

Uptake and availability of new outpatient cancer medicines in 2010–2021 in Nordic countries

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Introduction

Cancer medicines are one of the fastest growing and evolving therapeutic areas in the pharmaceutical industry¹. Many novel therapies are also administered orally which has led to increasing costs of outpatient care cancer medicines. In Europe, decisions on pricing, reimbursement and uptake of novel therapies are done at national level. Due to the high costs of these therapies, patient access to medicines is limited if medicines are not covered by a publicly funded health care system². Many countries have launched managed entry agreements between pharmaceutical companies and health care payers to increase the uptake of novel therapies while managing increasing costs³.

Aim and method

The distribution, costs and uptake of new cancer medicines and adoption of managed entry agreements of these medicines used in outpatient care that were granted marketing authorization in Europe in 2010–2021 were studied via an e-mail survey of competent

authorities in Nordic countries in April–June 2022. The data were analyzed using frequencies and percentages for descriptive analysis.

Results



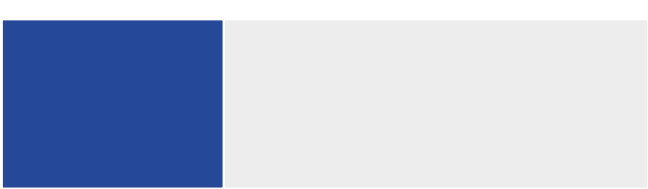









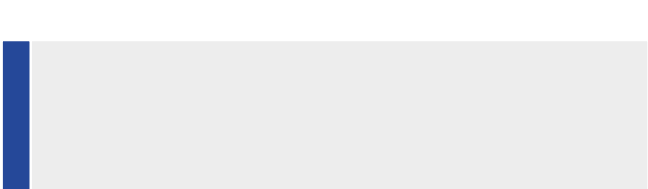







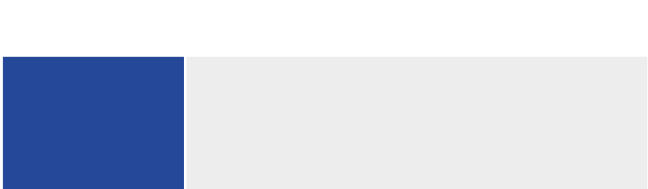


Cancer medicines can be distributed both via hospitals or hospital pharmacies for in-patient use, and via community pharmacies for outpatient use in Finland, Iceland, Norway, and Sweden. In Denmark, cancer medicines are predominantly distributed via pub-

licly funded hospitals. The costs of cancer medicines had notably gone up in all Nordic countries from 2010 to 2021. The number of reimbursable medicines out of 67 medicines that were granted marketing authorization in Europe varied from 36 to 51 products (**Table 1**). Managed entry agreements were in use in all Nordic countries. The number of agreements varied from three to 35. Average days from authorization to reimbursement varied from an average of 416 to 895 days.

Conclusions

Nordic countries share similar characteristics but also differ in terms of the details in distribution, adopted managed entry agreements, market entry, and availability of new orally administered cancer medicines used in the outpatient care. The costs of cancer medicines have increased in all Nordic countries during the last decade. The number of reimbursable novel cancer medicines and managed entry agreements vary between countries, which may be due to differences in organizing healthcare. However, Nordic countries show good agreement for 2010 to 2021 in entry and reimbursement decisions of novel cancer medicines.

Table 1. Number of reimbursable cancer products and their managed entry agreements out of 67 authorized cancer products in Europe 2010–2021, and days from authorization to reimbursements in Nordic countries.

Country	Number of reimbursable products out of 67 selected products	Number of managed entry agreements in 67 selected products	Average days from authorization to reimbursement in all products	Average days from authorization to reimbursement in products with a managed entry agreement
 Denmark	36 	23 	895 	905 
 Finland	47 	35 	753 	787 
 Iceland	36 	3 	No information available	No information available
 Norway	50 	32 	748 	748 
 Sweden	52 	19 	416 	485 

References

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