RARE DISEASE | UK

The National Alliance for people with rare diseases & all who support them

Introduction

Rare Disease UK (RDUK) is grateful to the Public Petitions Committee for taking forward PE1398 'Access to therapy for orphan diseases' and welcomes the opportunity to comment on the responses from the organisations contacted following the meeting of the Committee on October 4th 2011.

RDUK has listed comments by respondent below:

The Scottish Government

- RDUK recognises that there must be an effective system in place for assessing new medicines in Scotland. However, the appraisal process employed in Scotland by the Scottish Medicines Consortium (SMC) does not adequately capture the unique nature of rare diseases and the inherent problems in developing medicines for rare diseases. RDUK acknowledges that orphan medicines should be subject to evaluation, but methods and processes should be refined when appraising orphan medicines to take into account the difficulty of collecting data for small populations as well as the costs associated with developing drugs for small populations. Current HTA methods and processes, and the cost effectiveness thresholds that are applied as part of them, are not always appropriate for evaluating orphan medicines.

  RDUK asserts that evaluation should be based on an appraisal of the technology against multiple criteria and not simply a cost utility analysis. RDUK therefore urges the Scottish Government to review the mechanism and methodology used by the SMC to appraise the value of medicines for orphan diseases.

- The Scottish Government states that 'the SMC operates independently from the Scottish Government'. Whilst RDUK acknowledges that the SMC operates independently from the Scottish Government in relation to the procedures it follows, it is not clear whether or not the Scottish Government decides the policy framework within which the SMC operates.

  RDUK asks the Scottish Government to describe how policy decisions regarding the SMC are made.

- The Scottish Government details the application of modifiers in the SMC appraisal process where the cost per QALY is in excess of the normal parameters. RDUK asserts that it is not clear when and how the modifiers are used and which criteria must be met in order for the SMC to take into account additional factors and for the cost per QALY to be viewed flexibly. In addition, RDUK would like to draw attention to the response from the Association of the British Pharmaceutical Industry (ABPI) which states that "the introduction of a policy statement on orphan drugs by SMC in 2007 allowed SMC to consider other factors in addition to the clinical and cost effectiveness in assessing OMPs. However, there is no significant difference in the distribution of decisions before and after (61% were 'not recommended' in the period 2003-2007 and 63% in the period 2008-2011)."

  RDUK believes the findings of the ABPI report provide evidence that the current appraisal process being used by the SMC in relation to orphan medicines is inadequate. RDUK encourages the Scottish Government to give due consideration to reviewing this process. RDUK also urges the Scottish Government to consider the recent positive example of AGNSS in England (medicines used to treat 500 or fewer patients) and the All Wales Medicines Strategy Group (AWMSG) policy for special consideration of ultra orphan medicines (UK prevalence of 1:50,000) as examples of processes that have been established in recognition of the unique nature of rare diseases and the inherent problems in developing medicines for rare diseases, although the problems remain for orphan medicines which lie outside of these thresholds.

- RDUK would also like to draw attention to the process for evaluation of orphan drugs in the Netherlands where orphan drug developers are exempted from providing a full pharmacoeconomic evaluation. A 2010 report[1] shows that, in Scotland, only 19 of 37 orphan drugs received a positive recommendation for reimbursement, whereas all but 2 of 38 submissions were granted reimbursement in the Netherlands.

[1] S. Vegter et al: Review of Regulatory Recommendations for Orphan Drug Submissions in Netherlands and Scotland: Focus on the underlying pharmacoeconomic evaluations *Clinical Therapeutics* Vol32, No.9, 1651-1661 (2010)

Furthermore, a greater number of orphan drugs were restricted to certain indications or prescribers in Scotland compared with the Netherlands.

RDUK would urge the Scottish Government to consider the approach adopted by the Committee for Pharmaceutical Assistance in the Netherlands when reviewing the process for evaluating medicines for rare diseases in Scotland.

- RDUK is encouraged by the Scottish Government's consideration of extant arrangements for appraisal of medicines to treat rare diseases. RDUK asks the Scottish Government to provide a timeline for this consideration, including an indication of when a decision on this matter is likely to be made.

- With regards Individual Patient Treatment Request (IPTRs), The Scottish Government fails to acknowledge that although the Scottish Government may no longer be referring to the terminology of 'exceptionality' within the IPTR process, the clinical case made by the requesting physician still relies on the principle that the patient is in some way different from the general population where the drug is used. The CMO letter to the NHS Boards on the 18th March 2011 states that: 'the patients clinical circumstances (condition and characteristics) are significantly different from either;

    - in rare diseases the general population of patients covered by the medicines license; or
    - the population of patients included in the clinical trials for the medicine's licensed indication as appraised"

  RDUK wishes to highlight that it is extremely difficult to demonstrate this criteria as the small patient numbers who make up the clinical trial populations are those patients with the greatest clinical need for the drug and therefore the license will be based on this group of patients. It is therefore extremely difficult to show that a patient with genuine clinical need will be 'more likely to benefit from the medicine than might be expected for other patients with the condition'. The patients who are likely to have the greatest need for the treatment will be the same as those patients within the clinical trials upon whom the license is based. Unlike in some of the more common conditions where there is often more than one licensed treatment available, in the majority of rare diseases there is likely to be only one licensed treatment available. In orphan diseases the above criteria are therefore more likely to lead to those patients with the greatest clinical need being refused access to therapies.

  RDUK is encouraged by the Scottish Government's action in asking the CMO and CPO to review extant processes in relation to IPTR arrangements. RDUK asks the Scottish Government for further detail on this review and specifically, how the interests of rare disease patients will be represented and whether there will be a specific focus on rare diseases.

The Scottish Medicines Consortium

- Although there may not be a formal definition of 'ultra orphan' by regulatory agencies, RDUK would like to draw attention to the definition of 'ultra orphan' by the AWMSG (UK prevalence 1:50,000) and the AGNSS framework in England which reviews medicines used to treat 500 or fewer patients.

  RDUK strongly urges the SMC to acknowledge that a separate process for reviewing medicines developed for rare diseases is required in Scotland to improve access to potentially life changing treatments for rare disease patients.

- RDUK would assert that it is not clear when and how modifiers are used and which criteria must be met in order for the SMC to take into account additional factors, and for the cost per QALY to be viewed flexibly.. In addition, RDUK would like to draw attention to the response from the ABPI which states that 'the introduction of a policy statement on orphan drugs by SMC in 2007 allowed SMC to consider other factors in addition to the clinical and cost effectiveness in assessing OMPs. However, there is no significant difference in the distribution of decisions before and after (61% were 'not recommended' in the period 2003-2007 and 63% in the period 2008-2011).

The findings of the ABPI report, which take into account non-submissions which may be due to the manufacturer's perception of the ability to achieve a successful outcome based on QALY analysis, counter the evidence by the SMC which suggest that the majority of orphan medicines are accepted. .

- RDUK acknowledges the comments made in relation to the NICE Citizens' Council and are aware the 3 points raised by the SMC are made within the conclusion of the paper. However, we feel it is necessary to highlight a number of other comments taken from the paper which help to provide a balanced view of this document:

  "The majority (20 out of 27) of Citizens' Council members came to a conclusion that it is sometimes, or always, justified for the NHS to pay premium prices for ultra-orphan drugs. For twenty of us, the NHS should vary its normal assessment of cost effectiveness to allow expenditure on ultra orphan drugs where necessary. Sixteen of us thought that there should be some conditions attached to this: four of us thought that there shouldn't. "

  "Most of us felt strongly that everyone should have fair and equally high standards of care – and in order to achieve this, it may be necessary to spend more on some people than on others. We don't feel that the minority should be penalised for the sake of the majority, and we were concerned that once we start to discriminate against people with rare conditions, who knows which group we may decide that we can't afford next. "

  RDUK would like to make the committee aware of a more recent report from the Nice Citizens' Council meeting of 27-29 November 2008. At this meeting the Council were asked to look at circumstances NICE should recommend interventions above the QALY threshold range of £20-£30,000. They listed the following circumstances in order of support from the 27 Council members who took part in the vote, which again support the findings of the 2004 report. Many of these circumstances would apply to patients with certain rare diseases, but 20 out of 27 agreed that rarity is a valid circumstance:

▪ the treatment in question is life-saving	**24**
▪ the illness is a result of NHS negligence	**23**
▪ the intervention would prevent more harm in the future	**23**
▪ the patients are children	**22**
▪ the intervention will have a major impact on the patient's family	**22**
▪ the illness under consideration is extremely severe	**21**
▪ the intervention will encourage more scientific and technical innovation	**21**
▪ the illness is rare	**20**
▪ there are no alternative therapies available	**19**
▪ the intervention will have a major impact on society at large	**16**
▪ the patients concerned are socially disadvantaged	**13**
▪ the treatment is life extending	**10**
▪ the condition being tackled is time-limited	**9**

  RDUK encourages the SMC and the Patient and Public Involvement Group to harness the views of the general public in Scotland on this matter.

- RDUK acknowledges the findings of the Norwegian survey quoted by the SMC. However, RDUK would like to bring to the Public Petitions Committee attention further comments made in the Norwegian report including the authors assertion that there may be "unexplored ethical reasons" to support a special funding status for orphan drugs and that "majority opinion is not necessarily a good measure of what is ethical".

- The SMC response stipulates that there may also be an issue in relation to how rarity is defined and states the 'in total, more than 350,000 people in Scotland will be affected by a rare disease'. It is unclear what the issue the SMC is referring to but, for the avoidance of doubt, RDUK would like to emphasise that although according to our estimates, based on the European Commission estimates of prevalence, over 300,000 people in Scotland will be affected by a rare disease at some point in their lives, there are only licensed treatments for a very small proportion of rare diseases so it is highly unlikely that the SMC will be overwhelmed by submissions for orphan medicines.

- With regards the Patient Access Scheme (PAS), the SMC in its response states that '25 medicines with a PAS have been reviewed by SMC with 13 accepted for use or restricted use contingent on the PAS being available in NHS Scotland'. RDUK would like to make it clear that only 3 out of the 13 medicines stipulated by the SMC response were orphan medicines.

- The reason orphan drugs tend to be more expensive are covered in the ABPI's response to the Petitions Committee. RDUK believes that if orphan medicines are to be appraised fairly, that QALY analysis is not appropriate, as the SMC recognises "the prices charged for these drugs can make it impossible for them to meet conventional measures of good value". This is ultimately to patients' detriment if they are not able to access effective medicines.

  Although, as the SMC points out, there have been some who argue that in certain circumstances the orphan drugs legislation could be exploited for profit, this argument is inconclusive and RDUK would like to emphasise that decisions around pricing and reimbursement are two separate issues. The price of medicines is decided by the UK Government under the Pharmaceutical Price Regulation Scheme (PPRS) and is not a matter for the SMC. Appropriate appraisal processes by the SMC are necessary to determine whether the price represents good value for money and the current process is not appropriate for orphan medicines for the reasons outlined in Petition PE1398.

- Counter to the SMC's statement "If more value or weight is to be put on the health improvements associated with treatments for rare conditions than for common conditions this raises important equity issues", RDUK would argue that we are not asking for more value to be placed on rare diseases. Rather a patient with a rare disease should have an equitable chance of accessing an effective treatment as a patient with a common condition, but current appraisal processes employed by the SMC do not enable an equitable judgement to be made.

Health Boards

- RDUK acknowledges that Scottish Health Boards have written policies in place for dealing with IPTRs in line with the requirements of CEL 17 (2010). Whilst RDUK recognises the importance of having uniform guidelines in place across Scotland, we feel it is important to emphasis the point made in PE1398 that the guideline issued via CEL 17(2010) and the criteria used by health boards when dealing with IPTRs has not improved access to orphan medicines for patients with rare diseases.

ABPI

- RDUK supports the view asserted by the ABPI that "cost utility, QALY based modelling as employed by the SMC, we believe, fails to recognise the value orphan medicines bring to patients suffering both life threatening or chronically debilitating conditions. The reasons for this are manifold but include the lack of any suitable comparator medicines and the relatively small number of patients enrolled in trials both of which can lead to high degrees of uncertainty resulting in unreliable QALY estimates".

National Procurement

- RDUK is satisfied with the response from Procurement Scotland and has no further comments.