Metabolic
Dietary
Disorders
Association

5 April 2016

Submission to PBAC Guidelines Review

The Metabolic Dietary Disorders Association (MDDA) provides support and advocacy for people with rare dietary managed inborn errors of metabolism. Without a liver transplant these lifelong conditions require restrictive and careful daily dietary management. The MDDA welcomes the opportunity to provide input in the reviewed PBAC guidelines.

The MDDA's position is that the reviewed guidelines do not provide adequate flexibility for the evaluation of treatments for rare diseases. Several papers, both in Australia and overseas have highlighted the challenges for evaluating the treatments for rare diseases (McKell 2014, Simeons 2011, Drummond 2009, Drummond et al 2007). The experience of our members is that in the past 5 years two treatments (sapropterin dihydrochloride and nitisinone) for rare dietary metabolic conditions have failed to meet PBAC criteria (one treatment has been referred to the LSDP). It is our position that the criteria are not flexible enough in evaluating rare disease/disorder treatments for three reasons:

1. The rarity of these disorders means that meeting economic evaluation guidelines is extremely difficult. The small numbers of patients who can benefit compared to the cost of developing and trialling rare disease therapies means that these treatments will always be very expensive compared to treatments for more common conditions. Specific, separate economic evaluation criteria for rare disease therapies could address this challenge.

2. The nature of chronic rare diseases means that purely clinical measures of efficacy are do not address compliance challenges, social benefits and quality of life issues. An example of this is Kuvan (sapropterin dihydrochloride). This therapy can reduce the blood phenylalanine concentration in some patients with phenylketonuria (PKU) allowing them a much less restrictive diet than the traditional dietary management of PKU. The impact that this relaxation can have on quality of life for people with PKU cannot be understated nor can the social benefits of people with PKU being fully compliant. Full compliance in PKU patients is associated with improved mental health outcomes and better social and relationship outcomes. As these improved outcomes have benefits to society from both an economic perspective in terms of reduced burdens of health and social support systems and a social perspective. These benefits should be considered when evaluating the benefit of the treatment.

3. The difficulty in presenting evidence based on randomised controlled trials in populations where patient numbers are very small. The current guidelines place significant emphasis on this type of evidence that may be extremely difficult to collect in very small patient populations. Alternate methodologies should be considered.

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MDDA suggests the PBAC consider alternate and specific guidelines for the evaluation of rare disease therapies as part of this review. These guidelines should consider:

- Defining rare disease in Australia. This has been done using a range of definitions in other countries.
- The challenge for rare disease therapies in economic evaluation principles by developing more flexible and or appropriate guidelines for the economic evaluation of rare disease therapies.
- The inclusion of additional evaluation criteria beyond clinical efficacy such as quality of life, compliance improvements and social benefits of treatments for lifelong rare conditions. This would ideally include some consultation with affected patient groups to understand the day-to-day practicalities of disease management. This is very relevant to MDDA members as daily management of dietary managed inborn errors of metabolism imposes significant time, cost and practicality burdens and can cause social isolation and adjustment issues.
- Alternative ways of evaluating safety and clinical effectiveness criteria in therapies that address small patient populations where randomised controlled trials are impractical.
- Principles of equity and social inclusion in relation to rare disease therapies

The MDDA is grateful for the opportunity to provide this submission.

Refs:

McKell Institute (2014) Funding Rare Diseases Therapies in Australia

Simeons, S (2011) *Pricing and Reimbursement of Orphan Drugs: the need for more transparency.* Orphanet Journal of Rare Diseases 6:42

Drummond (2009) Challenges *in Economic Evaluation of Orphan Drugs* Eurohealth 14:2

Drummond, Wilson, Kanavos, Ubel, Rovira (2007) *Assessing the Economic Challenges Posed by Orphan Drugs* International Journal of Technology Assessment in Health Care 23:1