Access to medicines for rare and less common diseases

Roche Australia (Pharmaceuticals) Policy Position

Summary

- The "one size fits all" approach to reimbursement by the Pharmaceutical Benefits Advisory Committee (PBAC) means that medicines for rare diseases often struggle to achieve timely funding and Australian patients experience significant inequality.
- The Australian reimbursement system needs to be reviewed and reformed to better reflect community values, ensuring that decisions properly consider factors such as rarity, severity and unmet need.
- Evaluation tools that allow transparent consideration of clinical, economic and ethical factors in funding decisions; a pragmatic approach to evidence; and streamlining processes for low budget impact medicines, could all assist in resolving access delays.

Background

Rare diseases are life-threatening or severely debilitating conditions that occur with low prevalence in the population. A peak patient advocacy organisation, *Rare Voices Australia,* defines a rare disease as occurring in less than 5 in 10,000 Australians, and notes that there more than 8,000 rare diseases[1]. These include many genetic conditions as well as rare cancers. *Rare Cancers Australia* defines a rare cancer as one that has less than 6 incidences per year per 100,000 population and a "less common" cancer as one with 6-12 incidences per 100,000[2].

Definitions vary, yet what is known is that the less common a condition is, the more it is subject to a number of shared challenges: poorer diagnosis; greater difficulty in developing treatments and providing evidence through clinical trials; and lack of general knowledge across the clinical community. As all thresholds for rarity are somewhat arbitrary, throughout this document "rare diseases" should be taken to include all conditions, including cancers, where low prevalence poses these challenges.

At Roche we are looking to develop innovative medicines that address diseases with unmet medical need and have the potential to revolutionise the standard of care. As a result, Roche is particularly concerned with the ability of patients to access the medicines we create. It can be just as expensive to develop a treatment for a rare condition as for a common one, and yet the costs can only be recouped across a small population. In rare diseases, where under-diagnosis is a problem and patients are geographically-spread, recruitment into clinical trials can be challenging and time-consuming. Data from clinical trials using small numbers of patients can also be more uncertain than larger studies in common diseases. This poses particular challenges for health technology assessment (HTA), where a high cost per patient combined with uncertainties in the data will not

satisfy traditional economic-based criteria. Given the right of all patients, whatever their condition, to access appropriate and effective healthcare, it is important for all stakeholders to work together to resolve these issues.

Roche position

Rare disease issues are complex and require coordination across the various components of the health sector. For this reason, Roche supports calls for a national rare disease plan[3] that would encompass improved diagnosis, education and training, access to medicines, data collection and supportive care. National rare disease plans have been enacted across Europe in recent years and as of mid-2015, 26 countries now have national strategies in place[4]. Australia could learn from the experience of similar countries to deliver an effective policy.

A national plan would build on policies already in place in Australia. Australia was one of the first countries to enact "orphan drug" legislation[5], which reduces the regulatory and reimbursement filing costs associated with medicines for small populations to encourage development and commercialisation. Roche supports the continued application of orphan drug policies in Australia and believes there is potential for further assistance, such as through expedited regulatory approval, as occurs in Europe and the United States.

Reimbursement of medicines for rare diseases via the Pharmaceutical Benefits Scheme (PBS) is a particular challenge in Australia, given the approach to HTA undertaken by the Pharmaceutical Benefits Advisory Committee (PBAC). Recent analysis suggests that Australian rare disease patients wait two to four years longer for similar medicines than patients in Canada, the United Kingdom, Germany and the Netherlands[6].

The per-patient cost of medicines for rare diseases typically increases as the population size decreases[7]. In addition, the quality of evidence is frequently limited by the small size of clinical trials. Given the PBAC's focus on incremental cost effectiveness ratios (ICERs) and low willingness-to-pay for health outcomes that involve "uncertainty", medicines for rare diseases struggle to achieve timely funding. Yet an ethical framework that values both efficient delivery of healthcare and resolution of inequality experienced by people with rare diseases is appropriate and consistent with Australian community values[6].

As many of the issues for rare disease medicines are common to specialised treatments for diseases not considered rare, albeit exacerbated, Roche supports overall reforms to HTA rather than the establishment of additional funding streams. The necessity of applying eligibility "cut-offs" for a dedicated rare disease medicines program would mean that some medicines for more common but still low prevalence diseases, such as many cancers, may be excluded despite facing the same challenges of "rarer" conditions. In general, Roche supports a flexible system that takes account of

where a disease fits on the continuum of rarity.

Roche proposes that the HTA system in Australia needs review to ensure it delivers timely access to the medicines Australians need, regardless of the condition they experience. Roche supports streamlined evaluation, which would allocate more resources to reviewing complex and high budget impact submissions, and streamline processes for simple or low budget impact medicines. Many medicines for rare diseases have limited budget impact and timely access could be improved by simplifying the assessment of these treatments. Some highly-specialised medicines for rare diseases may have a larger budget cost associated and need more complex clinical or economic modelling. In these cases, early engagement of stakeholders and those with the necessary expertise in the disease area is critical.

Roche supports the development of specific considerations for listing of rare disease medicines within the PBS, to be included in the PBAC Guidelines. It is particularly important that a realistic and pragmatic approach is taken to considering the available clinical evidence for rare diseases, as it will frequently not be possible to develop "gold standard" evidence in small populations. Given the need for specialised expertise in less common therapeutic areas, Roche suggests that a small number of the academic evaluation groups that advise the PBAC be designated for rare disease medicines to allow them to build experience and draw on lessons from similar submissions.

Assessment of medicines for rare diseases needs to move beyond a focus on cost-effectiveness. For example, the use of multi-criteria decision analysis (MCDA) or similar evaluation tools allows for a weighted consideration of factors outside of traditional ICER-based HTA. Relevant factors for consideration in MCDA of rare disease medicines[8] include:

- Clinical benefit including impact on survival and quality of life;
- Unmet need and equity of access;
- Scientific advance;
- Severity of disease;
- Budget impact;
- Patient convenience/preference; and
- Societal benefits, including productivity gains for patients and carers.

In the interests of consistency and fairness, MCDA could be applied to all PBS medicines, with appropriate weighting to ensure that rarity, severity and unmet need are properly reflected and patients are not disadvantaged due to the low prevalence of their condition. Given the evidence challenges in rare diseases, the use of managed entry schemes is also critical to ensure that access is not delayed until more conclusive data is collected.

Roche considers that appropriate community input into setting assessment criteria for rare or less common diseases is essential, to ensure that social and ethical factors are considered along with cost and clinical effectiveness. In Ontario, Canada, a citizens' council, representing the general community, was asked to provide input on the values and ethical factors that were relevant in setting up a rare disease medicines framework[9]. A similar approach to consultation and priority-setting could be used in Australia.

In the interests of the community and to promote continued innovation in treating rare diseases, Roche encourages stakeholders to work together to resolve these issues.

This position paper was adopted by the Roche Australia (Pharmaceuticals) Leadership Team on 13 November 2015 and entered into force the same day

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