

# Access to Medicines, Care, and Services for Multiple Sclerosis Patients in Central and Eastern European Countries: A Comparative Analysis

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OBJECTIVES

To compare the access of patients with multiple sclerosis (MS) to disease-modifying treatments (DMTs), care, and services in Central and Eastern European countries (CEECs).

METHODS

A 2-part questionnaire-based survey was conducted among experts from six CEECs – Bulgaria, Estonia, Poland, Romania, Serbia, and Slovakia over 4 months (01.12.2022 – 01.04.2023) (**Table 1**)

Table 1. Structure of the questionnaire
Part 1. Access to pharmacotherapy for MS
1. The legal requirements for P&R of medicinal products for MS;
2. The criteria for pharmacoeconomics analysis/HTA report required for the medicinal products;
3. Availability of MPs for MS (authorized in the EU) in the reimbursed lists of each country and in the pharmacotherapeutic guidelines in comparison with the European one;
4. Financial burden of MS therapies for the health insurance funds in each country;
5. Administrative procedure for prescribing and dispensing of medicines for MS - criteria for treatment initiation and continuation; type of prescriptions/protocols; validity of the protocols/prescriptions.
Part 2. Other services and Support for MS patients
1. Other resources utilized for MS patients (for medical and assistive equipment, home care etc.)
2. Supporting and educational programs for MS patients, availability of centers for comprehensive MS care etc.

CONCLUSIONS

- The study revealed differences in MS patients access to DMTs, care, and services amongst included countries.
- Improving access to MS therapy needs an evaluation of the long-term impact of the barriers as well as frequent feedback from MS patients and stakeholders.

RESULTS

Access to pharmacotherapy for MS

- There are no distinctions in the legal requirements for the P&R for MS drugs.
- The criteria for pharmacoeconomics analysis/HTA report is presented in **Table 2**.
- In all CEECs included in the study, the available DMTs were fully reimbursed; GCI is shown on **Table 3**.
- Financial burden: 2019 - 2021, DMTs’ costs increased over time. Highest MS expenditures observed were in Poland (€1.15 billion in 2021) (**Figure 1,2**);
- The administrative procedures for prescribing and dispensing MS drugs does not exhibit significant differences among the countries.

Other services and Support for MS patients

- All countries provide access to different services and support for MS patients depending on patients’ disability level;
- Romania, Estonia, and Serbia ensure complete inpatient care, physiotherapy, and rehabilitation for MS patients;
- NHIFs completely covered all diagnostic tests and procedures.

Assessed by the number of authorized DMTs included in their Positive Drugs Lists, the best access to MS therapy have Bulgaria (84,21%), Poland (78,95%), and Slovakia (78,95%) (**Table 3**).

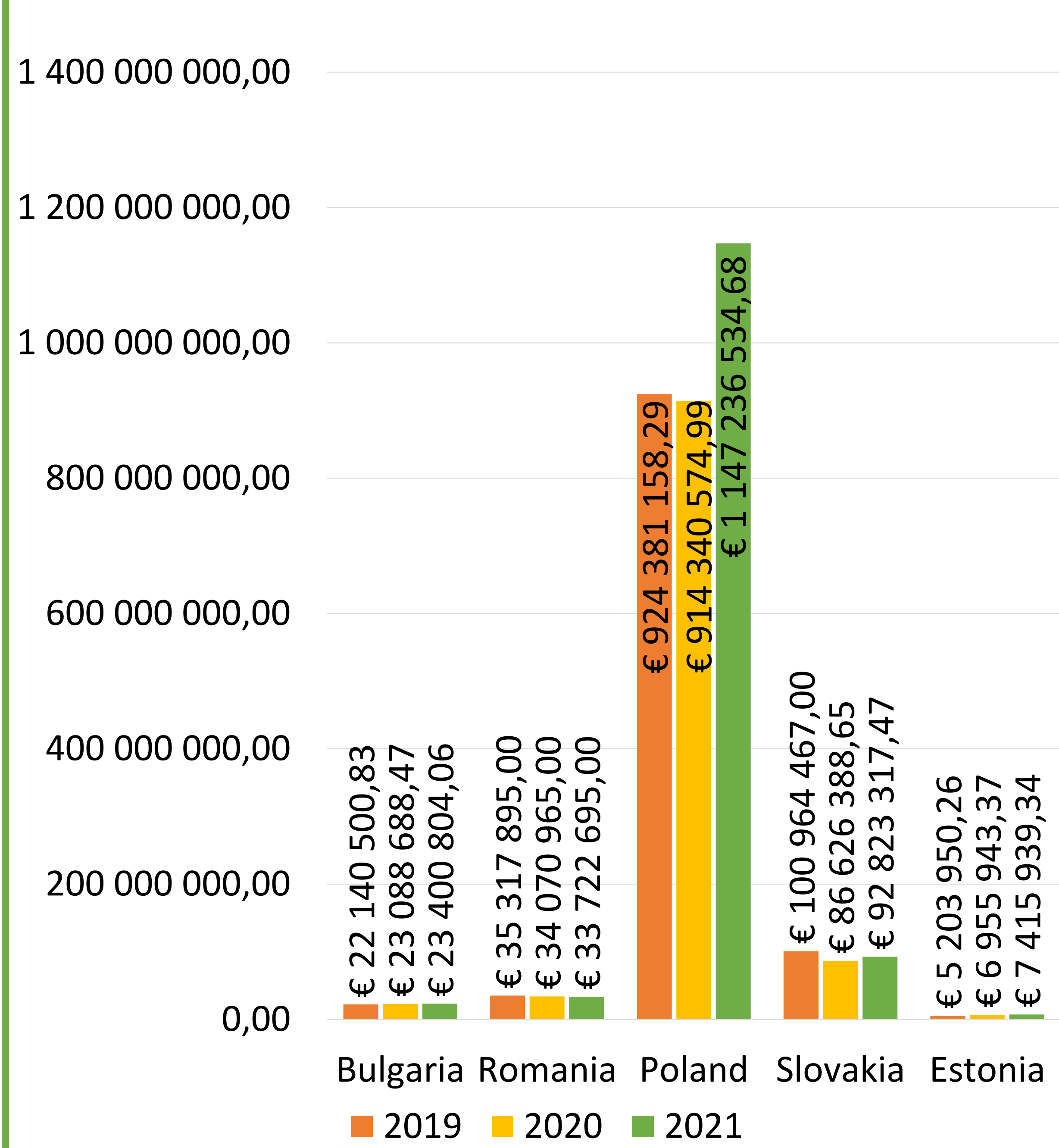
Table 2. Requirements for conducting HTA

	Bulgaria	Estonia	Poland	Romania	Serbia	Slovakia
Availability of HTA guideline	+	+	+	-	-	+
Pharmacoeconomic analysis applied	CEA,CUA, CMA	CEA,CUA, CMA	CEA,CUA, CMA	-	CEA,CUA, CMA	CEA,CUA, CMA
ICER threshold	3xGDP/capita	No official threshold	3xGDP/capita	No official threshold	No official threshold	2, 3, 5 or 10 x GDP/capita
Is modeling obligatory?	+	+	+	-	+	+
Meta-analysis of conducted clinical trials is requested	+	-	meta-analysis is carried out in accordance with Cochrane guidelines if necessary	-	-	-
Are the HTA appraisals from other countries valuable for the final decision?	+	+	+	+	-	-
Assessment of social and economic burden of the disease, its rarity and seriousness	+	+	+	-	-	-

Table 3. Multiple sclerosis medicines included in the national positive drug lists

Country:	Bulgaria	Serbia	Poland	Slovakia	Estonia	Romania
Number of drugs included in PDL	16	12	15	15	11	11
Number of drugs included in PTG EU:	19	19	19	19	19	19
GCI:	0,8421	0,6316	0,7895	0,7895	0,5789	0,5789

Figure 1. Total costs for MS drugs in euro



\*Official data solely concerning the costs of drugs for Multiple Sclerosis in Serbia is currently unavailable.

Figure 2. Total costs for MS drugs in %

