Achieving Universal Access to New Medicines for Irish Patients

7,000

Over 7,000 medicines are in development,[1] giving hope to patients and to healthcare systems. In Ireland, we can do much better to make new medicines available to patients faster.

New medicines have the power to transform patients' lives.

Yet patients in Ireland often do not get the newest medicines when they are available to patients in similar European countries.

Without a faster reimbursement process, standards of care for patients in Ireland with rare diseases or cancer, will be below those of European peers.

When an IPHA member company applies for the reimbursement of a medicine it takes on average[2]....

23 MONTHS FOR A CANCER MEDICINE

25 MONTHS FOR A RARE DISEASE MEDICINE

27 MONTHS FOR A HTA[3] MEDICINE

....before a patient in Ireland can have access to these new treatments.

The time between authorisation for a medicine by the European Medicines Agency and availability to patients in Ireland is much longer than in other countries according to the EFPIA WAIT Indicator, 2022:[4]

x 3 times longer than **Denmark** for all medicines

x 2 times longer than **England** for new cancer medicines

x 9 times longer than **Germany** for rare disease medicines

Among Western European countries Ireland has the lowest rate of new cancer medicines available to treat patients.[4]

[1] https://efpia.eu/publications/data-center/value-to-patients/new-medicines/
[2] According to IPHA data compiled by Salutem Insights. Available at https://www.ipha.ie/ipha-publications/
[3] A Health Technology Assessment summarises the medical, economic and budget impact related to the use of a medicine.
[4] https://www.efpia.eu/media/s4qf1eqo/efpia_patient_wait_indicator_final_report.pdf

Irish Pharmaceutical Healthcare Association

Diagnosis of issues in Ireland's reimbursement system

IPHA is clear that the efficient operation of the process, and indeed the very availability of medicines, depends on responsible and proactive engagement by pharmaceutical companies with the HSE together. The industry is committed to play its part. State processes for assessment, negotiations and decision-making on medicines require reform, so as to improve standards of care for Irish patients. Some of the main issues include:

Transparency: The Mazars Review found that there is a lack of transparency regarding the number of applications being received and how they are processed.

No early access pathways: One of the most notable anomalies in Ireland's current reimbursement system is the absence of any means to provide patients with early access schemes to clinically innovative new medicines, which are commonplace in most other European countries.

Timing: Unlike other Western European countries, Ireland does not have a policy which outlines specific goals for faster access to clinically and cost effective medicines which need to be achieved.

Resourcing: Key agencies involved in the Irish pricing and reimbursement system including the HSE Corporate Pharmaceutical Unit (CPU), National Centre for Pharmacoeconomics (NCPE) and HSE Drugs Group have fewer staff compared to their European counterparts. Creative solutions should be found to future proof the pricing and reimbursement system for advances in pharmaceutical innovations.

This situation can and should be fixed.

HOW?

Patients can have faster access to new medicines through process reforms involving the Department of Health, the HSE, the biopharmaceutical industry and in consultation with patient groups and clinicians. This needs to be underpinned with adequate Government funding.

THE GOALS

- Ireland should aim to achieve an efficient, transparent and responsive system with shorter timelines for patients to access new clinically effective treatments.
- Develop a system of faster, equitable access to medicines that is comparable with other European countries, as per the ambition of the Sláintecare Report.

Create a faster reimbursement process by:

Enhancing accountability, transparency and decision-making efficiency of key actors involved in the process.

Introducing early access schemes for certain key medicines while assessment is being completed.

Developing a new commercial framework for more streamlined negotiations.

Establishing mechanisms for more meaningful clinician and patient inputs across the reimbursement process.

Investing in more resources for key agencies – NCPE, HSE CPU and HSE Drugs Group.

Key Outcomes from a Reformed Process

1. Quicker access to new medicines, which will raise standards of care and outcomes for patients.
2. Align Ireland with peer European countries, which adopt medicines faster.
3. Better representation of patients and clinician perspectives in the decision-making process.
4. More consistency and predictability, enabling better decision making for medicines spending.
5. Depoliticise access to medicines.
6. Greater confidence in the process, enabling companies and the HSE to agree terms faster.

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