Access to newly licensed medicines

PNH Alliance and PNH Scotland

1. Introduction

The PNH Alliance and PNH Scotland are grateful for the work of the Health & Sport Committee in taking further the issues raised by the Public Petition PE1401 in its inquiry into access to newly licensed medicines in Scotland.

There is currently a very serious situation in Scotland where patients with rare diseases are not receiving access to life-saving treatments. This is demonstrated particularly in the case of eculizumab for the treatment of Paroxysmal Nocturnal Hemoglobinuria (PNH). The SMC considered eculizumab for the treatment of PNH in 2010 and despite proving demonstrable efficacy, decided not to recommend it. While it is nationally commissioned for patients in England and fully funded in Wales and Northern Ireland, patients in Scotland can only access the medicine via the Individual Patient Treatment Request (IPTR) process.

However, within the current IPTR system clinical experts in the dedicated PNH outreach clinic at Monklands Hospital can only recommend patients for treatment, while the individual NHS Health Boards determine the funding for those that require eculizumab.

This has led to a postcode lottery in the access to PNH treatment in Scotland, which resulted in the death of one PNH patient last year and caused another patient to develop a life-threatening blood clot before she was considered eligible for treatment.

The PNH Alliance and PNH Scotland therefore welcome the current review of the access to orphan medicines framework by the Health & Sport Committee.

2. Scottish Medicines Consortium

In its recent response to the inquiry by the Health & Sport Committee the SMC states that it has a robust appraisal system in place with modifiers for orphan medicines. These modifiers allow for greater uncertainty in the economic case for orphan medicines and for the cost per Quality Adjusted Life Year (QALY) ratio to be beyond the level that is normally accepted. The SMC states that with these modifiers its single approach to the appraisal of all newly licensed medicines is better than the current “fragmented” system used in England. The SMC therefore argues that a separate system for the appraisal of orphan medicines is not required.
The PNH Alliance and PNH Scotland believe that the SMC’s work in the appraisal of newly-licensed medicines is of extreme importance. Whilst there are many positive elements of the way the SMC conducts its appraisals, we remain fundamentally concerned that the current system of modifiers used by the SMC does not provide an adequate framework for the appraisal of orphan medicines. This is illustrated by the fact that only 1 of the 12 ultra-orphan medicines that were licensed by the European Medicines Agency was recommended by the SMC (for restricted use only).1

In the case of PNH, successive studies have demonstrated that “eculizumab is a life-changing therapy in PNH which is effective in almost all such patients”.ii The SMC nevertheless failed to recommended it for the treatment of PNH patients in Scotland. That the modifiers are not working effectively is also demonstrated by the research of RDUK which showed that the approval rate of orphan medicines did not improve with the introduction of the modifiers in 2007 with 61% not recommended between 2003-2007 and 63% of orphan medicines not recommended in the period between 2008-2011 respectively.iii

The PNH Alliance and PNH Scotland therefore believe that the current system applied by the SMC for the appraisal of orphan medicines is not sufficient and that a separate appraisal process for orphan medicines is required. The SMC’s “single, comprehensive assessment process that encompasses all new medicines, regardless of severity or whether the condition they treat is common or rare”iv does not appropriately account for the specific characteristics of orphan medicines. The very small patient populations suffering from an orphan disease such as PNH make it extremely difficult for manufactures and clinicians to generate robust clinical cost effectiveness data required by the SMC HTA process. Orphan medicines can therefore not conform with the conventional assessment need system. As a result, patients with rare diseases, who often do not have an alternative treatment option available, are left with unequal access to life-changing treatments.

3. Individual Patient Treatment Requests

Since the majority of orphan medicines are not recommended by the SMC as illustrated by the data above, patients with rare diseases often only have access to treatment via IPTRs.

In its recent response to the inquiry of the Health & Sport Committee the Scottish Government stated that the IPTR process is not about demonstrating exceptionality but about providing a case-by-case approach. However, the PNH Alliance and PNH Scotland are concerned that the current IPTR Guidance SGHD/CMO(2012)1 continues to endorse the referral criteria included in the previous Guidance SGHD/CMO(2011)3 by which the eligible patient must be significantly different from:
(a) The general population of patients covered by the medicine’s license; or

(b) The population of patients included in the clinical trials for the medicine’s license indication as appraised.

However, this is extremely difficult to prove in the case of rare diseases in which the patient numbers are so small that all patients with the disease have to be considered exceptional as it would be very hard to prove for a patient to be “significantly different” from such small reference group. The PNH Alliance and PNH Scotland therefore believe that the IPTR referral criteria need to be reviewed by the Scottish Government.

The Scottish Government published in February this year the updated IPTR Guidance SGHD/CMO(2012)1 which provides that IPTR panels are expected to include a practicing medical consultant with (or with access to) specialist knowledge of the relevant clinical area. However, the PNH Alliance and PNH Scotland believe that the updated Guidance is not strong enough to ensure that PNH specialist clinical opinion is taken into the IPTR panel’s consideration when assessing funding requests by PNH patients. In rare diseases such as PNH, there only exists a very small number of specialist clinicians who have expertise and experience in treating patients with PNH, with only a few currently practicing in Europe.

It is therefore very unlikely that within all 14 NHS Health Board in Scotland there will be the required expertise in treating PNH to make a comprehensive assessment of a patient’s IPTR and a general haematologist who only has access to clinical data on PNH will not be able to adequately assess the impact of the treatment on patients’ outcomes. It is therefore important to ensure that clinical experts in specialised centres such as the PNH outreach clinic in Monklands Hospital are included in in the IPTR decision-making process to ensure that patients’ treatment requests are adequately assessed.

As a result of the failure of NHS Greater Glasgow & Clyde Board to include adequate expert opinion in the IPTR decision-making process a PNH patient who was not considered eligible for treatment died of severe anaemia caused by his PNH shortly after he received the rejection letter.

Summary of recommendations:

1. The Scottish Government must review the current IPTR referral criteria and ensure that the appropriate expert opinion is included in the IPTR decision-making process.
2. The SMC must review its appraisal process for orphan medicines to better account for the specific characteristics of orphan medicines to provide fair access to treatment for patients with rare diseases.

**Recommendations for future development:**

It is noted from the responses to the inquiry by the Health & Sport Committee that all of the organisations that the Committee contacted claimed to be correctly following agreed Scottish Government policy. Whilst this may be correct, PNH patients are still being denied access to life saving therapy, which suggests that there is a systematic failure between NHS Boards, the SMC and the Scottish Government.

The PNH Alliance and PNH Scotland therefore propose that the Scottish Government implements an alternative pathway within the SMC for the appraisal of orphan medicines. Such a process would be in line with arrangements in England and ambitions set out by the Scottish Government for NHS Scotland in their Quality Strategy, which states that: “The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.”

The proposed process should undertake a holistic evaluation of the value of an orphan medicine to patients taking into consideration the following criteria:

- Data on clinical effectiveness showing improvements in quality and/or quantity of life and an assessment of patient outcomes on therapy
- The number of patients whose condition improves as a result of the treatment compared to the total number of patients treated (NNT)
- Burden of illness and severity of condition
- Availability of treatment alternatives
- Where possible, comparison with existing treatments and to what extent the medicines meets unmet need
- Safety and risk profile of the medicine
- Societal value of the medicine including impact on carers or families, needs and expectations of patients (including productivity quality of life), patient voice and NHS Scotland priorities
- Benefit to society from research and innovation in the relevant area where conventional rules of investment may not apply.
1 EMA website, accessed November 2011
3 Data provided by RDUK
4 SMC response to the Health & Sport Committee June 2012

PNH Alliance and PNH Scotland
07 September 2012