Factors of market access of innovative specialties in Algeria : The case of hospital drugs

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Background & Objective

• In Algeria, patients' access to hospital innovative drugs is conditioned by their reimbursement notified by their inscription on commercial list of Central Hospital Pharmacy (PCH). However, many of oncology and immunology drugs registered since 2017 weren't inscribed until 2021.

• This empirical study aims to identify criteria driving the reimbursement decisions in Algeria by identifying the common characteristics of these innovative specialties and their impact on the time elapsed between their regulatory approval (MA) and reimbursement.

Methods

• The 2 commercial lists of 2021 and 2020 were compared to retain only products belonging to the therapeutic areas of oncology and immunology newly listed. Then, data was collected from public and private sources.

• First, descriptive analysis was performed to identify common characteristics of the sample's products.

• Secondly, the relationship between the MA-PCH delay and 4 criteria was studied (ASMR, the presence or absence of therapeutic alternatives, the prevalence of diseases and the annual costs per patient).

Sources

République Algérienne Démocratique et Populaire
Ministère de l'Industrie Pharmaceutique
PRICENTRIC ONE
GLOBAL CANCER OBSERVATORY
ScienceDirect
U.S. FOOD & DRUG ADMINISTRATION
HAS HAUTE AUTORITÉ DE SANTÉ
EUROPEAN MEDICINES AGENCY SCIENCE MEDICINES HEALTH

Results & Discussion

1/ Descriptive Analysis

• The first finding is the disparity in access delays to innovative therapies.

Figure 1 : Delay MA-PCH (in years)

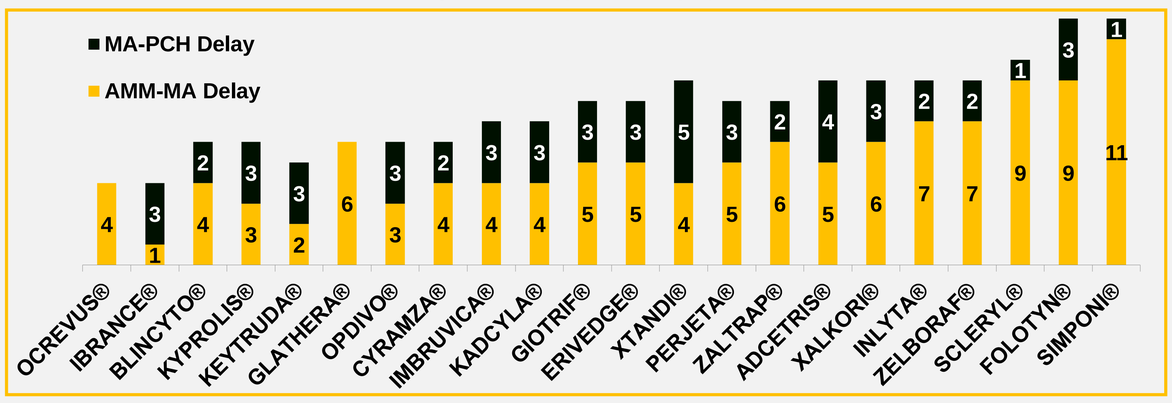
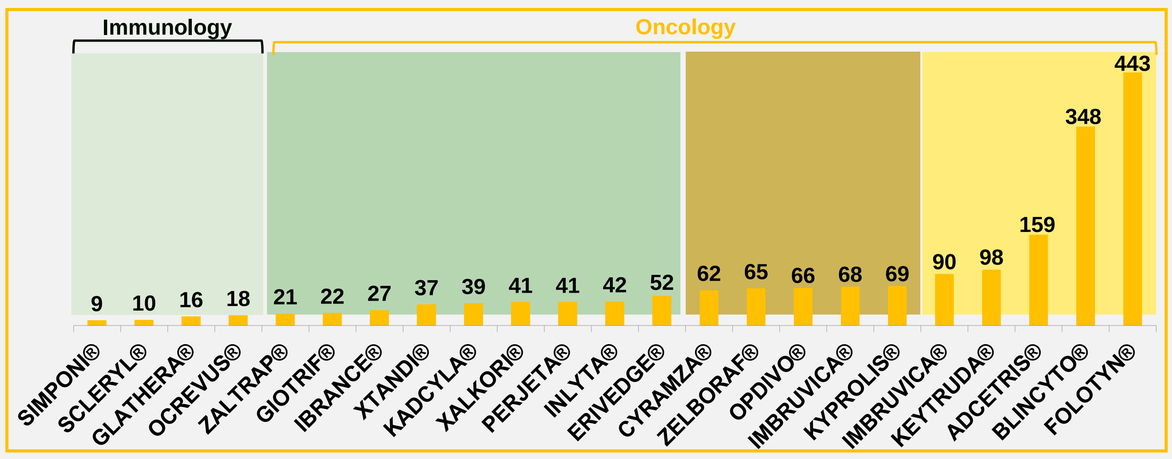


Figure 2 : Annual costs per patient (k €)



• Only 36% of the therapies are indicated in first-line. The tendency to reimburse products that are not indicated at first-line and which has a therapeutic alternative could be explained by the fact that they would have a less significant impact on health expenditure.

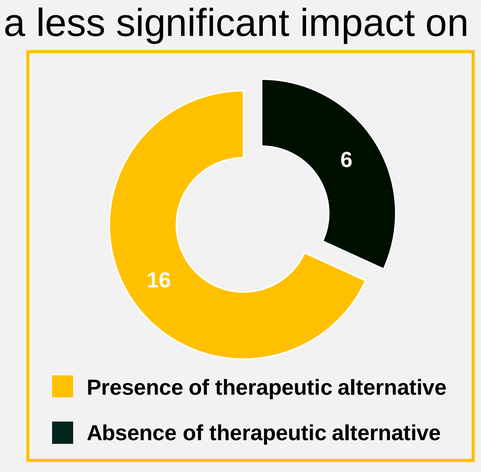


Figure 3 : The presence or absence of therapeutic alternative

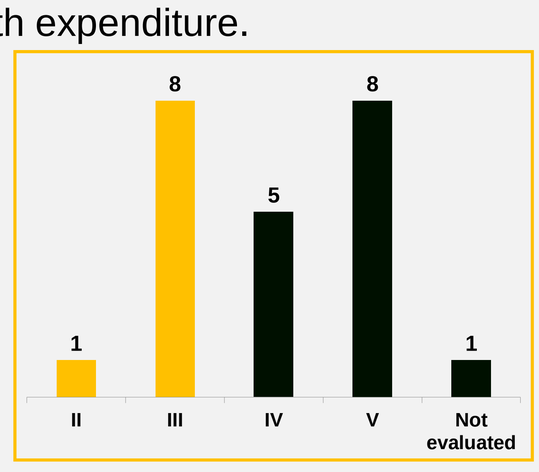


Figure 4 : The different ASMR levels of products

2/ Relationship between MA-PCH delay and different criteria

• The second finding relates to the main factors that influence the time to market :

Figure 5 : Average MA-PCH delay (in years) according to the presence or absence of therapeutic alternative

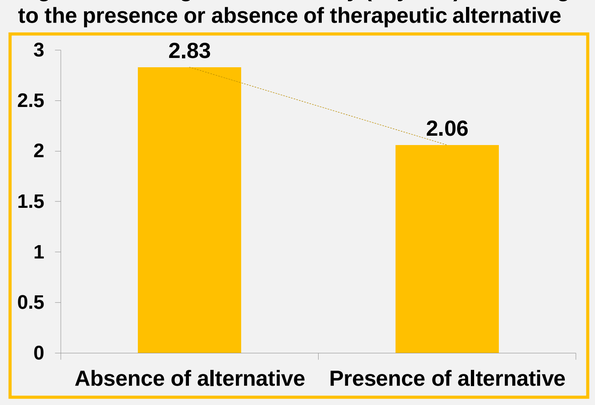


Figure 6 : Average MA-PCH delay (in years) according to the level of ASMR

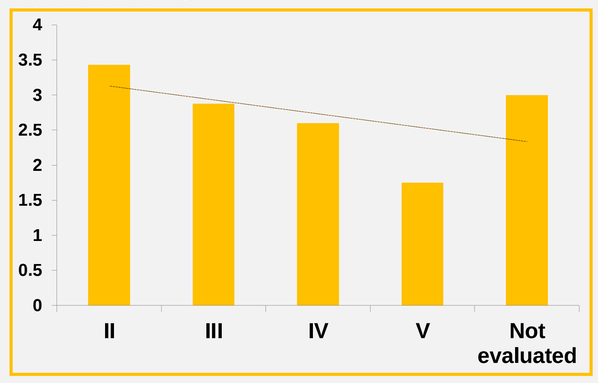


Figure 7 : Average MA-PCH delay (in years) according to annual costs per patient (in €)

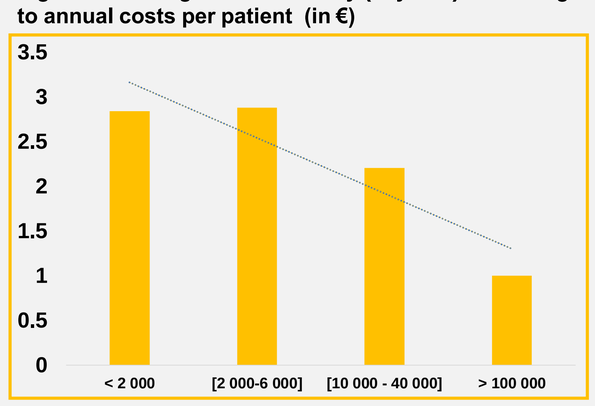
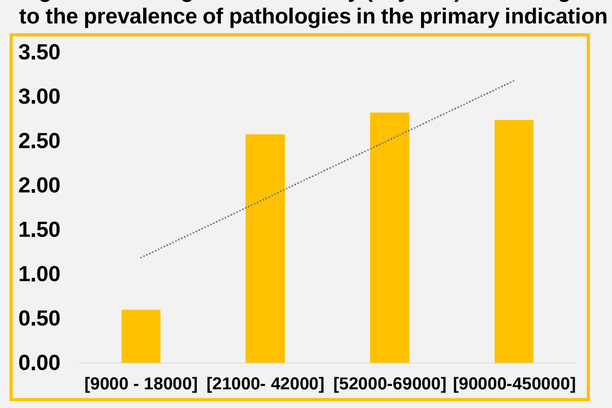


Figure 8 : Average MA-PCH delay (in years) according to the prevalence of pathologies in the primary indication



•The consideration of costs implies the presence of an implicit threshold of approximately 65K€, beyond which the reimbursement of these therapies becomes increasingly critical.

• The prevalence of diseases reveals that the delay is longer for therapies with a low prevalence and could be explained by the fact that the cost of their acquisition is higher. Indeed, 5/7 therapies whose annual costs per patient exceed the 65K€ threshold, have an " Orphan designation ".

• Although only the primary indication of these molecules was considered, some of them have several indications, which raises the question of the possible inflation of the costs of these therapies if all their indications are taken into consideration.

Conclusion

• The importance of economic considerations and disease prevalence were identified as the key drivers of reimbursement decisions.

• Concerning the clinical criteria, they don't have any impact on the time taken to obtain a favorable opinion of coverage.

• In conclusion, in a context of budgetary constraints more rational decision-making would require the adoption of other instruments of innovative therapies so that decisions are mainly based on the added therapeutic value and efficiency of these drugs.

• The limits of the study are the consideration of only the primary indication, the unit price at registration and the estimation of the annual costs per patient that these therapies could generate, which would be more significant if the global cost per product taking into account the target population and the whole indications was considered.