

Drawing the Blueprint for Canada's Rare Drug Program 2022 - Winter 2021

Webinar 7

What Canada Can Learn from Other Countries ... or Not

January 29, 2021

Countdown to Canada's Rare Drug Strategy 2022: Webinar Series

WEBINAR 7

Jan 29

@ 11AM (EST)

How Other
Countries Provide
Access to Rare
Disease Drugs:
What Canada can
Learn ... or Not

WEBINAR 8

Feb 12

@ 12PM (EST)

Informed Guide to
Engaging
in National
Strategy for HighCost Drugs for
Rare Diseases

WEBINAR 9

Feb 18

@ 6 PM (EST)

Informed Guide to
Engaging
in National
Strategy for HighCost Drugs for
Rare Diseases

WEBINAR 10

Feb 26

@ 12PM (EST)

Rare Disease Day





Rare Disease Day Conference



From Draft
to
Action Plan

March 9 - 10, 2021

Consultation Dates: January – September 2021

- Jan Feb 2021: CORD "Drawing the Blueprint" Webinar Series
- Jan Mar 2021: Health Canada Public Consultations
- March 9 10, 2021: Rare Disease Day Conference "From Draft to Action Plan"
- April 2021: Consolidated Design
- Jun Jul 2021 Public Consultations
- Aug 2021: Collaborative Document

Jan 1, 2022: Ready to Launch



National Strategy for High-Cost Drugs for Rare Diseases Online Engagement

- 1. Complete the online questionnaire
- 2. Send a written submission via email or mail
- 3. Participate in a virtual public town hall

Public Town Hall #1	February 9, 2021	3:00 – 4:30pm	Bilingual
Public Town Hall #2	February 25, 2021*	7:00 – 8:30pm	Bilingual
Public Town Hall #3	March 3, 2021*	1:00 – 2:30pm	French
Public Town Hall #4	March 12, 2021	10:00 – 11:30am	Bilingual
Public Town Hall #5	March 23, 2021	3:00 – 4:30pm	Bilingual

To find out more about this consultation on the **National Strategy for High-Cost Drugs for Rare Diseases**, please click on the following link:

https://canada.ca/en/health-canada/programs/consultation-national-strategy-high-cost-drugs-rare-diseases-online-engagement.html



Building a National Strategy for High-Cost Drugs for Rare Diseases

A Discussion Paper for Engaging Canadians





Webinar 7: Discussion Guide

Question 1: There could be a "trade-off" between immediate access to a new drug and short-term assessment based on real-world experience versus assessment prior to real-world access with relatively long-term access. Which is the better pathway for the rare disease drugs that you have familiarity with? Why?

Question 2: When should patients or parents be involved in a managed entry agreement? Who should decide the criteria for "starting and stopping" and who should decide whether a specific patient is meeting criteria to start or stop?

Question 3: How does Canada's approach compere to plans of the five countries presented here? What could Canada learn?

Webinar 7: Lead panel

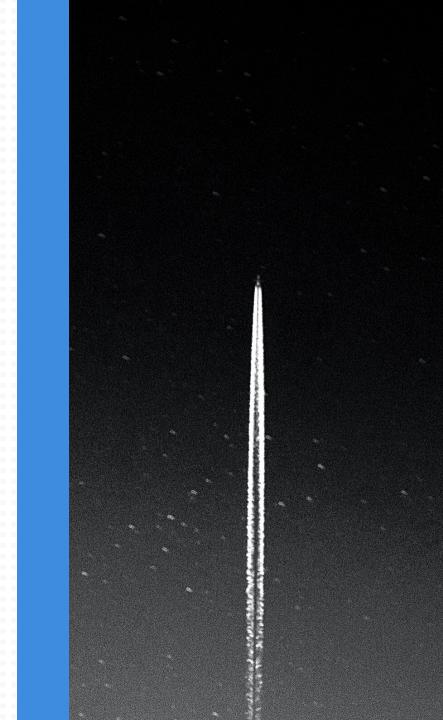
Line Up:

Presenter: Tania Stafinski, University of Alberta

Discussion Panel:

- Norm Berberich, Takeda
- Angela Diano, Alpha1 Canada
- Ken Chapman, University of Toronto

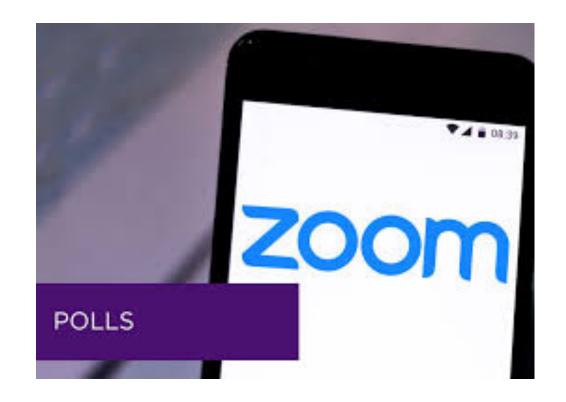
Moderator: Durhane Wong-Rieger, CORD







CORD Rare Drug Program Webinar 7 Poll





Poll #1 - Results

Host is sharing poll results

1. A new drug works best at early stages of severe disease; could prolong life by months. Much more expensive than current therapies but low budget impact with small numbers. Which country's access pathway would give "best" access?

France: no HTA, access upon price negotiation with agreement to re-assess after 5 years

21%

Germany: no HTA, immediate access @ full price; assess 60% clinical value and negotiate price after 1 year

UK: no HTA, refer to specialized expert committee for access 10% criteria and negotiated price agreement for 5 years

Italy: apply for HTÁ innovative status; access through managed access scheme

9%

Spain: submit for therapeutic positioning re: clinical need & 0% pricing; access decided by regional authorities



Poll #2 - Results

Host is sharing poll results

1. 2nd drug for rare condition; new oral vs. old infusion therapy; placebo-controlled RCTs but no head-to-head trials; marginally greater efficacy as measured by biomarkers; improved Quality of Life rating; est. ICER = €100k; budget impact < €10k. What would

Germany: negotiate price; collect real-world outcomes and 61% renegotiate @ 1 year

Spain: Negotiate price @ regional level to collect RW data 2% including PROs

Italy: Negotiate price @ national level to collect RW data including PROs

France: Submit for HTA; negotiate price 17%

13%

UK: Submit for HTA 8%



Poll #3 - Results

Host is sharing poll results 1. 1st drug for ultra-rare condition, est. ICER > €500k, lifetime usage; annual budget = €30 million, variable CT biomarker outcomes => high evidence uncertainty; EMA Orphan status with conditional MA. Which country would you choose to introduce drug? UK: Apply to Highly Specialised Therapeutic Program to set 15% start/stop criteria Spain: Seek Managed Entry agreement at regional level (Catalan) Italy: Propose Managed Entry with biomarkers + Patient Reported Outcomes Germany: Negotiate entry price and evaluate outcomes @ 1 year France: Submit for immediate access and no HTA with 5year re-assessment of value

