Medical Xpress

# Almost one-quarter of European countries do not provide access to biologics for arthritis

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Data from a study presented today at EULAR 2012, the Annual Congress of the European League Against Rheumatism, demonstrates the vast inequalities in access to biologics for the treatments of rheumatoid arthritis (RA) across 46 European countries, with 22% (n=10) of countries having no biologic reimbursed at all.

In the 36 countries with reimbursed biologics, only 27 had more than five biologics reimbursed. The number of reimbursed drugs showed a moderate to very strong correlation with economic welfare and an inverse correlation with RA health status. Annual average per patient prices ranged from €9,431 in Turkey to €21,349 in Germany. However after adjusting for purchasing power parity*, prices ranged from $14,446 to $61,552 which had a strong inverse correlation with economic welfare and a positive correlation with RA health. This demonstrates that countries with a lower socio-economic status have reduced access to biologics and a worse health status.

"Numerous clinical recommendations point to the role of biologic disease modifying anti-rheumatic drugs (DMARDs) when targeting treatment of RA to DAS28** below 2.6 However, biologics are expensive and thus European countries with lower healthcare funding have restricted access to these treatments," said Ms. Polina Putrik from Maastricht University, The Netherlands and lead author of the study. "The findings of this study should alert health authorities to further strive towards optimal, EU-wide standards for access to care because some of the patients who could benefit are being denied essential

treatments."

Further results of the Dutch study which included eight biologics (infliximab, etanercept, adalimumab, certolizumab pegol, golimumab, abatacept, tocilizumab and rituximab), showed that there were no consistent criteria across Europe for initiation of reimbursed biologics.

- In over half of countries (58%), no minimum disease duration was needed to initiate biologic treatment, whilst in the remaining countries (42%), patients had to have RA for at least three to 12 months
- Just under half of countries (47%) required failure on two synthetic DMARDs in order to qualify for biologic therapy
- In 86% of countries, a minimum level of disease activity that had to be fulfilled before treatment with biologics was initiated; one third of this group had a DAS28≥3.2 requirement and over half had a stricter requirement

The presented study was designed as a questionnaire survey which was distributed to one representative rheumatologist in each of the 48 European countries. The questionnaire response rate was 96% (n=46). To ensure comparability, national prices were converted into international dollars ($) to adjust for the countries' purchasing power parity. Data on GDP, health expenditure, median income and minimum wage were retrieved from web-based sources.

**More information:** Abstract Number: OP0011, AB0490

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