

# Faster Access to Innovative Therapies with Risk-Sharing Agreements

- Cancer Medication Reimbursement Decisions from January 2012 to November 2021 in Finland

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## Does risk sharing mean faster and smoother patient access?

**Prashanthi Suganthan - *Pleasant Walk***  
Prashanthi, who is active in cancer advocacy, shares her paintings to bring about joy and positivity.

# Objective and background

## How has the *conditional reimbursement system (CRS)* affected patient access to innovative oncological and hematological medicines in Finland?

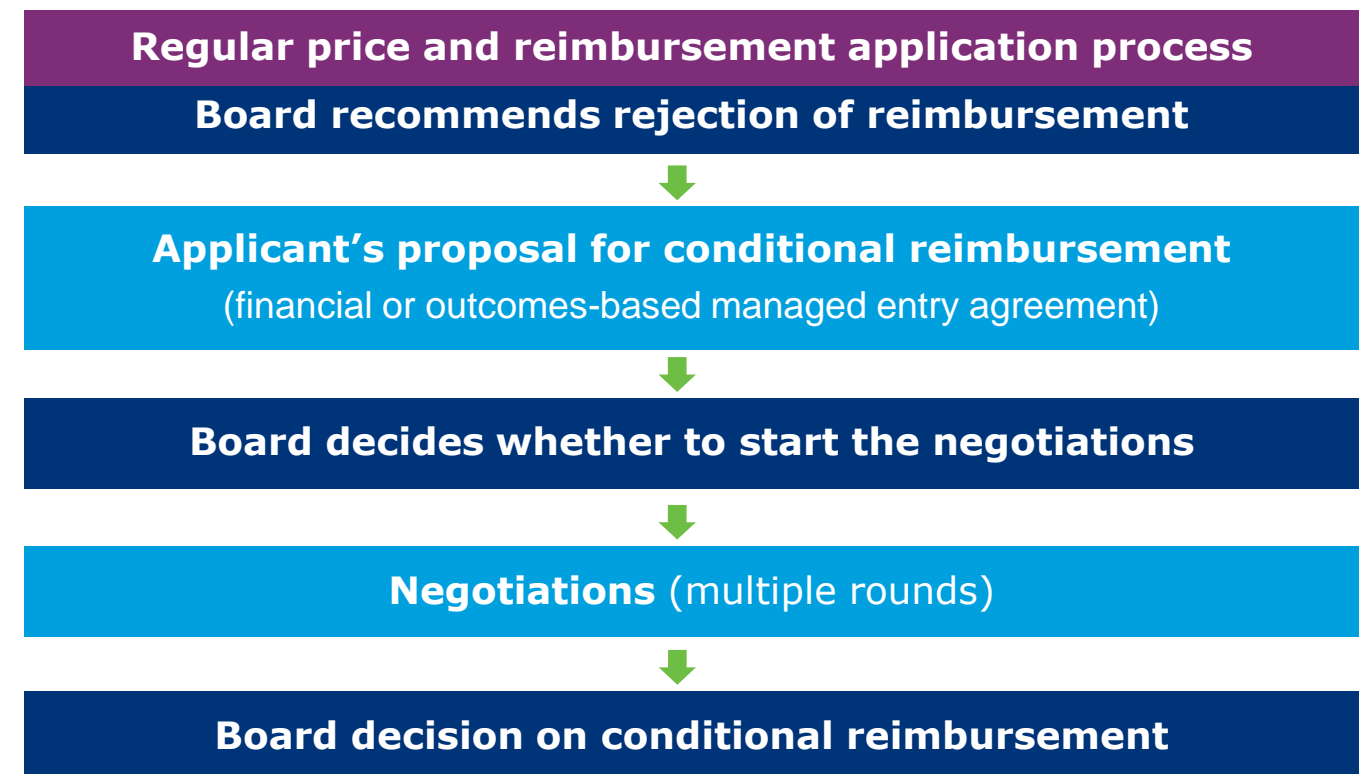
Application-based and publicly listed tariff-based reimbursement system for outpatient drugs.

A **health economic evaluation** is compulsory for new active substances and indication extensions.

Implemented in 2017, CRS has enabled confidential risk-sharing agreements with the Pharmaceuticals Pricing Board (PPB).

Over 50 drug brands reimbursed through the CRS, over half of them cancer medications, i.e., oncological or hematological drug treatments.

### Steps to conditional reimbursement



[Instructions on conditional reimbursement \(hila.fi\)](https://hila.fi)

# Reimbursement decision data from Finland

**All outpatient cancer drug reimbursement applications from 1/2012 to 11/2021**



## 50 cancer medications

- 237 applications
- 209 decisions
- 24 ongoing
- 4 withdrawals

## Comparison setting

- 2012-16: before CRS
- 2017: transition year
- 2018-21: CRS in action



## PICOSTEPS framework applied

Data reported here cover reimbursements.  
Poster HPR50 presents life-years gained (LYG)  
→ Poster session 4 of the US ISPOR 2022

## Preliminary outcome – APPROVAL

Changes in **reimbursement approval rates**

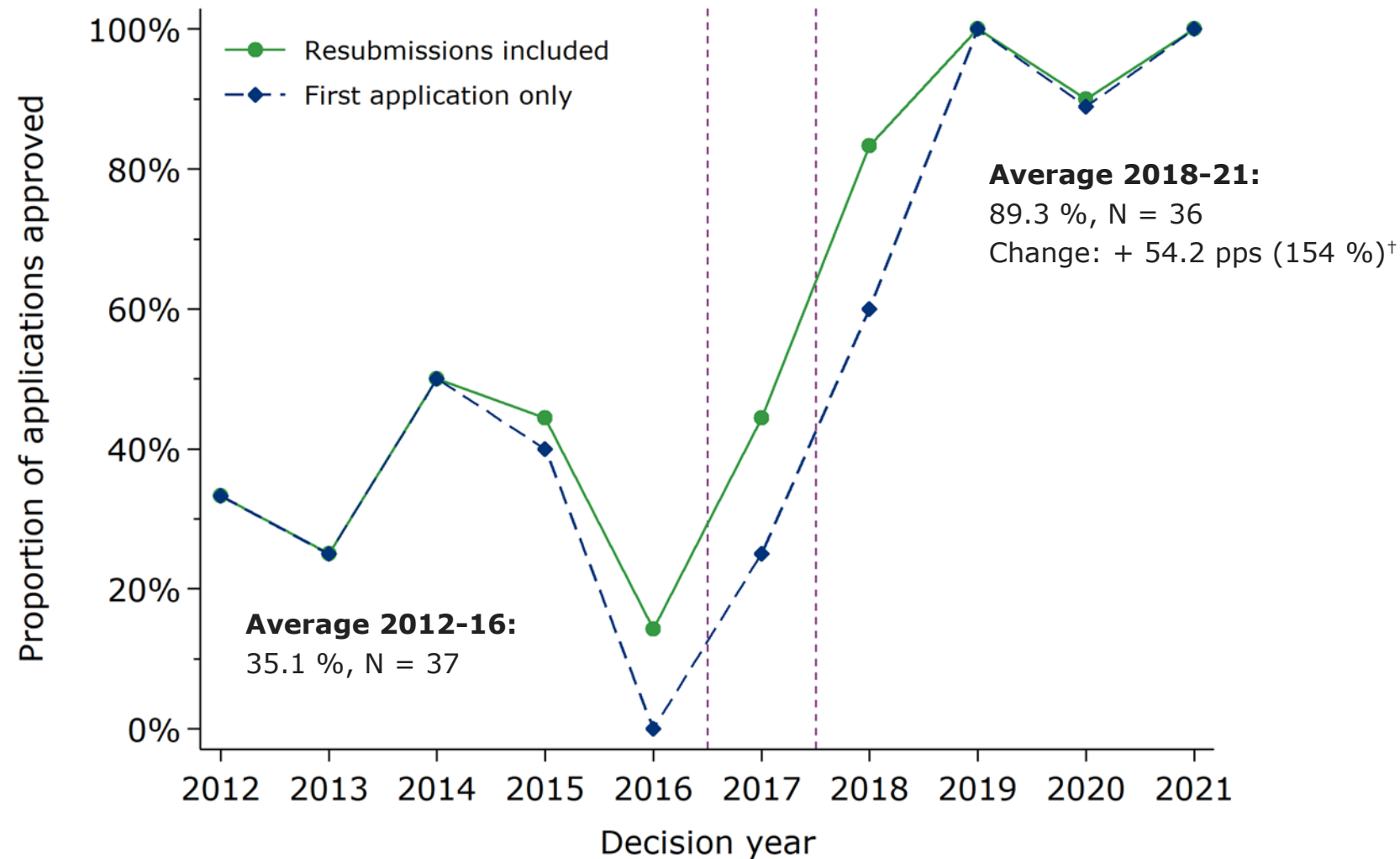
## Final outcome – ACCESS

Changes in **time to reimbursement**

# Results



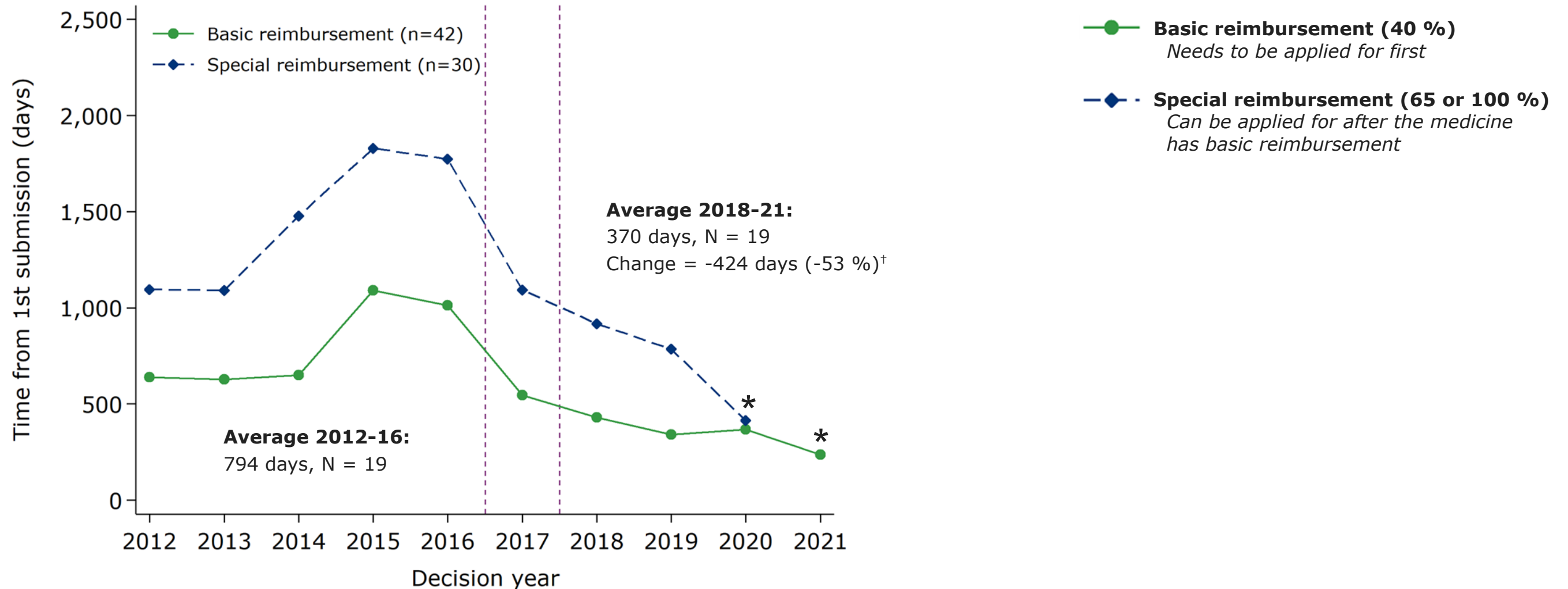
# First indication approval increased by 154 %<sup>†</sup> when including resubmissions of previously rejected applications



<sup>†</sup> Statistically significant Z-test,  $p < 0.001$ ; pps = percentage points

# 1.2 years faster access compared to 2012-16

The average time to basic reimbursement was shortened by 53 %<sup>†</sup>

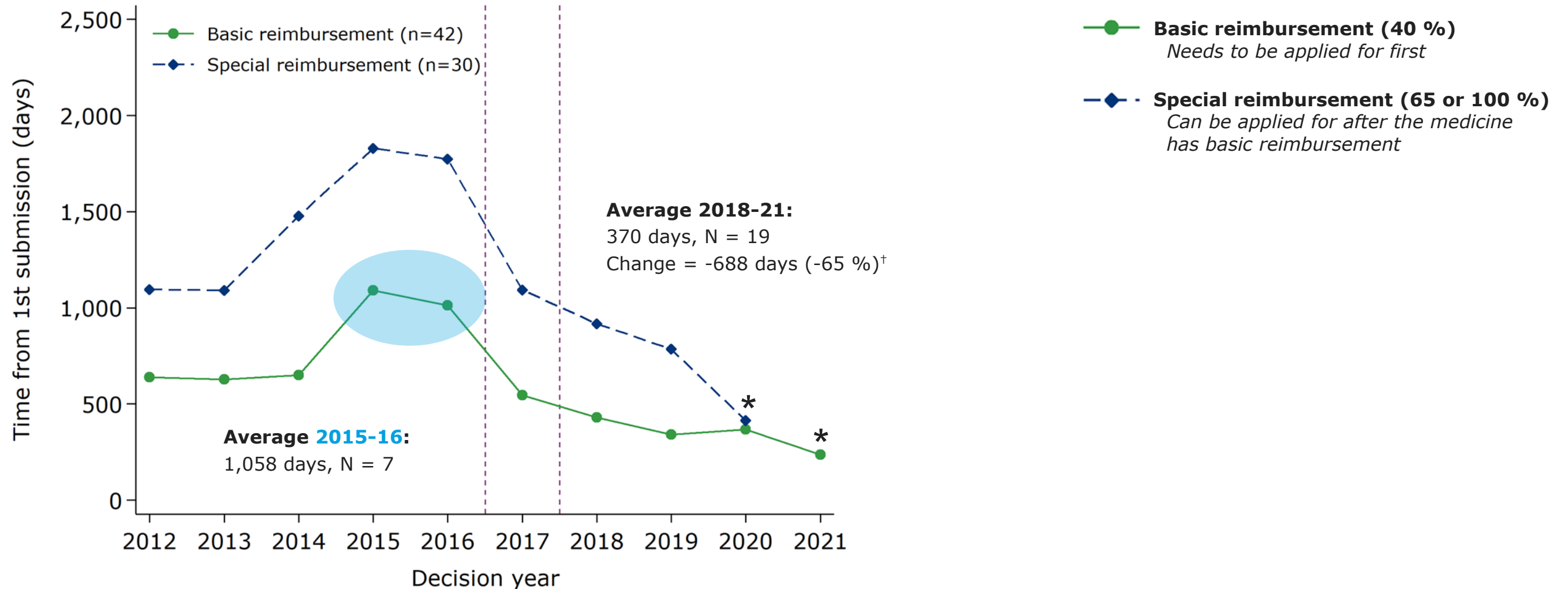


<sup>†</sup> Statistically significant, Mann-Whitney U-test, p=0.0125

\* 2020: Only 1 in special, 2021: Only 1 in basic.

# 1.9 years faster access compared to 2015-16

The average time to basic reimbursement was shortened by 65 %<sup>†</sup>



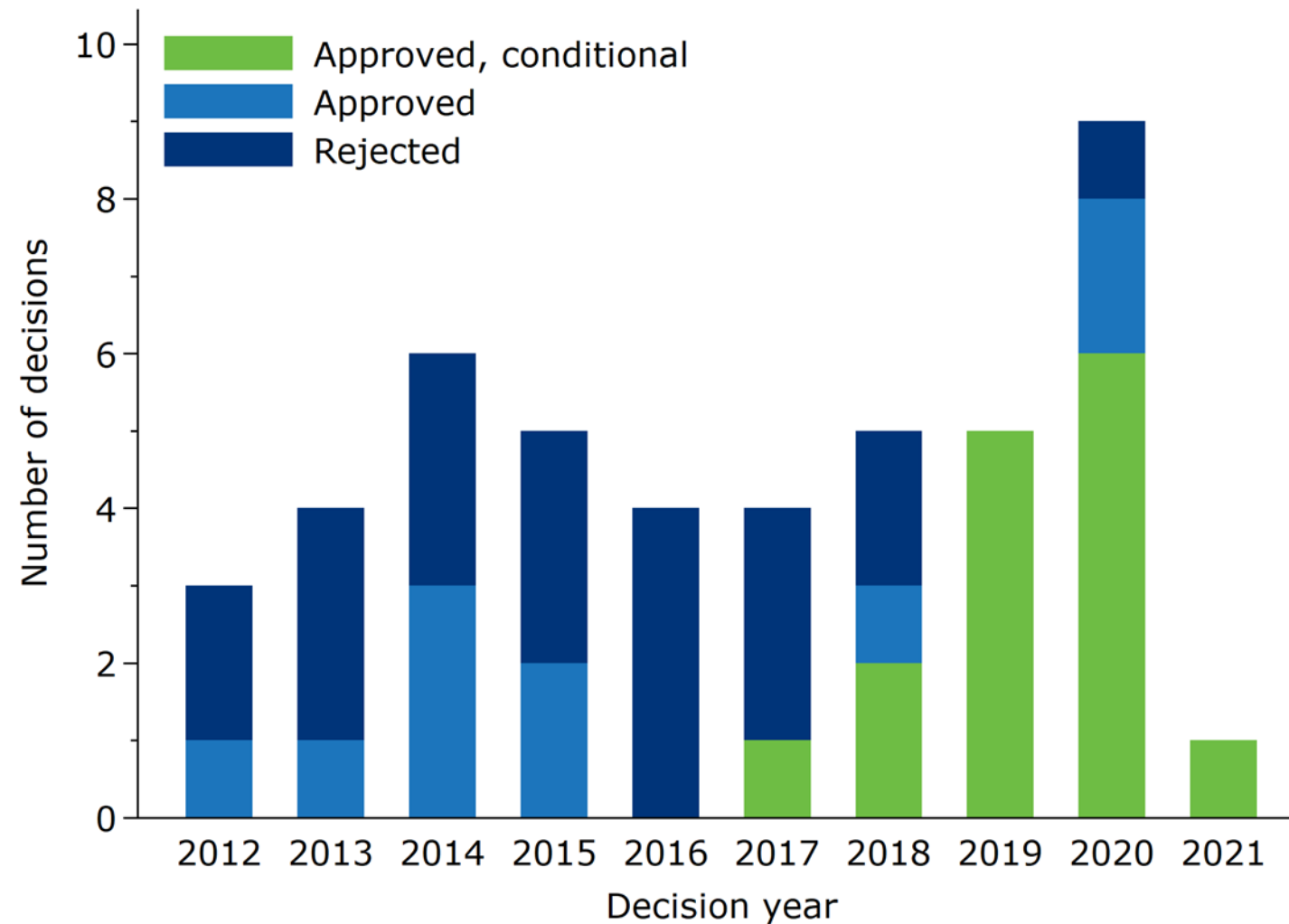
<sup>†</sup> Statistically significant, Mann-Whitney U-test, p=0.0011

\* 2020: Only 1 in special, 2021: Only 1 in basic.



# Typically, only one application is needed now

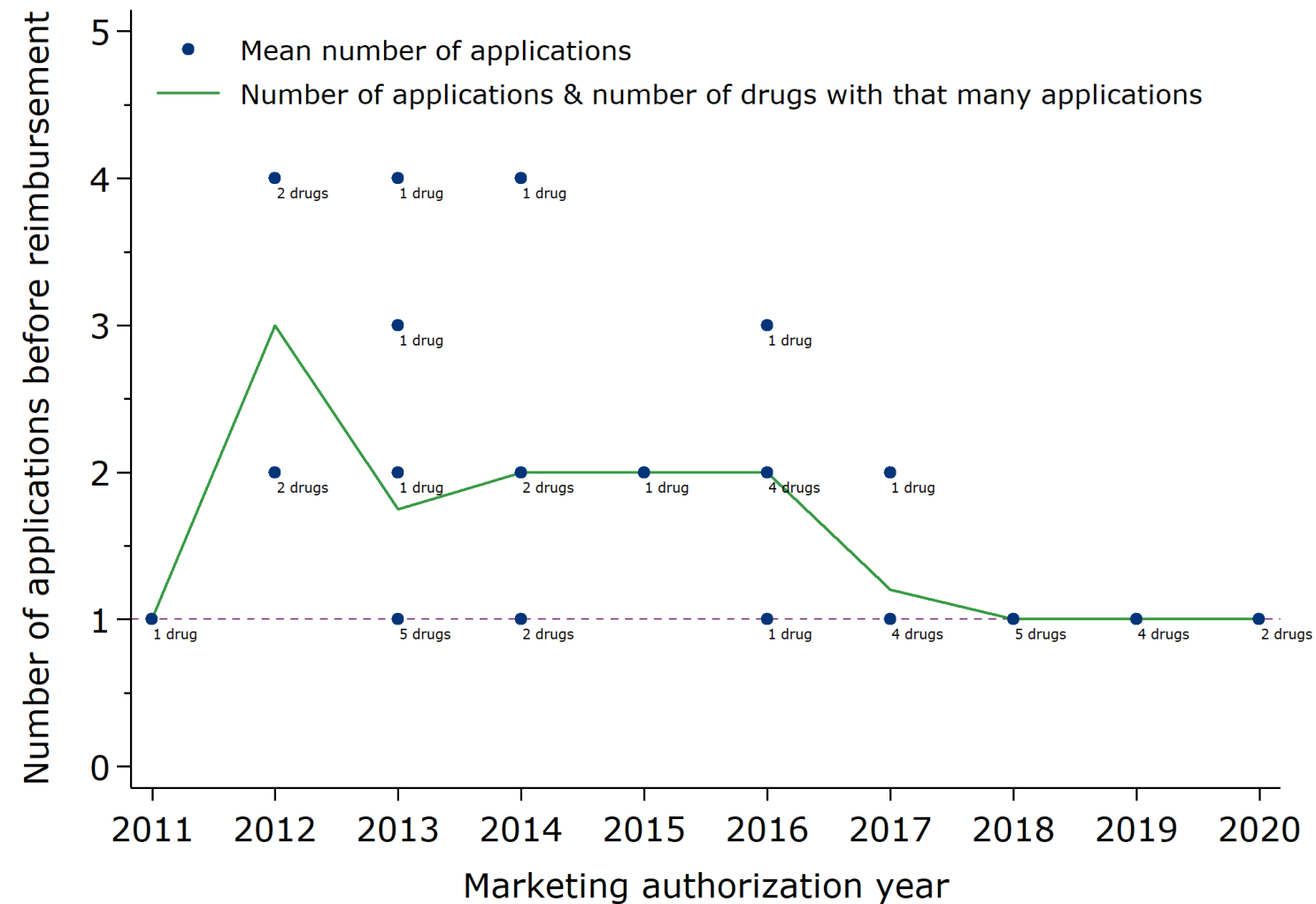
First submission approval has increased by 167 %<sup>†</sup>



<sup>†</sup> Statistically significant Z-test,  $p < 0.001$

# Typically, only one application is needed now

Prior to CRS, on average two (1-4) submissions were needed



# Conclusions

Finnish patients have experienced significantly **faster access** to new cancer medicines with flexible and innovative risk-sharing agreements enabled by the conditional reimbursement system (CRS).

The CRS has **improved approval** rates and decreased the assessment burden for new cancer drugs.

Poster HPR50 presents the survival impacts.

Thank you!

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