus March 2021 while spending on private hospitals grew 12.8%.

Source > <https://remaconsulting.com/portfolio-items/france-cnam-spending/>



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