Steering a course to avoid the 'drug iceberg' -

the challenges of accessing new and innovative medicines in Ireland and the call for a new national strategy.

A CONSENSUS PERSPECTIVE FROM PATIENT GROUPS

The Medical Research Charities Group and
The Irish Platform for Patient Organisations, Science and Industry

medical research charities group
Unity is our Strength

IPPOSI

AUGUST 2017

The Drug Iceberg

A 'drug iceberg' in this context is a metaphor to describe the increasing concern that new, innovative and improved drugs will not be available, or will be significantly delayed to patients in Ireland because of weaknesses and gaps in the drug therapy approval/reimbursement process and concerns about the costs of such medicines. As such, only a minority of drug therapies appear above sea level. Below sea level are those drugs that have been delayed, and/or are widely available in other parts of Europe or which have not even been submitted for approval in Ireland because of the perception that there is an increasingly cold climate towards funding new, pioneering and enhanced drug therapies in Ireland.

The iceberg metaphor also reflects the potential for disaster for both patients and the exchequer in the absence of an adequate strategy which ensures Ireland has a drug therapy approval system built on the principles of fairness, equality, value for money, transparency, effectiveness and sustainability. The key recommendation of this report is the call for a new drug therapy strategy built upon these principles, which involves all key stakeholders.

Acknowledgements

The MRCG and IPPOSI wish to thank the Irish Human Rights and Equality Commission for accommodating the roundtable that lead to this report. Many thanks to Linda McGrath from MRCG and Ken Rogan from IPPOSI for coordinating the roundtable and to Linda in particular for drawing up the discussion document outlining our joint understanding of the drug therapy[1] approval process in Ireland (summarised in Annex One). We further wish to thank all the patient contributors and participants at the event. These include the case studies presented at the roundtable by Harriet Doig, Multiple Sclerosis Ireland; Clair Kelly, Muscular Dystrophy Ireland; Rachel Foley, Irish Cancer Society; Avril Daly, Retina International and Rare Diseases Ireland. Many thanks also to Danielle Barron - rapporteur for the event. This report was edited by Philip Watt (MRCG) and Derick Mitchell (IPPOSI) with many thanks to all who reviewed the draft of the report.

[1] The term 'drug therapy' used in this report aims to cover any medicines or medications used to treat disease.

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Foreword

The key recommendation in this report is the call for the development of a new sustainable national strategy on access to new and innovative drug therapies in Ireland involving all key stakeholders, including patient groups and the public.

There is an increasingly important debate in Ireland (and globally) about patient access to new, innovative and improved drug therapies. The debate to date has tended to focus on cost rather than impact. Patient groups concur that value for money and effectiveness are crucial considerations in developing a sustainable national policy on drug approval/reimbursement in Ireland. On the one hand, major advances in precision medicine and genetics/genomics have resulted in the emergence of exciting new drug therapies. In some cases, these are the first medicines to treat the underlying cause of a disease, in other cases they are a significant improvement on what is already available. On the other hand, many of these new therapies are expensive due to at least one or more of the following factors:

- The huge cost of developing the drugs and the associated need for pharmaceutical companies to recover costs and to secure funding for further research and development.
- The overpricing and concomitant extraordinary profit taking by some pharmaceutical companies.
- The inability of the Irish Government to either negotiate the best possible price or maximise potential savings in the existing drug therapy budget.

The Medical Research Charities Group (MRCG) and the Irish Platform for Patient Organisations, Science & Industry (IPPOSI) have come together to provide a space for patient groups to independently identify their own issues and concerns and to develop common positions and understandings in this area. The recommendations in this report are primarily drawn from discussions at a roundtable meeting of patient groups in the offices of the Irish Human Rights and Equality Commission on June 14th, 2017. The roundtable was convened to identify the gaps and weaknesses in the present drug reimbursement process and to highlight good practice, where it exists.

At the meeting, patient groups expressed a deep sense of frustration at the present system. The last thing patient groups want to do is spend time organising protests outside the Oireachtas and appealing to the general public and the media in order for the concerns of their members to be heard. However, under the present reimbursement system many feel there is increasingly no alternative.

The key recommendation in this report is the call for the development of a new sustainable national strategy on access to new and innovative drug therapies in Ireland involving all key stakeholders, including patient groups and the public. The development of such a policy has the potential to create an environment where patients do get early access to new and innovative drug therapies (in line with stated government policy) and where the need to recourse to advocacy and protest is at the very least significantly reduced.

The MRCG and IPPOSI together recognise that many of the issues raised in this report are already a matter of utmost concern for the Irish Government, opposition parties and senior civil servants in health policy. Nothing in this report seeks to personalise problems or detract from the sincerity and expertise of those in Government/statutory agencies addressing these issues, often with inadequate resources. Likewise, the pharmaceutical industry has played the most crucial role in developing new, innovative and improved drug therapies. This is not always fully recognised or appreciated and has, on occasion, been subject to cynical dismissal in public debate. As patient groups, we have gained an insight into the amazing scientific breakthroughs of recent years which have been largely funded by industry. However, there is room for further reform and transparency as well as efforts to further reduce the prices of drugs.

The next stage of this process is the interaction of patients with other key stakeholders, including industry and academia, to identify areas of consensus and possible solutions going forward. In short, the position of patient groups and patients in this report has not been formed by anyone other than the groups and patients themselves. The ultimate aim of this process is to seek to shape the drug approval process in Ireland by retaining what is good about the present system, whilst making significant changes to correct the weaknesses and gaps that are increasingly apparent.

Philip Watt
Chairperson, MRCG

Derick Mitchell
Chief Executive, IPPOSI

Current Patient Concerns

There is a growing list of drug therapies that have been approved for reimbursement in Ireland but for which no funding has been provided by the exchequer. There are also a growing number of drug therapies in the early or later stages of clinical development which have limited chance of being reimbursed in Ireland, irrespective of their efficacy, because of a retraction or major delays in drug therapy approvals in recent years.

While accepting that the cost of new and innovative drug therapies is often high, we would contend much of the additional costs should be met by savings obtained from the Irish Pharmaceutical Healthcare Association (IPHA) agreement 2016-2020. In September 2016 Minister Simon Harris TD, Minister for Health stated: 'The new Agreement, which runs to the middle of 2020, is projected to result in savings – that is, expenditure foregone – of some €600 million from IPHA companies, with a further €150 million in savings anticipated from non-IPHA companies over the lifetime of the deal.'[2]

Furthermore, in July 2016, the Minister contended that the savings would 'ensure that Irish patients continue to have access to new and innovative medicines and that Ireland remains in the forefront of its European peers in terms of early access to medicines in an affordable manner within available resources.'[3]

Patients are increasingly concerned that only part of these savings will be used for new medicines and a significant proportion of the savings will be subsumed back into the general exchequer. In addition, a recent independent report casts significant doubts[4] on the level of anticipated savings that will be made under the current agreement. So it may be that a significant proportion of these savings will never be realised.

The independent report suggests a significant overestimate of the value of the current agreement which if correct, should be admitted by both Government and IPHA companies. The Government should also further outline how Ireland will meet the stated ambition of being at the forefront of countries granting early access to medicines in Europe.

Of further concern is the sourcing of funds for new and innovative drug therapies by the Irish Government after 2020, when the present IPHA agreement concludes. The Government will then be faced with the twin pressures of 'super-drugs' becoming available thanks to huge investment (and risk) in research and development principally by pharmaceutical companies and with no clear plan to ensure sustained funding for these therapies.

The MRCG and IPPOSI believe that further savings on the existing budget for drugs outside of the present IPHA agreement can be made, and ring-fenced from, for example the recently announced[5] national biosimilars policy and future agreements with individual companies, in particular those presently not members of IPHA.

In May 2017, the Department of Public Expenditure and Reform published a spending review on the future sustainability of pharmaceutical expenditure which raises many important questions.[6] As part of the development of a new national strategy on drug therapies, as proposed by MRCG and IPPOSI, a public consultation on the sustainability of pharmaceutical expenditure would add significant value to the process. Equally, any future agreement between the government and pharmaceutical companies on access to new therapies and drug pricing would benefit from patient group participation.

[2]Simon Harris TD, Minister For Health. Opening Statement to the Joint Oireachtas Committee on Health. 29 September. Dublin

[3]Department of Health. State to Make Major Savings Under New Drug Pricing Deal. Press Release. 20 July 2016. Dublin

[4]Gorecki, P. The savings from the 2016-2020 Framework Agreement on the Supply and Pricing of Medicines in Ireland: which counterfactual? Economic and Social Research Institute, Dublin, Department of Economics, Trinity College Dublin. 31 May 2017. Munich Personal RePEc Archive.

[5]http://health.gov.ie/blog/policy/b/biosimilars

[6]Department of Public Expenditure and Reform (May 2017) Future Sustainability of Pharmaceutical Expenditure. Spending Review 2017.

In July 2017 the Irish Government agreed to fund nine drug therapies for heart disease, cancer and depression that had been significantly delayed (despite being previously approved in Ireland for reimbursement). Without future proofing an adequate budget for new, innovative and improved drug therapies, these delays, blockages and rows are set to continue.

A further issue is the additional challenges faced by patients and patient groups in relation to rare/orphan diseases as research costs and risks are higher. This is also increasingly an issue for drugs used in precision medicine for common diseases such as cancer where medications are increasingly customised for individuals, based on genetic or other molecular or cellular analysis. The commitment in the National Rare Disease Plan (2014-2018) for a bespoke committee on orphan drugs needs to be realised and resourced as soon as possible. We welcome the indications that action will be forthcoming on this issue shortly.

The role of the National Centre for Pharmacoeconomics (NCPE) which assesses drug therapies in Ireland for potential reimbursement is a vital focus for future reform. We welcome and encourage recent efforts by the NCPE to include greater Patient and Public Involvement (PPI) in the drug therapy approval process. However, it is clear the NCPE is under-funded and PPI needs to be specifically resourced if it is to work effectively.

The MRCG and IPPOSI believe that failure to address the issues highlighted in this report will cost the lives and affect the quality of life of some of the most vulnerable patients in Ireland. Instead of being at the forefront of accessing new medicines, patients in Ireland may be faced with the vista of these drug therapies being widely available in many other European countries but not in Ireland. In the absence of financial forward planning, the concern from patients is the prospect of an inevitable slide into drug rationing in Ireland, where the only people able to access certain new 'super drugs' will be the super-rich.

The MRCG and IPPOSI together wish to continue to play constructive roles in the improvement of the drug reimbursement/approval process in Ireland. In doing so we seek to be fair in this report in highlighting the good – i.e. the parts of the process that work well but which may need additional resources; and the bad - which include concerns about the lack of transparency after the Health Technology Assessment (HTA) stage is concluded; the need for greater PPI in all aspects of the process and above all, the avoidance of Government policy slipping into a de facto rationing of drug therapies.

Industry have a very important role to play going forward and are an important contributor to solutions. This includes the need for a new IPHA Agreement to part fund new and innovative drugs post 2020, including increased use of generics and bio-similars. The continued delivery of already available drug therapies should not be threatened by either the actions of the Government or by sharp practices by a minority of companies in the pharmaceutical industry.

We fully acknowledge the challenges facing the government in sustaining pharmaceutical expenditure in Ireland but it is unfair that Irish patients are being denied or are experiencing delayed access to new, innovative and improved drug therapies, many of which are available to our fellow EU citizens.

Key Recommendations

Key recommendations arising from this report are directed at Government, Pharmaceutical Industry/Regulators and Patient Groups and Registries.

Recommendations to Government include:

1. The key recommendation in this report is the call for the development and implementation of a new national strategy on access to new and innovative drug therapies in Ireland involving all key stakeholders, including patient groups and the public. This strategy should be based on the principles of fairness, equality, value for money, transparency, effectiveness and sustainability.

2. The full ring-fencing of the anticipated savings from the current and future agreements between the State and pharmaceutical companies for new, innovative and/or improved drug therapies.

3. An immediate review of the present IPHA Agreement to ensure that the savings of up to €750m will be fully realised.

4. Further savings on the existing budget for drugs outside the present IPHA agreement can and should be made and ring-fenced from, for example, a national biosimilars policy and agreements with individual companies.

5. Companies that are presently not members of IPHA should be required to be part of a new and sustainable national strategy on access to new and innovative drug therapies in Ireland.

6. Clarification, consistency and transparency on the post-HTA phase of the drug approval process in Ireland. This has changed several times in recent months, which is undermining patients' confidence in the system. Similarly, clarification and reform of the drug reimbursement process at hospital level is required. It is unclear to patient groups why some high-tech drugs are reimbursed from hospital budgets and others from a national budget.

7. An explicit commitment from Government that it is not embarking on a course of developing a de facto 'drug rationing policy' arising from an imbalance between the weight of views given to those in public expenditure versus those who are primarily concerned with access to better health, including better access to drug therapies in Ireland.

8. Building on existing positive PPI initiatives from both the NCPE and agencies in England and Scotland to further develop appropriate clinician and patient involvement in the drug approval/reimbursement process. The NCPE needs additional resources for this and related purposes.

9. There is a global debate taking place, particularly among health economists, on whether the existing HTA/QALY systems takes into account the emergence of 'superdrugs' for all diseases; the new challenges inherent in precision medicine; and the additional hurdles faced by those developing drugs for rare diseases. Emerging changes and practices should be actively considered for adoption by the appropriate agencies in Ireland.

10. Patient groups will be included in discussions on macro health policies in relation to drug assessment and reimbursement including, for example, in future agreements that presently only involve the Government and the pharmaceutical industry.

11. A clear policy on developing and resourcing patient registries needs to be developed. Registries are well placed to contribute to monitoring the effectiveness of medications and creating favourable conditions for the undertaking of clinical trials in Ireland.

12. The potential of European Reference Networks (ERN's) and the possibility of drawing on the expertise of patient bodies active at a European level should be given greater consideration by the Government in the access to drugs debate at EU/Council of Europe level.

13. Access to new, innovative and improved drug therapies should be given greater protection within existing human rights instruments. Ireland has a role to play in this process at international level.

Recommendations to the Pharmaceutical Industry/Regulators include:

1. While accepting the reality that research and development costs for new drug therapies are often very high, pharmaceutical companies need to do considerably more to ensure that pricing of new, innovative and improved drug therapies in Ireland is fair and avoids extraordinary profit taking.

2. Patient groups should be included in discussions on macro health policies in relation to drug assessment and reimbursement including, for example, in future agreements that presently only involve the Government and the Pharmaceutical Industry.

3. The commitment by all pharmaceutical companies that those patients who take part in clinical trials for a successful drug therapy should be entitled to remain on that drug for the rest of their lives, irrespective of whether the drug is reimbursed in Ireland or not.

4. The ending (by a minority in industry) of some unacceptable practices such as threatening to remove access to medications from patients who are already receiving them on compassionate/managed access grounds.

5. To participate in the review and update of the HTA/QALY system in the context of recent scientific breakthroughs and pharmaco-economic advances for both common and rare diseases.

6. Companies and regulators alike should work to strengthen their readiness towards patient engagement to ensure that patients and their needs are embedded at the heart of drug therapy development, regulation and lifecycle management.

7. The increased use of stratified medicine tools in the development and assessment of drug therapies in order to better identify patients most/least likely to benefit from therapies.

Recommendations to Patient Representative Groups and Registries include:

1. The need for all patient groups to keep fully appraised on the drug therapy approval and reimbursement processes in Ireland and the recent/on-going changes.

2. To jointly develop patient-led guidance for transparent interaction with industrial partners in Ireland, drawing on similar guidelines developed in other European countries. This will seek to complement codes that are already in place for the pharmaceutical industry.

3. The further development of PPI good practices with key stakeholders across a wide range of policy and research areas and in particular Health Technology Assessment.

4. The capturing of quality-of-life and/or healthcare data, including the cost of 'not treating' patients which could be incorporated into NCPE submissions/HTA process.

5. To be more proactive in delivering the patient group perspective to the media / general public on macro policy related to access to drug therapies in Ireland.

6. To encourage their membership to avail of patient education/training/capacity building opportunities which are increasingly available through groups such as IPPOSI, EUPATI and others.

7. To engage in forward-planning with respect to pipeline drugs in their respective condition, including managing member's expectations re: suitability/eligibility for a particular therapy.

MRCG and IPPOSI, in partnership with individual patient groups, have a key role to play in many of the recommendations above.

SUMMARY OF DISCUSSION:

The patient group experience of accessing new drug therapies in Ireland – good and bad

This section is a summary of the discussion at the patient group roundtable on June 14th, 2017

- This meeting saw a wide range of patient group representatives discuss the recent experience of patient groups in seeking to ensure access to new and innovative drug therapies for their patients. There is significant concern about the number of therapies currently awaiting approval in Ireland.
- Patients are concerned about the lack of transparency and accountability within the medicines approval process, particularly in the post Health Technology Assessment (HTA) stage.
- The ad hoc approach to centralised vs hospital budgets should be clarified and addressed.
- Ireland's reputation as a difficult environment within which to obtain approval may deter manufacturers from making submissions for new therapies here.
- Patients are more informed and have higher expectations; the burden is now on patient organisations to manage these expectations as it becomes more difficult to gain access to ground-breaking therapies.
- Patient organisations require more information and/or training on the drug approval/reimbursement process.
- Patient groups could play a role in gathering valuable quality of life data, which could be incorporated into drug assessments.
- Lack of access to a potentially life-extending or lifesaving therapy should be viewed as a human rights issue and treated accordingly.
- Patient groups should not be placed in the position of lobbying for vital drug therapies because of the gaps and weaknesses in the present system.
- There are particular additional challenges arising from the approval and reimbursement of drugs for those with rare (orphan) diseases.
- Collaboration and cooperation between patient groups, together with the NCPE and HSE, will be critical to addressing these challenges.

SESSION 1:
Understanding the drug therapy approval process in Ireland

Chaired by Philip Watt, Chair of the Medical Research Charities Group

This session aimed to:

• Provide an overview of the most recent changes to the drug therapy approval process in Ireland.

• Describe and explore the experience of patient groups in participating in this process.

The current process for the supply and reimbursement of drugs was outlined by the MRCG's Linda McGrath. It was noted that a significant number of drug therapies have been awaiting approval since 2015. The group heard that there are conflicting opinions on exactly how the reimbursement procedure works, therefore the discussion was based on the best understanding of that.

Several key points emerged:

- **Transparency** is a major issue. Many patient representatives feel that the process is overly lengthy, complex and lacks clarity. While the NCPE has a comprehensive website and is easily contactable, once the drug goes to the HSE for approval the process is not well understood and there appears to be buck-passing between the Department of Health and the HSE. There is a high level of confusion among patient representatives regarding the exact process. For example, it is unclear what impact submissions by patient groups have on the NCPE/HSE approval process, as there is little or no feedback on the content of same, and similarly, it is not clear how these submissions are weighted, per se, against clinical data.
- The current process is **expensive and burdensome.** There is concern among patients that manufacturers are unlikely to make a drug available in a country where there is no clear pathway to reimbursement. Manufacturers of therapies which have been unsuccessful in the NCPE rapid review process may decide not to proceed with a full Health Technology Assessment (HTA) for reasons of cost. Patient representatives described this as enormously frustrating but acknowledged that many pharmaceutical companies, especially those smaller in scale, do not necessarily have the capacity for lengthy HTA. Ireland's small market may also negatively affect these decisions. The concept of a "drug iceberg" was discussed – beyond the drugs that are not receiving approval, many may not even be submitted for approval in Ireland. It may also mean that pharmaceutical companies are unwilling to hold clinical trials here, and thus Irish patients do not receive early access to innovative therapies. Merging of smaller companies was also highlighted as a potentially problematic issue, with a lack of continuity and consistency causing problems for patients and families.
- **The lack of a centralised budget** for most drugs means that accessibility may depend on geography and/or the hospital budget – a de facto "postcode lottery". While oncology therapies are funded centrally, many other innovative therapies are not. Patient groups highlighted the cases of several patients who had been prescribed new therapies but were still unable to access them; some organisations had engaged in lengthy lobbying processes to have therapies funded via a centralised budget to ensure access. The shared concern is that, as newer therapies emerge in certain disease areas, extra funding may not be made available for them. Clarification was sought on why a drug is funded centrally versus via the hospital budget.
- **The issue of lobbying** for reimbursement of drugs often falls to patient groups and patients. The need to lobby is aggravated by the absence of adequate transparency and weaknesses and gaps in the present reimbursement process.
- Attendees agreed that while the current **NCPE patient organisation submission template** was welcome, it is now inadequate and has significant limitations; it was suggested that an updated version is now needed in addition to

guidance / examples of 'ideal' / successful submissions. Many new therapies are addressing the underlying cause of diseases and not simply the symptoms and this is not reflected in the current template structure. It was suggested that a new version of the template could be drafted with the input of patient groups and tailored to individual circumstances. The NCPE are open to meeting with patient groups, and attendees agreed this direct engagement is welcome; the NCPE also hold training days for industry, and patient organisations have in the past attended these via IPPOSI. While these training days are very technical, there was agreement from those who had attended that they are extremely beneficial. There was consensus amongst the group that the current HTA process is not fit for purpose, and that the focus of such assessments needs to be broader in terms of taking into account patient-reported outcomes, overall quality of life and other significant aspects of the patient experience.

Case Study: Harriet Doig, Multiple Sclerosis Ireland

There are two distinct types of MS medications – disease-modifying therapies that act on the underlying mechanisms of the condition, which slow progression of the disease, and symptomatic treatments such as those that improve mobility problems. One drug Fampyra had been provided as part of a trial, but reimbursement was refused by the NCPE. Patients were forced to self-fund, at a cost of several hundred euro per month. Through a major media/social media campaign MS Ireland produced the Access to Medicines Education Handbook in August 2015, which included template letters for patients to write to TDs, etc. The medication was eventually funded on a "responder" basis, where patients must have achieved certain improvements in walking speed. After some initial issues, this is now working well.

MS Ireland has also been engaged in a protracted battle to achieve centralised funding for two new second-line MS medications. Prior to this, patients had reported lack of access in certain hospitals, despite the therapies being prescribed by their consultants. This was achieved by working closely with clinicians and patients. There is significant concern regarding funding for future innovative MS medications; for example, Sativex, the cannabis-based medication has been refused reimbursement at the proposed price.

Case Study: Rachel Foley, Irish Cancer Society

The Irish Cancer Society is a triad of advocacy and support services, as well as investing in clinical research. The focus of the organisation is on cancer as a whole, representing patients with over 200 cancers. There are 40,000 new cases of cancer annually and there are 170,000 cancer survivors alive today, many of whom require treatment and management of long-term side effects. Early investment by the pharmaceutical industry into oncology drugs has led to improved outcomes for patients. There has been recent investment into rarer cancers but this will mean more expensive therapies. The scale of investment is a recognition of the impact of cancer on the Irish population. There is a special reimbursement process for cancer drugs and a centralised budget for cancer therapies. There are 30 cancer therapies currently awaiting reimbursement. The policy of the Irish Cancer Society is that it does not comment on drug reimbursement, but it does support policies that would improve patient access to therapies. They also encourage patient organisations to work together on ensuring access to therapies through the work of bodies such as the MRCG, IPPOSI and the Rare Disease Task Force.

SESSION 2:
What needs to change in the present drug approval system?

Chaired by Tomás Carroll, Chair of the Irish Platform for Patient Organisations, Science & Industry

What needs to change in the present drug approval system?

Tomás Carroll outlined IPPOSI's long-standing involvement in this area and on-going working relationship with the NCPE and other stakeholders. One of the primary reasons for IPPOSI being founded was to improve access to new and innovative therapies for Irish patients and this remains a key objective.

Several Key Points emerged:

- **Patient involvement** at the very earliest stages of drug development is essential. This will result in relevant endpoints being incorporated into clinical research. As public and patient organisation-funded research leading to new treatments continues to grow, this difficulty must be addressed in order to ensure a sufficient return on investment. It was recognised that this research can be of significant commercial value.
- The stakeholders present also agreed that there are significant difficulties for Irish **patients accessing therapies via clinical trials**. Many have been forced to travel to partake in clinical trials for orphan drugs. Some companies are more generous than others when it comes to compassionate access/early access; but there are no standards in this process. Other companies are turning away from early access as receiving a negative HTA outcome brings negative publicity. There is also the concern that access to the drug could be seen as a benefit/payment in kind by the company to the patient.
- **Communication:** The importance of patient organisations in highlighting the human impact of positive and negative decisions on drug reimbursement was emphasised; treatments will have different impacts on different patients in terms of quality of life e.g. active adolescents. There is limited understanding of the progressive nature of some conditions and quality of life issues are often overlooked. Patient organisations should attempt to collect qualitative/quantitative data on quality of life so that it can be of future use. In addition, some rare disease patients contend they are almost being made feel responsible (shamed) by some media coverage and publicity surrounding the reimbursement and funding of expensive orphan drugs and the impact on the overall drugs/health budget. The overall drugs and health policy needs to be focused on the needs of the few as well as the many. The "value-based" narrative of the HSE and NCPE further adds to this, the group agreed. The distinct lack of communication between patient organisations and the NCPE/HSE during the assessment process, once started, was also highlighted.
- **Collaboration and cooperation is key**, and the European Reference Networks (ERNs) were seen as one key mechanism for this. As HTAs are to be carried out within the ERNs, this may de-risk investment and reduce costs, so this should be taken advantage of by all sides – both member states and industry.
- **Inconsistencies in pricing** across countries in Europe (for example, price differentials between Scotland and Ireland), could be addressed by countries cooperating together. The example of the Benelux countries (+ Austria) cooperating on pricing was given. It was noted that the cost of NOT treating patients is rarely/never taken into account during the drug approval process; these medical and wider economic costs could be quantified by patient organisations. This could and should be incorporated when determining the budgetary impact of any new therapy. The group agreed that there is a wider misconception that the HSE/health service will be inundated with a large number of expensive hi-tech drugs in future. This is not the case, and what is needed is specific action on a relatively small number of therapies. **Risk sharing schemes and access to pipeline therapies** (the latter is an innovative part of the recent agreement on Orkambi for Cystic Fibrosis) seem to be a viable prospect and are used elsewhere with varying levels of success.

- Delays in the approval process and the resulting lack of patient access to drug therapies is a significant problem – **many rare diseases are progressive and time is critical**.
- Access to drugs, or lack thereof, is seen as a **human rights issue**, the group agreed. The Human Rights and Equality Commission could be involved in ensuring access to new drug therapies is more fully recognised as a human right.
- **Patient-centricity** is emerging as an embedded concept within the pharmaceutical industry, as well as medicines regulators (e.g. incorporating patient-reported outcomes). This is a positive move but may take years to deliver a tangible improvement. A roadmap is needed for meaningful patient engagement.

Case Study: Avril Daly, Retina International and the Genetic and Rare Disorders Organisation (now Rare Diseases Ireland)

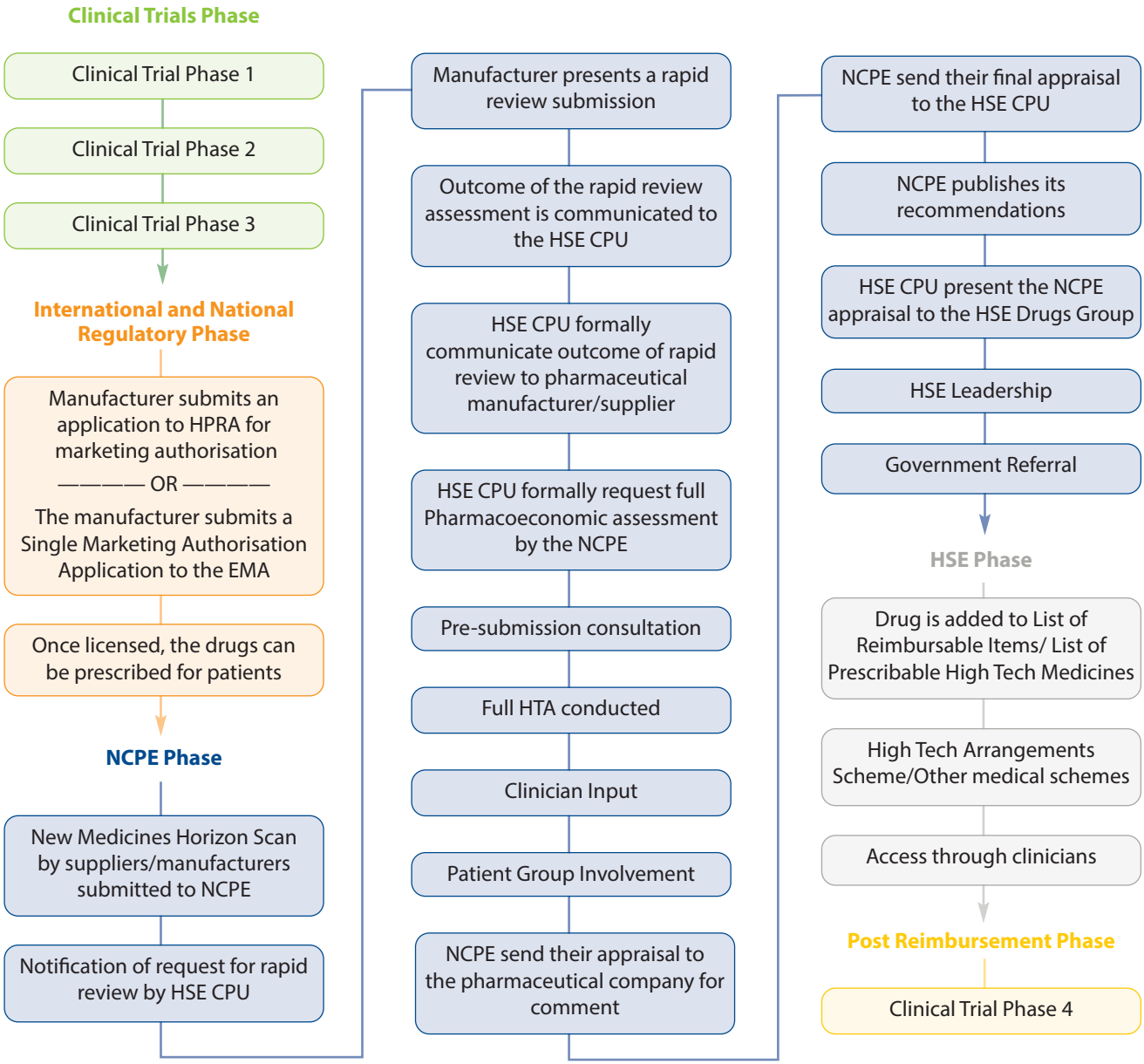
The issues in the rare disease space differ to those of other, more common conditions. Orphan drugs are historically difficult to access. Access to hi-tech, gene and cell-based therapies is limited, as discourse on medicines in Ireland tends to be based on value and smaller patient populations are not thought to provide this. Therapies often emerge from patient-led and patient-supported research. Patient organisations are thus working on early engagement with regulators, and it is becoming apparent that the clinical endpoints used for assessment of these new therapies are irrelevant or inappropriate. Earlier engagement is key and the critical role of patient organisations in drug development must be recognised. Patient organisations are uncertain as to where they should place their time, energy and resources; in many cases the patient organisations are inadequately funded to provide crucial services, such as patient registries. Innovative orphan drugs will be high cost in nature and this must be planned for.

Case Study: Clair Kelly, Muscular Dystrophy Ireland

It is currently an exciting time for muscular dystrophy with the emergence of new treatments and a high level of innovation in an area of high unmet need. Yet the availability of these therapies brings challenges particularly with regard to approval and reimbursement. The overarching narrative within the Irish healthcare system is that orphan drugs and hi-tech therapies are seen as a negative issue, rather than as an opportunity for patients. Muscular Dystrophy Ireland (MDI) has been working for the past two years to access Translarna. A limited number of patients will benefit from this drug, if reimbursed, so while the individual cost of the drug is high, the budget impact is relatively low. Their experience has been a disappointing and frustrating one. A number of new therapies are also in the pipeline, and this will place additional burdens on budget as well as the regulatory system. It will not be feasible for patient organisations to lobby and advocate for each individual treatment that is introduced. The issue of cost seems insurmountable, and patient organisations may need to manage expectations, which is difficult due to the emotions involved with a disabling and debilitating illness. Expanded access programmes, managed risk programmes, managed access and fast-track programmes should be explored – however currently it appears there is little or no appetite for such schemes. A fair and transparent process is what patient organisations are seeking when it comes to drug therapy approval and reimbursement.

ANNEX ONE: The drug therapy approval process in Ireland

Supply and Reimbursement of Drugs: From Clinical Trial to Patient Access



ANNEX TWO: Abbreviations

DPER	Department of Public Expenditure and Reform
EMA	European Medicines Agency
ERN	European Reference Networks
HPRA	Health Products Regulatory Authority
HSE CPU	Health Service Executive Corporate Pharmaceutical Unit
HSE PCRS	Health Service Executive Primary Care Reimbursement Service
HTA	Health Technology Assessment
IPHA	The Irish Pharmaceutical Healthcare Association
IPPOSI	Irish Platform for Patients' Organisations, Science and Industry
MRCG	Medical Research Charities Group
NCPE	National Centre for Pharmacoeconomics
PPI	Patient and Public Involvement
TCD	Trinity College, Dublin
QALY	Quality Adjusted Life Year

NOTES:

NOTES:

medical research charities group
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An Roinn Tithíochta, Pleanála, Pobail agus Rialtais Áitiúil
Department of Housing, Planning, Community and Local Government