Myeloma Patients fighting for Revlimid®

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Contactgroep Myeloom Patiënten

Multiple Myeloma (MM)

- MM = cancer of the plasma cells in the bone marrow
- MM is incurable but treatable
- Mid 2000: introduction of “novel agents” (thalidomide, Velcade® and Revlimid®) leading to improved survival and better outcomes for MM patients (life expectancy increases from average of 26 months to several years)(1)

(1) Improved survival of patients with MM after the introduction of novel agents – Kastritis et al

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Revlimid® (lenalidomide):

- In June 2007: EU-approval by EMA:

  → Revlimid® in combination with dexamethasone as 2nd line treatment for MM

  → Approval is based on two large studies(1) showing that Revlimid® improves significally TTP and OS

- In April 2008 : Approval of Revlimid® in Belgium.

  → However, very strict and illogical reimbursement criteria are defined, not at all in line with the EU-registration of the medicine.

(1) MM-009 and MM-010 studies

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Situation in Belgium:

- Reimbursement of Revlimid® not at all in line with the EU-registration
- Belgian patients were much disadvantaged compared to EU peers
- The reimbursement criteria did not have scientific base whatsoever
- The reimbursement criteria were purely subjective and were set up with the aim to lower the costs

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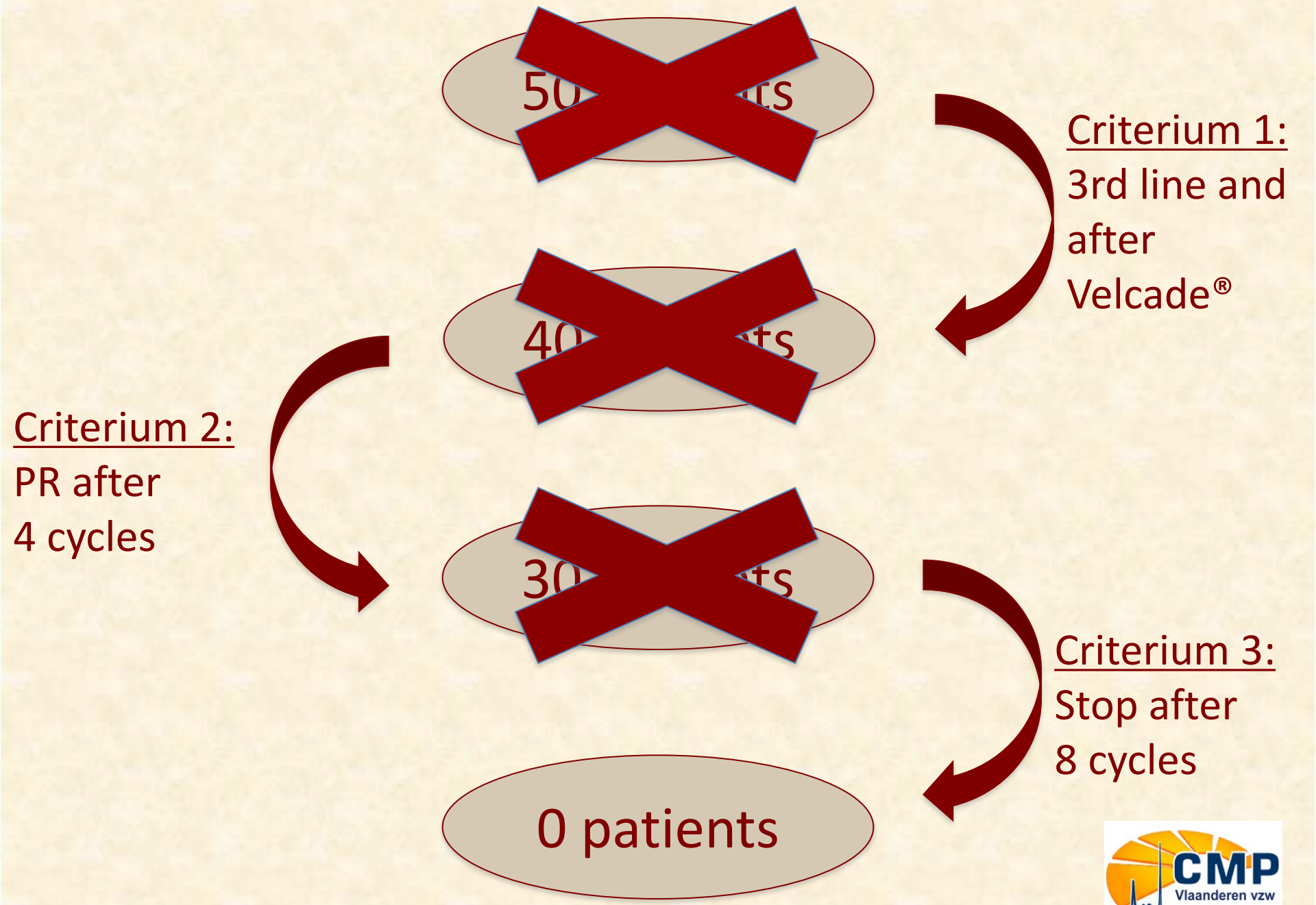
50 ts
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Criterium 1:
3rd line and
after
Velcade®
Criterium 2:
PR after
4 cycles
Criterium 3:
Stop after
8 cycles

Our concerns:

- Patients did not have access to / had to stop prematurely an efficient treatment
- Patients did not have access to a convenient treatment (oral medication that can be taken at home)
- Not much alternative treatments (older medicines with more side effects)
- Alternative treatments had a negative impact on the budget (long hospitalisations, management of toxicity)
- **How can the value of an extra year of life of a patient with an incurable disease be estimated…?**

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Action of the Belgian MM patient groups: CMP and MyMu

Keyword = Collaboration!

- CMP and MyMu joined forces and acted as one patient group
- We involved the Belgian specialists (Belgian Hematological Society)
- Support of EU umbrella organisations (EMP, Eurordis)
- From beginning: transparent communication with pharmaceutical company Celgene

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Joint action

- We contacted key persons in the Belgian Health Care System: Minister of Social Affairs and the Chairperson of Reimbursement Committee
  - Letters
  - **In person**
- We coordinated our action with hematologists
- We looked for the support of politicians who had “equal health care” high on the agenda
- The pharmaceutical company did a considerable effort by making price adjustments
- Media attention: we kept it as last resort

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Finally…a success story

→After more than a year of continuous collaboration and advocacy, the access problem got solved in Belgium!

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