2014 REPORT ON THE STATE OF THE ART OF RARE DISEASE ACTIVITIES IN EUROPE

STATE OF THE ART OF RARE DISEASE ACTIVITIES IN AUSTRIA

This work was financed by the EUCERD Joint Action: Working for Rare Diseases N° 2011 22 01

2011-22-01

This document has been produced by the Scientific Secretariat of the European Union Committee of Experts on Rare Diseases (EUCERD, formerly the European Commission's Rare Diseases Task Force) through the EUCERD Joint Action: Working for Rare Diseases (N° 2011 22 01, Coordinator: Kate Bushby, University of Newcastle, United Kingdom), within the European Union's Second Programme of Community Action in the Field of Health.

The European Union Committee of Experts on Rare Diseases (EUCERD) was established in 2009 and its mandate ended in 2013. It is replaced from 2014 by the Commission Expert Group on Rare Diseases. The EUCERD Joint Action continues to support the activities of the new Expert Group until 2015.

More information on the European Union Committee of Experts on Rare Diseases can be found at www.eucerd.eu.

Disclaimer:
The findings and conclusions in this report are those of the contributors and validating authorities, who are responsible for the contents; the findings and conclusions do not necessarily represent the views of the European Commission or national health authorities in Europe. Therefore, no statement in this report should be construed as an official position of the European Commission or a national health authority.

To quote this document:
Rodwell C., Aymé S., eds., *"2014 Report on the State of the Art of Rare Disease Activities in Europe"*, July 2014.

http://www.eucerd.eu/upload/file/Reports/2014ReportStateofArtRDActivitiesAT.pdf

ACRONYMS

CAT - Committee for Advanced Therapies at EMA
CHMP - Committee for Medicinal Products for Human Use at EMA
COMP - Committee on Orphan Medicinal Products at EMA
DG - Directorate General
DG Enterprise - European Commission Directorate General Enterprise and Industry
DG Research - European Commission Directorate General Research
DG Sanco - European Commission Directorate General Health and Consumers
EC - European Commission
ECRD - European Conference on Rare Diseases
EEA - European Economic Area
EMA - European Medicines Agency
ERN - European reference network
EU - European Union
EUCERD - European Union Committee of Experts on Rare Diseases
EUROCAT - European surveillance of congenital anomalies
EUROPLAN - European Project for Rare Diseases National Plans Development
EURORDIS - European Organisation for Rare Diseases
FDA - US Food and Drug Administration
HLG - High Level Group for Health Services and Medical Care
HTA - Health Technology Assessment
IRDiRC – International Rare Diseases Research Consortium
JA - Joint Action
MA - Market Authorisation
MoH - Ministry of Health
MS - Member State
NBS - New born screening
NCA - National Competent Authorities
NHS - National Health System
PDCO - Paediatric Committee at EMA
RDTF - EC Rare Disease Task Force
WG - Working Group
WHO - World Health Organization

GENERAL INTRODUCTION

This document was produced by the Scientific Secretariat of the European Union Committee of Experts on Rare Diseases (EUCERD), through the EUCERD Joint Action: Working for Rare Diseases (N° 2011 22 01), which covers a three year period (March 2012 – February 2015).

The European Union Committee of Experts on Rare Diseases (EUCERD) was established in 2009 and its mandate ended in 2013. It is replaced from 2014 by the Commission Expert Group on Rare Diseases. The EUCERD Joint Action continues to support the activities of the new Expert Group until 2015.

The present report aims to provide an informative and descriptive overview of rare disease activities at European Union (EU) and Member State (MS) level in the field of rare diseases and orphan medicinal products up to the end of 2013. A range of stakeholders in each Member State/country have been consulted during the elaboration of the report, which has been validated as an accurate representation of activities at national level, to the best of their knowledge, by the Member State/country representatives of the Commission Expert Group on Rare Diseases. The reader, however, should bear in mind that the information provided is not exhaustive and is not an official position of the European Commission, its Agencies or national health authorities.

The report is split into six parts:

Part I: Overview of rare disease activities in Europe
Part II: Key developments in the field of rare diseases in 2013
Part III: European Commission activities in the field of rare diseases
Part IV: European Medicines Agency activities and other European activities in the field of rare diseases
Part V: Activities in EU Member States and other European countries in the field of rare diseases
Part VI: Activities at National level in each EU Member State and other European countries in the field of rare diseases

Parts I – V also include a description of the methodology, sources and validation process of the entire report, and a selected bibliography and list of persons having contributed to the report.

The present document contains the information from Parts II and V of the report concerning Austria. A list of contributors to the report and selected sources are in annex of this document. For more information about the elaboration and validation procedure for the report, please refer to the general introduction of the main report.

RARE DISEASE ACTIVITIES IN AUSTRIA

Definition of a rare disease

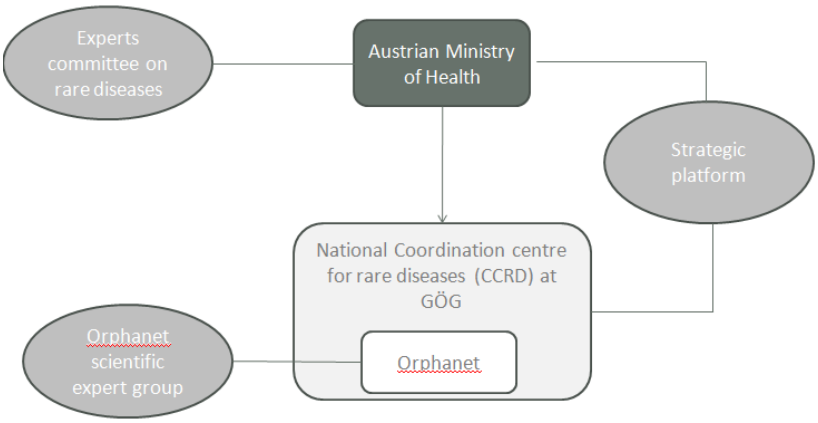
In 2013 an official definition of rare diseases in Austria had not yet been established; on an informal basis, stakeholders in Austria accept the European Regulation on Orphan Medicinal Products definition of a prevalence of no more than 5 in 10 000 persons. In the national plan of action (still under development in 2013; see below) it is foreseen to officially adopt the European Regulation on Orphan Medicinal Products definition of a prevalence of no more than 5 in 10 000 individuals.

National plan/strategy for rare diseases and related actions

In response to a petition by health professionals and patient organisations for a national action plan on rare diseases in Feb 2008 and considering the recommendations of the European Council of 8 June 2009 to implement a national action plan on rare diseases by 2013 the Highest Austrian Health Advisory Board ("Oberster Sanitätsrat") of the Austrian Ministry of Health (BMG) established a subcommittee for rare diseases in May 2009, consisting of 17 members from 13 different organisations or institutions (covering the main stakeholders in the field). This working group was managed by the Austrian Orphanet team and laid the foundation for a national plan of action for rare diseases. It was the first time in Austria that an expert committee of this size, covering a broad spectrum of viewpoints, was working on rare diseases in a comprehensive manner, with topics ranging from the description of the situation of rare diseases in general to legal and ethical aspects, equality in legal and practical terms, the identification of concrete problems, bottlenecks and restrictions that patients, relatives, physicians and scientists are confronted with, and, finally, the identification of possible measures and strategies aiming to improve the situation, to combat (structural) deficits, to optimise health care pathways, and to minimise disease burden wherever possible.

To further support the development of the national plan and in particular to involve further key stakeholders in the elaboration process, the Austrian Ministry of Health established, on January 1, 2011, the National Coordination Centre for Rare Diseases (CCRD, Nationale Kontaktstelle für Seltene Erkrankungen, NKSE) at the Austrian Health Institute (Gesundheit Österreich GmbH, GÖG). As of 2013, the CCRD has a team of 1.4 full time equivalents. It also integrates part of the Austrian Orphanet team. Most members of the subcommittee for rare diseases (including patient representatives, physicians and representatives of social health insurance and industry) are still involved in the topic as they were appointed to the Expert committee on rare diseases that was established in mid 2011 by the Ministry of Health (see Figure 1 below). In addition a strategic platform with delegates of the Ministry of Health, representatives of the regions and payers (Austrian provinces and the Main association of the Austrian social security institutions) was set up. In 2013 these two platforms continued their active participation in the development of the national plan for rare diseases.

Figure 1: Organisational Chart of the Austrian CCRD



The establishment of the CCRD was one of the first steps in the development of a national plan for rare diseases as proposed by the subcommittee for rare diseases in November 2010. The founding of the CCRD included and includes a sustained funding until the end of 2014 of Orphanet as the national information system

for rare diseases and the involvement of both, the Medical University of Vienna and the GÖG as partners in the Joint Action Orphanet Europe.

In December 2013 the national plan for rare diseases including several annexes was in its final phase of development. The draft will be completed in the first months of 2014 and will then be revised by the Ministry of Health, the Ministry of Social Affairs and the Ministry of Science, Research and Economy, as well as other relevant stakeholders and authorities including the health sectors of the counties of Austria. This last revision process will probably be finalised in the second half of 2014. In its current draft format, the plan covers nine priority areas. No general budget will be allocated to the plan in advance. Instead, it is intended that the budget for each measure in each priority will be defined as soon as this measure will be implemented.

The main activities of the CCRD in 2013 were the following:

- Acting as the main driving force in drawing the national plan for rare diseases until the end of 2013 through a participative process of discussing the nine priorities of the national plan with all representatives of the expert group as well as of the strategic platform;
- Continuous awareness raising among professionals / experts / doctors / patients on the topic of rare diseases through presentations and dissemination of information;
- Acting as the focal point for European activities in the field of rare diseases through active participation in EU-funded projects and initiatives such as Orphanet and EUCERD and the Cross Border Health Care Directive as well as other European initiatives in the area of Orphan Medical Products;
- Continuation of Orphanet activities:
    - Continuous updating of Austrian services in the Orphanet database;
    - Dissemination of information on Orphanet in Austria ;
- Acting as the communication hub between actors in the field, focusing on health care professionals and other stakeholders.

Centres of expertise

Currently, there are no officially designated centres of expertise in Austria; informally, however, there are a few well-recognised centres with outstanding expertise in their field, which have not yet undergone a national designation process.

The eligibility criteria for centres of expertise, which take into account the recommended EUCERD criteria, the criteria developed in the context of the elaboration of the delegated decision accompanying article 12 of the cross-border healthcare directive, and national healthcare regulations, will be included in the national plan for rare diseases. The development of a national designation process for centres of expertise is expected to start in the second half of 2014. It is intended that the developed criteria will be embedded in the Austrian health care structure plan, which might also specify the designation of future centres of expertise.

Registries

Currently, no nationwide, general, comprehensive registry for rare disease patients exists in Austria. Also, there is no national committee or designation process for rare disease registries in Austria at the moment. Approximately 25 registries or bio-banks for individual rare diseases or groups of rare diseases are run by specialised clinics or networks of experts from different clinics. These registries are primarily maintained on a private/institutional basis, in many instances “in kind” by the expert teams; some registries are additionally supported by corresponding patient support groups. Some of the European registries Austrian teams participate in are EUROCARE CF, AIR, RARECARE, EIMD, EMSA-SG, EUROCAT, SCNIR and ENRAH. Actions in this area will be included in the National Plan for Rare Diseases.

Apart from registries, Austria aims to fully integrate rare diseases into its diagnosis and activity documentation system (Diagnosen- und Leistungsdokumentation; DLD). To address this objective, a collaboration with Germany to introduce Orpha Codes into the health information system (for use in centres of expertise) is foreseen in the National Plan for Rare Diseases.

Neonatal screening policy

Since the late 1960s, Austria has a well-established, nationwide newborn screening (NBS) program that is carried out for practically all newborns in one screening centre, operated by the University Children’s Hospital of the Medical University of Vienna. The Austrian NBS program is one of the most comprehensive programs worldwide and screens for the following 31 diseases and conditions: adrenogenital syndrome, biotinidase deficiency, carnitine-acylcarnitine translocase deficiency, carnitine palmitoyl transferase IA deficiency, carnitine palmitoyl transferase II deficiency, carnitine uptake deficiency, citrullinemia, argininosuccinic aciduria, congenital hypothyroidism, cystic fibrosis, galactosemia, glutaric acidemia type I, glutaric acidemia type II /

multiple acyl-CoA dehydrogenase deficiency, homocystinuria and hypermethionemia, isobutyryl CoA dehydrogenase deficiency, isovaleric acidemia, β-ketothiolase deficiency, long-chain acyl-CoA dehydrogenase deficiency, mitochondrial trifunctional protein deficiency, maple syrup urine disease, methylmalonic aciduria, propionic acidemia, holocarboxylase synthetase deficiency, phenylketonuria and hyperphenylalaninemia, short-chain acyl-CoA dehydrogenase deficiency, tyrosinemia type I, very long-chain acyl-CoA dehydrogenase deficiency, 2-Methyl 3-hydroxybutyryl-CoA dehydrogenase deficiency, 3-Hydroxy-3-methylglutaric aciduria, 3-Methylcrotonyl-CoA carboxylase deficiency, and 3-Methylglutaconic aciduria type I. The screening for medium-chain acyl-CoA dehydrogenase deficiency was removed from the screening panel in 2013.

In addition, the project to establish the screening for six different lysosomal storage disorders (e.g. Mucopolysaccharidosis (MPS) type 1, Gaucher, Fabry, Pompe, and Nieman-Pick Type A/B) concluded during 2013.

Detailed information regarding the Austrian NBS is provided online[1] in three languages (German, English, and Turkish). As an additional service, nearly all diseases listed and explained on the NBS homepage are directly linked to the relevant disease entity in the Orphanet database.

As a next step, the establishment of an independent national scientific committee for the NBS is planned.

Genetic Testing

Molecular genetic testing in Austria is regulated by the so-called "Gentechnikgesetz" (GTG), first established in 1994[2] and last revised in 2005[3]. The GTG covers all legal, ethical and (bio-) safety aspects regarding diagnostics and research in the field of molecular genetics (including generation and handling of genetically modified organisms). In the chapter on human molecular genetic testing, genetic tests are subdivided into the following four types:

(a) Type 1 comprises tests to identify either concrete somatic changes in the number, structure, or sequence of chromosomes, genes or DNA fragments or concrete chemical modifications in chromosomes, genes or DNA fragments in patients suffering from a clinically manifested and diagnosed disease (for instance, the search for a somatic mutation or altered methylation status in a tumour tissue sample);
(b) Type 2 covers tests searching for germline mutations in patients suffering from a clinically manifested and diagnosed disease;
(c) Type 3 comprises tests to establish the genetic risk/predisposition of a healthy individual to potentially develop a genetic disease in the future, or to establish the carrier status of a healthy individual for a certain genetic disease, in disorders where prophylaxis or treatment are available;
(d) Type 4 covers tests to establish the genetic risk/predisposition of a healthy individual to potentially develop a genetic disease in the future, or to establish the carrier status of a healthy individual for a certain genetic disease, in disorders where prophylaxis or treatment do not exist.

While for genetic tests of categories 1 and 2 no authorisation is necessary, tests of categories 3 and 4 can only be performed in laboratories officially authorised by the Austrian Ministry of Health. Institutions seeking authorisation have to register their activity and apply with a detailed description of their laboratories, equipment, technical procedures, quality schemes, and experience in genetic testing. The formal authorisation for the respective genetic test is granted after an evaluation process, which includes consultation of the scientific board of the Committee on Gene Technology ("Gentechnikkommisson").

Laboratories performing genetic testing in Austria are listed in a special registry ("Genanalyseregister") administrated by the Ministry of Health. Of note, the designation "reference laboratory" as an official term does (currently) not exist in Austria.

In Austria, reimbursement is primarily a responsibility of the individual states ("Bundesländer") and not centrally regulated (of note, some exceptions exist). This responsibility is further split between two different types of institutions, depending on whether the patient had been treated (a) in the hospital sector (as inpatient or outpatient) or (b) in the private sector (i.e. by a general practitioner or consultant of a specific medical discipline that has his own practice and a service contract with the relevant health insurance fund). In the first case, the costs of any type of diagnostic test or treatment have to be paid from the budget of the hospital. The hospital, in turn, is indirectly reimbursed by the health fund of the respective state

[1] http://www.meduniwien.ac.at/hp/neugeborenen-screening/
[2] http://www.bmg.gv.at/cms/home/attachments/7/8/8/CH1060/CMS1226929588865/510_1994.pdf
[3] http://www.bmg.gv.at/cms/home/attachments/7/8/8/CH1060/CMS1226929588865/gtg-nov._11-05.pdf

("Landesgesundheitsfonds") on DRG basis. However, hospitals have to make efforts to not exceed the budgets allotted to them for each calendar year. In the second case (private practice), reimbursement is the responsibility of the sickness fund of the patient. In this instance, specific tariffs are calculated by the sickness fund for each type of service and services are reimbursed according to the tariff catalogue. Basically, mainly services that have been successfully negotiated with the sickness fund and integrated into their individual tariff catalogue are eligible for reimbursement. Still, patients/their doctors always have the possibility to apply for individual reimbursement.

Taking into account this dual reimbursement system with all its regulations, the reimbursement of genetic testing is as follows:

(a) As an obligatory prerequisite, all tests have to be officially accepted/approved by the (local) sickness fund of the patient and integrated into their tariff catalogue (either as a specific single test, or on the basis of average calculations for long versus short genes, number of exons, complexity of the analysis, or other criteria);
(b) For in- and outpatients, the hospital covers the costs according to the tariffs of the laboratory performing the test;
(c) For patients in the private practice, the respective insurer carries the costs; however, it is possible that certain analyses (depending on the internal regulations of the sickness fund) require an ex-ante approval by the head physician ("Chefarzt") of the health insurance, even if the analysis is requested/recommended by a specialist for human genetics.

Genetic testing abroad is possible as soon as the test is strongly indicated for an individual patient and cannot or not easily be performed within the country (again, the same rules apply as above and the determination has obligatorily to be approved ex-ante either by the respective insurance fund or – for inpatients - by the medical director of the hospital).

Diagnostic tests are registered as available in Austria for 665 genes and an estimated 767 diseases in the Orphanet database[4].

National alliances of patient organisations and patient representation

Pro Rare Austria was established in December 2011. This national "Allianz für seltene Erkrankungen" was founded by Dr. Riedl, chairman of DEBRA Austria, the Epidermolysis bullosa patient support group.
In 2013 Pro Rare Austria achieved inter alia the following milestones:

- Publications in different media; development of a social media platform;
- Fundraising for the organisation of the Rare Disease Day 2013 with around 400 participants;
- Further development and maintainance of the website: www.prorare-austria.org;
- Out of around 60 rare disease patient organisation, 20 organisations are members of Pro Rare Austria;
- Member of EURORDIS;
- Active participation at the meetings of the expert committee on rare diseases under the lead of the national coordination centre for rare diseases;
- Establishment of a medical expert committee.

Apart from Pro Rare, general alliances of patient organisations (both for rare and non-rare diseases) do exist on the state level (ARGE Selbsthilfe Carinthia, Upper Austria, Lower Austria, Salzburg, Styria, Tyrol, Vorarlberg, and Vienna). They are united under the supra-umbrella *Arbeitsgemeinschaft (ARGE) Selbsthilfe*, which is located in Vienna. The *ARGE Selbsthilfe* can provide limited funding for a period of 6 months (with repeat applications possible) for all patient organisations (including those in the rare diseases field), however, funding is confined to support the formation of a new patient organisation or to provide interim aid for an existing one bridging a limited time gap. The Austrian Health Institute supports Pro Rare by providing meeting rooms and optional funding for further education in the field.

Sources of information on rare diseases and national help lines

Orphanet activities in Austria

With the establishment of the National Coordination Centre for Rare Diseases (CCRD) the dedicated Austrian team that was in charge for Orphanet for almost ten years expanded to include GÖG staff members. Part of the staff is still hosted by the Institute of Neurology at the Medical University of Vienna. This team is in charge of collecting data on rare disease related services (specialised clinics, medical laboratories, ongoing research, registries, bio-banks, clinical trials and patient organisations) in Austria for entry into the Orphanet database.

[4] Information extracted from the Orphanet database in January 2014.

The reason for including two institutions in the Orphanet work is to guarantee long-term sustainability of the Orphanet activities in the Austrian health care system. Therefore, the teams work closely together.

Since 2011, the Orphanet-Austria[5] national website provides an entry point to the Orphanet database. The objectives are to provide basic information on the Orphanet database and the local Orphanet team, as well as to raise public awareness on rare diseases in general. The team reports about major events and activities organised either by Orphanet Austria itself or by other stakeholders.

As of 2013, the plan is to integrate sustained funding for Orphanet Austria into the rare disease national plan.

Official information centre for rare diseases

Until 2010, Orphanet was the only official source of information specific to rare diseases in Austria. With the establishment of the National Coordination Centre for Rare Diseases (Nationale Koordinationsstelle für Seltene Erkrankungen, NKSE) at the Austrian Health Institute (Gesundheit Österreich GmbH, GÖG[6]) in January 2011 an official information platform for all stakeholders was established. The CCRD is funded by the Austrian Ministry of Health (Bundesministerium für Gesundheit) and shall act as information provider along with its other functions. Orphanet Austria was integrated into this coordination centre to enable maximum synergy between the two structures. In the first phase the CCRD launched the Austrian orphanet website[7] and provided information to health professionals, e.g. by presenting rare disease specific congresses and events.

Help line

Currently, there is no official nation-wide national helpline for rare diseases in Austria. In the last couple of years individual regional activities developed such as the helpline in Salzburg, focusing primarily on rare genetic skin disorders (genodermatoses) and metabolic disorders.

Other sources of information

Further sources of information on rare diseases include:

- Disease-specific websites of patient organisations. A number of patient organisations for specific rare diseases – or groups of rare diseases – exist in Austria that host excellent websites providing extensive and very detailed information on "their" rare disease/group of rare diseases (including information on the medical background, symptoms, diagnostics and treatment/care of patients)[8].
- A number of medical departments or patient registries also host websites with comprehensive and useful information on those rare diseases they are focusing on[9].
- The Austrian Ministry of Health[10] as well as the website of the National Coordination Centre for Rare Diseases (CCRD)[11] provide general information on rare diseases in Austria.
- Rare disease-specific information is also published on the official governmental health platform of Austria. Provided information include: a link to the report on rare diseases, as well as information regarding the establishment of the CCRD[12].

Guidelines

In several medical disciplines good practice guidelines exist or are worked on for individual rare diseases. The development of good practice guidelines will be part of the designation criteria for centres of expertise, as suggested by the EUCERD.

There are currently no centralised efforts to translate/transpose emergency guidelines for rare diseases. The development and implementation of emergency cards for rare disease patients is part of the draft of the rare disease national plan. This will include information on emergency guidelines as provided by Orphanet.

[5] http://www.orpha.net/national/AT-DE/index/startseite/
[6] http://www.goeg.at/de/Bereich/Koordinationsstelle-NKSE.html
[7] www.orpha.net/national/AT-DE/index/startseite
[8] Some examples (non-exhaustive) are http://www.mps-austria.at, http://www.klinefelter.at, http://www.rett-syndrom.at/index.html, http://www.debra-austria.org, http://www.pah-info.at
[9] Some (non-exhaustive) examples are: www.genodermatosen.at, http://www.akromegalie-register.at/wDeutsch/akromegalie/index.php?navanchor=1110006, https://www.studienregister.at/web/guest/home (select info folder for haemophilia).
[10] http://bmg.gv.at/home/Schwerpunkte/Krankheiten/Bericht_Seltene_Erkrankungen_in_Oesterreich_
[11] http://www.goeg.at/en/Area/National-Coordination-Centre-for-Rare-Diseases-CCRD.html
[12] https://www.gesundheit.gv.at/Portal.Node/ghp/public/content/aktuelles/aktuelles-seltene-erkrankungen-in-oesterreich.html

Training and education initiatives

The Academy of the Epidermolysis Bullosa House AUSTRIA hosts training workshops for epidermolysis bullosa on a regular basis. In addition, the Department of Dermatology of the Paracelsus Medical University Salzburg organised the "Fostering Courses for Genodermatoses" under the auspices of the European Academy of Dermatology and Venerology in 2009, 2010 and 2012 with another course being scheduled for January 2014.

National rare disease events in 2013

A number of events were held to mark the Rare Disease Day 2013, including the march for rare diseases in Vienna on March 2, 2013.

On 27 and 28 September 2013, the 4th Austrian National Conference on Rare Diseases was organised in Innsbruck.

Hosted rare disease events in 2013

The 2nd Conference of 'EB-CLINET - Clinical Network of EB Centres and Experts' was held on 17-18 September 2013 in Salzburg.

Research activities and E-Rare partnership

National research activities

Currently, there is no specific and explicit funding policy for rare diseases in Austria. Funding for all fields of research is available through grant applications at different funding bodies (for instance, the *Fonds zur Förderung der wissenschaftlichen Forschung (Austrian Science Fund; FWF), the Österreichische Forschungsförderungsgesellschaft mbH (Austrian Research Promotion Agency; FFG), or the Anniversary Fund of the Austrian Nationalbank)*, mostly following a bottom-up approach.

In 2013, the FFG published a specific programme for rare diseases for SME, amounting to €5 million in total.

Participation in European research projects

Teams in Austria participate (or have participated) in 36 FP7 rare disease related projects and have coordinated 6 projects.

E-Rare

Austria was not an official partner in the E-Rare consortium before 2009 and did not participate in the first E-Rare Joint Transnational Call in 2007. The *Fonds zur Förderung der wissenschaftlichen Forschung* (Austrian Science Fund)[13] joined the second E-Rare Joint Transnational Call in 2009, and around € 580,000 of funding was granted for Austrian teams participating in 3 projects. Austria participated in the 3rd Joint Transnational Call in 2010/11 and Austrian teams participate in all together seven of the funded projects. Austria joined the 4th Joint Transnational Call on Rare Diseases Driven by Young Investigators in 2012 and 2 of the 11 projects selected included a team from Austria. Austria joined the 5h Joint Transnational Call in 2013; however no Austrian teams participate in the 12 funded projects.

IRDiRC

The *Fonds zur Förderung der wissenschaftlichen Forschung* as part of the E-Rare group of funders joined the IRDiRC in 2012.

Orphan medicinal products

Orphan medicinal product committee

There is currently no committee for orphan drugs in Austria.

Orphan medicinal product incentives

The Austrian Medicines Law (2001) provides for *"the waiving of fees (e.g. for marketing authorisation or variations) for orphan drugs authorised through the national procedure (applicable until 20 November 2005, date from which the centralised route of marketing authorisation of designated orphan medicinal product became mandatory)[14]".*

[13] http://www.fwf.ac.at/

[14] *Inventory of Community and Member States' incentive measures to aid the research, marketing, development and availability of orphan medicinal products. Revision 2005* (p7).

Orphan medicinal product market availability situation

As soon as marketing authorisation is provided, orphan medicinal products are available quite quickly in Austria. Actions are foreseen by the National Plan for Rare Diseases in this area ("Recognition of the specificity of rare diseases" and "Improving equal access to established therapies") to further improve availability.

At the end of 2012/beginning of 2013, 72 orphan medicinal products with an EU market authorisation were available. The majority of the orphan medicinal products were included in the out-patient reimbursement code (either in the no box or in any of the other categories); only 13 orphan medicinal products were not included in the out-patient reimbursement code. But it is possible that they were used in-patient, i.e. during hospital stay. Only Plenadren is definitely not marketed in Austria.

Table 1. Availability of authorised orphan medicinal products in the Austrian reimbursement code in 2012/2013

Available in out-patient reimbursement code (no box or other categories)		
Active Ingredient	***Brand name***	***Company***
Pegvisomant	**Somavert**	**Pfizer**
Clofarabin	**Evoltra**	**Genzyme**
Imatinib Mesilat	**Glivec**	**Novartis Europharm**
Mercaptopurin	**Mercaptopurin Nova Labo**	**Nova Laboratories**
Histamin Dihydrochlorid	**Ceplene**	**EpiCept GmbH**
Arsentrioxid	**Trisenox**	**Cell Therapeutics (UK)**
Tafamidis	**Vyndaqel**	**Pfizer**
Aztreonamlysin	**Cayston**	**Gilead**
Tobramycin	**TOBI Podhaler**	**Novartis Europharm**
Ofatumumab	**Arzerra**	**GlaxoSmithKline**
Nilotinib	**Tasigna**	**Novartis**
Dasatinib	**Sprycel**	**Bristol-Myers Squibb**
Rilonacept	**Rilonacept Regeneron**	**Regeneron**
Ibuprofen	**Pedea**	**Orphan Europe**
Trabectedin	**Yondelis**	**Pharma Mar S.A.**
Deferasirox	**Exjade**	**Novartis Europharm**
Dexrazoxan	**Savene**	**SpePharm**
Icatibant	**Firazyr**	**Jerini AG**
Betain	**Cystadane**	**Orphan Europe**
Carglumsäure	**Carbaglu**	**Orphan Europe**
Pirfenidon	**Esbriet**	**InterMune**
Romiplostim	**Nplate**	**Amgen**
Eltrombopag	**Revolade**	**GlaxoSmithKline**
Busulfan	**Busilvex**	**Pierre Fabre**
Thiotepa	**Tepadina**	**Adienne S.r.l.**
Amifampridin	**Firdapse**	**Eusa Pharma SAS**
Sorafenib	**Nexavar**	**Bayer HealthCare**
Rufinamid	**Inovelon**	**Eisai**
Bosentan	**Tracleer (Ftbl)**	**Actelion Registration**
Iloprost	**Ventavis**	**Schering AG**
Sildenafil	**Revatio (Ftbl)**	**Pfizer**
Ambrisentan	**Volibris**	**GlaxoSmithKline**

Available in out-patient reimbursement code (no box or other categories)		
Active Ingredient	***Brand name***	***Company***
Nelarabin	**Atriance**	**GlaxoSmithKline**
5-Aminolaevulinsäure	**Gliolan**	**Medac**
Plerixafor	**Mozobil**	**Genzyme**
Miglustat	**Zavesca**	**Actelion Registration**
Velaglucerase alfa	**VPRIV (1 ST)**	**Shire**
Alglucosidase alfa	**Myozyme**	**Genzyme Europe**
Zinkacetat Dihydrat	**Wilzin**	**Orphan Europe**
Laronidase	**Aldurazyme**	**Genzyme Europe**
Idursulfase	**Elaprase**	**Shire**
Lenalidomid	**Revlimid**	**Celgene Corporation**
Thalidomid	**Thalidomide**	**Celgene Corporation**
Azacitidin	**Vidaza**	**Celgene Corporation**
Mitotan	**Lysodren**	**Laboratoire HRA**
Temsirolimus	**Torisel**	**Wyeth**
Cladribin	**Litak**	**Lipomed**
Mifamurtid	**Mepact**	**IDM Pharma**
Levodopa/Carbidopa	**Duodopa Gel**	**Abbot Products GmbH**
Eculizumab	**Soliris**	**Alexion Europe**
Sapropterin	**Kuvan**	**Merck Serono**
Coffeincitrat	**Peyona**	**Chiesi Farmaceutici**
Mecasermin	**Increlex**	**Tercica**
Ziconotid	**Prialt**	**Eisai Limited**
Everolimus	**Votubia**	**Novartis Europharm**
Ruxolitinib	**Jakavi (new in 2012)**	**Novartis Europharm Limited**
Decitabine	**Dacogen (new in 2012)**	**Janssen-Cilag**
Mannitol	**Bronchitol (new in 2012)**	**Pharmaxis Pharmaceuticals Limited**
Pasireotide	**Signifor (new in 2012)**	**Novartis**
Not available in the out-patient reimbursement code		
Active Ingredient	***Brand name***	***Company***
Anagrelid-Hydrochlorid	**Xagrid**	**Shire**
Nitisinon	**Orfadin**	**Swedish Orphan**
Hydroxycarbamid	**Siklos**	**Addmedica**
Porfimer Natrium	**Photobarr**	**Axcan Pharma**
Hydrocortison	**Plenadren**	**Duocort Pharma**
Galsulfase	**Naglayzme**	**BioMarin**
Stiripentol	**Diacomit**	**Laboratoires Biocodex**
Alipogene tiparvovec	**Glybera (new in 2012)**	**uniQure biopharma B.V.**
Teduglutide	**Revestive (new in 2012)**	**Nycomed**
Mercaptopurine	**Xaluprine (new in 2012)**	**Nova Laboratories Limited**
Brentuximab vedotin	**Adcetris (new in 2012)**	**Seattle Genetics UK Limited**
Ivacaftor	**Kalydeco (new in 2012)**	**Vertex Pharmaceuticals (U.K.) Limited**
Concentrate of proteolytic enzymes	**NexoBrid (new in 2012)**	**Teva Pharma GmbH**

Available in out-patient reimbursement code (no box or other categories)		
Active Ingredient	***Brand name***	***Company***
enriched in bromelain		

Source: Austrian PPI service 2013

Orphan medicinal product pricing policy

In case a marketing authorisation holder applies for reimbursement at the Austrian Social Insurance in case of out-patient treatment, i.e. inclusion in the positive list / Austrian Reimbursement Code (Erstattungskodex, EKO), the product falls under statutory price regulations. Thus, its maximum ex-factory price may not exceed the EU-24 average price. The final decision on the reimbursement price is made by the Association of Austrian Social Security Institutions after negotiations with the company. The way of the application and the decision process is regulated according to specific principles called VO-EKO in German. In case the orphan medicinal product is not reimbursed, its price may be determined by the manufacturer alone.

The Austrian Social Insurance Fund reported to have received 14 submissions for orphan drugs between 2006 and 2011, whereby:

- 2 submissions included 1 clinical trial
- 7 submissions included 2 clinical trials
- 5 submissions included 3 clinical trials (maximum allowed)
- All but one submissions included at least 1 Randomised Clinical Trial
- In half of the submissions placebo was used as the only comparator, although therapeutic options were available

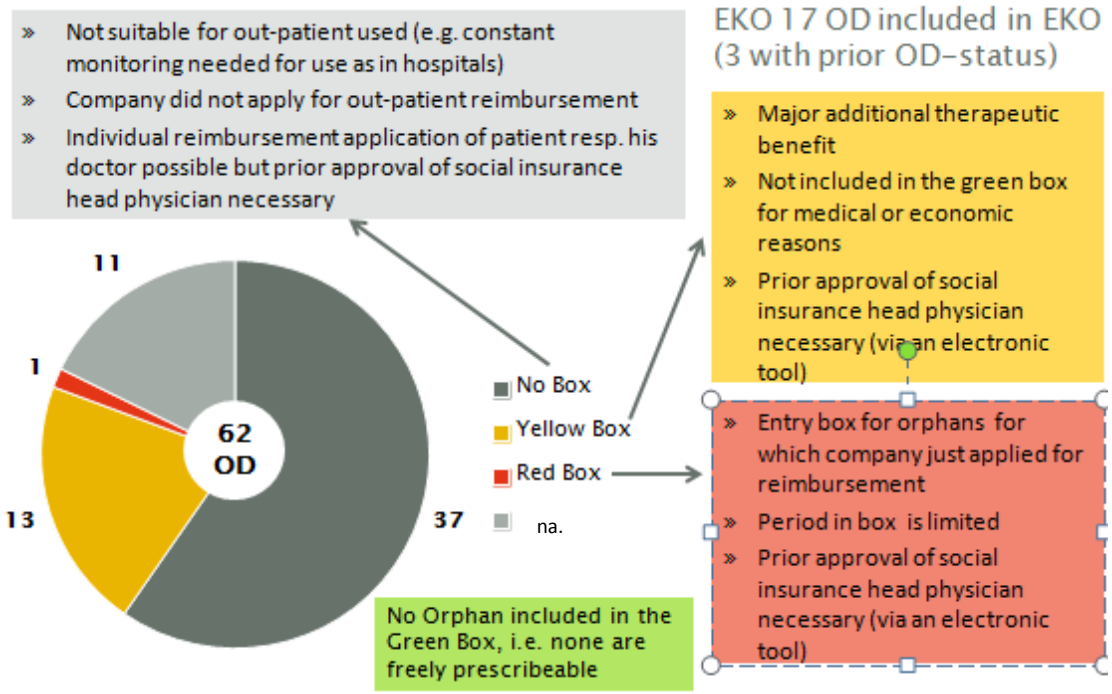
Unauthorised orphan medicinal products may be imported on case-by-case decisions, but in general compassionate use of orphan medicinal products is not allowed. The vast majority of orphan drugs are dispensed in hospitals.

Orphan medicinal product reimbursement policy

According to the Austrian Social Insurance Law (ASVG) insured patients must be granted all necessary forms of medical treatment in a sufficient and appropriate way as long as adequacy of resources used is reasonable[15]. Contract physicians are entitled to prescribe all medicines included in the Austrian Reimbursement Code (EKO)[16] - considering specific rules (e.g. second-line therapy) - on behalf of the sickness funds (general reimbursement). Specific medicines require ex-ante or ex-post approval of a head physician ("Chefarzt") of the contracting sickness fund. The same is true for exceptional cases where a pharmaceutical is not listed in the Reimbursement Code. To obtain the approval the prescribing physician needs to send a written request to the sickness fund via an electronic online tool. Decisions of the sickness fund's head physicians depend on medicinal and pharmacological necessities as well as economic criteria. In practice, orphan medicines usually belong to a group requiring prior approval, see Figure 2 below.

[15] Art. 133 ASVG 1955, regulating the extent of medical treatment [Art. 133 ASVG 1995; BGBl. No. 189/1955]
[16] Art. 31.3(12) ASVG, on the publication of the Reimbursement Code EKO (Art. 31.3(12))

Figure 2: Out-patient reimbursement status of all authorised orphan medicinal products with an active orphan designation in Austria, 2012[17]



If it is determined that a medicine is best applied in a hospital setting, e.g. because of the complexities of administration (as it is for instance the case for "Elaprase", a drug for an enzyme replacement therapy), then there is no need for reimbursement in the outpatient setting. In exceptional cases, reimbursement may be still approved, however, if the administration is done on an outpatient basis and this is medically justified. For orphan medicinal products not included in the reimbursement code (EKO), the attending physician may still seek approval from the sickness fund (e.g. requesting administration of the orphan drug as out-patient treatment).

In case a patient is seeking to obtain approval for treatment outside of Austria, the same procedure as described above applies (i.e. ex-ante approval by the head physician). In the last four years no treatment with orphan drugs taking place outside of Austria has been approved, however, several patients underwent diagnostic testing in other countries, e.g. in Germany.

Interviewed national experts explained to the CCRD team that patients could experience delays in the reimbursement of orphan medicinal products due to fragmented funding responsibilities. The public payer of medicines in Austria depends on the place of treatment, i.e. the owners of hospitals having to pay for intramural care whereas the regional sickness funds cover medicines prescribed in out-patient care. Sickness funds pay a lump-sum for the provision of in-patient care for their insured to the regional hospital funds.

In 2012, for instance, public expenditure per prescription for orphan drugs amounted to around €2,700. Altogether the Austrian Social Insurance spent €106.5 million on orphan drugs in 2012, and €93.2 million in 2011[18]. In 2011 3.5% of all pharmaceutical expenditure was caused by orphan medicinal products where as expressed by number of prescriptions the share was only 0.03%.

[17] CCRD 2013 based on EKO 1/2013 and Warenverzeichnis 1/2013.
[18] See table 2.

Table 2: Expenditure of Austrian Social Insurance for medicines and orphan drugs used out-patient, 2011 and 2012[19]

Indicators	2011	2012
Expenditure		
Total PE by Social Insurance	€ 2 654 205 566	-
Social Insurance Expenditure for Orphan Drugs*	€ 93 173 418	€ 106 471 427
OD share on Total PE	3.5%	-
Medicines Prescriptions		
Total number of prescriptions	120 348 529	-
No. Of OD-prescriptions *	34 522	39 322
OD share on total number of prescriptions	0.03%	-
Ø Cost per prescription		
All medicines	€ 22.05	
Orphan Drugs *	€2,700	

PE = Pharmaceutical Expenditure, OD = Orphan Drug

Other initiatives to improve access to orphan medicinal products

Any kind of off-label use is not well accepted by public authorities in Austria.

Other therapies for rare diseases

No specific information reported.

Orphan devices

No specific information reported.

Specialised social services

No specific activity reported.

[19] Note: All medicines expenses below the prescription fee (around € 5,-) are not included in these figures. Source: Austrian Social Insurance 2013 (Maschinelle Heilmittelabrechnung).

DEVELOPMENT OF RARE DISEASE ACTIVITIES IN 2013 IN AUSTRIA

National plan/strategy for rare diseases and related actions

In December 2013 the national plan for rare diseases including several annexes was in its final phase of development. The draft will be completed in the first months of 2014 and will then be revised by the Ministry of Health, the Ministry of Social Affairs and the Ministry of Science, Research and Economy, as well as other relevant stakeholders and authorities including the health sectors of the counties of Austria. This last revision process will probably be finalised in the second half of 2014. In its current draft format, the plan covers nine priority areas. No general budget will be allocated to the plan in advance. Instead, it is intended that the budget for each measure in each priority will be defined as soon as this measure will be implemented.

The main activities of the Coordination Centre for Rare Diseases (CCRD) in 2013 were the following:

- Acting as the main driving force in drawing the national plan for rare diseases until the end of 2013 through a participative process of discussing the nine priorities of the national plan with all representatives of the expert group as well as of the strategic platform;
- Continuous awareness raising among professionals / experts / doctors / patients on the topic of rare diseases through presentations and dissemination of information;
- Acting as the focal point for European activities in the field of rare diseases through active participation in EU-funded projects and initiatives such as Orphanet and EUCERD and the Cross Border Health Care Directive as well as other European initiatives in the area of Orphan Medical Products;
- Continuation of Orphanet activities:
    - Continuous updating of Austrian services in the Orphanet database;
    - Dissemination of information on Orphanet in Austria ;
- Acting as the communication hub between actors in the field, focusing on health care professionals and other stakeholders.

Centres of expertise

The development of a national designation process for centres of expertise is expected to start in the second half of 2014. It is intended that the developed criteria will be embedded in the Austrian health care structure plan, which might also specify the designation of future centres of expertise.

Registries

Apart from registries, Austria aims to fully integrate rare diseases into its diagnosis and activity documentation system (Diagnosen- und Leistungsdokumentation; DLD). To address this objective, a collaboration with Germany to introduce Orpha Codes into the health information system (for use in centres of expertise) is foreseen in the National Plan for Rare Diseases.

Neonatal screening policy

The screening for medium-chain acyl-CoA dehydrogenase deficiency was removed from the screening panel in 2013.In addition, the project to establish the screening for six different lysosomal storage disorders (e.g. Mucopolysaccharidosis (MPS) type 1, Gaucher, Fabry, Pompe, and Nieman-Pick Type A/B) concluded during 2013.

National alliances of patient organisations and patient representation

Pro Rare Austria, the national “Allianz für seltene Erkrankungen” was achieved the following milestones in 2013:

- Publications in different media; development of a social media platform;
- Fundraising for the organisation of the Rare Disease Day 2013 with around 400 participants;
- Further development and maintainance of the website: www.prorare-austria.org;
- Out of around 60 rare disease patient organisation, 20 organisations are members of Pro Rare Austria;
- Member of EURORDIS;
- Active participation at the meetings of the expert committee on rare diseases under the lead of the national coordination centre for rare diseases;

- Establishment of a medical expert committee.

Sources of information on rare diseases and national help lines

Orphanet activities in Austria

As of 2013, the plan is to integrate sustained funding for Orphanet Austria into the rare disease national plan.

Guidelines

The development and implementation of emergency cards for rare disease patients is part of the draft of the rare disease national plan. This will include information on emergency guidelines as provided by Orphanet.

National rare disease events in 2013

A number of events were held to mark the Rare Disease Day 2013, including the march for rare diseases in Vienna on March 2, 2013.

On 27 and 28 September 2013, the 4th Austrian National Conference on Rare Diseases was organised in Innsbruck.

Hosted rare disease events in 2013

The 2nd Conference of 'EB-CLINET - Clinical Network of EB Centres and Experts' was held on 17-18 September 2013 in Salzburg.

Research activities and E-Rare partnership

National research activities

In 2013, the FFG published a specific programme for rare diseases for SME, amounting to €5 million in total.

E-Rare

Austria joined the 5^{h} Joint Transnational Call in 2013; however no Austrian teams participate in the 12 funded projects.

LIST OF CONTRIBUTIONS[20]

Contributions in 2010
Till Voigtlander and Christine Schragel *(Orphanet Austria, Medical University of Vienna)*

Contributions in 2011
Till Voigtlander and Ursula Unterberger *(Orphanet Austria, Medical University of Vienna)*
Iris Fortmann *(FWF Austrian Science Fund)*
Brigitte Blöchl – Daum *(Medical University Vienna)*
Claudia Habl/Christine Leopold *(Gesundheit Österreich GmbH/*
National Coordination Centre for Rare Diseases *(CCRD)*

Contributions in 2012
Claudia Habl *(Gesundheit Österreich GmbH/* National Coordination Centre for Rare Diseases *(CCRD)*
Till Voigtlander *(Orphanet Austria, Medical University of Vienna)*
Main Association of Austrian Social Security Institutions *(HVB)*
Austrian Ministry of Health (BMG), Ministry of Science and Research *(BMWF)*
Patient Organisation for Rare Diseases *(Pro Rare)*
Austrian Pharmaceutical Association *(Pharmig)*
DEBRA Austria
Pharmaceutical Pricing and Reimbursement Information Network *(PPRI)*

Contributions in 2013
Christine Leopold *(Gesundheit Österreich GmbH / National Coordination Centre for Rare Diseases, CCRD)*
Rainer Riedl *(Patient Organization for Rare Diseases, Pro Rare)*
Anna Bucsics *(Main Association of Austrian Social Security Institutions)*

Contributions in 2014
Till Voigtlander & Ursula Unterberger *(Orphanet Austria, Medical University of Vienna and Österreich GmbH / National Coordination Centre for Rare Diseases, CCRD)*

Validated by: Till Voigtlander *(ECEGRD Representative Austria, Orphanet Austria, Medical University of Vienna and Österreich GmbH / National Coordination Centre for Rare Diseases, CCRD)*

[20] The contributors and validators of the report have contributed information which is accurate to the best of their knowledge. However, readers should take note that the contents of this report are illustrative and not exhaustive.

SELECTED BIBLIOGRAPHY AND SOURCES[21]

- Gesundheit Österreich GmbH / Austrian Health Institute - Rare Diseases
  http://www.goeg.at/de/Bereich/Koordinationsstelle-NKSE.html
- Austrian Governmental Health Platform – Rare Diseases
  www.gesundheit.gv.at/Portal.Node/ghp/public/content/aktuelles/seltene-erkrankungen-befragung.htm
  www.gesundheit.gv.at/Portal.Node/ghp/public/content/aktuelles/koordinationsstelle-seltene-erkrankungen.html
- Information provided by the Main Association of Austrian Social Security Institutions
  http://www.hauptverband.at/portal27/portal/hvbportal/start/startWindow?action=2&p_menuid=58215&p_tabid=1
- Ministry of Health Report on Rare Diseases (2012)
  http://bmg.gv.at/cms/home/attachments/1/0/8/CH1075/CMS1354269788877/bericht__selteneerkrankungen.pdf
- Orphanet Austria national website
  http://www.orpha.net/national/AT-DE/index/startseite/
- Newborn screening information (University of Vienna)
  http://www.meduniwien.ac.at/hp/neugeborenen-screening/

[21] All websites and documents were last accessed in May 2014.