TO ACTION

- Governments have to create pathways to ensure that patient-centric innovation on known molecules reaches the patients.
- HTA decision frameworks should adopt a broader perspective in order to better reflect patient's and society's views of healthcare in order to integrate a broad perspective into the final recommendation.
- Patient perspective, including patient preferences, patient-centered outcomes (what outcomes matter to patients) and patient-reported outcomes should be considered in HTA decision frameworks to be more patient-centric.
- Patient organisations but also healthcare professionals, society representatives (citizens), and hospital administrators should be voting members of HTA committees.



MAKING PATIENTS VOICE



Patient involvement in the development of innovation is key. The role of patients in off-patent research should be more considered.



Furthermore, the importance of patients' input and preference in the regulatory, pricing and patient access process is fundamental to ensure the finished product best meets patient needs.



The value-added medicines sector ambition is to:

 Answer patient's unmet needs and improving their quality of life and enhancing social inclusion, by improving existing medicines based on known molecules

 Include patients and their representatives needs in the development of our medicines.

· Support the inclusion of the patient's voice in medicines related decision making process.







QUALITY OF LIFE

Value added medicines are particularly effective in treating:









Chronic obstructive

Neurological pulmonary disease (COPD)

conditions

Diahetes

ASTHMA & COPD ○









suffer from these

High healthcare and societal costs -

over 1 million annual hospital admissions and costs of 82 billion

The objective of value added medicines is to improve patients adherence and reduce hospital admission

SCHIZOPHRENIA Q

Schizophrenia affects 24 million people globally (1.1% of adult population) (1)

→ Antipsychotics are generally effective

75% of patients are non-adherent to treatment within 2 years (2) Relapse rate is 2-5x higher in non-adherent patients (3)

Economic burden in US alone is \$63B (4) Driven by relapses and re-hospitalizations

(1) Janssen, InvegaSustenna: About Schizophrenia; National Alliance on Mental Health, March 2013: (2) Perkins DO. J Clin Psych1999:60:25. Miller BJ. J of PsychiatricPractice 2008:14:289: (3)Robinson et.al, Am J Psychiatry1999:156; 544 NIMH; (4)Wu EQ, BirnbaumHG, ShiL, et al. J Clin Psychiatry. 2005; 66(9):1122-1129