Network of Rare Blood Disorder Organizations
Réseau des Associations Vouées aux Troubles Sanguins Rares

Policy on Patient Organization Engagement in Product Reviews

September 2019

Context

New/innovative therapies are evaluated for inclusion in formularies managed by the provinces/territories, Canadian Blood Services (CBS), and Héma-Québec (H-Q) by the Canadian Agency for Drugs and Technologies in Health (CADTH) and by the Institut national d'excellence en santé et services sociaux (INESSS). This paper describes international best practices in patient and public engagement, and how members of the Network of Rare Blood Disorder Organizations (NRBDO) expect to be engaged in these health technology assessments (HTA) of new therapies for rare blood disorders.

Key Principles

According to the Values and Standards for Patient Involvement in HTA,[1] produced by Health Technology Assessment International:

- Patients have knowledge, perspectives, and experiences that are unique and contribute essential evidence for HTA.
- Patients have the same rights to contribute to the HTA process as other stakeholders and have access to processes that enable effective engagement.
- Patient involvement in HTA contributes to equity by seeking to understand the diverse needs of patients with a particular health issue, balanced against the requirement of a health system that seeks to distribute resources fairly among all users.
- Patient involvement facilitates those affected by the HTA recommendations/decision to participate in the HTA; contributing to the transparency, accountability and credibility of the decision-making process.
- Patient involvement processes address barriers to involving patients in HTA and build capacity for patients and HTA organizations to work together.[2]

Considering these guiding principles, the NRBDO expects that all HTA of new therapies would include meaningful engagement of individual patients and their caregivers, as well as patient groups, and that:

- Patient participation takes into account the needs and interests of all stakeholders.
- Patient participation is expected, encouraged, facilitated, and adequately resourced.
- Patient participation is intended to influence the decision.
- The process is designed with patients, and to allow patients meaningful participation.
- The process is designed to communicate how patient participation affected the decision.

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[1] Values and Standards for Patient Involvement in HTA | Health Technology Assessment International (HTAi). (2014). https://htai.org/interest-groups/pcig/values-and-standards/

[2] ibid.

The IAP2 Spectrum of Public Participation is the international standard and offers five levels of participation that can define the public's role in any deliberative process, such as an HTA: Inform, Consult, Involve, Collaborate, and Empower.[3] This Spectrum also lays out the goal and the promise to the public for each, a promise that decision-makers can be held accountable to. The IAP2 Spectrum can be used in the design stages of an HTA process to clarify the objectives of patient engagement and identify the appropriate tools and techniques. When the commitments of the determined level of engagement are kept, trust is built with participants.

What can patients and patient groups contribute?
While most organizations conducting HTAs pride themselves on patient engagement, many have too narrow a view of the type of information that patients and patient organizations have to contribute, and the multiple points at which they can bring value to the HTA process.

The NRBDO's position is that patients and patient groups should be given the opportunity to:

- provide lived experience input, including socio-economic considerations;
- provide "patient-reported outcome" (PRO) data;
- provide views on the benefits and risks of both the current standard of care and the new therapy;
- comment on "optimal use" or "managed access" options;
- critique assumptions in HTA economic models; and
- challenge or confirm assumptions made by reviewers or committees.

When and how should patients and patient groups be engaged?
Patients and patient groups should be engaged at the very beginning of the evaluation process -- even before Health Canada NOC -- on key outcomes to consider. There should be an opportunity for formal patient submissions during the process, and then an opportunity to comment on draft recommendations. Once the evaluation is complete, patients and patient groups who have participated should be given the opportunity to offer feedback on the process. At every step, the response times allowed should be clearly communicated in advance, and be a reasonable length to allow robust participation.

Patients and patient groups could be engaged:

- via a formal, transparent engagement process;
- with training and support (including $ to attend);
- allowing face-to-face presentations of submissions to encourage give-and-take;
- with patient representatives on the committees that make recommendations;
- with a "tracker" to inform on the progress of the review;
- via periodic review and evaluation of the process; and
- through feedback to patient groups on their representation and impact.

[3] IAP2 Spectrum of Public Participation. IAP2 International Federation. (2018). https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

Conclusion

Patients and patient groups are the context experts[4] in an HTA process and should be treated as such. The authentic engagement of patients and patient groups results in a more robust HTA process that can lead to more accurate recommendations and can improve patient access to innovative therapies.

Case Study #1: ***Panhematin***

The hemin product Panhematin is currently the only approved blood product available in Canada for the treatment of patients with acute porphyria. The Canadian Association for Porphyria (CAP) has been advocating for several years that Canadian Blood Services (CBS) carry this product to ensure access to treatment for all Canadian patients. Quebec patients have had access to hemin products through Héma-Québec (H-Q) since 2011. In 2017, the pharmaceutical company Recordati submitted a request for product review to CBS and patient survey results were submitted by CAP. Subsequently, a representative of CBS presented the submission to the Provincial and Territory Blood Liaison Committee (PTBLC).

Shortly thereafter, Recordati and CAP received word that the PTBLC had denied the request for CBS to review the product for distribution, because "this product is already carried with utilization being monitored in many provinces" even though "it was recognized that not all jurisdictions have added the drug onto their formulary as yet." Recordati and CAP were encouraged to work with Canadian jurisdictions not currently carrying Panhematin as "the pan Canadian pharma program was still the preferred funding model to be used."

This was concerning to CAP for a number of reasons:

1. There was no indication of which provinces either "carried" or "monitored" the product. Regardless, CAP had provided information that half of porphyria patients did not have access to the product if their physician had recommended they receive it;
2. The misleading statement "not all jurisdictions have added the drug onto their formulary as yet." The only province that had the blood product on its formulary was Ontario; and
3. The suggestion that the provincial formularies and the pan Canadian pharma program were the appropriate avenues to pursue the distribution of a blood product.

It was unclear to CAP which information had been provided to the PTBLC. Unfortunately, when CAP requested further information and discussion, they were told by CBS staff that there would be no further disclosure of how the PTBLC decision was made, no opportunity for a future meeting, and no avenue for appeal.

With no other path for patient engagement provided, thus began CAP's tour of Canada to CBS Open Board Meetings to plead their case. After three such presentations, (June 2017 in Edmonton; December 2017 in Ottawa, and June 2018 in St. John's) Dr. Isra Levy, VP, CBS

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[4] Attygalle, Lisa. The Context Experts. Tamarack Institute, 2017, https://www.tamarackcommunity.ca/library/the-context-experts.

Medical Affairs and Innovation, sent word in June 2019 to "announce the imminent availability of Recordati Rare Diseases Canada's Panhematin (Hemin for Injection) for patients with acute intermittent porphyria." Unfortunately, the approval was for the product indication, not the label use which would, once again, limit access to many Canadian patients.

"Simply put, patient voices must be heard and meaningful engagement with our patient organization earlier on would have shortened the process and increased the transparency and credibility of the CBS review process," states Wendy Sauve, president of the Canadian Association for Porphyria.

Case Study #2 - Emicizumab

Emicizumab (Hemlibra®) is a monoclonal antibody to prevent bleeding in people with hemophilia A. It was approved for those with inhibitors to factor VIII in the U.S. and Europe in 2017. In April 2018, in its Final Evidence Report, the Institute for Clinical and Economic Review in the U.S. concluded that emicizumab was more effective at lower total cost.

In June 2018, the Canadian Hemophilia Society (CHS) submitted a detailed report to Canadian Blood Services demonstrating superior health outcomes and health budget savings. In August 2018, Health Canada approved emicizumab for those with inhibitors to factor VIII. It was only then that the Provinces and Territories began their review. CBS' own medical/scientific review, completed in August 2018 but only made public in February 2019, also found significant medical benefits for this population. CBS sub-contracted CADTH to do an economic analysis and budget impact study. CHS was not consulted; however, its paper likely reached the CADTH evaluators. CADTH's study was begun in September 2018 and completed in February 2019 and estimated even greater savings than the CHS study.

CADTH also calculated the eventual budget impact of emicizumab for those with hemophilia A *without* inhibitors. These estimates did not have the benefit of any previous work done by CHS. It arrived at wildly unrealistic estimates of increased costs, based on incorrect assumptions as to the numbers of patients with hemophilia and product uptake. Its conclusions were eventually discounted and a new HTA has since been ordered by the Provinces/Territories.

In August 2019, emicizumab was finally introduced in Canada for patients with hemophilia A and inhibitors, a full year after Health Canada Notice of Compliance. In the interval, patients with this very severe condition suffered needlessly and the delay cost the health system an estimated 20 to 30 million dollars in foregone savings.

In addition to illustrating the issues with timely review of breakthrough therapies, the flawed review of emicizumab shows the lack of openness to input from patient organizations, even when these organizations have, and are known to have, extensive knowledge of the Canadian marketplace and deep understanding of patient needs.