

# "Navigating the Roadblocks: Insights and Advances in Orphan Drug Access and Affordability"

Ashutosh Pandey [a], Chandan.C, Jeyaprakash MR[a]\*

[A] Department of Pharmaceutical Analysis, JSS College of Pharmacy, JSS Academy of Higher Education &; Research, Ooty, Nilgiris, Tamil Nadu, India.

## **Corresponding author:**

Dr. Jeyaprakash M R\*

Associate Professor,

Department of Pharmaceutical Analysis,

JSS College of Pharmacy, Ooty, the Nilgiris-643001,

Tamil Nadu, India

Mobile: +91 9113622035.

E-mail: jpvis7@jssuni.edu.in

#### Abstract:

Orphan chemotherapeutics diseases that become uncommon in the community to cure them. A doctor might see one instance per year or worse due to the disease's rarity and a relative handful of individuals suffering. There are numerous medications used to treat rare diseases, including Tafinlar, Photobarr, Somavert, Onsenal, etc. These times, the pharmaceutical sector's rise of orphan drugs is more rapid, and it has great potential. For the creation of one particular new medicine, pharmaceutical corporations invest a significant sum. The nation as a whole can perceive the headway. The United States and Europe both observe Rare Disease Day on February 28 each year. I have covered the demographic impacted by rare diseases, the 1983 Orphan Drug Act, and its different qualifications and authorizations in this appraisal. The multinational orphan medicine market, its sales promotions, sales, and price strategies have also been covered. Due to the poor trading purpose and high cost of the drug, the estimated profit for curing a rare condition is lower. In the essay, the difficulties a pharmaceutical company faced while developing an orphan drug and its potential future are covered. A list of medications has also been provided, together with information on each one's generic name, level of endorsement, dosage, and manufacturer. Further details include the specific treatment, its therapeutic focus, mechanism of operation and layout.

#### **Orphan Drugs:**

The Greek term "Orphanos," which describes a youngster who has lost both parents or a primary caregiver who might have suffered a miscarriage, is where the word "orphan" originates. Orphan medicines are drugs or vaccines used to treat, stop, or identify rare disease<sup>(1)</sup>. Pharmaceuticals and biological therapies fall under the category of orphan drugs. They were created to treat uncommon diseases. Orphan diseases are exceedingly rare and only affect one person at a time<sup>(2)</sup>. These medications are not for sale. Orphan medicines were only developed for rare diseases. Orphan medications are typically used to treat illnesses that affect fewer than 200,000 persons in the US or fewer than 5 in 10,000 people in the EU<sup>(2-3)</sup>.

Pharmaceutical firms frequently face difficulties in the development of orphan drugs because of the small patient population and financial incentives. Governments all over the world have therefore established laws to promote the creation of orphan drugs, such as tax breaks and window times for marketing and sales exclusivity<sup>(3-4)</sup>.

Despite the difficulties, the creation of orphan drugs is crucial because these drugs can offer patients with rare illnesses who would otherwise have few or no treatment choices, life-saving or life-improving treatments. By using orphan drugs, pharmacy companies can benefit from brand management. The FDA is under increasing pressure to support these medicines<sup>(5-6)</sup>.

## Orphan drugs are classified into three categories:

Drugs created especially to treat rare diseases fall under this category. They can save or improve patients' lives and are frequently the only therapy option for these conditions. The term "drugs for neglected diseases" refers to medications developed to address conditions that mostly afflict residents of low- and middle-income nations. Because treating these illnesses does not yield a sizable financial return on investment, the pharmaceutical business frequently ignores them. Pediatric disease medications<sup>(7)</sup>. These are medications created to treat rare diseases that mainly affect children. Orphan drugs for pediatrics diseases can offer life-saving or treatments that extend patients' lives who suffer from rare diseases, who typically have few viable therapy options. Item used to comfort people with chronic illnesses for which there is no effective therapy<sup>(7-8)</sup>. Item used to treat a rare sickness. For financial or therapeutic reasons, products that have not yet been acquired are currently being removed from the market<sup>(9)</sup>. If a disease affects fewer than 6-8% of the world's population, it is referred to as rare or orphan. A chronic, fatal disorder that only affects a tiny percentage of sufferers is referred to as a rare disease. 6000–8000 rare illnesses are known to exist worldwide<sup>(10)</sup>. More than 80% of the time, viruses, bacteria, or socioeconomic stressors are the root cause of rare illnesses. More than half of rare diseases manifest in infancy and progress quickly, making them fatal. Medication for vagrants is necessary because it's necessary for general<sup>(10-11)</sup>.

#### Orphan medication classification:

TYPES	ANTICIPATED PROFIT	RELEVANT MEDICATION
minimal or no monetary advantage	Poor	Inadequate
socioeconomic advantage	Good to excellent	Inadequate
For a rare illness that is adequately treatable	Variable	Appropriate
Economically unviable for a widespread illness	Poor	Inadequate
Orphans between uncommon and widespread	Variable	Variable
diseases		

Table-1 (12) Types

#### **Orphan Designation:**

Orphan designation is the classification conferred to a medication or biologic by regulatory agencies like the European Medicines Agency (EMA) and the United States Food and Drug Administration (FDA)<sup>(13)</sup>. The classification encourages pharmaceutical companies to develop and market medications for uncommon diseases, which may not be commercially viable without special consideration<sup>(13-14)</sup>.

Less than 200,000 Americans are afflicted by a rare disease in the United States. A rare disease is one that only affects five people in every 10,000 people in Europe<sup>(15)</sup>. If the drug is approved, the orphan classification offers the drug sponsor benefits like tax credits for clinical trial costs, fee waivers, and commercial exclusivity within a specific timeframe<sup>(15-16)</sup>.

The drug sponsor must show that the medication is meant to treat a rare illness or condition and that there is no effective alternative treatment in order to receive orphan designation. To support the likelihood of clinical benefit, the medication must also exhibit promise in preliminary clinical trials<sup>(16)</sup>.

## Why only orphan drugs for rare diseases:

Because uncommon diseases sometimes have few or no existing treatments, orphan medications are typically created for these ailments. As a result, people with uncommon diseases may only sometimes have access to efficient treatments that can enhance their quality of life and medical results<sup>(17)</sup>. Developing drugs for rare diseases can also be financially challenging for pharmaceutical companies. These illnesses only affect a small percentage of persons, hence the potential market for a drug may be limited. Due to this, it may be challenging to turn a profit and cover research and development expenses<sup>(17-18)</sup>.

To address these challenges, regulatory agencies have established the orphan designation program, It encourages pharmaceutical companies to create and promote medicines for uncommon diseases<sup>(18)</sup>. These incentives include tax credits, fee waivers, and market exclusivity if the drug is approved for a set length of time. These incentives can help offset the financial challenges associated with creating medications for uncommon disorders and encourage drug sponsors to invest in this area. Overall, the orphan designation program helps ensure that Patients with uncommon diseases have access to efficient medicines, which promotes the creation of innovative treatments for these ailments<sup>(18-19)</sup>.

## Some facts about the orphan disease:

Orphan diseases or uncommon diseases are those that only afflict a very small percentage of the population. In the United States, an illness is considered uncommon if it affects fewer than 200,000 people, whereas in Europe, it is considered rare if it affects fewer than 1 in 2,000 people. The following are some orphan disease statistics<sup>(20)</sup>. Approximately 7,000 rare diseases are

recognized, and new ones are found every year. Genetic changes, environmental variables, or a combination of both can lead to orphan diseases (20-21). Many chronic and progressive orphan diseases have the potential to be fatal or seriously disabling. Because orphan diseases only impact a very small portion of the populace (22). When compared to illnesses that are more widespread, they frequently receive less support and focus from the medical community. Orphan diseases can be challenging to diagnose because many doctors may not be acquainted with them or may not have access to specialized testing (23). Orphan diseases frequently have few treatment choices, and many patients might not have access to efficient therapies. Patients with orphan diseases frequently experience severe difficulties, such as financial hardship, societal isolation, and difficulty getting the right medical treatment (23-24). Patients with orphan diseases frequently display remarkable resiliency and strength in the face of difficulties, and numerous patient advocacy organizations have emerged to support efforts in research, education, and advocacy for rare diseases (25).

#### **HISTORY: ORPHAN DRUG ACT 1983:**

The Orphan Drug Act (ODA) is a US legislation that was adopted by Congress in 1983 to promote the creation of medications for uncommon illnesses or conditions, also referred to as "orphan diseases." These are ailments that affect less than 200,000 people in the US or for which it is not anticipated that the expense of creating and marketing a remedy would be recouped. Pharmaceutical firms are encouraged by the Orphan Drug Act to create and sell medications for these uncommon illnesses<sup>(26)</sup>. A seven-year window of market exclusivity, tax credits for the expense of clinical research, and a remission of FDA fees are some of these advantages. More than 700 orphan drugs have been approved as a result of the act's success in encouraging the development of cutting-edge medicines for uncommon diseases<sup>(26-27)</sup>.

The success of the Orphan Drug Act in providing treatments to patients with rare illnesses has been lauded, but it has also come under fire for its potential to raise drug prices<sup>(28)</sup>. Because there are so few patients with these rare diseases, it raises questions about whether they will be able to pay the expensive orphan drugs they require. Overall, the Orphan Drug Act has been a significant piece of American law that has contributed to the availability of treatments for rare diseases that might not otherwise have received care<sup>(29)</sup>.

#### Amendments made during the orphan drug act:

R & D tax credit lowering of the procedure charge Biomedical research is aided by federal grants. FDA evaluation and authorization of orphan health applications An inpatient medicine with seven years of exclusive market access for the treatment of uncommon conditions More than 400 orphan medications were put on the market just after Orphan Drug Act was amended<sup>(30)</sup>. Given that, between 1973 and 1983, there were only 10 orphan medications available This change had a beneficial effect on health. The addition of traditional and biological medications as well as other medical equipment made the amendment more varied<sup>(30-31)</sup>.

## **Global Orphan Drug Market:**

Orphan medicines are in high demand right now and are expected to continue to be so in the years to come. According to a study by Evaluate Pharma, the orphan drug market is projected to expand at a compound annual growth rate (CAGR) of 11.7% between 2020 and 2026, hitting a total value of \$262 billion by that year<sup>(32)</sup>. The orphan drug market is expanding as a result of a rising focus on personalized medicine and the recognition of more rare diseases<sup>(32-33)</sup>. As a result of the Orphan Drug Act's encouragement of pharmaceutical companies to create therapies for rare ailments, a greater number of orphan medications have been approved<sup>(34)</sup>.

North America currently has the largest orphan drug industry, followed by Europe and Asia-Pacific. The United States is the national market's largest for orphan drugs, accounting for more than 50% of global sales<sup>(34-35)</sup>. The European market, which is controlled by France, Germany, Italy, Spain, and the United Kingdom, is also significant. In this fiercely competitive industry, there are numerous companies vying for market share<sup>(36)</sup>. Roche, Novartis, Pfizer, Sanofi, and Celgene are the top companies in the global market for orphan drugs<sup>(36-37)</sup>.

The market for orphan drugs has the ability to grow, but there are challenges to be solved, including the price of orphan drugs, issues with reimbursement, and regulatory challenges<sup>(39)</sup>. The market for orphan drugs is anticipated to grow even more in the future come as a result of the increasing focus on personalized medicine and the development of novel treatments<sup>(38-39)</sup>.

## Marketing and selling:

Orphan drugs need a fresh sales and marketing strategy because they need new development and trends for a better market environment. These orphan medications are studied on fewer than ten patients<sup>(40)</sup>. Therefore, it is important to raise awareness about Pharma businesses' need for funding. Sales teams are under a lot of strain since targeting doctors is simply not viable for orphan bands and the pharmaceutical industry. In addition to informing and optimizing ongoing activities, the DIGITAL CHANNEL is a novel technique that is typically best for the integrated multi-channel – mix<sup>(41)</sup>. It also enables Pharma to

communicate with a particular set of doctors. Nowadays, 7000 uncommon diseases are known. There is currently no accepted theory for 95% of them. Some patients receive expensive, specialist medications. Orphan medications frequently have high treatment costs; a set development cost must be recouped from a small population of patients<sup>(41-42)</sup>. Moat medications have never had their prices reduced, but today's rising costs must be managed. The average revenue for treating uncommon diseases is about \$250 million, however, this is the exception rather than the rule<sup>(43)</sup>. Depending on growth and size, a firm can only succeed with numerous goods, not just one. Then, Certain orphan medications have advantages in that they treat certain ailments for longer than five years and bring in a lot of money<sup>(43-44)</sup>. With little opposition from one or two companies, they dominate the orphan market. Marketing strategy is anticipated to rise for other treatments as well. The orphan market once existed<sup>(45)</sup>. Big Pharma firms are now vying for orphan treatments to reduce output. Shire, BioMarin, and Alexion are a few of the biggest players with a significant orphan presence. Experts frequently lack a thorough understanding of orphan medications<sup>(46)</sup>. As a result, entities must be able to work with drug manufacturers. Several businesses have operated with regulatory approval and orphan status. Budget constraints deny access to orphan medications. In general, geographical exclusivity is used to support pharmaceutical businesses<sup>(46-47)</sup>. This enables the business to recoup its costs for several years. Marketing monopolies may be contested if there is insufficient demand for or if a different medication is more successful than the orphan drug. Large Pharma businesses draw little contest of orphan medications with good quality for competent sales and marketing of orphan drugs<sup>(48)</sup>.

#### Some key features:

Pharma Company's current position in the market for rare diseases The distinction between orphan and non-orphan medications. The difficulties encountered in the production of orphan medications Business concept for orphan drugs have the potential to employ the internet as a marketing tool (49), preparing orphan medications for commercialization, a shift in attitude towards commercializing orphan medications, post-marketing monitoring (50)

## Challenges and opportunities: In pharmaceutical companies:

According to the FDA, a rare disease affects fewer than 20,000 Americans. Because rare diseases can be fatal and patients may pass away while receiving treatment before reaching adulthood, they constitute a significant public health issue. Around 80% of these rare disorders are genetically based, i.e. Gene mutations were observed<sup>(51)</sup>. Many children are affected by hereditary diseases during this time. These are quite often persistent, life-threatening conditions. The development of treatments needed to treat uncommon diseases is fraught with clinical, regulatory, and commercial difficulties<sup>(51-52)</sup>. To give legislation generated by the process and invest in orphan drugs to cure rare diseases, legislation has been developed in the US and the EU. The FDA established the office of orphan product development to concentrate on the difficulties in developing treatments in order to treat rare disorders orphan<sup>(53)</sup>. Within the office of new drugs, the FDA established a rare drug program with an emphasis on creating procedures and guidelines for evaluating new drug applications for orphan drug products<sup>(54)</sup>. Before the Orphan Drug Act was passed Law Act, there had never been a medicine created particularly to treat a rare condition<sup>(54-55)</sup>.

Pharmaceutical corporations have established business units focusing on rare diseases thanks to recent success and efficiency concerns. The Predominance of the product problem was in the pharmaceutical development and testing approach (56). More than 95% of patients still do not have access to effective treatments. A rare disease treatment generates about \$1 billion in revenue. An assumption not a rule of about \$250 million on average (56-57). Success may only be attained with a variety of items rather than just one, based on the scale and rate of expansion of the company. Certain orphan medications have the advantage of treating some conditions for longer than five years and producing significant income (58). Within one or two businesses, they effectively capture the orphan market. Competition for other treatments is anticipated to rise as well in the market (59). Big Supply chain managers are now battling with orphan treatments in the once-dominant orphan markets to reduce output. Companies like "shire, Biomarin, and Alexion" are some of the biggest players with significant market shares (59-60). Orphan pharmaceuticals are sometimes difficult for experts to understand, thus the maker must be prepared to work with organizations. Several businesses have operated with federal approval and orphan status. Budget constraints restrict access to orphan medications (61). Within a rare category, orphan medicine was only developed for rare diseases and the common ones With more common diseases come different obstacles to innovation and research<sup>(62)</sup>. The distinctive characteristics of the patient population with rare diseases have an impact on the advancements to be made in the treatment of rare diseases, posing significant hurdles for advancement and research. For the bulk of uncommon diseases, fundamental difficulties in medication development are rather little understood. Moreover, the path for therapeutic applications for uncommon diseases for which there are no treatments yet has not been established (62-63). As there aren't many patients qualified for epidemiological practice, clinical trials are done. The main difficulty is that patient enrolment in clinical studies typically necessitates participation from numerous sites<sup>(64)</sup>. The production process for biological products has unique difficulties. Obtaining the initial orphan status might be difficult, proving a considerable benefit at the time of the MMA to keep the status of an orphan. scheduled evaluation by the European Commission (64-65)

#### For economic evaluation:

Interest in cost-benefit analysis is developing as the healthcare budget comes under mounting demands. It does not decide for itself if a health technique is cost-effective or not; rather, it compares it to outside standards. Economic evaluation techniques are more widely accepted currently on a global scale<sup>(66)</sup>. The cost-effectiveness threshold for most orphan medications is substantially above. Hence, the potential discrepancy between social value and cost productivity ratio is estimated in the incremental economic feasibility ratio. The influence of rarity on proportion estimating An orphan drug's price<sup>(66-67)</sup>. The analysis of the judgment follows the general logic of affordability, and deviations from this logic include inadequate treatment of the rare disease, the patient's health, and other factors. From a patient's perspective, access, and economics Governmental financial execution, The majority of orphan medications are used to treat patients with serious conditions and may not be used for other treatments<sup>(68)</sup>. Even though orphan pharmaceuticals are costly, they only have a little influence on healthcare, thus there aren't many patients with these conditions<sup>(69)</sup>

## Development pathway:

Each stage of the development of orphan medicine poses a unique obstacle. Similar problems have been reported for non-orphan drugs. It is challenging to discuss the context of uncommon diseases because of the scant relevant qualifications<sup>(70)</sup>. These problems get worse when the condition becomes increasingly uncommon. Pre-clinical research, adolescent substance discovery, clinical progress, Administrative tactics, and lunchtime plans, arrive and place advertising<sup>(70-71)</sup>.

#### For Next Generation Pharma Company I.e. Future:

Orphan medications are getting greater attention, their growth potential is very strong. Each Asian nation's orphan medicine market is governed differently<sup>(72)</sup>. Due to the lack of a valid diagnosis for an unusual illness, no therapy is provided, and this area of care is referred to as "A dead zone." Bigenerics determine how a pharmaceutical sector will ultimately turn out. As it is advanced further in Asian nations by the legislature, stray medication will be definite<sup>(72-73)</sup>. The majority of nations have already supported orphan drug development, and in some others, it is only being started<sup>(74)</sup>. As a result, the industry's potential will expand significantly and the general public will become increasingly aware of the market<sup>(75)</sup>. Corporations should generate significant medications utilized for the benefit of patients, raising enormous community understanding of the market through tax, patent, and R&D for The development of fresh, new theories. Common terminology and standards for rare diseases<sup>(76)</sup> study in the field of regenerative medicine. Experimentation is a key element and a competitive advantage for the next generation of pharmaceutical companies<sup>(76-77)</sup>. Building relationships with doctors is believed to be the key to the orphan drug compartment's success in personalized care. Certain components of the orphan medicine business model can be adapted by other markets to increase sales and decrease costs to promote multichannel marketing. The success of the following generation will depend on the companies' increased focus on patients with orphan diseases<sup>(78)</sup>

#### **Conclusion:**

Patients with uncommon diseases often have unmet medical requirements that orphan medications have helped to fill. Orphan medications have increased in availability and accessibility for patients because to financial incentives and regulatory agency support, giving them hope where there was previously none. The creation of orphan pharmaceuticals has also opened up fresh research and development directions, resulting in the identification of cutting-edge therapies and cures for uncommon ailments. In conclusion, orphan medications are an essential component of healthcare that demands ongoing focus and funding. We can guarantee that people with rare diseases receive the treatment and care they require and deserve by continuing to work to make it more accessible and affordable.

#### REFERENCES:

- 1. John K. Jenkins. FDA Approves 21 Orphan Drugs for Rare Diseases in 2015 Jul 1;2(7):709-24
- 2. Norman P. Orphan drug approvals of 2014: Europe and the United States. Expert Opinion on Orphan Drugs. 2015 Apr 3;3(4):445-55.
- 3. David R. Francis Orphan Drugs Cure Rare Diseases of 2002 Apr 9;3(4):998-66
- Berman JJ. Rare diseases and orphan drugs: keys to understanding and treating the common diseases. Academic Press; 2014 May 26.
- 5. Helfand, C. Top 20 orphan drugs by 2018 May 26.
- Maiella S, Rath A, Angin C, Mousson F, Kremp O. Orphanet et son réseau: où trouver une information validée sur les maladies rares. Revue neurologique. 2013 Feb 1;169:S3-8.
- 7. Gaffney A. RF News Editor FDA Finalizes Changes to Orphan Drug Regulation, With Emphasis on Clarifying Existing Policies 2014 Jul 1;2(7):709-24
- 8. Kaspar RL. Challenges in developing therapies for rare diseases including pachyonychia congenita. InJournal of Investigative Dermatology Symposium Proceedings. 2005 Oct 1.
- 9. Michaux G. EU Orphan Regulation-Ten Years of Application. Food and Drug Law Journal. 2010 Jan 1;65(4):639-69.
- Xu K, Coté TR. Database identifies FDA-approved drugs with potential to be repurposed for treatment of orphan diseases. Briefings in bioinformatics. 2011 Jul 1;12(4):341-5.
- 11. Mezher.M, New FDA Guidance Addresses Common Issues in Orphan Drug Development. 2015 August 17
- 12. Andreotti G, Cubellis MV. The newsletter for the rare disease community. 2010 Oct;1(10):979-93.
- 13. Attwood MM, Rask-Andersen M, Schiöth HB. Orphan drugs and their impact on pharmaceutical development. Trends in Pharmacological Sciences. 2018 Jun 1;39(6):525-35.
- 14. Hashmi M, Rassen J, Schneeweiss S. Single-arm oncology trials and the nature of external controls arms. Journal of Comparative Effectiveness Research. 2021 Aug;10(12):1053-66.
- 15. Morgan SG, Bathula HS, Moon S. Pricing of pharmaceuticals is becoming a major challenge for health systems. bmj. 2020 Jan 13;368.
- 16. Chen C, Dubin R, Kim MC. Orphan drugs and rare diseases: A scientometric review (2000–2014). Expert Opinion on Orphan Drugs. 2014 Jul 1;2(7):709-24.
- 17. Wellman-Labadie O, Zhou Y. The US Orphan Drug Act: rare disease research stimulator or commercial opportunity?. Health Policy. 2010 May 1;95(2-3):216-28.
- 18. Pascual JM, Ronen GM. Glucose transporter Type I Deficiency (G1D) at 25 (1990-2015): presumptions, facts, and the lives of persons with this rare disease. Pediatric neurology. 2015 Nov 1;53(5):379-93.
- 19. Mizsur G. The National Organization for Rare Disorders, Inc.(NORD). Nursing. 1997 Aug 1;27(8):28.
- 20. Yu TT, Gupta P, Ronfard V, Vertès AA, Bayon Y. Recent progress in European advanced therapy medicinal products and beyond. Frontiers in bioengineering and biotechnology. 2018 Sep 21;6:130.
- 21. Heemstra HE, Leufkens HG, Rodgers RC, Xu K, Voordouw BC, Braun MM. Characteristics of orphan drug applications that fail to achieve marketing approval in the USA. Drug discovery today. 2011 Jan 1;16(1-2):73-80.

- 22. Gammie T, Lu CY, Babar ZU. Access to orphan drugs: a comprehensive review of legislations, regulations and policies in 35 countries. PloS one. 2015 Oct 9;10(10):e0140002.
- 23. Kugler M, RN. The Orphan Drug Act to Support Rare Diseases. 2020 Apr 27.
- 24. Grabowski HG. Increasing R&D incentives for neglected diseases: lessons from the Orphan Drug Act. International public goods and transfer of technology under a globalized intellectual property regime. 2005:457-80.
- 25. Jatiani SS, Baker SJ, Silverman LR, Reddy EP. Jak/STAT pathways in cytokine signaling and myeloproliferative disorders: approaches for targeted therapies. Genes & cancer. 2010 Oct;1(10):979-93.
- 26. Dampier C. Orphan drugs for sickle vaso-occlusion: dawn of a new era of targeted treatment. Orphan Drugs: Research and Reviews. 2015 Nov 2;5:99-112.
- 27. Panteli D, Eckhardt H, Nolting A, Busse R, Kulig M. From market access to patient access: overview of evidence-based approaches for the reimbursement and pricing of pharmaceuticals in 36 European countries. Health Research Policy and Systems. 2015 Dec;13:1-8.
- 28. Kaminski J, Noll JG, Olezeski C, Rodriguez C, Borrego Jr JP, McCabe MA, Hara V. The Advocate 2017 Nov 1;39(11):2173-80.
- 29. Logviss K, Krievins D, Purvina S. Rare diseases and orphan drugs: Latvian story. Orphanet Journal of Rare Diseases. 2014 Dec;9(1):1-3.
- 30. Reddy DS, Pramodkumar TM, Reddy Y, Sirisha K. Orphan regulations for orphan drug development in India. Asian Journal of Pharmaceutics (AJP). 2014;8(2).
- 31. Tufts KA. Global health is our health. Nursing Outlook. 2016 Nov 1;64(6):531-2.
- 32. Morel T, Popa C, Simoens S. Are orphan drug companies the pick of the pharmaceutical industry. Nature Reviews Drug Discovery. 2014 Jan 1;13(1):10-1.
- 33. Fung KW, Richesson R, Bodenreider O. Coverage of rare disease names in standard terminologies and implications for patients, providers, and research. InAMIA Annual Symposium Proceedings 2014 (Vol. 2014, p. 564). American Medical Informatics Association.
- 34. 37. Logviss K, Krievins D, Purvina S. Rare diseases and orphan drugs: Latvian story.
- 35. Orphanet Journal of Rare Diseases. 2014 Dec;9(1):1-3.
- 36. Milne CP, Ni W. The use of social media in orphan drug development. Clinical therapeutics. 2017 Nov 1;39(11):2173-80.
- 37. Khosla N, Valdez R. A compilation of national plans, policies and government actions for rare diseases in 23 countries. Intractable & Rare Diseases Research. 2018 Nov 30;7(4):213-22.
- 38. Fung KW, Richesson R, Bodenreider O. Coverage of rare disease names in standard terminologies and implications for patients, providers, and research. InAMIA Annual Symposium Proceedings 2014 (Vol. 2014, p. 564). American Medical Informatics Association.
- 39. Ferreira CR. The burden of rare diseases. American journal of medical genetics Part A. 2019 Jun;179(6):885-92.
- Kacetl J, Marešová P, Maskuriy R, Selamat A. Ethical Questions Linked to Rare Diseases and Orphan Drugs–A Systematic Review. Risk management and healthcare policy. 2020 Oct 13:2125-48.
- 41. Melnikova I. Rare diseases and orphan drugs. Nature Reviews Drug Discovery. 2012 Mar 30;11(4):267.

- 42. Aronson JK. Rare diseases and orphan drugs. British journal of clinical pharmacology. 2006 Mar;61(3):243.
- 43. Wästfelt M, Fadeel B, Henter JI. A journey of hope: lessons learned from studies on rare diseases and orphan drugs. Journal of internal medicine. 2006 Jul;260(1):1-0.
- 44. Denis A, Mergaert L, Fostier C, Cleemput I, Simoens S. A comparative study of European rare disease and orphan drug markets. health Policy. 2010 Oct 1;97(2-3):173-9.
- 45. Song P, Gao J, Inagaki Y, Kokudo N, Tang W. Rare diseases, orphan drugs, and their regulation in Asia: Current status and future perspectives. Intractable & rare diseases research. 2012 Feb 29;1(1):3-9.
- 46. Berman JJ. Rare diseases and orphan drugs: keys to understanding and treating the common diseases. Academic Press; 2014 May 26.
- 47. Singh J. The portal for rare diseases and orphan drugs. Journal of Pharmacology & Pharmacotherapeutics. 2013 Apr;4(2):168.
- 48. Tambuyzer E. Rare diseases, orphan drugs and their regulation: questions and misconceptions. Nature Reviews Drug Discovery. 2010 Dec;9(12):921-9.
- 49. Hendrickx K, Dooms M. Orphan drugs, compounded medication and pharmaceutical commons. Frontiers in Pharmacology. 2021 Sep 10;12:738458.
- 50. Gericke CA, Riesberg A, Busse R. Ethical issues in funding orphan drug research and development. Journal of Medical Ethics. 2005 Mar 1;31(3):164-8.
- 51. Gammie T, Lu CY, Babar ZU. Access to orphan drugs: a comprehensive review of legislations, regulations and policies in 35 countries. PloS one. 2015 Oct 9;10(10):e0140002.
- 52. Denis A, Mergaert L, Fostier C, Cleemput I, Simoens S. A comparative study of European rare disease and orphan drug markets. health Policy. 2010 Oct 1;97(2-3):173-9.
- 53. McCabe C, Claxton K, Tsuchiya A. Orphan drugs and the NHS: should we value rarity?. Bmj. 2005 Oct 27;331(7523):1016-9.
- 54. McCabe C, Claxton K, Tsuchiya A. Orphan drugs and the NHS: should we value rarity?. Bmj. 2005 Oct 27;331(7523):1016-9.
- 55. Gericke CA, Riesberg A, Busse R. Ethical issues in funding orphan drug research and development. Journal of Medical Ethics. 2005 Mar 1;31(3):164-8.
- 56. Haffner ME, Torrent-Farnell J, Maher PD. Does orphan drug legislation really answer the needs of patients?. The lancet. 2008 Jun 14;371(9629):2041-4.
- 57. Heemstra HE, de Vrueh RL, van Weely S, Büller HA, Leufkens HG. Orphan drug development across Europe: bottlenecks and opportunities. Drug discovery today. 2008 Aug 1;13(15-16):670-6.
- 58. Vegter S, Rozenbaum MH, Postema R, Tolley K, Postma MJ. Review of regulatory recommendations for orphan drug submissions in the Netherlands and Scotland: focus on the underlying pharmacoeconomic evaluations. Clinical Therapeutics. 2010 Aug 1;32(9):1651-61.
- 59. Denis A, Mergaert L, Fostier C, Cleemput I, Hulstaert F, Simoens S. Critical assessment of Belgian reimbursement dossiers of orphan drugs. Pharmacoeconomics. 2011 Oct;29:883-93.
- 60. Vegter S, Rozenbaum MH, Postema R, Tolley K, Postma MJ. Review of regulatory recommendations for orphan drug submissions in the Netherlands and Scotland: focus on the underlying pharmacoeconomic evaluations. Clinical Therapeutics. 2010 Aug 1;32(9):1651-61.

- Dupont AG, Van Wilder PB. Access to orphan drugs despite poor quality of clinical evidence. British Journal of clinical pharmacology. 2011 Apr;71(4):488-96.
- 62. Joppi R, Bertele' V, Garattini S. Orphan drugs, orphan diseases. The first decade of orphan drug legislation in the EU. European Journal of clinical pharmacology. 2013 Apr;69:1009-24
- 63. Michel M, Toumi M. Access to orphan drugs in Europe: current and future issues. Expert Review of Pharmacoeconomics & Outcomes Research. 2012 Feb 1;12(1):23-9.
- 64. Stawowczyk E, Malinowski KP, Kawalec P, Bobiński R, Siwiec J, Panteli D, Eckhardt H, Simoens S, Agusti A, Dooms M, Pilc A. Reimbursement status and recommendations related to orphan drugs in European countries. Frontiers in Pharmacology. 2019 Nov 27;10:1279.
- 65. Hall AK, Carlson MR. The current status of orphan drug development in Europe and the US. Intractable & rare diseases research. 2014 Feb 28;3(1):1-7.
- 66. Joppi R, Bertele V, Garattini S. Orphan drug development is progressing too slowly. British journal of clinical pharmacology. 2006 Mar;61(3):355-60.
- 67. Logviss K, Krievins D, Purvina S. Impact of orphan drugs on Latvian budget. Orphanet journal of rare diseases. 2016 Dec;11:1-3.
- 68. Stawowczyk E, Malinowski KP, Kawalec P, Bobiński R, Siwiec J, Panteli D, Eckhardt H, Simoens S, Agusti A, Dooms M, Pilc A. Reimbursement status and recommendations related to orphan drugs in European countries. Frontiers in Pharmacology. 2019 Nov 27;10:1279.
- 69. Kanters TA, Steenhoek A, Hakkaart L. Orphan drugs expenditure in the Netherlands in the period 2006–2012. Orphanet journal of rare diseases. 2014 Dec;9(1):1-5.
- 70. Melnikova I. Rare diseases and orphan drugs. Nature Reviews Drug Discovery. 2012 Mar 30;11(4):267.
- Blankart CR, Stargardt T, Schreyögg J. Availability of and access to orphan drugs: an international comparison of pharmaceutical treatments for pulmonary arterial hypertension, Fabry disease, hereditary angioedema and chronic myeloid leukaemia. Pharmacoeconomics. 2011 Jan;29:63-82.
- 72. Trama A, Pierannunzio D, Loizzo A, Taruscio D, Ceci A. Availability of medicines for rare diseases in EU countries. Pharmaceuticals Policy and Law. 2009 Jan 1;11(1-2):101-9.
- 73. Moher D, Liberati A, Tetzlaff J, Altman DG. Group P (2009) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. BMJ 339: b2535.
- 74. Teagarden JR, Unger TF, Hirsch G. Access and availability of orphan drugs in the United States: advances or cruel hoaxes? Expert Opinion on Orphan Drugs. 2014 Nov 1;2(11):1147-50.
- 75. Kamusheva M, Stoimenova A, Doneva M, Zlatareva A, Petrova G. A cross-country comparison of reimbursed orphan medicines in Bulgaria, Greece and Romania. Biotechnology & Biotechnological Equipment. 2013 Jan 1;27(5):4186-92.
- 76. Liu BC, He L, He G, He Y. A cross-national comparative study of orphan drug policies in the United States, the European Union, and Japan: towards a made-in-China orphan drug policy. Journal of public health policy. 2010 Dec 1;31:407-21.
- 77. Schey C, Milanova T, Hutchings A. Estimating the budget impact of orphan medicines in Europe: 2010-2020. Orphanet journal of rare diseases. 2011 Dec;6(1):1-0.
- 78. Stolk P, Willemen MJ, Leufkens HG. Rare essentials: drugs for rare diseases as essential medicines. Bulletin of the World Health Organization. 2006 Sep;84(9):745-51.