Addressing the Timing of Out-of-Pocket Medicine Costs: Early Findings from a National Pilot in Finland

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Objectives

High out-of-pocket medicine costs can create barriers to treatment when expenses accumulate rapidly, even in health systems with annual cost-sharing limit. This study presents early findings from a Finnish national pilot offering interest-free, repayable financial support to help patients manage high short-term medication costs, aiming to improve affordability and continuity of care

Methods

The study uses administrative application and register-based data from the first seven months of the pilot, focusing on individuals receiving financial support for high short-term medication expenses. Descriptive analyses were conducted to examine the age distribution, clinical characteristics, and medication profiles of recipients.

Results

Recipients (n=574) covered a broad adult population (mean age 50 years; range 18–84), with 63% female and 2.1% of loans granted for children's medication expenses. Approvals were most common among individuals aged 40–69 years (58.9%), particularly in the 50–69 age groups.

Recipients were typically patients with chronic conditions requiring long-term and often costly pharmacotherapy. The most common diagnoses included psoriasis (23.2%), asthma (19.2%), type 2 diabetes (19.0%), migraine (11.5%), and inflammatory bowel diseases (9.8%).

High-cost medicines were prominent among approved cases. Frequently used medicines included biologic therapies such as infliximab, risankizumab, dupilumab, guselkumab, and fremanezumab, commonly used in inflammatory and immune-mediated conditions as well as migraine.

Medication costs among recipients typically accumulated within a short time period, consistent with the eligibility criteria of the pilot, and were often driven by a limited number of high-cost dispensing events.

Key findings

- 59% of recipients were aged 40–69 years
- High cost biologic medicines were prominent
- Psoriasis was the most common chronic condition among recipients (23%)

Conclusion

Barriers to accessing medicines are not driven only by total out-of-pocket costs, but also by their timing and short-term concentration. Recipients were typically patients with chronic conditions using high-cost therapies, where costs can arise abruptly within a short period. A key policy implication is that financial protection mechanisms should address not only annual cost burden but also the upfront timing of expenses. Targeting short-term affordability may support timely access and continuity of care as the use of advanced therapies continues to increase internationally.

Figure 1. Distribution of medicine credit applications by approval status and sex

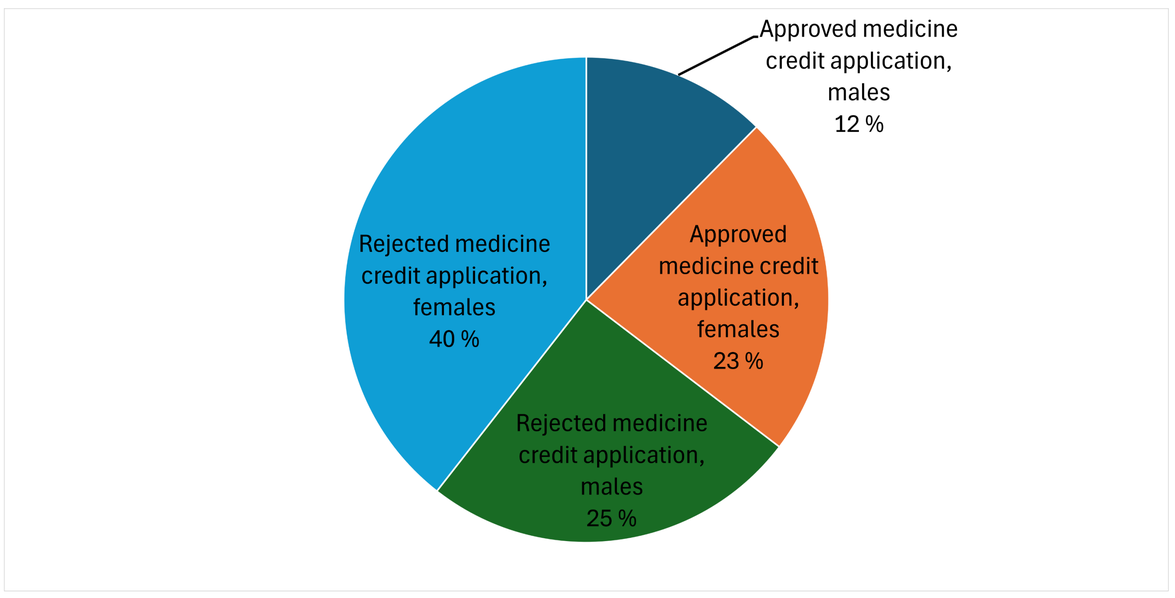
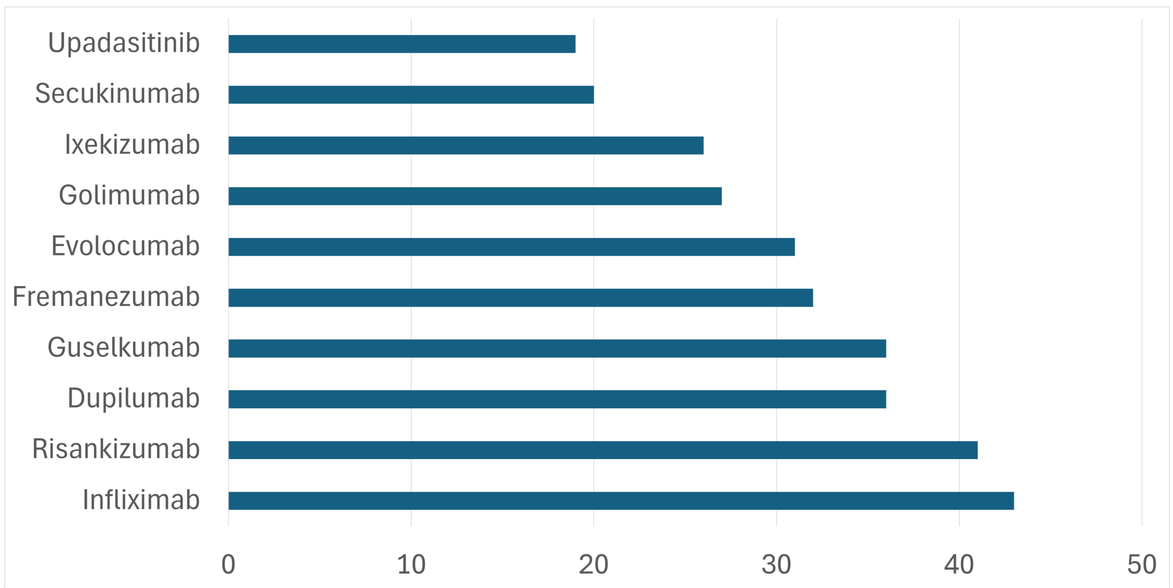


Figure 2. Most common medicines among recepiens of medicine credit



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