

Study Finds Access to High-priced Medicines May Differ Across EU

PRESS RELEASE

AMSTERDAM—Health Action International renewed calls today for greater medicine price transparency throughout the European Union (EU) following the release of its study which found that hospitals in member state countries with lower gross domestic products (GDPs) per capita may be paying proportionally more for some medicines than member states with higher GDPs per capita.

[*Access to High-priced Medicines in Hospital Settings in Europe*](#) assessed the published list prices of five high-priced, patented medicines in the hospital sector in Latvia, Spain, Austria and France. For all medicines studied, the price-to-GDP ratio was highest for Latvia and Spain.

“These results indicate that per capita GDP of a country is not related to the price of a medicine,” said Health Action International policy advisor and study author, Aliénor Devalière. “This may restrict the number of patients that can access these medicines, creating inequalities in medicines access and dire consequences for health outcomes.”

The authors also noted a significant barrier in accessing the final negotiated price for the studied medicines. This lack of transparency limits research into medicine prices in the EU, as well as the ability for governments to determine the amount spent on high-priced medicines used in hospitals.

“The management of high-priced medicines in hospitals is highly unregulated and secretive,” said Devalière. “This prevents countries from capitalising on strategies to bring down medicine prices, such as joint procurement opportunities with other countries.”

Based on the study findings, the authors offered the following recommendations to policy-makers at the EU and national levels:

- Ensure full transparency and public access to medicine price data in the EU, including discounts and rebates, through an annually-updated database.
- Survey pharmaceutical expenditures and consumption at national and international levels to better respond to increasing prices and demand for needed medicines.
- Develop an EU definition of ‘access to medicines’ and ‘high-priced medicines’.
- Develop joint strategies for purchasing with neighboring countries and exchange best practices and evaluations of medicines.
- Conduct further research on access inequalities and impact assessments.

The medicines selected for the study were trastuzumab, rituximab, abatacept, golimumab and sofosbuvir. They are used for the treatment of cancer, hepatitis C or rheumatic

diseases.

The per capita GDPs of the studied countries were as follows: Austria (€38,500); France (€32,400); Latvia (€12,100); Spain (€22,800).

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