

Clinical Practice and Pricing Insights into Medicine Access Intelligence

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INTRODUCTION

The World Health Organisation defines medicine access as “having medicines continuously available and affordable at private or public health facilities or medicine outlets that are within one hour walk of the population”.¹

Access to medicines depends on five factors; availability, accessibility, affordability, quality and acceptability.²

AIMS

- To reflect on scenarios that challenge access to medicine
- To identify factors that are causing access barriers
- To develop pharmaceutical systems to avoid such medicine access barriers in a cost-effective manner

METHOD

- The Medicines Intelligence and Access Unit of the Malta Medicines Authority receives complaints from patients regarding barriers to medicine access in the country.
- Cases investigated by the Medicines Intelligence and Access Unit were analysed.
- Details observed were on the type of barrier that causes the lack of access, the duration of the progression of the investigation, the stakeholders who intervened in the process and the outcome.
- Cases were grouped according to the factor causing the lack of access and proposals to decrease these barriers in a cost-effective method were put forward.

RESULTS

- Twenty cases were investigated. Access barriers were mostly due to two situations, (i) the product not being available in Malta and (ii) the price (Figure 1).
- Fourteen out of the 20 cases were resolved positively and the patient could access the required medicine, resulting in increased medicines access. Two cases were not resolved leading to no increase in medicines access and 4 cases were still ongoing.
- Examples of cases resolved positively include; a price of a medicinal product was reduced by more than half the price from €548 to €222, a medicinal product accessed by a patient even though the product is not licensed in Malta, and a patient being provided access to a branded medicine on a named patient basis on the national health service scheme after experiencing a threatening side-effect with the generic medicine.

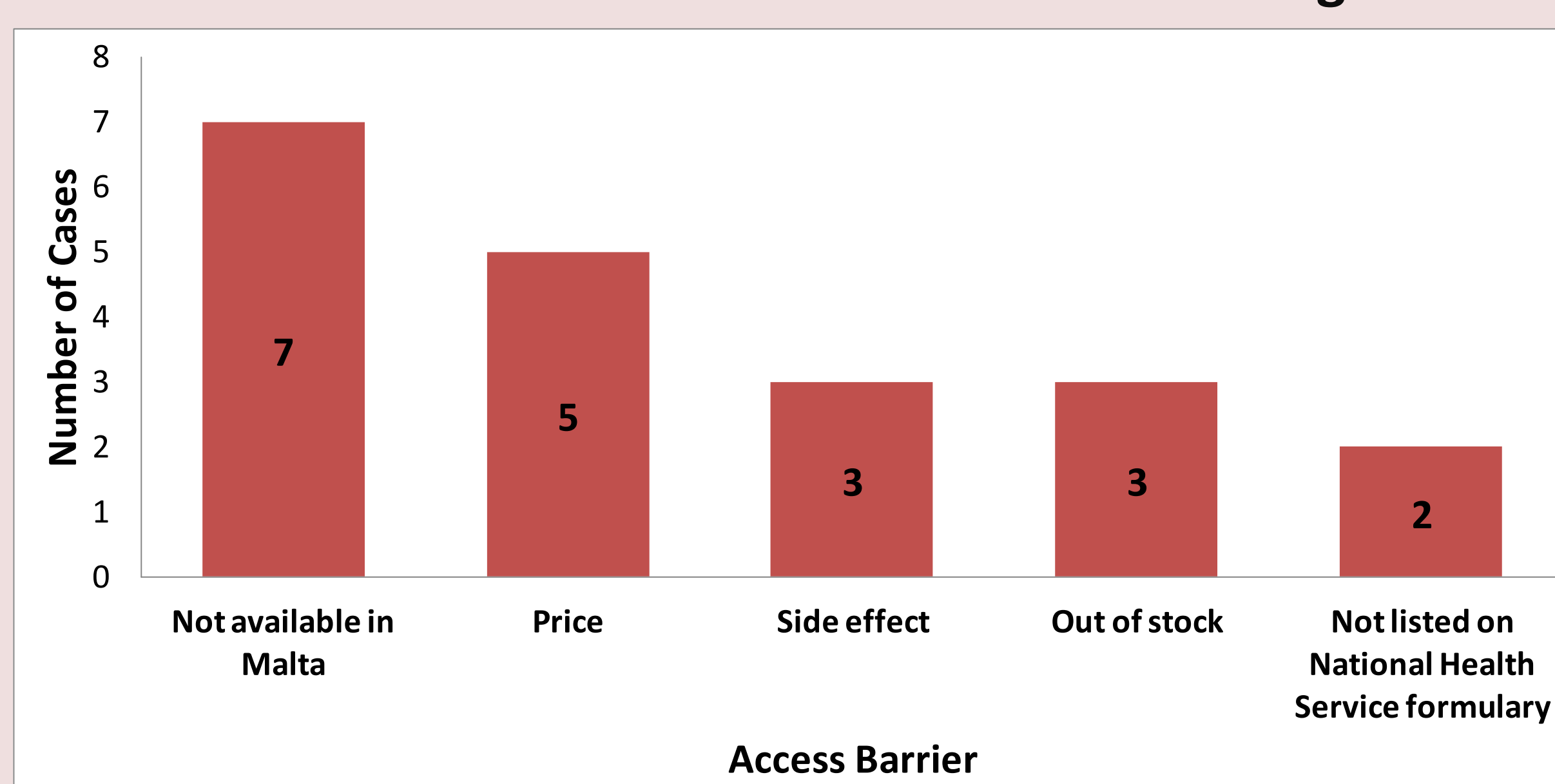


Figure 1: Barriers to medicine access identified in the case studies analysed (N=20)

CONCLUSION

- Pharmaceutical systems that assess individual cases and evaluate clinical impact of denied access may be proposed within the Medicines Intelligence and Access Unit.
- Barriers to medicine access are complex and occur at different levels of the healthcare system. Five levels were identified as possible barriers to access: individual characteristics (financial, health status); households and communities (distance, carer availability); the health service delivery (domiciliary service, system efficiency); the health sector (National Health Service, availability of doctors and pharmacists); the public policies (formulary systems, procurement) and the international and regional policies (regulatory bodies, medicine manufacture and distribution practice).²

REFERENCES

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