Submission to Pharmac on Proposal to fund Ocrelizumab for Primary Progressive Multiple Sclerosis (PPMS)

To: consult@pharmac.govt.nz
Date of Submission: 7 July 2023
Submitted by: Rare Disorders NZ
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Declaration of interest

Rare Disorders NZ works with clinicians, researchers, allied health professionals, academia, government and industry to achieve better outcomes for people with a rare disorder in New Zealand and their whānau. We are funded by grants, donations, fundraising events, Pharma roundtable and a small Te Whatu Ora contract. This submission is in response to Pharmac's proposal to fund Ocrelizumab for Primary Progressive Multiple Sclerosis.

Rare Disorders NZ

Rare Disorders New Zealand is the respected voice of rare disorders in Aotearoa. We are the national peak body organisation, supporting the 300 000 New Zealanders with rare disorders and the people who care for them. We help those affected by rare disorders navigate the healthcare system, find information and resources, and connect with support groups specific to their condition.

We proudly advocate for public health policy and a future healthcare system that works for those with rare disorders – using a strong and unified voice to collaborate with Government, clinicians, researchers, and industry experts, to promote diagnosis, treatment, services, and research.

Our vision is for New Zealand to become a country where people living with a rare disorder are fully recognised and supported with equitable access to health and social care.

Our submission

We are pleased to see that people with PPMS are now having their unmet need recognised, and New Zealand is making steps towards meeting internationally recognised standards of care.

Rare Disorders NZ support the changes proposed to the Special Authority Criteria to include access for people with PPMS for Ocrelizumab specifically. We request the proposal is approved with no further delay.

Rare Disorders NZ have been long-time advocates for access to medicines for Rare Disorders including rare forms of Multiple Sclerosis (MS).

It is important to reference the advocacy as it has taken a significant toll on patients, their

loved ones, and the rare disorder community in the time that it has taken to get to this point. As you will be aware these are changes that an organisation that is a part of our collective, Multiple Sclerosis New Zealand, has been advocating for since 2017. This is important to note as we would like this consultation process to consider the needs of those that this proposal leaves behind or who may only be eligible for treatment for a short time prior to it being stopped. We would like to see changes to include the full community who would benefit from this medicine so the relentless advocacy efforts can be focused on other areas of unmet need within the community as opposed to access to medicine.

Support for Submission by the Multiple Sclerosis Society of New Zealand

Rare Disorders NZ strongly supports the submission written by Amanda Rose, the National Manager of Multiple Sclerosis New Zealand, which you will find enclosed.

We particularly would like to draw attention to, and endorse, the following recommendations they have made:

1) *We urge Pharmac to reconsider the stopping criteria, either removing entirely or extending in EDSS 8 at a minimum.*
2) *We urge Pharmac to reconsider the stopping criteria, acknowledging the importance of upper extremity function and fatigue reduction as major prohibitors to positive health and wellbeing.*
3) *We strongly encourage Pharmac to advertise widely to GPs and through the Neurological Association of New Zealand to identify potential eligible patients and refer for neurology assessment.*
4) *Inclusion in the Special Authority wording to clarify that the 20m walk can be sighted and approved by a health professional other than a Neurologist such as a GP or Physiotherapist.*
5) *There be special dispensation to patients who may be unable to walk 20m due to a non-MS related reason for not meeting the Special Authority Criteria but who would benefit from Ocrelizumab to stop or halt their disease progression.*
6) *There be a process for special dispensation where the Neurologist sees better long-term outcomes for their patients being on treatment.*
7) *There be special dispensation to patients who may not meet the renewal timelines due to uncontrollable factors.*

ENDS

Rare Disorders NZ

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Send via email: consult@pharmac.govt.nz

Dear Pharmac Board,

Firstly, on behalf of Multiple Sclerosis New Zealand we thank you for opening for public consultation the proposal to widen access to medicines for multiple sclerosis, namely Ocrelizumab for those with Primary Progressive MS (PPMS). As you will be aware these are changes that MSNZ has been advocating for since 2017.

We are delighted to see that Pharmac is positively considering making this change. We expect it will have a profound effect on the lives of those with PPMS who will be eligible, those yet to be diagnosed and their families and whānau.

Access will give many hope. Hope that their condition will slow down in its progression. Hope that they will have more time with their families and whānau. Hope that they will be able to maintain their independence for longer. A hope until now they thought was lost.

We acknowledge at this time that a significant number of people with PPMS will be ineligible for treatment under the proposed criteria. We are disappointed for these individuals and their whānau.

As an overall comment, Multiple Sclerosis NZ supports the changes proposed to the Special Authority Criteria to include access for people with PPMS for Ocrelizumab specifically. We request the proposal is approved with no further delay.

Consultation

To prepare our response we have endeavoured to consult as widely as possible with the MS Community within the time available. This includes with our own membership, those diagnosed, and health professionals providing care for their MS patients, to ensure the voice, support and concerns are collectively addressed. We circulated the consultation document by email, on our website, through social media and held discussions at our recent Community Advisors meeting.

The value of lived-experience

We strongly encouraged people to make submissions on the consultation and extended the offer to them to include personal testimonials with our submission. You will find these at the end of this letter.

These powerful, raw and real-life stories from those diagnosed and their loved ones, demonstrate how cruel PPMS is. Not only does it strip those diagnosed of their mobility, but their independence, and their ability to be fully involved with their families and communities. PPMS denies people of their dreams, their future, the ability to work, live out retirement plans, and is financially exhausting. Making Ocrelizumab for PPMS available is the first glimmer of hope they have been given.

People with MS realise that Ocrelizumab will not reverse the damage and disability accumulated, but it has the potential to halt and delay further disease and disability progression. It will give people with PPMS more time and independence.

We were pleased to see the MS Community's support. Our response draws together the feedback we have received from the wider MS Community.

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Optimising MS Brain Health

The damage that occurs due to Primary Progressive MS can have a marked impact on cognition, mobility, emotional well-being, quality of life and the ability to do day-to-day activities such as work or care for yourself. As MS progresses and disability increases these are even more severely impacted and with PPMS they are irreversible. MSNZ has officially endorsed the MS Brain Health recommendations that MS organisations and key MS clinicians worldwide recommend that early diagnosis and treatment is crucial for limiting and managing the irreversible, progressive deterioration[1]. As MS is a chronic and complex condition highly effective treatments need to be made available as early as possible in the disease course.

Over time MS becomes increasingly burdensome on the individual and their families leading to substantial economic losses for society, owing to diminished working capacity. With 134 people with MS being diagnosed every year in New Zealand early intervention is vital.[2] Early access will enable people with MS in NZ to minimise the impact of the condition, reducing disability, cost to the individuals and health system in the long-term and improving their overall health and well-being.

To optimise long-term brain health outcomes, people with all types of MS require, and deserve, "**A therapeutic strategy that offers the best chance of preserving brain and spinal cord tissue early in the disease course needs to be widely accepted – and urgently adopted.** Even in the early stages of MS, cognition, emotional well-being, quality of life, day-to-day activities and ability to work can be markedly affected by the damage occurring in the brain and spinal cord. As the disease progresses, increasing disability – such as difficulties in walking – imposes a heavy burden on people with MS and on their families. It also leads to substantial economic losses for society, owing to diminished working capacity.[3]"

We are pleased to see that people with PPMS are now having their unmet need recognised, and New Zealand is making steps towards meeting internationally recognised standards of care.

Recommendations

1) Stopping criteria

MS is a chronic, progressive and unpredictable condition. Progression is inevitable but Ocrelizumab can slow this down, if not stop it.

There is limited research and evidence to give patients a clear understanding of how quickly their condition may progress once they stop. There is also no conclusive evidence that demonstrates that as disability increased for those with PPMS (an expectation) that efficacy of Ocrelizumab decreases.

As this is the first opportunity many have had to halt the progression of their condition, we question the ethics of allowing a person to initiate treatment at 6.5 but requiring them to stop the following year if they have any signs of progression. We recommend removing the stopping criteria for all PPMS patients or increasing to 8 at a minimum. Increasing access to 8 signals that Pharmac recognise that people are still capable to live well and independently with upper extremity abilities.

[1] Giovannoni, G. *et al*. Brain Health: Time matters in multiple sclerosis (2017) www.msbrainhealth.org
[2] The Incidence of Demylinating Disorders in New Zealand. Final report for the MS Incidence Study prepared by Dr Deborah Mason for the Multiple Sclerosis Society of NZ (2017)
[3] Giovannoni, G. *et al*. Brain Health: Time matters in multiple sclerosis (2017) www.msbrainhealth.org

The longer that we can keep MS progression at bay, there is a cost benefit for NZ. It is well known that as progression advances, so do costs to individuals, the health and social sectors. It also reduces the burden on families, whānau and the overburdened respite and residential systems.

Primary Recommendation: We urge Pharmac to reconsider the stopping criteria, either removing entirely or extending in EDSS 8 at a minimum.

2) Living well means more than just being able to walk

PPMS is characterised by a progressive and gradual worsening of neurological symptoms, motor, sensory, coordination and cognitive. Decline in upper extremity function is noted more routinely in people with PPMS, than those with relapsing forms.

Upper extremity functional impairment has a significant impact of ability to perform daily tasks such as eating, personal hygiene and getting dressed. Upper limb impairment, and reduced hand function has been noted in studies to correlate to reduced measures of social engagement, independence and quality of life, as well as employment and economic wellbeing of those diagnosed and their whānau. Maintaining and improving upper extremity function has a direct impact on the ability to use walking aids, potentially restricting walking ability. For patients with MS, maintaining upper extremity function has a higher treatment benefit, and is more desirable than lower limb functional improvement[4].

In the ORATORIO trial, Ocrelizumab was shown to reduce the risk of upper extremity progression and may increase the possibility of improvement. Results of the study showed results from the 9 Hole Peg Test (9HPT) significantly improved, the risk of confirmed progression was reduced by 20% in the 9HPT for both hands, and the risk of more severe 9HPT progression versus placebo was also reduced. Confirmed improvement of upper extremity functioning was also noted[5].

For people with MS, fatigue is one of the most common and debilitating symptoms with estimates ranging between 75-90% of those diagnosed impacted. PPMS patients have a significantly high level of fatigue impacting their quality of life. In the ORATORIO trial at the baseline 62.7% of participants reported significant levels of fatigue on the Modified Fatigue Impact Scale (MFIS)[6].

Patient reported outcomes (PROs) from the ORATORIO trial noted improved mental health measures for quality of life and reduced fatigue from the patients' perspective. The value of PROs for PPMS patients is as important as health-related reduction in quality of life is relatively high.

Recommendation: We urge Pharmac to reconsider the stopping criteria, acknowledging the importance of upper extremity function and fatigue reduction as major prohibitors to positive health and wellbeing.

[4]Fox, E. J. Ocrelizumab reduces progression of upper extremity impairment in patients with primary progressive multiple sclerosis: Findings from the phase III randomised ORATORIO trial; Mult Scler. 2018 Dec; 24(14): 1862–1870. doi: 10.1177/1352458518808189
[5] Fox, E. J. Ocrelizumab reduces progression of upper extremity impairment in patients with primary progressive multiple sclerosis: Findings from the phase III randomised ORATORIO trial; Mult Scler. 2018 Dec; 24(14): 1862–1870. doi: 10.1177/1352458518808189
[6] Miller, D. M. et al. The Association Between Confirmed Disability Progression and Patient-Reported Fatigues in PPMS Patients in the ORATORIO Study. NCT01194570. Presentation

3) Lack of data and the role of GPs in identifying potentially eligible patients

Historically, due to the lack of treatments available, people with PPMS have been referred back to their GP and community services such as MS Societies for support and information following diagnosis. Without a consistent national MS registry, regular monitoring and comprehensive data, we are concerned that many patients will continue to miss out on access.

A large majority of patients are not aware of their EDSS score and therefore their eligibility.

MS organisations have already begun to field calls around eligibility.

MSNZ is committed to working with Pharmac through our networks to ensure that the message reaches all those people with PPMS who may be eligible.

Recommendation: We strongly encourage Pharmac to advertise widely to GPs and through the Neurological Association of New Zealand to identify potential eligible patients and refer for neurology assessment.

4) Renewal Criteria

We approve the inclusion of the acceptability for the measured walk to have been recorded within 6 months prior to Special Authority renewal date.

For people with PPMS living regionally, away from main centres, getting to specialist appointments can require significant planning and travel expense. They may also require a family member or carer to accompany them. Requiring patients to 'perform' on the day can also be stressful and impact abilities.

Authorising GPs and Physiotherapists to sight the 20m walk will reduce many of the stress factors for patients. It will also reduce pressure on waitlists for specialist appointments, as well as allowing Neurologists and MS Nurses maximise short appointment times, investing more in disease monitoring, ensuring patients are accessing the necessary allied health and educating patients to optimally manage their own health.

Recommendation: Inclusion in the Special Authority wording to clarify that the 20m walk can be sighted and approved by a health professional other than a Neurologist such as a GP or Physiotherapist.

5) Treatment for those who do not meet the criteria for non-MS related reasons

We seek clarification regarding whether there is scope for applications for patients who may not meet the criteria due to non-MS related reasons. For example;

- if a patient cannot walk 20m due to an injury not related to their MS.

Recommendation: There be special dispensation to patients who may be unable to walk 20m due to a non-MS related reason for not meeting the Special Authority Criteria but who would benefit from Ocrelizumab to stop or halt their disease progression.

6) Treatment for those who do not meet the criteria due to a significant MS lesion

Spinal cord lesions are more common in PPMS than relapsing MS, which are more focussed in the brain. The combination of treatment and rehabilitation could improve long-term outcomes for these patients or benefit other symptoms impacting their health and wellbeing such as cognition and fatigue.

Recommendation: There be a process for special dispensation where the Neurologist sees better long-term outcomes for their patients being on treatment.

7) Extensions to Special Authorities

Due to the pressures on the health system, or risks of human error, sickness or mitigating circumstances beyond people's, control, appointments can be missed. People with PPMS may also be reliant on the support of family or carers to get them to appointments.

We ask for clarification regarding the tolerance for late applications for Special Authority renewals where either hospitals or the PwMS are unable to meet within the specified timelines.

Recommendation: There be special dispensation to patients who may not meet the renewal timelines due to uncontrollable factors.

Considerations

1) Lack of access to neurology services

It is widely acknowledged that New Zealand's health system is currently experiencing a resourcing crisis. We regularly receive reports of patients waiting up to 6 months for neurology appointments, and in regional communities the disparity is felt even more.

PPMS can progress at a rapid rate. Some of the stories we have shared in our submission demonstrate this.

We are concerned that delays in accessing neurology and diagnostic services may present significant barriers to people having timely access to treatment.

2) Special Authority

We hope that Pharmac will take the necessary steps to minimise any delays or confusion associated with the requirement for the new SA number. A streamlined system to avoid unnecessary administrative burden on Neurology teams is required. We recommend that clear communication is delivered to clinicians and patients to avoid any delays.

Final Comments

We thank Pharmac for opening these changes for public consultation. We are excited and supportive of the recommended change to include Ocrelizumab for Primary Progressive MS. We strongly urge Pharmac to reconsider the stopping criteria. Slowing the progression of PPMS and maintaining upper extremity functionality will maintain quality of life, independence, and the ability to use mobility aids.

For those with PPMS, access to Ocrelizumab will mean that they will not only have treatment access, but also access to neurological specialist services. In most cases, this has been unavailable to them through the public health system since diagnosis.

The integration of both regular clinical review and MRI monitoring has been shown to identify PPMS patients at risk of long-term disease progression 4 years earlier than using clinical assessments alone[7].

As highlighted by MS Brain Health, 'regular monitoring of disease activity and recording this information formally are the cornerstone of the strategy… The results of clinical examinations and brain scans will enable personalized treatment for every person with MS and will generate long-term real-world evidence that can be used by regulatory bodies, health technology assessors, payers and clinicians for evaluating therapeutic strategies[8].'

Regular monitoring and condition management will also provide valuable data for Pharmac and researchers, to understand more about treatment efficacy.

There are several areas that require clarification as covered in our response and we eagerly await your feedback on these.

We urge you to read and consider the stories we have included in our submission from people impacted by Primary Progressive MS.

Multiple Sclerosis NZ looks forward to working with Pharmac to ensure the information is disseminated to people with PPMS and seeing the benefits and hope that these changes will bring to the PPMS community.

Yours sincerely

Amanda Rose
National Manager
Multiple Sclerosis NZ

[7] Rocca, M. A. et al. Long-term disability progression in primary progressive multiple sclerosis: a 15-year study. *Brain,* V140 Issue 11, Nov 2017 P 2814-2819. https://doi.org/10.1093/brain/awx250

[8] Giovannoni, G. *et al.* Brain Health: Time matters in multiple sclerosis (2017) www.msbrainhealth.org