Presenting author email address: mrico@the-ahf.org

www.americashealthfoundation.org

All materials obtained through the QR code are for personal use only and may not be reproduced without permission of the authors.

Presented at ISPOR US; Atlanta, GA, USA; May 5–8, 2024

Multi-stakeholder approach to rare disease care in Latin **America: focus on Pompe** and Fabry diseases

Mariana Rico-Restrepo,¹ Carlos Martinez,² Richard Salvatierra,³ Pedro Borga⁴

¹Americas Health Foundation, Bogota, Colombia; ²Americas Health Foundation, Tijuana, México; ³Americas Health Foundation, Washington, DC, USA; ⁴Amicus Therapeutics Ltd, Marlow, UK

Introduction and objectives

HEALTH FOUNDATION

- A varied landscape exists in terms of legislative and regulatory frameworks for rare diseases (RDs) across Latin America. Despite global efforts to improve RD care,¹ patients in the region face challenges in accessing specialized medicines.
- This study aimed to understand the RD care landscape in Argentina, Brazil, Chile, Colombia, Mexico, Peru, and Uruguay. Specifically, to determine patient access to diagnosis and treatments from a multi-stakeholder perspective, identifying cross-regional best practices translatable to RD care strategies among countries, and provide recommendations on addressing challenges.

Conclusions/recommendations

| Challenges | Recommendations |
|--|---|
| The absence of official patient registries leads to underestimated patient counts, impacting accurate resource allocation. | Establish regional or national patient registries that are accurately populated to guide policy, resource allocation, and research. |
| Health technology assessment (HTA) methodologies are not tailored to RD medicines, affecting accuracy, viability, and efficiency of evaluations. | Implement differentiated HTA Mechanisms tailored to RD treatments to promote accurate treatment evaluation, ensure meaningful representation, and facilitate efficient evaluation processes, prioritizing the patient perspective. |
| Significant delays in RD diagnosis result in treatment initiation delays, affect quality of life, and negatively impact patient outcomes. | Improve education on RDs for stakeholders, including healthcare providers (especially at the primary care level), payors, regulatory agencies, and the general public. Improve access to newborn screening and genetic counseling to reduce diagnostic delays. |
| High costs of RD medicines challenge healthcare system budgets and sustainability. | Leverage negotiation approaches that have proven successful in other countries to secure optimal terms and conditions for treatment procurement, such as Uruguay's portfolio scheme and Argentina's risk-sharing for gene therapy. Establish a specific budget allocation for RDs, with innovative funding mechanisms, to ensure sustained access to RD treatments. Prioritize system sustainability as financial viability is critical to ensuring long-term access to treatments. Digitalize medical records to facilitate information sharing and avoid redundancy in care and resources. |
| As RDs are generally not a national priority, changes in government administration affect the continuity of implemented initiatives. | Prioritize RDs to ensure continuity and sustained implementation of RD initiatives across government transitions. Recognize the importance of PAOs as a stakeholder with valuable knowledge, insights, and inputs to guide policy. |
| Absent or outdated clinical practice guidelines (CPGs) for RDs lead to unstandardized care and often limit access. | Develop local guidelines for RD through collaboration with local healthcare authorities and medical societies. Establish physician training programs to foster adherence to guidelines. |

¹This research is aligned with advancing the objectives of the UN resolution on RDs, which underscores the importance of meeting the needs of those living with RDs as crucial to the 2030 Sustainable Development Goals and the UN declaration, which includes RDs in universal health coverage.

Methods

- Five experts from each country were invited to participate in a virtual task force. Participants included patient organization leaders, physicians, payors, regulators, and policymakers. They were recruited through a stakeholder mapping process and compensated for their time, in line with fair market value.
- Experts were provided with a literature search, agenda, and questions as preparation material for the task force. Seven virtual meetings were conducted (one per country) with the experts to discuss and compile data.
- The literature search was conducted using the terms "rare diseases", "access", "Fabry disease", and "Pompe disease" plus each "Latin America", "Argentina", "Brazil", "Chile", "Colombia", "Mexico", "Peru", and "Uruguay". The search included scientific publications, conference proceedings, local websites, and other gray literature.
- Each task force was moderated to ensure all participants were able to provide input, and comprehensive notes were taken. Each meeting lasted approximately 5 hours.
- Following the meetings, country-level reports were developed incorporating the literature search findings and task force insights.

Results

• A scorecard was developed to rate each country based on ease of access, availability of treatments, and impact of medical societies and patient advocacy organizations (PAOs) on access.

Figure 1. Regional scorecard

| Countries | Ease of access to RD medicines | Contribution of medical societies to access | Contribution of PAO to access |
|---------------------------------------|--|---|----------------------------------|
| Argentina | | • | |
| Brazil | | | |
| Chile | • | | |
| Colombia | | • | |
| Mexico | | • | • |
| Peru | | | |
| Wruguay | • | | |
| HighMedium | Ratings are assigned considering each country's RD legislation and practices. For tr available treatments in the PHS, and sanitary approval for in-country commercializ | | |

Argentina

Key challenges

Low

1. The extent of RD medicine and healthcare coverage is unclear. Sistema Unico de Reintegro por Gestion de Enfermedades (SURGE) is the reimbursement system for disease management. Insurers obtain partial to no reimbursement with long wait terms. Some treatments for Fabry disease and Pompe disease qualify for reimbursement through SURGE.

PHS, public healthcare system.

- 2. Treatment interruptions happen primarily because of lack of reimbursement by the health system to the insurers. Considering Argentina's annual inflation to be around 130%, insurers are reluctant to purchase or maintain treatment.
- . While the Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (regulatory agency) has issued regulations that compel those with marketing authorization certificates to report their product's suggested retail price, there is no pricing regulation in Argentina.
- 4. 58% of the total legal recourses for medicines in the first semester of 2022 were for RD treatments.

Brazil

Key challenges

- 1. Marketing authorization does not guarantee swift incorporation into the Sistema Único de Saúde (SUS; PHS). Elaprase's case, approved in 2008 but not incorporated by the Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde (CONITEC; regulatory agency) until 2018, exemplifies the time gap.
- 2. International reference pricing is often used for suggested Câmara de Regulação do Mercado de Medicamentos (CMED; chamber that approves treatment price) prices. This referencing was considered inadequate owing to diverse country budgets and price variations considered in dossier evaluation.
- 3. In 2019, the Ministry of Health spent R\$1.3 billion (~263 million USD) in providing treatments through judicialization, of which R\$1.2 billion were for RD treatments.

Key opportunities

1. Streamline treatment incorporation pathway through collaboration with CONITEC for quicker RD treatment inclusion after approval from the Agência Nacional de Vigilância Sanitária (HTA agency) by using the oral presentation space offered to the industry and participating in public consultations. Engage

Key opportunities 1. Leverage direct negotiation with Obras Sociales (social security)

- private and public sectors.
- Uruguay and Chile.
- to care.

Case examples

- risk-sharing strategy.
- plan, ensuring access.

stakeholders to emphasize patient urgency for life-transforming treatments during incorporation processes.

- support initiatives.
- affect patient outcomes.

Case examples

- also led to SUS incorporation.
- time to access.



treatments, rating is based on disease recognition, zation.

and Private Insurance and strengthen collaboration between the 2. Engage in regional price negotiations with neighboring countries

3. Develop additional support services, such as patient support

programs, therapeutic adherence monitoring, and complementary added-value services to improve patient access

• Argentina guaranteed access to onasemnogene abeparvovec, a gene therapy for spinal muscular atrophy (SMA), regardless of patient health insurance, negotiated under an innovative

• The Cystic Fibrosis Law 27.552 was approved in 2020, stating that medications in CPGs will be added to the Bank of Special Drugs

2. The government should engage industry stakeholders to align on more comprehensive contributions to patient access and diagnostic/patient support programs. Consider regulatory mechanisms to encourage industry commitment to access and

3. CMED could use pricing benchmarks from countries that are more economically similar to Brazil for more accurate assessments (including other Latin American countries).

4. The Ministry of Health should ensure continuity of medicine procurement to address treatment delays and interruptions that

• Price tends to be the main point of reference when there is not enough evidence to justify the expense during the CONITEC review. Price reductions of treatments for Fabry disease, infantile hemangioma, and an SGLT2 inhibitor for type 2 diabetes mellitus

• High-cost Gaucher treatments provided by RD reference center: with adequate vial dosage and storage conditions, patients no longer have to travel to main hospitals to receive treatment, reducing the peripheral access cost to patients and expediting

Chile

Key challenges

1. Ricarte Soto law was implemented in 2015 to manag provision of high-cost medications. As of 2023, the la 27 diseases, and the decree through which new dise technologies will be incorporated has been delayed

- 2. There is no suitable alternative in place for RD treatment reimbursement by the health system. RD treatments the Ricarte Soto law are often denied unless indicate by judicialization.
- 3. Despite no negotiation limitations or restrictions, the often take place. Industry has presented many strate (over 80) to both sectors, public and private, without
- 4. Strengthen HTA framework to improve the assessme

Colombia

Key challenges

- 1. The current government proposed a health reform a restructuring the system to eliminate the private Ent Promotora de Salud (EPS; health insurers of the publ and centralizing healthcare provision and financing. was revoked by the Senate, there is uncertainty and confidence in the healthcare system and its payors.
- . Despite having one of the region's most robust legisla frameworks for RDs, implementation issues leave a between what the law states and the reality.
- 3. Institución Prestadora de Salud (IPS; care-providing i have limited ability to finance high-cost treatments b reimbursement terms with the EPS average >200 day often even more delayed.

Key opportunities

1. Collaborate with governmental bodies, medical socie PAOs to bridge the gap between legislation and imple establish working groups to address challenges, strea processes, and ensure effective execution of RD-focu

Mexico

Key challenges:

- 1. Mexico lacks specific legislation for RD. The General outlines the approval process for treatments, without RD differentiation.
- 2. As of 2015, genetic diseases are not covered through insurance, impeding patient access to treatments. Pa a significant financial burden.
- Varying clinical practice guidelines by each institution unstandardized care.
- 4. The closure of the Negotiating Commission in 2019 le the price negotiation process. Under the current adm a "base price" is now established, and institutions mu individually negotiate prices.

Peru

Key challenges

1. The absence of standardized processes to access hig treatments raises challenges in availability and afford

- 2. High importation taxes, particularly the 36% rate imp 2001, create significant commercial barriers.
- 3. The RD law requires the establishment of Advisory C by the Instituciones Administradoras de Fondos de Aseguramiento en Salud (health insurers) and by eac department to evaluate RD diagnosis and treatment However, only 19 out of 24 committees have been cr only two active in Lima.
- 4. Medicine prices significantly impact treatment contin Advisory Committees may grant approval, institution medicines because of budget constraints, even within Social de Salud (ESSALUD; social security).

Key challenges

- 1. There are no specific laws for RD coverage in Urugua decision-making process for treatment reimburseme Fondo Nacional de Recursos (FNR; national resource lacks clarity.
- 2. The FNR requires patients to complete testing to gua continuous access to treatment. If these tests are no treatment is interrupted.

Key opportunities

1. FNR is open to negotiations with industry and is the c purchaser of high-priced medications in the country, several\$innovative purchasing mechanisms have bee implemented, including volume-based, portfolio-based risk-sharing agreements.

Acknowledgments and disclosures

This research was conducted by Americas Health Foundation with the financial support of Amicus Therapeutics. The presenter, Mariana Rico-Restrepo, reports funding provided to their institution from Amicus Therapeutics.

| Second and the second and th | | |
|---|----------------|---|
| get He to tortament. Bases and since 2021. Instituciones de Salad Pervisional (private insurers) could purchase drugs from a distributor or directly from manufacturer and engage in negotations to secure better pricing and payment conditions. Serie 2021. Significant price reductions were achieved owing to the implementation of a new law that allows negotiations between distributors and local planmates. The price of fingelinnot for multiple sciences was reduced by almost 80%. aimed at thodad aimed at thodad large gap institutions large gap institutions and the disad large gap institutions wanting the current stakeholders to develop financial mechanism, that mitigate reimbursement delay. promoting healthy competition and a range of options for fib treatments. Although it is subtions and the disad large gap institutions wanting the current stakeholders to develop financial mechanism, that mitigate reimbursement delay. promoting healthy competition and a range of options for fib treatments. Numersen for SMA is one of the most expansive drugs available in Colombia. Owing to its cost, the Ministry of Health alsed the institution of subursking science and options for fib the mechanism, and it came after legal durands of treatment and action from PAOs. arrive and the distributor or directly for mitter Administration from PAOs. arrive and the distributor or directly for mitter administration, which science and equilable drug access. b cost dubbits, here were admitter and equilable drug access. b cost dubbits. S. As of July 2023, approximately 30 treatments have nob been procured despite padients receiving approval | | 1. Work with PAOs to demonstrate to the Ministry of Health the |
| Average 2. Instituciones de Salud Previsional (private insures) could and enage in negotations to secure better pricing and payment conditions. 2. Instituciones de Salud Previsional (private insures) could and enage in negotations to secure better pricing and payment conditions. 2. Significant price reductions were achieved owing to the implementation of a new law hat allows negotations between distributors and local pharmacles. The price of fingolimoid for multiple sciencis was reduced by almost 80%. and on the implementation of a new law hat allows negotations between distributors and local pharmacles. The price of fingolimoid for multiple sciencis was reduced by almost 80%. and reduction is a set and the implace miniburs multiple sciencis was reduced by almost 80%. and reduction is cost, the Ministry of Health asked the inclonding the competition and a range of options for RD treatments. Case examples because ys and are instruction. with this sample may serve as a potential monoid for introducing other high-cost drugs, there are no official dramels for this methanism, and it came are frequidemas deriver and equilable drug access. etters, and internation, and the matter state science and the local host science as potential monoid for introducing other high-cost drugs, there are no official dramels for the introducing other high-cost drugs, there are no official dramels for the introducing other high-cost drugs, there are no official dramels for the introducing other high-cost drugs, there are no official dramels for the interviet official dramels for the introducing other high-cost drugs, which is lik | ao tho | · · · |
| Eases and ment sole 2021. Durbase drugs from a distributor or directly from manuacturer and engage in negatistions to secure better pricing and payment conditions. ead dialation of a new law that allow negotiations between distributes and local pharmeters. The price of fingolinn for multiple sciencis was reduced by almost 80%. a land of a set in a local pharmeters of financial payment conditions. a land of distributes and local pharmeters of financial partnerships to ensure innely access to treatments. b land of life system; d land of distributes and local pharmeters of financial partnerships to ensure timely access to treatments. b land of life system; d land of life system; wand are wantine used policies. Collaborate with IPS and relevant stakeholders to develop financial mechanisms that mitigate reinbursement delays. Diversity is a system of the most expensive drugs available in foclombal. Dwing to its cost, the Ministry of Heath asked the life system; and inclombal. Dwing to its cost, the Ministry of Heath asked the institute de Evaluación de Tecnologias en Solud (HTA agency) to develop guidelines for its use a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it came atter legal demands of treatment and action from PAGs. eters, and lieneration, with d lis assigned responsibility for low-expecting and improval system to a lack of assigned responsibility for low-expecting advents, with a singer demands of treatment therefore, this is a separent almost difficult into counts and equalization drug access. eters, and lieneration, with a secure develop difficult introducer or responsibility for low-expecting adrunce devel | | |
| and engage in negrations to secure better pricing and payment conditions. <i>Cose examples</i> Significant price reductions were achieved owing to the implementation of a new law that allows negotiations between distributions and local pharmacias. The price of fingalimod for marking the sciences was reduced by almost 80%. Collaborate with IPS and relevant stakeholders to develop financial machanisms that mitigate reimbursement data. Explore options such as advance payment systems or financial patternships to ensure timely access to resturents. Implementation of a new law the patternships to ensure timely access to resturents. Implementation of a new law the patternships to ensure timely access to resture the rest access to resture timely access to resture timely access to resture the rest access to access a spontful model for introducing other high-cost drugs, there are a to action from PAOs. Collaborate with losal health provider, facilitating are improve access to acce | | |
| s not in Case examples ese do not egies - Significant price reductions were achieved owing to the implementation of a new law that allows negatiations between distributors and local pharmacies. The price of fingolimod for multiple sclerosis was reduced by almost 80%. aimed at tidad intered at tidad like system) - Collaborate with IPS and relevant stakeholders to develop financial mechanisms that mitigate reimbursement delays. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. a lack of large gap institutions) - Nusinersen tor SMA is one of the most expensive drugs available in Colombia. Owing to its cost, the Ministry of Health saked the institut desting. because twise and are spis and are spis and are spis and are spis and are spis and are spis and are spis and are spis and are spis | since 2021. | and engage in negotiations to secure better pricing and |
| ed Case examples es do not • Significant price reductions were achieved owing to the implementation of a new law that allows negotiations between distributors and local pharmatics. The price of fingalimod for multiple sclerosis was reduced by almost 80%. entroperstand 2. Collaborate with IPS and relevant stakeholders to develop financial mechanisms that mitigate reimbursement idelys. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. almost at the state of the proceed of the most expensive drugs available in Colombia Owing to its cost, the Ministry of Health addod the Institutors) because providers. Funds are transferred directly from the Administratory to the health provider, facilitating reimbursement, while this example may even as a potential model for hitroducing other high cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatments and action from PAOs. Health Law, at the state interprice transferred directly from the Administratory to the health provider, facilitating reimbursement, while this example may even as a potential model for hitroducing other high cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatments and action from PAOs. Health Law, at the state state of the result performance based in schanism, that ensure transparent drug program and incode a procured despite patients receiving approvals, which is fillely due to alack of assigned responsibility for follow-up, undefined threatments, the relations have entreged to overcome inministration, and the apple proceed despite patients receiving approvals, which is fillely due to alack of assigned responsibility for follow-up, undefined threatments | | |
| Significant price reductions were achieved owing to the implementation of a new law that allows regulations between distributors and local pharmacles. The price of fingolimod for multiple sclerosis was reduced by almost 80%. Collaborate with IPS and relevant stakeholders to develop financial mechanisms that mitgate reimbursement delays, Explore options such as advance payment systems or financial partnerships to ensure timely access to tractments. Implement procurement strategies that foster supplier diversity, promoting hostby competition and a range of options for RD treatments. Implement procurement strategies that foster supplier diversity, promoting hostby competition and a range of options for RD treatments. Implement procurement strategies that foster supplier diversity, promoting hostby competition and a range of options for RD treatments. Nusinesro no SDM is one of the most expensive drugs available in colombia. Owing to its cost, the Ministry of Health asked the Institut of Evaluation do transferred directly from the Administrador de Recursos del SGSS (social security resource administrator) to the health provider, facilitating reimbursement; while this example may serve as a potential model for introducing ther high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow up, undefined the allocad atter trequests, its implementation is hindered by conflicts with the Law of Acquisitions law certicity purchang mechanisms data set subscheled in a partice is the set subscheled for negotistion and procurement of RD treatments. S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a | | Case examples |
| esc do not egies implementation of a new law that allows negatiations between distributors and local pharmacies. The price of fingelimitod for multiple sclerosis was reduced by almost 80%. entropedstation 2. Collaborate with IPS and relevant stakeholders to develop financial mechanisms that mitigate reimbursement delays. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. al adx of lative lative lative lative ge gap 3. Implementations such as advance payment systems of financial partnerships to ensure timely access to treatments. Case examples • Musinersen for SMA is one of the most expensive drugs available in colombia Owing to its cost, the Ministry of Health asked the institution of Evaluation de Recursos to, the Winistry of Health asked the institution of Evaluation de Recursos to, the evaluation section as a too for care providers. Funds are transferred directly from the Administratory to the health provider, facilitating reimbursement; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Health law ut distinct h private attents bear n result in result in result in result in the south in ministration, ust 5. As of July 2023, approximately 30 treatments have not been procured degline parient regreged to overcome limitations, such as maximum price per benedificary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). (hereast dability, posed after framelitations with provider proceeding approximately 30 treatments have of treqquestiss. (hereast dab | eu | |
| at a work of a second secon | ese do not | |
| ent process. 2. Callaborate with IPS and relevant tableholders to develop financial mechanisms that mitigate reimbursement delays. Explore options such as advance payment systems or financial partnerships to ensure timely access to treatments. a lack of an advance payment systems or financial partnerships to ensure timely access to treatments. 3. Implement procurement strategies that foster supplier diversity. promoting healthy competition and a range of options for RM is nor of the most expensive drugs available institutions. Output of to its use. These guidalines became and/th is that the table of the contexploy guidalines for the user thereofere directly from the competition of the high provide financial granthermolities with the contexploy of the directly of the table of the contexploy guidalines for the user and ender of guidalines became and the sample may serve as a patential model for introducing other high-dist drugs the are no official channels for this mechanism, and it came after legil demands of treatment and action from RAOs. eties, and liementation, and it came after legil demands of treatment and action from RAOs. 2. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent furge princing and improve affordability. eties, and liementation, and it came after legil demands of treatment mechanisms and the table prove affordability. 3. The Acquisitions law restricts performance-based risk-sharing argements. Mechanism the table prove affordability. eties, and limentation, and it came after legil demands of treatments have enceyed to overcome limitations, such as maximum price per beneficiary volume discounts, such as maximum price per beneficiary volume discounts, such as anaximum price per beneficiary volume discounts, such as anaximum price per ben | | |
| 2. Collaborate with IPS and relevant stakeholders to develop financial mechanisms that mitigate reimbursement delays. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. 3. Implement procurement strategies that folsers supplie advectors for MAI to up in the Advance in the proceed set of the procurement strategies that folsers supplie advectors for MAI to up in the Colombia compared to the proceed set of the proceed s | it success. | multiple sclerosis was reduced by almost 80%. |
| Financial mechanisms that mitigate relimbursement delays. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for B treatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for B treatments. Institutions) because a partnerships to ensure timely access to treatment at each for acre providers. Funds are transferred directly from the Administrator to the health care and equitable provider, facilitating reimbursement; while this example may serve as a patential model for introducing other his-root drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent attents are and equitable drug process. Develop new (or ne-establish provious) negotiation mechanisms that ensure transparent durg pring and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary volume discourts, shared cast arrangements, and additional units (no publicly available examples). Most patients lewing approvals. which is likely due to a lack of assigned responsibility for follow-up, undefined dimentation, and procurement of RD treatments. While a law weabling innovasity purchasing mechanisms exists, its implementation is indered by conflicts with the Law of Acquisitions, which prohibits these. Most patients living with RD fall under ESSALUD for access to treatment, therefore, this is a key stakeholer for negotiation and procurement of RD treatments. A | ent process. | |
| Financial mechanisms that mitigate relimbursement delays. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for B treatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for B treatments. Institutions) because a partnerships to ensure timely access to treatment at each for acre providers. Funds are transferred directly from the Administrator to the health care and equitable provider, facilitating reimbursement; while this example may serve as a patential model for introducing other his-root drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent attents are and equitable drug process. Develop new (or ne-establish provious) negotiation mechanisms that ensure transparent durg pring and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary volume discourts, shared cast arrangements, and additional units (no publicly available examples). Most patients lewing approvals. which is likely due to a lack of assigned responsibility for follow-up, undefined dimentation, and procurement of RD treatments. While a law weabling innovasity purchasing mechanisms exists, its implementation is indered by conflicts with the Law of Acquisitions, which prohibits these. Most patients living with RD fall under ESSALUD for access to treatment, therefore, this is a key stakeholer for negotiation and procurement of RD treatments. A | | |
| Financial mechanisms that mitigate relimbursement delays. Explore options such as advance payment systems of financial partnerships to ensure timely access to treatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for B treatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for B treatments. Institutions) because a partnerships to ensure timely access to treatment at each for acre providers. Funds are transferred directly from the Administrator to the health care and equitable provider, facilitating reimbursement; while this example may serve as a patential model for introducing other his-root drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent attents are and equitable drug process. Develop new (or ne-establish provious) negotiation mechanisms that ensure transparent durg pring and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary volume discourts, shared cast arrangements, and additional units (no publicly available examples). Most patients lewing approvals. which is likely due to a lack of assigned responsibility for follow-up, undefined dimentation, and procurement of RD treatments. While a law weabling innovasity purchasing mechanisms exists, its implementation is indered by conflicts with the Law of Acquisitions, which prohibits these. Most patients living with RD fall under ESSALUD for access to treatment, therefore, this is a key stakeholer for negotiation and procurement of RD treatments. A | | |
| Septore options such as advance payment systems or financial partnerships to ensure threatments. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for Rb treatments. Integregapi and are approved by the competition and a range of options for Rb treatments. Secure and the competition and a range of options for Rb treatments. Case examples Nusinersen for SMA is one of the most expensive drugs available in Colombia. Owing to its cost, the Ministry of Health asked the institute of the Evolucity is such that asked the institute of the Evolucity of Health asked the institute scample may such as advance pays and are approved. Secure as a patient landel for a cost of the Statistical secure and inistrator) to the health provider, facilitating preimbursement, while this example may serve as a patient allowed of the corror of the advantage serve as a patient and action from PAOs. Collaborate with hocal healthcare authorities to develop standardized clinical particle guidelines for this mechanism, and it came after legal demands of treatments. Develop new (or re-establish provious) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions have emerged to overcome limitation, such as maximum price per beneficiary, volume discourts, such as maximum price per beneficiary, volume discourts, such as maximum price per beneficiary, volume discourts, and uncera regency responsibility. So so of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and uncera regency responsibilities. Must patient programs that facilitate patient compliance with FNM required base of the most complete mandatory newborn screening pregrams in the region, with 19 in | | • |
| a implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for Rb treatments. a lack of a lack of a lack of a support of the competition and a range of options for Rb treatments. Nusiners for SNA is one of the most expensive drugs available in Colombia. Owing to its cost, the Ministry of Health sked the institut of the valuaciand of the Cancologiae and Subd (HTA apaccy) to develog guidelines for its use. These guidelines became a tool for care providers. Funds are transferred directly from the Administrador de Recursos del SGSSS (social security resource administrator) to the health provider, facilitating reimbursement; while this example may serve as a potential model for inviting other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. E. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-haring agreements. Mechanisms have emerged to evercime affordability. S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and uncer argenery responsibilities. Must patients living with RD fall under ESALUD for access to treatments living with RD fall under ESALUD for access to treatment, therefore, this is key stakeholder for negotiation and procurement of RD treatments. A more and RD diagnery composibilities. A legal incourse. A legal process: "recu | | |
| a. Implement procurement strategies that foster supplier diversity, promoting healthy competition and a range of options for RD treatments. a. Lake of RD treatments. a. Case examples Nusinersen for SMA is one of the most expensive drugs available in Colombia. Owing to its cost, the Ministry of Health asked the Institute of devolog guidelines for tax us. These guidelines betarme at cool for care providers. Funds are transferred directly from the Administrator) to the health provider, facilitating reimbursement; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mochanism, and it came after legal demands of treatment and action from PAOs. Key opportunities: Collaborate with local health crowider, facilitating reimbursement; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mochanism, and it came after legal demands of treatment and action from PAOs. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanism have emerged to overcome limitations, such as maximum price per beneficiary, volume discourts, shared cost rangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility. S. As of July 2023, approximately 30 treatments. Most patients living with RD fall under ESALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Atteromic regulations to allow price negotiations and inno | aimed at | |
| Although it la lack of lative large gap sinstitutions) Bo treatments. Iative large gap sinstitutions) • Nusinersen for SMA is one of the most expensive drugs available in Colombia Owing to its cost, the Ministry of Health asked the instituto de Evaluación de Tecnologias en Salud (HTA agency) to develog pudelines for tiss cost, the Ministry of Health asked the instituto de Evaluación de Tecnologias en Salud (HTA agency) to develog pudelines for tiss cost, the Ministry of Health asked the instituto de Evaluación de Tecnologias en Salud (HTA agency) to develog pudelines for tiss cost, the Ministry of Health asked the instituto de Evaluación de Tecnologias en Salud (HTA agency) to develog pudelines for tiss ever as a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Health Law ut distinct Ecy opportunities: Health Law ut distinct 1. Cellaborate with local healthcare authorities to develop standardized clinical practice guidelines for this mechanism that ensure transparent drug pricing and improve affordability. The Acquisitions Naw emerged to overcome limitations, such as maximum price per beneficiary volume discount despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. the cost dability. pased after 6. While a law enabling movalute purchang mechanisme exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Complete and implement the RD Multicriteria HTA Manual. 6. Create the outstanding Advisory Committees. | | 3. Implement procurement strategies that foster supplier diversity, |
| a lack of lative large gap institutions) because by and are because by and are sys and are administrator to the fact because of the most expensive drugs available in Colombia Owing to its cost the Ministry of Health asked the institutions) because by and are eties, and lementation, amiline used policies. Nusinersan for SMA is one of the most expensive drugs available in Colombia Owing to its cost transferred dructly from the Administrator to the health provider, facilitating reimbursment; while this example may serve as a potential model for introducing other high-root drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Health Law ut distinct Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanism have emerged to overcome limitations, such as maximum price per beneficiary, volume discourts, shared cost arrangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined thread addition, post data of assigned responsibility for follow-up. Undefined thread with Ne ave ability innovative purchanism exists, its implementation is indered by conflicts with the Law of Acquisitions, which prohibits these. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Alighlight the benefit of continuous treatment a | • • | |
| Case examples Nusinerse for SMA is one of the most expensive drugs available institution of the solut of the Ministry of Health asked the Institute de Evaluación de Tecnologías en Salud (HTA agency) to develop guidelines for its use. These guidelines became a tool for care providers. Funds are transferred directly from the Administrator) to the health provider, facilitating reimbursement; while this example may sure as a potential model for mitroducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Key opportunities: Collaborate with local health.care authorities to develop standardized clinical practice guidelines do rate. Develop new (or re-establish provides) factorial model for administrator, to the nest transparent drug pricing and improve affordability. Develop new (or re-establish providos) negotiation mechanisms that ensure transparent drug pricing and improve affordability. Develop new (or re-establish providos) negotiation mechanisms that ensure transparent drug pricing and improve affordability. Develop new (or re-establish providos) negotiation alunits (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While alue aubhig innovative purchasing mechanisme exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Key opportunities Key opportunities While alue au eabhig innovative purchasing mechanisme exists, its implementation is hindered by conflicts with the Law of Acquisitins, which prohibits these. | U | RD treatments. |
| Ative large gp Nusinersen for SMA is one of the most expensive drugs available in Colombia. Owing to its cost, the Ministry of Health asked the instituto de Evaluación de Tecnologías en Salud (HTA agency) to develop guidelines for its use. These guidelines became at cool for care providers. Funds are transferred directily from the Administrator) to the health provider, facilitating reimburssment; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Exel policies. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-estabilish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Aquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, such as maximum price per beneficiary volume discounts, such as maximum price per benefici | Га Гаск от | Case examples |
| In Colombia, Owing to its cost, the Ministry of Health asked the institute de Evaluación de Tecnologias en Salud (HTA agency) to develop guidelines for its use. These guidelines became a tool for care providers. Funds are transferred directly from the Administrator (b the Health provider, facilitating reimbursement; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it care after legal demands of treatment and action from PAOs. Key opportunities: Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable grug decess. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk sharing agreements. Mechanisms have emerged to overcome discounts, shared cost arrangements, and additional units (no publicly available examples). As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined to melhes, and uncelar agency responsibilities. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined to melhes, and uncelar agency responsibilities. Mile a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the | lative | • Nusinersen for SMA is one of the most expensive drugs available |
| Institute de Evaluación de Tecnologías en Salud (HTA agency) to develop guidelines for its use. These guidelines because a tool for acre providers. Funds are transferred directly from the Administrator) to the health provider, facilitating reinbursement; while this example may serve as a potential model for this mechanism, and it carne after legal demands of treatment and action from PAOs. Wey opportunities: Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patients bear to acre and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law existics performance-based fisck-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and under agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Most patients living with RD fall under ESSALUD for access to treatment, therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Campete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patients living with Fabry disease during the pandemic. Must preven was first introduced to Uruguy by a protective agent process, "recurso | | in Colombia. Owing to its cost, the Ministry of Health asked the |
| and are providers. Funds are transferred directly from the Administrator to the health provider, facilitating reimbursement; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Health Law ut distinct Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discourts, shared cost arrangements, and additional units (no publicly available examples). As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. Mohie a law enabling innovative purchasing mechanisms exists, its implementation is indered by conflicts with the Law of Acquisitions, which prohibits these. Key opportunities Moto pastients living with RD fall under ESSALUD for access to treatment, therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. At are exemption was granted in 2020 to encourage supply of agalistase alfa for patients living with Fabry disease during the pandemic. Musinersen was first introduced to Uruguy by a protective appeal process. "recurse de amagaro". In 2022, the "Mudifying treatment for SMA program" eliminated the n | | |
| Administrator de Recursos del SGSS (social security resource administrator) to the health provider, facilitating reimbursement; while this example may serve as a potential model for introducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Health Law ut distinct Key opportunities: 1. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. 2. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. 3. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price probendicin/, volume discounts, shared cest arrangements, and additional units (no publicly available examples). Ich ta void in ministration, ust 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. ch trequests. reated, with in Seguro 6. While a law enabling innovative purchasing mechanisms exists, it simplementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. ch trequests. reated, with in Seguro 1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. 2. Highlight the benefit of continuous treatment access while subporting patien | , | |
| and all and administrator) to the health provider, facilitating reimbursement; while this example may solution and it came after legal demands of treatment and action from PAOs. treatment and action from PAOs. treatment and action from PAOs. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discourts, shared cost arrangements, and additional units (no publicly available examples). As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-uo, undefined timelines, and unclear agency responsibility for follow-uo, undefined timelines, and unclear agency responsibility for follow-uo, undefined timelines, and unclear agency responsibility for follow-uo, undefined timelines, which prohibits these. Key opportunities Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. A tax exemption was granted in 2020 to encourage supply of agaistase aff for patients living with Fabry disease during the pandemic. Nus insense was first introduced to Uruguy by a protetive appeal process. "recurse de amparo". In 2022, the "Multioring restrument for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of model | | |
| eties, and elimentation, amiline introducing other high-cost drugs, there are no official channels for this mechanism, and it came after legal demands of treatment and action from PAOs. Health Law I. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Health Law I. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Health Law I. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. I. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. I. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). the cost S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility. the cost S. Most patients living with RD fall under ESSALUD for access to treatment, therefore, this is a key stakeholder for negotiation and procurement of RD treatments. chart treated, with PWHen as the programs that facilitate patient compliance with FNR required testing. chart treatenet Case examples <td>ays and dle</td> <td>administrator) to the health provider, facilitating reimbursement;</td> | ays and dle | administrator) to the health provider, facilitating reimbursement; |
| ettes, and lementation, amiline used policies. for this mechanism, and it came after legal demands of treatment and action from PAOs. Health Law ut distinct I. Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing an improve affordability. h private ratients bear in result in in result in instration, ust 3. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discourts, shared cost arrangements, and additional units (no publicly available examples). eff a void in ministration, ust 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. committees ch trequests. reated, with in Seguro 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. ay: The ent by the s fund, with Seguro 1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. ay: The ent by the s fund with SPR required testing. 0. Unplete and implement the RD Multicriteria HTA Manual. create the outstanding Advisory Committees. 0. Winsinersen was granted | | |
| treatment and action from PAOs. treatment and action previous previous protein and proceed from setting approximately 30 treatments have not been procured despite patient programs interes. treatment therefore, this is a key stacholder for negotiation and procurement of RD treatments. Complete and implement the RD Multicriteria | | |
| Armine used policies. Key opportunities: Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-stablish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. S. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Compiter and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. At accomption was granted in 2020 to encourage supply of agaisdase alf for patients living with Fabry disease during the panelment. At access there and ingle process. At access for patients living with Fabry disease during the panelment. At access the outstanding Advisory Committees. At access the outstanding Advisory Committees. At access the cost of | • | |
| used policies. Key opportunities: Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Chart trequests. Complete and implement the RD fail under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. At ax exemption was granted in 2020 to encourage supply of agalsiase aff for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process. "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a fiegal proces. <li< td=""><td>,</td><td></td></li<> | , | |
| Key opportunities: Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While ale wenabiling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Asst patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Ying a function and programs that facilitate patient compliance with FAR required testing. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fahry disease during the panelment. Nusinersen was first introduced to Uruguay by a protective appeal process. "recurso de amparor". In 2022, the "Modifying treatment for SMA Program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a f | | |
| Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of asigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Cey opportunities Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a ley stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. A tax exemption was granted in 2020 to encourage supply of agaisidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Unuguay by a protective appeal proces: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | |
| 1. Collaborate with local healthcare authorities to develop standardized clinkal practice guidelines that promote consistent patient care and equitable drug access. 2. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. 3. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of asigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees <i>Key opportunities</i> 1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. 2. Harmonize regulations to allow price negotiations and innovative financing mechanisms. 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. anantee of submitted, and agais afa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal proces: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. an adititon, there is evidence of models whereby the FNR pays a fix | | |
| Collaborate with local healthcare authorities to develop standardized clinical practice guidelines that promote consistent patient care and equitable drug access. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of asigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Cey opportunities Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a ley stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. A tax exemption was granted in 2020 to encourage supply of agaisidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Unuguay by a protective appeal proces: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | Key opportunities: |
| Health Law patient care and equitable drug access. ut distinct 2. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. h private 3. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). left a void in ministration, ust 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. ch 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. ch 1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. ch 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the after 0. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. at ax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. nuly a tax exemption was granted in 2020 to | | 1. Collaborate with local healthcare authorities to develop |
| at distinct 2. Develop new (or re-establish previous) negotiation mechanisms that ensure transparent drug pricing and improve affordability. 3. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees C. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. 2. Highlight the benefit of negotiation and innovative financing RD diagnosis. 4. tax exemption was granted in 2020 to encourage supply of agalidase alfa for patients living with FAB region, with 19 included diseases, facilitating RD diagnosis. 4. tax exemption was granted in 2020 to encourage supply of agalidase alfa for patients living with FAB ray classes during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | Health | |
| a better for the transparent drug pricing and improve affordability. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Key opportunities Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. A tax exemption was granted in 2020 to encourage supply of agalisdase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| h private attents bear a. The Acquisitions law restricts performance-based risk-sharing agreements. Mechanisms have emerged to overcome limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). left a void in ministration, nust 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees ch trequests. reaetd, with a. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. a. Harmonize regulations to allow price negotiations and innovative financing mechanisms. b. Complete and implement the RD Multicriteria HTA Manual. c. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. arantee ot submitted, a tax exemption was granted in 2020 to encourage supply of agaisidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal proces: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| Patients bearan interference of the second of t | h private | |
| limitations, such as maximum price per beneficiary, volume discounts, shared cost arrangements, and additional units (no publicly available examples). left a void in ministration, nust S. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Key opportunities Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | • | |
| left a void in ministration, ust(no publicly available examples).left a void in ministration, ust5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities.ch-cost dability.6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these.Committees ch trequests, created, with1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments.2. Harmonize regulations to allow price negotiations and innovative financing mechanisms.3. Complete and implement the RD Multicriteria HTA Manual.av, The ent by the a fund)2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing.av, The ent by the a fund)0. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis.0 t submitted, (, and ten sed, and0. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic.0 nly (, and ten0. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurse de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse.0 nly (, and ten0. In addition, there is evidenc | | limitations, such as maximum price per beneficiary, volume |
| left a void in ministration, nust 5. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. dability. 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees <i>Key opportunities</i> 1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. 2. Harmonize regulations to allow price negotiations and innovative financing mechanisms. 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. ay, The ent by the e fund) a fund) ay The ent by the effund) a fund) ay, The ent by the effund) a fund) a ka exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. b. Urugua | n result in | |
| ministration, nustS. As of July 2023, approximately 30 treatments have not been procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities.(h-cost dability.6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these.Committees t requests. reated, with in Seguro1. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments.2. Harmonize regulations to allow price negotiations and innovative financing mechanisms.3. Complete and implement the RD Multicriteria HTA Manual.4. Create the outstanding Advisory Committees.4. Create the outstanding Advisory Committees.ay, The e flund)9. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis.9. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic.9. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurse de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse.9. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | loft a void in | (no publicly available examples). |
| nustshustgh-costdability.gb-costchtrequests.chtrequests.ch-trequests.trequests.ch-trequests.trequests.trequests.treatment; therefore, this is a key stakeholder for negotiation and procure regulations to allow price negotiations and innovative financing mechanisms.3. Complete and implement the RD Multicriteria HTA Manual.4. Create the outstanding Advisory Committees.arantee e fund)arantee of submitted,ob submitted,ob submitted,ob submitted,ch the pandemic.ob submitted,ch the pandemic.ob submitted, | | |
| procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | |
| procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | |
| procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | |
| procured despite patients receiving approvals, which is likely due to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | 5 As of July 2022, approximately 20 treatments have not been |
| to a lack of assigned responsibility for follow-up, undefined timelines, and unclear agency responsibilities. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Committees Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | |
| timelines, and unclear agency responsibilities. 6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these. Committees Committees Cet trequests. created, with 2. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. 2. Harmonize regulations to allow price negotiations and innovative financing mechanisms. 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the a fund) arantee ot submitted, A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. | | |
| dability.6. While a law enabling innovative purchasing mechanisms exists, its implementation is hindered by conflicts with the Law of Acquisitions, which prohibits these.Committees <i>Key opportunities</i> I. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments.I. Harmonize regulations to allow price negotiations and innovative financing mechanisms.3. Complete and implement the RD Multicriteria HTA Manual.4. Create the outstanding Advisory Committees.av. The ent by the a fund)a. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing.av. The ent by the a fund)av. The ent by the a fund)ot submitted,only (, and tenonly (, and ten | gh-cost | timelines, and unclear agency responsibilities. |
| Acquisitions, which prohibits these. Committees Ch trequests. created, with inuity. While ns may deny in Seguro 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, on submitted, on submitted, on submitted, e fund) arantee ot submitted, only of and process end only of and end only of and only of and only of and only only <td></td> <td></td> | | |
| Committees <i>Key opportunities</i> Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Harmonize regulations to allow price negotiations and innovative financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Hurguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | posed after | |
| Active opportunities I. Most patients living with RD fall under ESSALUD for access to treatment; therefore, this is a key stakeholder for negotiation and procurement of RD treatments. I. Harmonize regulations to allow price negotiations and innovative financing mechanisms. I. Harmonize regulations to allow price negotiations and innovative financing mechanisms. I. Complete and implement the RD Multicriteria HTA Manual. I. Create the outstanding Advisory Committees. I. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Ay. The ent by the e fund) I. Highlight the benefit of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | Acquisitions, which prohibits these. |
| trequests. created, with inuity. While ns may deny in Seguro 2. Harmonize regulations to allow price negotiations and innovative financing mechanisms. 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, only arantee only and then and the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | Committees | Key opportunities |
| trequests. treated, with inuity. While ns may deny in Seguro 2. Harmonize regulations to allow price negotiations and innovative financing mechanisms. 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, only only only and en sed, and treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | ch | |
| 2. Harmonize regulations to allow price negotiations and innovative financing mechanisms. 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, Only agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | t requests. | |
| inuity. While ns may deny in Seguro 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, Only , and teen sed, and financing mechanisms. Complete and implement the RD Multicriteria HTA Manual. Complete and implement the RD multicriteria HTA Manual. Create the outstanding Advisory Committees. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | created, with | |
| 3. Complete and implement the RD Multicriteria HTA Manual. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, Only (, and een sed, and Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| 4. Create the outstanding Advisory Committees. 4. Create the outstanding Advisory Committees. 4. Create the outstanding Advisory Committees. 2. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. ay. The ent by the e fund) arantee ot submitted, Only (, and een sed, and In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | • | |
| a. Highlight the benefit of continuous treatment access while supporting patient programs that facilitate patient compliance with FNR required testing. a. Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | • • | |
| ay. The ent by the e fund) arantee ot submitted, Ouruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | - | |
| ay. The ent by the e fund) arantee ot submitted, Ouruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| ay. The ent by the e fund) arantee ot submitted, Ouruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| with FNR required testing. ay. The ent by the e fund) arantee ot submitted, Only (, and een sed, and Sed, and With FNR required testing. Case examples Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| ay. The ent by the end of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| ent by the e fund) arantee ot submitted, Only (, and een sed, and sed, and | av. The | |
| Uruguay has one of the most complete mandatory newborn screening programs in the region, with 19 included diseases, facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | • | |
| facilitating RD diagnosis. A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| A tax exemption was granted in 2020 to encourage supply of agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| agalsidase alfa for patients living with Fabry disease during the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| the pandemic. Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | ot submitted, | |
| Nusinersen was first introduced to Uruguay by a protective appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| only appeal process: "recurso de amparo". In 2022, the "Modifying treatment for SMA program" eliminated the need for a legal recourse. sed, and In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | • |
| legal recourse. legal recourse. In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | appeal process: "recurso de amparo". In 2022, the "Modifying |
| In addition, there is evidence of models whereby the FNR pays a fixed monthly fee for a group of drugs for the same disease, with | | |
| fixed monthly fee for a group of drugs for the same disease, with | | 8 |
| | seu, diiu | |
| | | |
| | | |
| | | |
| | | |