EURORDIS SURVEY ON ORPHAN DRUGS AVAILABILITY IN EUROPE

Fabrizia BIGNAMI, PhD
Eurordis Therapeutic Development Officer

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Availability from the patients’ point of view

Designation, M.A. : European process

National availability for patients ?
1. Objectives, methods and data collection

2. Analysis by country

3. Analysis by product
Objectives of the study:

- To diagnose the limitations in access for patients
- To identify possible solutions
- To allow EU patients to really benefit from the scientific, financial and administrative investments made at the EU level.
Methods (1): Requested data

• Date
  ▪ National registration
  ▪ First availability for patients
  ▪ First sales

• Price
  ▪ Ex-factory
  ▪ For pharmacies
  ▪ For patients

• Reasons of unavailability
• Level of reimbursement
• Population of treated patients (provided amount of drug)
Methods (2):
Parameters of analysis, normalised for each drug

- **National/European Price** (% of the European Price Mean)
- **Time from European MA to national availability** ($\Delta T$ vs European Mean Time)
- **Maximal population treated per country** (Availability, prevalence, population)
- **1-year cost of treatment per patient** (National price, drug dosage)
- **Total 1-year cost of treatment of all nationally available OMP per inhabitant** (Price, dosage, prevalence, population)
- **National 1-year cost of treatment according to country GDP** (Price, dosage, prevalence, population).
## Methods (3): Targets of the survey

22 drugs x 28 countries : 616 possible situations

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22 drugs x 28 countries = 616 possible situations
### Methods 4: The tartan of collected information

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Methodology (5): The last bastion of secrecy

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Methods (6): Countries responding…or not

- « reluctant countries »
  - Most mediterranean countries
  - Swiss & Luxembourg
  - Some new europeans
  - Associated countries
Methods (7): Companies responding… or not

• « Confidential OMPs »
  - Busilvex
  - Litak
  - Onsenal
  - Prialt
  - Replagal
  - Revatio
  - Somavert
  - Ventavis
  - Xagrid
  - Xyrem

• Reluctancy to communicate: more cultural than industrial (professional) hurdle
  - Chemicals drugs
    (59% for chemicals vs 25% for biologics)
  - Geographical origin
    (70% for EU vs 33% for non-EU companies)
  - Unrelated to company size
    (46% for Major, 56% for Medium or Small)
Methods (7): Discussion

• **Shortcomings**
  - Missing data
  - False data
  - Prevalence >> treated population
  - Drugs for same/similar indications (Fabry dis., HTAP)

• **Added value**
  - Presentation of a collective point of view
  - Origin of the limitations on availability
Availability by country: the current situation

- Number of OMPs
- Time to availability
- Price/Cost
Available OMPs by country: the current situation

Number of available OMPs

- 20-21
- 15-19
- 10-14
- 5-9
- 0-5

[Map showing the distribution of available OMPs by country]
Available OMPs by country: the current situation

Number of available OMPs

- 20-21
- 15-19
- 10-14
- 5-9
- 0-5
Availability of OMPs by country: the current situation

Number of available OMPs

OMP authorised before 01/01/04

OMP authorised before 01/01/06
Availability of OMPs by country: the current situation

How many patients for how many OMPs?

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<tr>
<th>Number of OMPs</th>
<th>20-21</th>
<th>15-19</th>
<th>10-14</th>
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<td>n/10 000</td>
<td>24-30</td>
<td>18-24</td>
<td>12-18</td>
<td>6-12</td>
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Cumulated prevalences of diseases

Number of OMP authorised before 01/01/06
Availability of OMPs by country the current situation

How many patients for which cost?

Patients concerned / 10 000 inhabitants
Cumulated prevalences of concerned diseases

24-30
18-24
12-18
6-12
0-6

40-50 €
30-40 €
20-30 €
10-20 €
0-10 €

n/10 000 Charge/inhab.

cost / inhabitant / year
Averaged OMP price compared to European mean price

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<th>Ex factory price</th>
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National commitment

Relative values according to the GDP

Financial commitment index
Averaged time to availability compared to European mean

MA → National registration

MA → First sales

Number of days
- >360
- 180 to 360
- 0 to 180
- -180 to 0
- -180 to -360
- < -360
Conclusions

• Large differences in the number of available OMPs
  ▪ Some countries ignored?
  ▪ Dramatic differences in national commitment (cost vs GDP) Some countries do not consider rare diseases a priority?

• Unexplainable differences in time to availability

• Very low variability in ex-factory price (need of confidentiality ?)
  ▪ Equity for all?
  ▪ Inequity for « poor » countries (flexible price in a global market)

• Low variability in user price
Availability by product: the current situation

• Number of Countries

• Time to availability

• Price/Cost
Availability by product: the current situation

Number of countries

- Pedea
- Wilzin
- Glivec
- Fabrazyme
- Aldurazyme
- Zavesca
- Trisenox
- Somavert
- Replagal
- Venlafaxine
- Orfadin
- Xagrid
- Lysodren
- Nexavar
- Revatio
- Xyrem
- Prialt
- Photobarr

Bar chart showing the number of countries where each product is available.
Availability by product: the current situation

Number of countries

- Pedsea
- Wilizin
- GLivec
- Fabrazyme
- Aldurazyme
- Zavesca
- Trisenox
- Replagel
- Ventavis
- Busilvex
- Lilak
- Orfadin
- Xagrid
- Lysodren
- Nexavar
- Revatio
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- Photobarr
Strategy to cover the European market

• The smaller the country, the less attractive it is:
  - Drugs available in 7 countries: 50% of the global population
  - Drugs available in 14 countries: 75% of the global population
  - Drugs available in 21 countries: 90% of the global population
  - Drugs available in 28 countries: 100% of the global population

• A dynamic process: the older the M.A., the higher the # of countries
  - Overall: 6 countries fast served, then 3 new countries/year
    (# countries = 5.7 + 0.24 months; p<0.02)
Determining factors for patient’s access to OMP

% of the population acceding to the drug

Overall mean: 69%
Time from European M.A. to first sale of OMPs

Overall mean: 
341 days
Which hurdles for access to OMPs?

Time from M.A. to Registration (days)

Time from M.A. to First sale (days)
Effect of rarity on price: fear or reality?

One year-cost for a patient

- The rarer the indication, the higher the individual cost
  but not proportionally

- 100 times lower the prevalence
  10 times higher the individual cost

Individual cost = 14 K€/prevalence^{0.53}
p<0.02

Global cost for a country

- The more frequent the indication, the higher the global cost
  but not proportionally

- 100 times higher the prevalence
  10 times higher the global cost.

Cost/million inhabitants = 1400 K€ x prevalence^{0.47}
p <0.05
Prevalence of the disease vs «prevalence of the use»

- Use frequency <<< prevalence
- It takes time to widen the treated population
- High variability between countries, up to 4 years after MA
Overall Conclusions (I)

Heterogeneous Access:

- Countries with a small population suffer from a longer delay in availability of OMPs.
- We are shocked that in some countries with high GDP there are only a small number of OMPs really available.
- We can understand that this situation is also a result of commercial strategies, but patients cannot accept it and it is against the legislation.

- **MS independence is protected by the principle of subsidiarity, but they also have to respect the EU rules and the patients’ rights to access their treatments.**
- The inverse proportionality between the prevalence of the indication and the price of the product is not a rule.
- The number of patients treated seems to be always lower than the estimated prevalence.
Overall Conclusions (II)

• Price policy: Is a unique price the best solution? If not risk of parallel import (not in the RD areas: small populations easy to control, hospital distribution…) psychological effect on rich countries of lower prices for poor countries?

There are several reasons to support a complete transparency:

• There are actually no differences in ex-factory prices.
• The information on the dates of availability could only help patient organisation to better access their products.
• After such a large EU investment, NCAs and all the other stakeholders involved have the right to know the outcome of their investment without acting like detectives.

Why spend more money and energies to collect information that in any case is public, but just not easy to gather?
Overall Conclusions (III)

Toward a EU centralised procedure

• The whole OMP pre-marketing process is at the EU level, so we expect access to OMP to be the same across Europe
• Common application forms for simultaneous transparency procedures
• Possibility for a central EU assessment procedure?