The Coalition for Affordable T-DM1
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20th March 2017

The Rt Hon Jeremy Hunt
Secretary of State for Health
Department of Health
79 Whitehall
London
SW1A 2NS

Your Ref: TO-1061759
RE: Request for compulsory licence on patents related to the breast cancer drug T-DM1 sold by Roche under the brand name Kadcyla.

Dear Minister,

Thank you for your department's response to our proposal that the British government utilise the crown use provision enshrined within UK law to secure an affordable supply of the breast cancer medicine trastuzumab emtansine (T-DM1).

Access to this highly effective treatment is set to be withdrawn across the country due to the patent holder's continued demand for an unaffordably high price. We are therefore disappointed at your refusal to consider this action. We urge you again to meet with us to allow a more detailed discussion of a proposal which could transform and extend the lives of thousands of women across the country.

We note that important mechanisms exist which seek to minimise the negative impact of high medicine prices on the NHS, such as the Pharmaceutical Price Regulatory Scheme (PPRS). However, they have done little to increase the number of new breast cancer medicines made available to patients in the UK over the last decade.

We would appreciate an opportunity to discuss the potential costs incurred in pursuing a crown use licence. It is unclear how the £1bn figure referenced in your letter has been calculated. By our estimations the cost to the government would be a small fraction of this. Moreover, savings in the order of hundreds of millions of pounds over the coming decade could be generated by securing a better price from Roche, or a bio-generic priced at a dramatically lower price.

To your concern that pursuing this licence will weaken the future incentives for development of new medicines, we note that Roche has already made more than USD$66 billion (£55 billion) from trastuzumab, which is one component of T-DM1, and $2.5 billion (£2.09 billion) from T-DM1 itself. Roche has already been over-rewarded for its investment. Certainly the law requires remuneration, and if Roche fail to drop their price, we envisage the government will pay a fair royalty to Roche under the crown use licence.

Indeed, the UK government is already pursuing alternative R&D models in the area of AMR. We again would appreciate the opportunity to discuss how these models could be applied across other disease areas, including cancer. These alternative innovation models will not force governments to choose between innovation or patients' access, but will facilitate both.

It would be bitterly disappointing for patients and their families if the government continues to prioritise the interests of the pharmaceutical industry rather than women with breast cancer without properly exploring viable, legal alternatives. We again urge you to encourage your department's officials to meet with us to discuss these alternatives in the very near future. Please find attached an annex with further information for your reference.

We look forward to hearing from you.

Yours sincerely,

Diarmaid McDonald
The Coalition for Affordable T-DM1