



FPM Response to MHRA consultation on the draft rare disease therapies regulatory framework

In May 2026, the Medicines and Healthcare products Regulatory Agency (MHRA) opened a consultation to establish a new Rare Disease Therapies Regulatory Framework.

Rare diseases affect more than 3.5 million people in the UK, but only a small proportion have an approved medicinal treatment. Many rare conditions face unique scientific and practical challenges: extremely small patient populations, limited natural history data, difficulties conducting randomised controlled trials, and in some cases, individual- or family-specific genetic variants. These factors make traditional regulatory routes difficult or impossible to use.

The proposed MHRA rare disease therapies framework aims to address these challenges by introducing a single, flexible authorisation, the Investigational Marketing Authorisation (IMA), which would allow controlled early access to a therapy while further clinical and real-world evidence continues to be generated. The draft guideline outlines a clear regulatory path covering eligibility for the route, evidence requirements, patient engagement expectations, lifecycle oversight, and the process for transitioning to a full Marketing Authorisation where appropriate. The aim is to enable timely patient access to promising therapies for very rare diseases while maintaining stringent safety, quality and efficacy standards.

FPM submitted its response led by the Rare Diseases Expert Group, below, on 21 July 2026.

Questions

1. In your view, is it desirable for more pharmaceutical treatments for rare diseases to be brought into a regulated pathway rather than used 'off-label' as many are at present?

Yes. The use of off label compounds may stifle innovation, and as a result may be a danger to patient safety.



2. The consultation sets out challenges associated with the development and regulation of treatments for rare diseases. Please identify any other challenges you are aware of that have not been considered or elaborate on those already identified.

The translation of new ideas into the clinic could be a great burden as the preclinical manufacturing and mechanistic needs are often a large barrier. The guidance introduces greater burden on sponsors for safety reporting. It would be a benefit if the new guidance would further address these issues.

3. Patient engagement is a key feature of the framework. How can patients and their families and carers contribute most effectively to the regulatory process? Please explain your answer.

Patients and caregivers are central to regulation. They should contribute to the design of programs from preclinical to clinical trials to ensure that drug development meets unmet medical needs. In particular, the idea of proportionate risk requires participant input.

4. A fundamental question is how much evidence is enough for a decision to be made on the use of a medicine? Using novel approaches to evidence generation the pathway aims to strike a balance between the nature and amount of data needed to support the safety and efficacy of a treatment before patients can access it and the time it takes to generate that data. Do you agree that the proposed approach has found the appropriate balance?

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

Please explain your view on this fundamental consideration

The general direction of travel is positive, but there are a number of unanswered questions in the guidance about mechanisms of proportionate review and the sponsor responsibilities. These could create greater barriers.



5. Defining rarity is a challenge due to the limitations of using a fixed prevalence (frequency) limit, changing disease classifications and the evolving nature of genetic and molecular disease definitions. Whilst retaining some flexibility, the framework is targeting diseases with a prevalence of around 1 in 50,000 of the UK population, which is deliberately distinct from the orphan designation threshold of 25 in 50,000. Do you consider that this threshold considered appropriate to encourage development of treatments for rare diseases?

- **Strongly agree**
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Please provide your rationale if another threshold should be considered.

N/A

6. Do the Scientific Opinion and Designation steps add a tangible incentive for research and development of rare therapies? Are they best delivered at predefined points or on a flexible basis depending on the individual development? Please explain your rationale.

This is still unclear due to the increased complexity on the incentives. Clear milestones are required for investors.

7. Do you agree that open registration of all clinical trials which are linked to the pathway and transparent sharing of safety and efficacy data—especially from early-phase studies—will help in any of the following ways?

- To foster public trust
- To enhance scientific learning
- To support sustainability of the framework
- To support development of treatments for rare (and more common) conditions

Please add any further comments here



Agree with all.

8. Proposals for managing market exclusivity have not been addressed in the framework document. How should market exclusivity be managed to balance the potential benefits of incentivising investment with the risk of creating unintended barriers to future innovation?

To have a level playing field, they should be the same as other regions, otherwise barriers may be created.

9. Should decisions regarding market exclusivity and reimbursement be made on the basis of a combination of pre-determined transparent criteria rather than fixed prematurely within the framework?

Fixed and transparent would be the most appropriate course, as this is required for investors and commercialisation.

10. The scope of the framework includes authorised medicines that are being repurposed (being used to treat a different condition). Do you agree that the framework is suitable for these cases?

- Strongly agree
- Tend to agree
- Undecided
- **Tend to disagree**
- Strongly disagree

Please tell us why you have given that response

There is currently no commercial model for repurposed products, and novel agents need to have a separate commercial framework.

11. Below we have listed six elements of the proposed framework. To what extent do you agree with each of these as an important element?; We are interested to hear of your further thoughts on them.



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an adaptive regulatory pathway for very small populations

- **Very important**
- Important
- Moderately important
- Slightly important
- Not important

Further comments

N/A

defined entry criteria (such as rarity, severity, unmet need and biological plausibility)

- **Very important**
- Important
- Moderately important
- Slightly important
- Not important

Further comments

Commercial investment requires this.

early regulatory engagement and designation

- **Very important**
- Important
- Moderately important
- Slightly important
- Not important

Further comments

N/A



the use of prior knowledge, platform data and adaptive evidence generation approaches

- **Very important**
- Important
- Moderately important
- Slightly important
- Not important

Further comments

This needs to be operationalised.

ongoing safety monitoring with periodic review

- **Very important**
- Important
- Moderately important
- Slightly important
- Not important

Further comments

Providing it does not create burdensome sponsor responsibilities.

the potential to progress to full marketing authorisation over time

- **Very important**
- Important
- Moderately important
- Slightly important
- Not important

Further comments



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N/A

12. Do you have questions or observations about any aspects of the framework including those we have not specifically asked about?

N/A

13. In your view, will the flexibility and adaptability of the proposed pathway provide sufficient encouragement to developers of treatments for rare diseases to bring them within a regulated pathway?

- Strongly agree
- Agree
- Neither agree or disagree
- **Disagree**
- Strongly disagree

Please add any further comments here and if you don't think this aim will be achieved please explain why.

The fee and the complexity will likely be barriers.

14. In your view, will the pathway achieve its aim of supporting innovation while safeguarding patients and maintaining confidence in regulatory decision-making?

- Strongly agree
- Agree
- Neither agree or disagree
- **Disagree**
- Strongly disagree

Please add any further comments here and if you don't think this aim will be achieved please explain why.

Some processes and fee structures are not yet fully defined and will depend on further consultation and legislative progress.



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Potential for increased complexity:

- The introduction of new regulatory routes and authorisation types (e.g., IMA) may add complexity for developers navigating the system, especially in parallel with existing routes.
- The need for ongoing, structured evidence generation and monitoring may increase the operational burden on developers and regulators.

15. In your view could this framework reduce barriers to patient access, including time and cost, and in turn help reduce overall treatment costs?

- Strongly agree
- Agree
- Neither agree or disagree
- **Disagree**
- Strongly disagree

Please add any further comments here and if you don't think this aim will be achieved please explain why.

While the framework aims to align with reimbursement processes, regulatory approval under the IMA does not guarantee funding or commissioning, potentially limiting patient access.

Managed access or conditional reimbursement arrangements may introduce further uncertainty for developers and patients.