Early Impact of the Mazars Review on Reimbursement Timelines in Ireland

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BACKGROUND

Ireland has a structured pathway for medicine reimbursement, comprising two main stages: clinical and economic evaluation by the National Centre for Pharmacoeconomics (NCPE) and price negotiations with the Health Service Executive (HSE) Drugs Group[1]. In 2023, the Irish Government commissioned Mazars to review the Health Service Executive's (HSE) drug reimbursement process. The review concluded that the process operates in line with national legislation and international norms but identified opportunities to enhance transparency, efficiency, and patient engagement. Key recommendations included introducing indicative timelines, enhancing patient involvement through a dedicated liaison team, and improving process visibility via an application tracker, which has since been implemented by the HSE. To address capacity constraints highlighted in the review, the HSE also recruited 34 additional full-time staff by Q4 2024 to support the pricing and reimbursement system. These changes aimed to accelerate assessments and reduce time to reimbursement (TTR) for new medicines.[2]

OBJECTIVE

The objective was to examine the early impact of the Mazars Review on volume of drugs going through the reimbursement process and TTR following the hiring of 34 additional staff.

METHODS

We developed a database from all NCPE evaluations conducted from January 2023 to end June 2025, including indication, therapeutic area, oncology/orphan status, Rapid Review and Health Technology Assessment (HTA) start and end date. Data from the HSE Drugs Group meetings were added to the database, including date of first HSE and last Drugs Group meeting, number of meetings required and date of reimbursement recommendation[3]. Reimbursement status and date was also added to the database from multiple sources including the NCPE[4], the National Cancer Control Programme (NCCP)[5], and the Primary Care Reimbursement Service (PCRS) websites[6]. We measured TTR and the number of new medicines and indications reimbursed in three intervals: January–June 2023, January–June 2024, and January–June 2025. TTR was split into the evaluation and price negotiation phases. TTR was measured from the start of the Rapid Review.

RESULTS

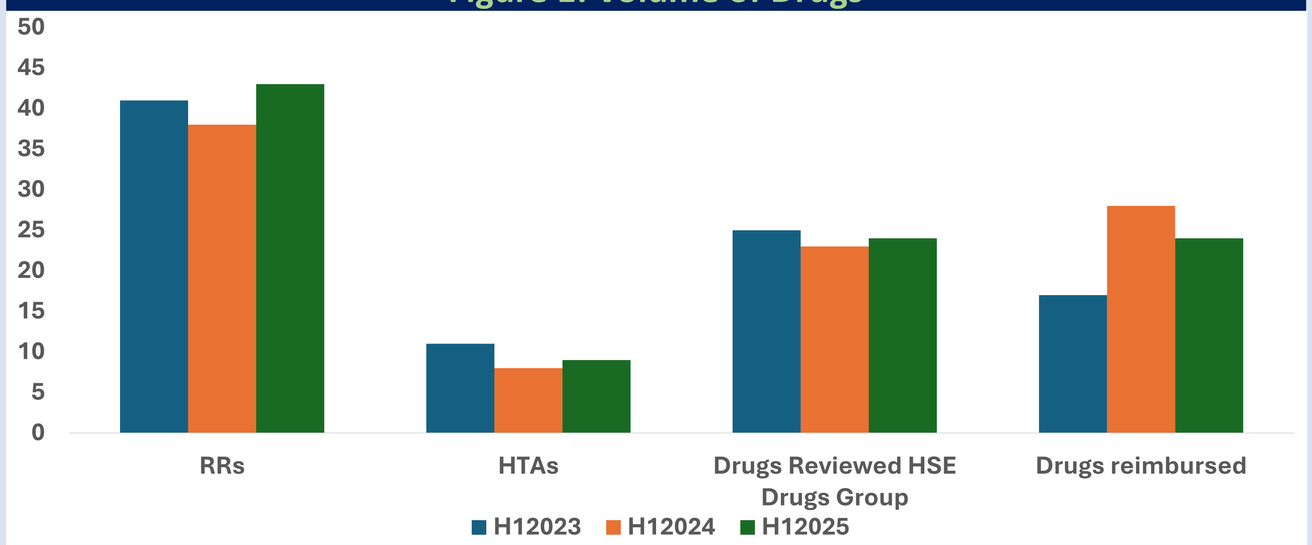
Across the three half-year periods (H1 2023–H1 2025), activity levels within the drug reimbursement process show modest variation across key stages. The number of Rapid Reviews (RRs) and HTAs reviewed by the HSE Drugs Group remained relatively stable over time, with a slight increase in RRs observed in 2025. HTAs showed a small decrease from 2023 to 2024, with a minor rebound in 2025, while the number of drugs reimbursed rose markedly between 2023 and 2024 before slightly declining in 2025. Overall, these patterns suggest a gradual increase in throughput following operational reforms, though the full efficiency impact of the 2025 staffing expansion may not yet be fully reflected in the observed data. Continued monitoring over subsequent periods will help determine whether these trends represent a sustained improvement in reimbursement performance.

An important process indicator is TTR. Median TTR declined progressively across half-year periods, falling from approximately 720 days in H1 2023 to 650 days in H1 2024, and further to 580 days in H1 2025. The interquartile range (IQR) narrowed from roughly 500 days in 2023 to 420 days in 2025, indicating reduced variability in processing times. The upper whisker contracted substantially, reflecting fewer prolonged cases and suggesting faster turnaround in cases. While some outliers persisted in each period, their frequency and magnitude decreased by H1 2025.

Decomposition of the TTR shows that all three process stages—review, assessment (NCPE to Drugs Group), and reimbursement decision—shortened progressively between H1 2023 and H1 2025. The average review stage decreased from 406 days in H1 2023 to 231 days in H1 2024, and further to 265 days in H1 2025, representing a net reduction of approximately 35 percent across the study period. The assessment phase (NCPE to Drugs Group) also declined, from 302 days in 2024 to 244 days in 2025, reversing the increase observed between 2023 and 2024. The final reimbursement step (Drugs Group to reimbursement) reduced from 162 days in 2024 to 114 days in 2025, an improvement of nearly 30 percent. Cumulatively, the mean total TTR fell from around 771 days in H1 2023 to 695 days in H1 2024, and to 623 days in H1 2025, equating to an overall time saving of about 20 percent compared with baseline.

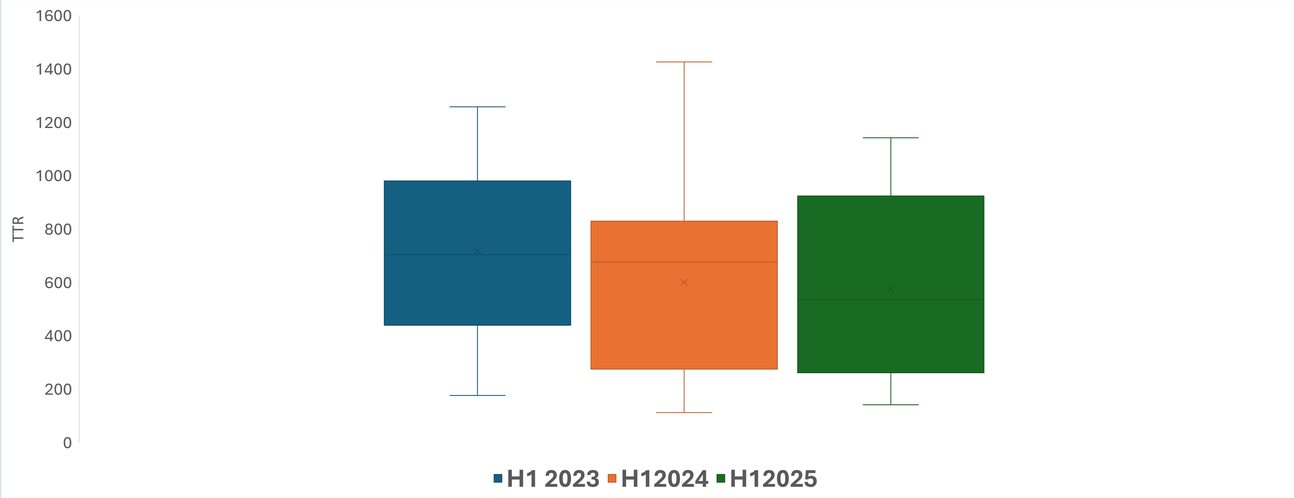
These reductions were observed across all major stages of the reimbursement pathway, suggesting that both process streamlining and additional staffing may have contributed to efficiency gains.

Figure 1: Volume of Drugs



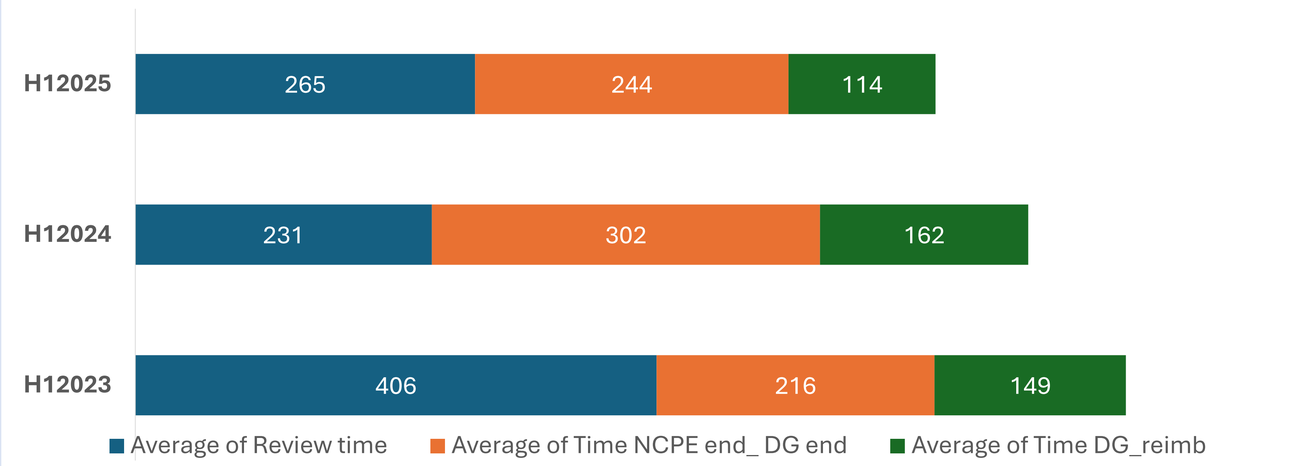
H1:January-June; HSE: health service executive; HTA: health technology assessment; RR: rapid review

Figure 2:Distribution of Time to Reimbursement (H1 2023 – H1 2025)



H1:January-June

Figure 3:Mean duration of each stage in the reimbursement process, (H1 2023 – H1 2025)



DG: drugs group; H1:January-June; NCPE: national centre for pharmacoeconomics

CONCLUSION

The analysis demonstrates a clear and sustained reduction in reimbursement timelines across the first half of each year from 2023 to 2025, with improvements observed in all key stages of the process. The most pronounced gains occurred during the review and reimbursement decision phases, indicating that procedural changes and increased staffing capacity have begun to deliver measurable efficiency benefits. These findings suggest that the reforms implemented following the Mazars review are positively influencing operational performance, supporting faster and more consistent patient access to medicines. Continued monitoring will be important to confirm whether these improvements are maintained in subsequent periods.

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