Health Technology Assessment

convergence & divergence

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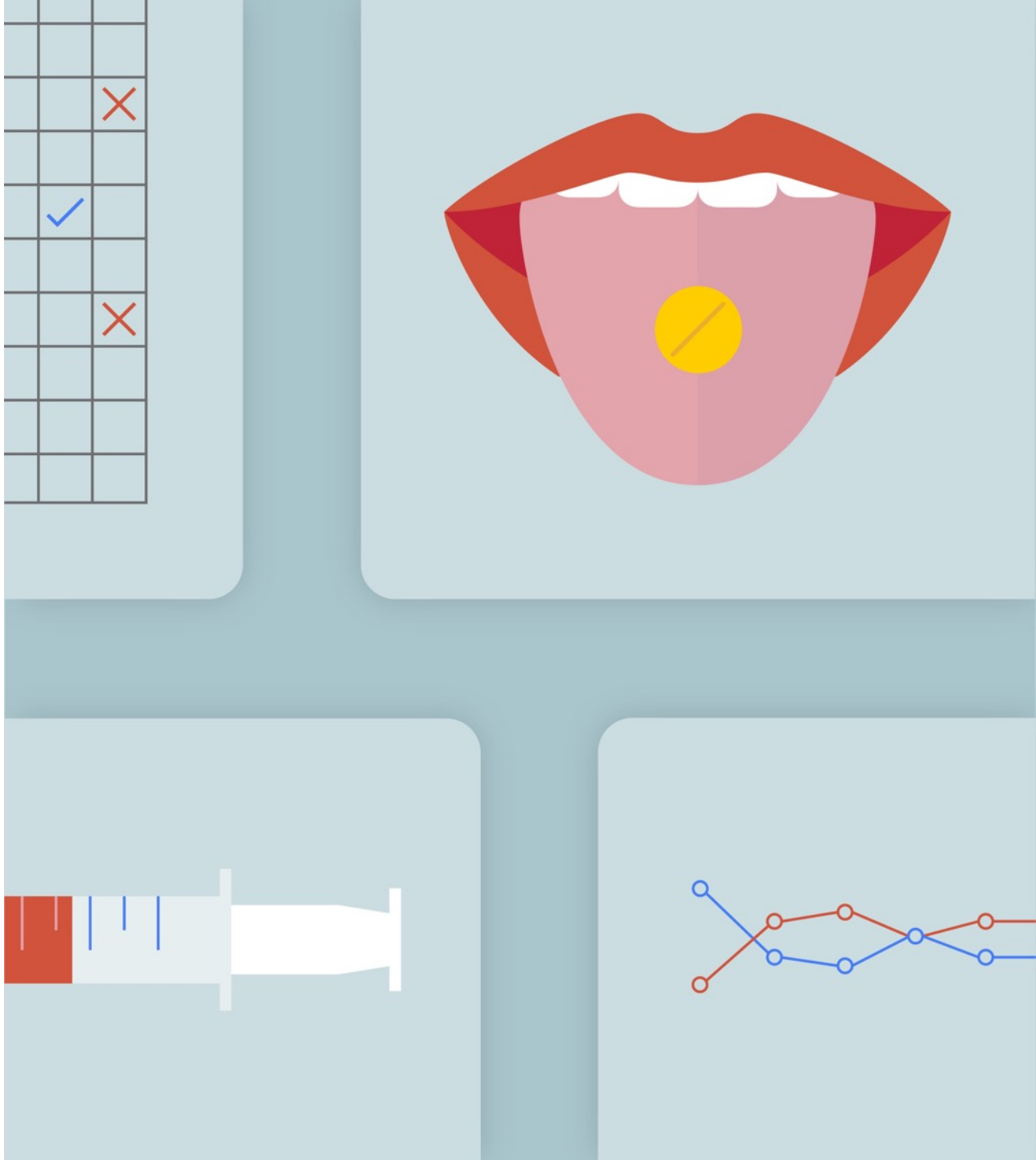


Utrecht University

Pharmacoepidemiology
and Clinical Pharmacology

Content presentation

Divergence in HTA
- Background
- Process
- Examples

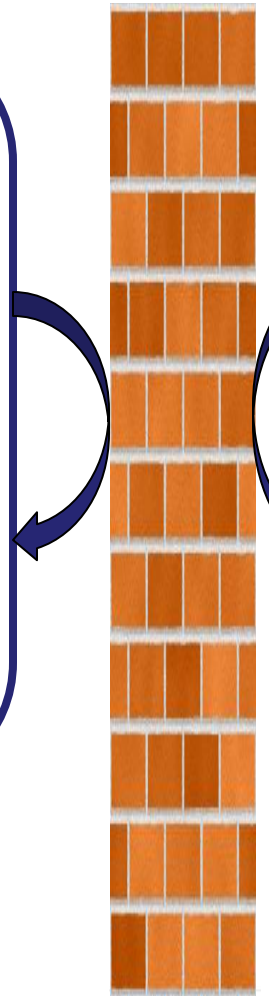
Convergence in HTA
- Regional vs European

One more thing….
- What about regulation & HTA?

27 Member States – 27 Pharma Systems

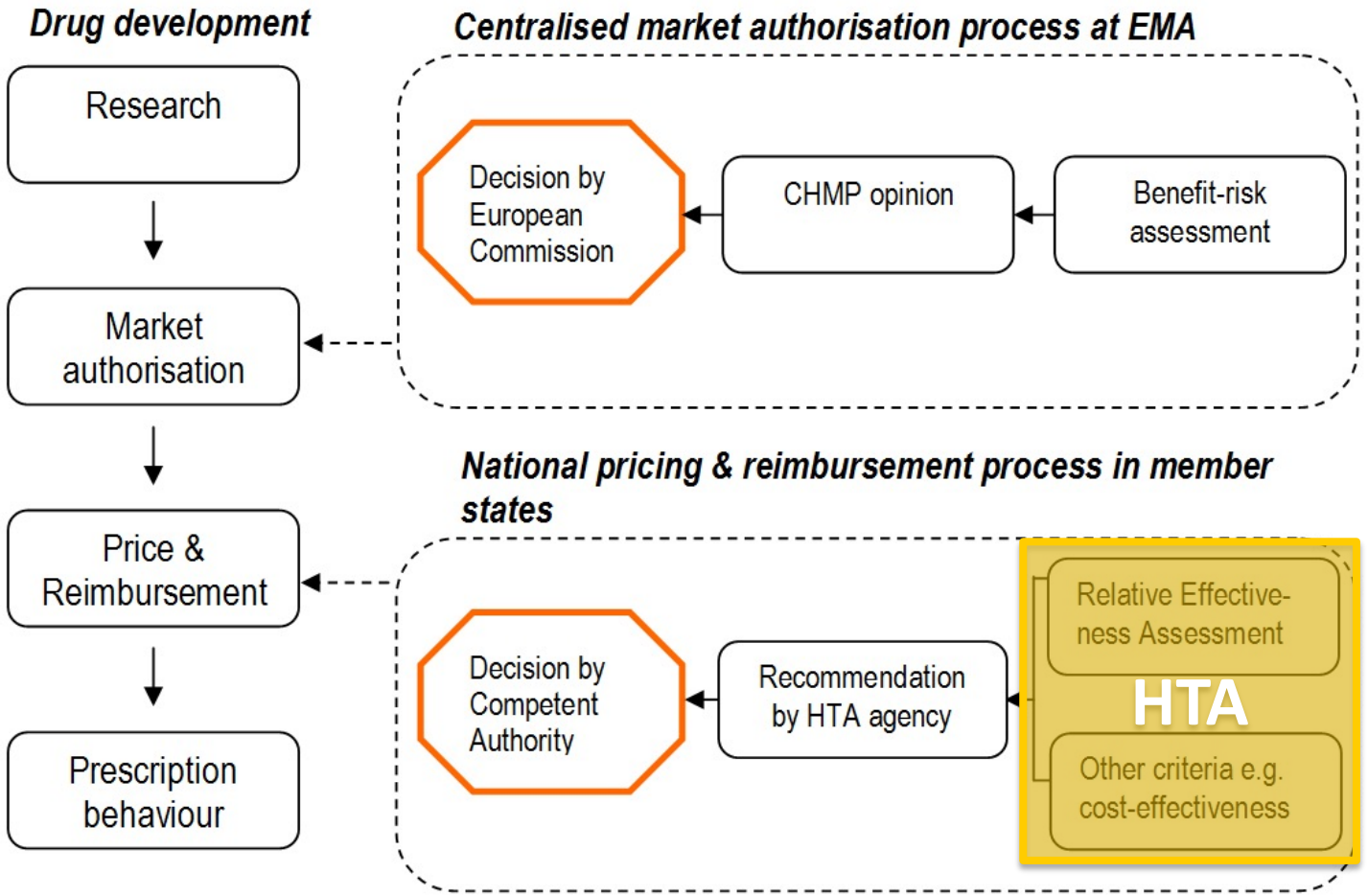
EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

- Single licensing system
- Single EU legislation
- Well defined and agreed assessment criteria

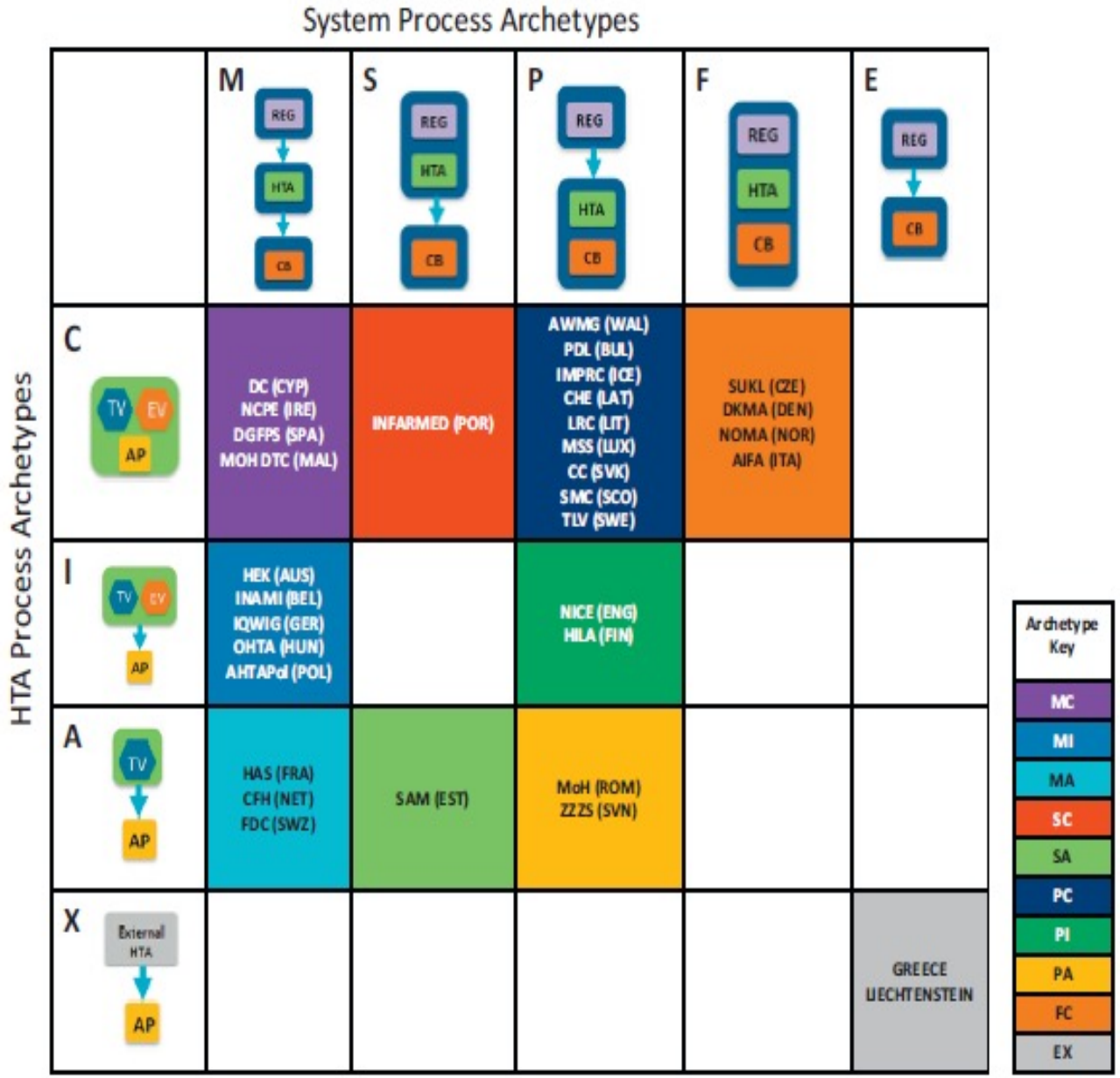


- 27 different HTA and Pricing&Reimbursement systems
- National legislations
- Different methodologies and assessment criteria

Regulatory and HTA processes for pharmaceuticals



Different HTA systems across Europe



M: the regulatory, HTA and coverage body functions are performed by separate agencies.
S: the regulatory and HTA functions are performed by a single agency and the coverage body functions are independent.
P: the HTA and coverage body functions are performed by a single agency with the regulatory function performed independently.
F: the regulatory, HTA and coverage body functions are all performed within a single agency.
E: no HTA is performed within the national regulatory to reimbursement system.

C: the therapeutic value is assessed prior to independent appraisal.
I: the therapeutic value assessment is conducted within the same agency as Economic evaluation but the appraisal is performed independently, usually by health professionals rather than civil servants.
A: the therapeutic value assessment, economic evaluation and appraisal are performed within the same agency.
X: the appraisal is conducted using information from an external HTA report or by considering the coverage decisions of reference countries.

Allen N. Health Policy 2013

HTA versus REA

Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value.

Relative effectiveness [assessment] (REA) can be defined as the extent to which an intervention does more good than harm compared to one or more intervention alternatives for achieving the desired results when provided under the usual circumstances of health care practice.

Annals of Oncology

Annals of Oncology 27: 1768–1775, 2016
doi:10.1093/annonc/mdw233
Published online 20 June 2016

Relative effectiveness assessments of oncology medicines for pricing and reimbursement decisions in European countries

S. Kleijnen[1,2*], I. Lipska[2,3], T. Leonardo Alves[2], K. Meijboom[4], A. Elsada[5], V. Vervölgyi[6], A. d'Andon[7], A. Timoney[8], H. G. Leufkens[2], A. De Boer[2] & W. G. Goettsch[1,2]

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Received 17 December 2015; revised 6 April 2016 and 1 June 2016; accepted 1 June 2016

Recommendation per medicine per country

Abbreviated indication	Brand name (generic)	HTA recommendation					
		GEMANY	THE NETHER-LANDS	FRANCE	ENGLAND/ WALES	SCOTLAND	POLAND
Bone metastases from solid tumours	1. Denosumab	Not assessed	Equal benefit	Added benefit Equal benefit	Positive	Not assessed	Negative
Breast cancer	2. Eribulin	Equal benefit Equal benefit	Added benefit	Added benefit	Negative	Negative	Negative
	3. Pertuzumab	Added benefit	Not assessed	Added benefit	Not assessed	Negative	Positive
Colorectal cancer	4. Aflibercept	Added benefit	Not assessed	Equal benefit	Negative	Negative	Positive
Gastric cancer	5. Tegafur / gimeracil / oteracil	Not assessed	Lesser benefit	Lesser benefit	Not assessed	Positive	Negative
Melanoma	6. Ipilimumab	Added benefit	Added benefit	Added benefit	Positive	Negative	Positive
	7. Vemurafenib	Added benefit	Added benefit	Added benefit	Positive	Negative	Positive
	8. Dabrafenib	Equal benefit	Not assessed	Equal benefit	Positive	Positive	Positive
Non-small-cell lung cancer	9. Afatinib	Added benefit Added benefit Equal benefit Lesser benefit	Not assessed	Equal benefit	Positive	Positive	Positive
	10. Crizotinib	Equal benefit	Not assessed	Added benefit	Negative	Negative	Negative
Prostate cancer	11. Cabazitaxel	Added benefit Added benefit	Added benefit	Added benefit	Negative	Negative	Negative
	12. Enzalutamide	Added benefit Added benefit	Not assessed	Added benefit	Positive	Positive	Positive
	13. Abiraterone	Added benefit	Equal benefit	Added benefit	Positive	Negative	Positive
Renal-cell carcinoma	14. Axitinib	Added benefit	Not assessed	Added benefit	Positive	Negative	Positive

frontiers in Pharmacology

ORIGINAL RESEARCH
published: 03 December 2020
doi: 10.3389/fphar.2020.594549

Check for updates

Companies' Health Technology Assessment Strategies and Practices in Australia, Canada, England, France, Germany, Italy and Spain: An Industry Metrics Study

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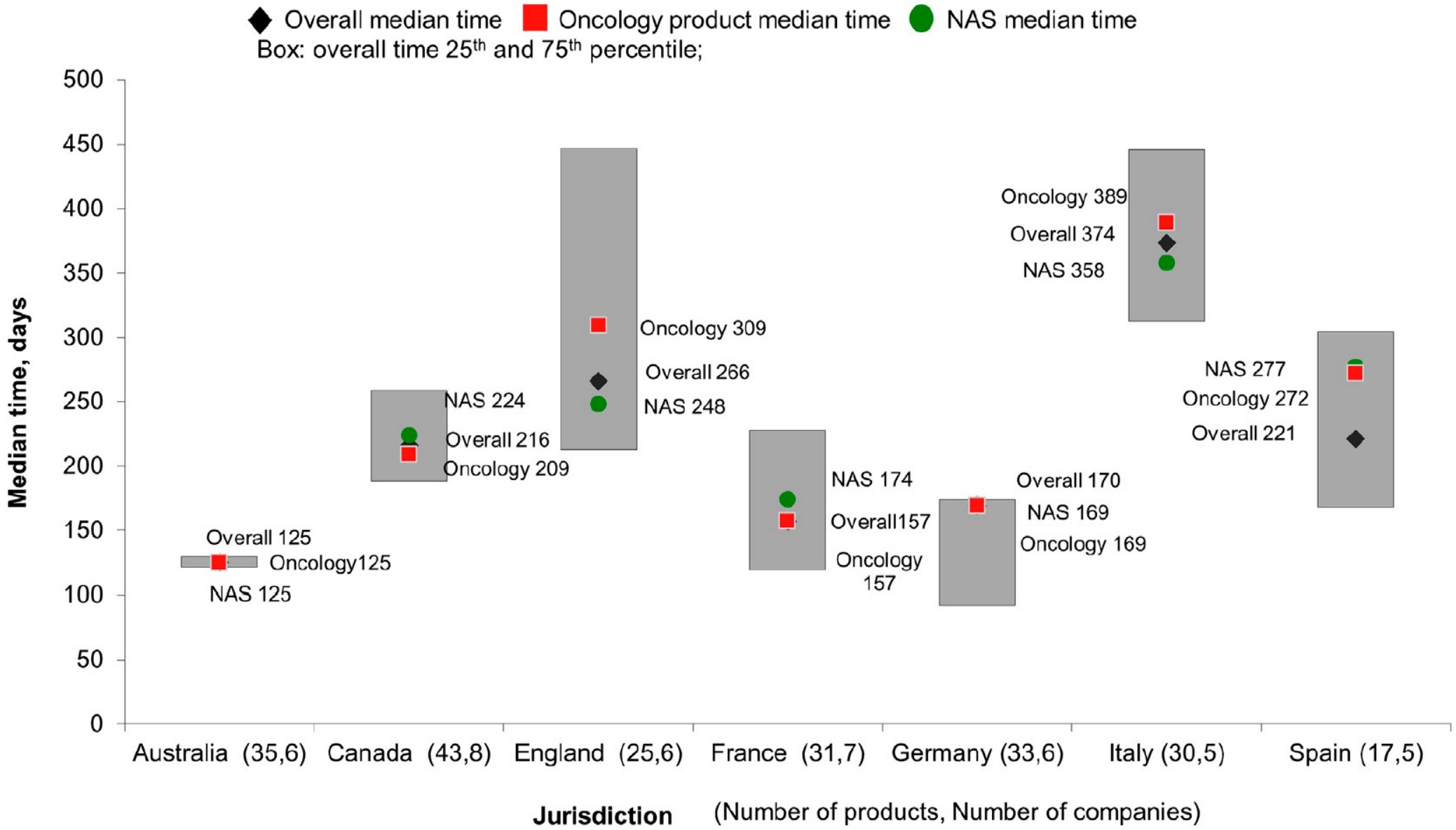


FIGURE 3 | HTA review time for products provided by participating companies.

Convergence of HTA in Europe geographical perspective & scale

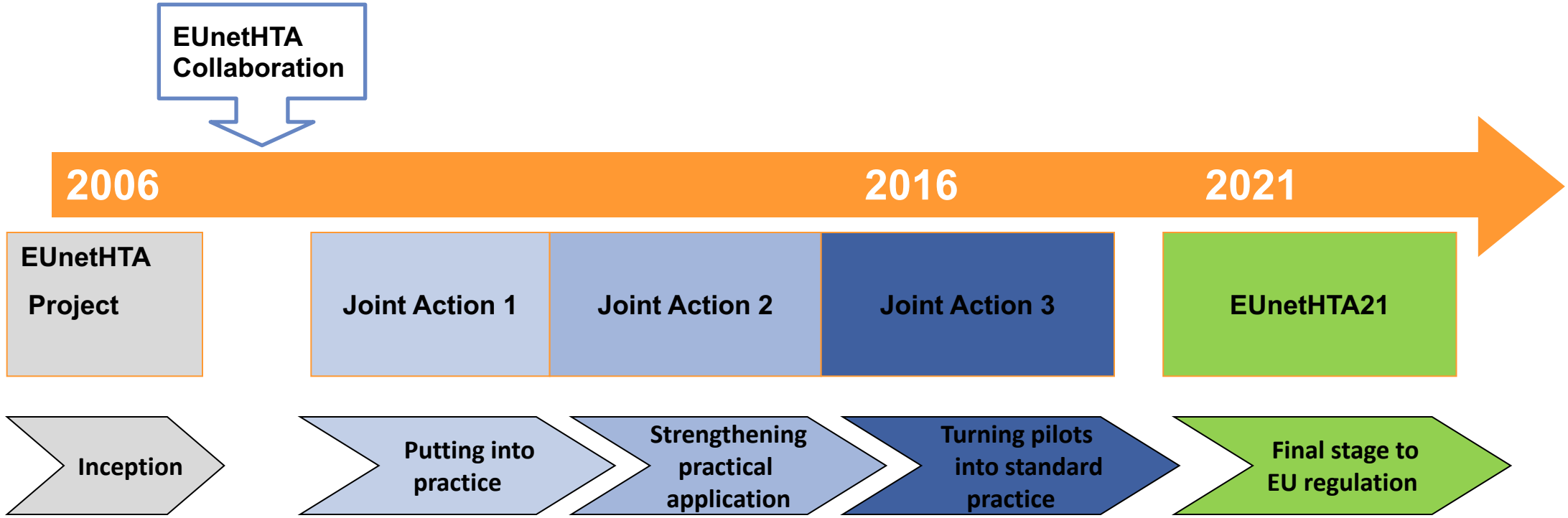
Geographical perspective

- Between a few countries (BeneluxA)
    - Benelux, Austria and Ireland
- European (EUnetHTA)

Scale

- Full Monty, working together on ED, HS, joint HTA &PLEG and even pricing (BeneluxA)
- Partly, ED, joint REA & PLEG (EUnetHTA)

EUnetHTA (EC funded)
historical timeline



Creating, facilitating and promoting sustainable Health Technology Assessment (HTA) cooperation in Europe

News and Publications

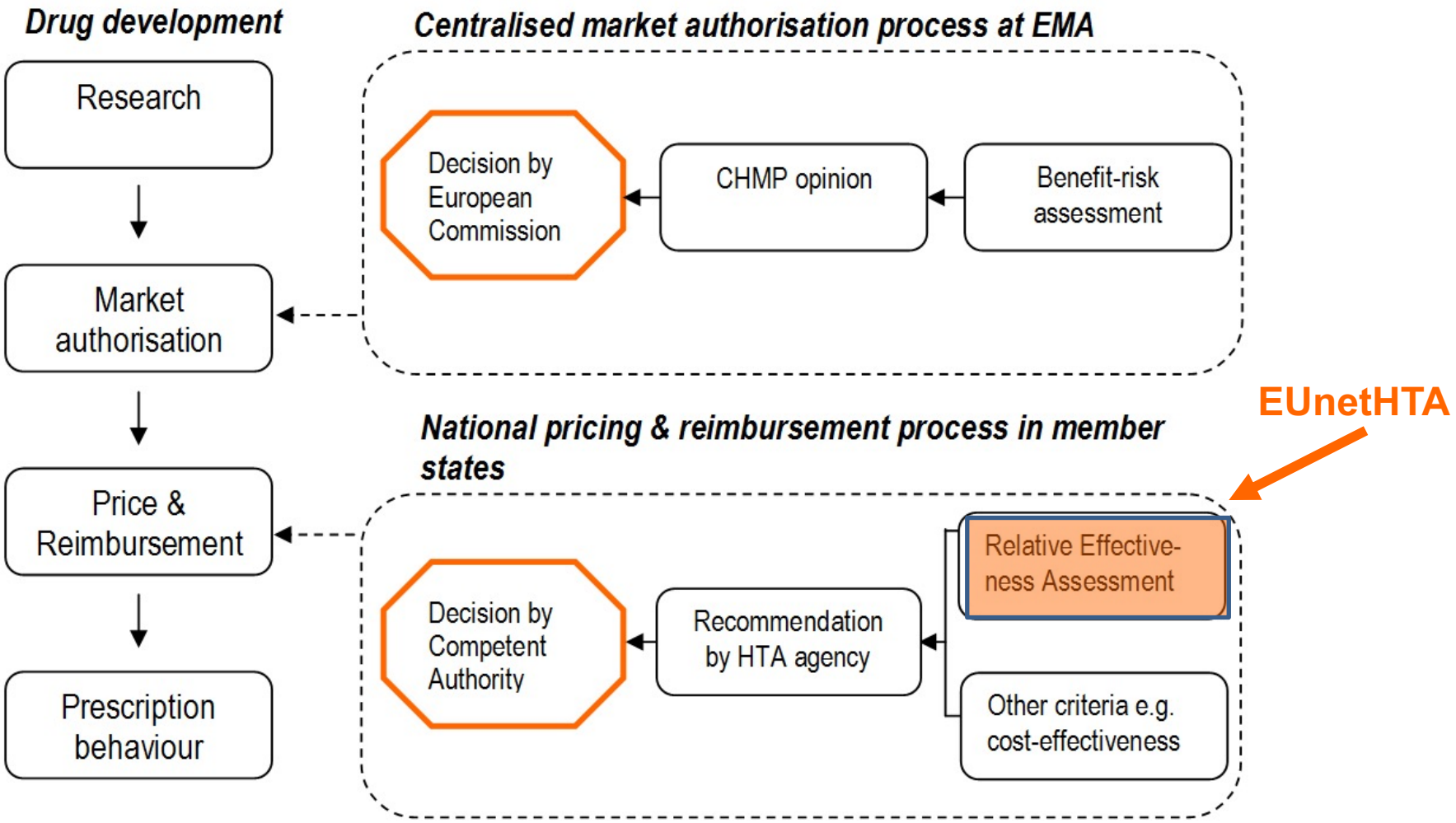
EUnetHTA 21 launches Open Call for JSC

EUnetHTA 21 is launching the first Open Call for applications from the pharmaceutical industry for four Joint Scientific Consultations (JSC), starting in January 2022. These

EUnetHTA 21 – first Stakeholder Kick-Off Meeting

EUnetHTA 21 Secretariat is pleased to announced that the first EUnetHTA 21 Stakeholder Kick-Off Meeting is scheduled, online, for 03.12.2021 at 10:30-12:00 CET. Please register at this link. The meeting

EUnetHTA 21 JSC – open calls


Drug development
Research
Market authorisation
Price & Reimbursement
Prescription behaviour
Centralised market authorisation process at EMA
Decision by European Commission
CHMP opinion
Benefit-risk assessment
National pricing & reimbursement process in member states
Decision by Competent Authority
Recommendation by HTA agency
Relative Effective-ness Assessment
Other criteria e.g. cost-effectiveness
EUnetHTA

EUnetHTA Joint REA Pharma

Project ID	Title	Authoring team
PTJA01 11/2017	**Midostaurin** for Acute Myeloid Leukaemia (AML)	**Finland**, Norway *Sweden, Netherlands, France, Spain, Germany*
PTJA02 10/2017	**Regorafenib** for hepatocellular carcinoma (HCC)	**France**, Portugal *Croatia, Switzerland, Finland, Austria, Hungary, Spain*
PTJA03 01/2018	**Alectinib** for ALK+ advanced NSCLC	**Sweden**, Austria, Croatia *UK, Italy, Spain, Hungary*
PTJA04 06/2019	**Sotagliflozin** for Type 1 Diabetes Mellitus	**Sweden**, Netherlands, Ireland *Spain, Switzerland, Latvia, Portugal, Poland*
PTJA05	**Enasidenib** for relapsed or refractory AML	**Norway**, Spain *France, Italy, Switzerland, Scotland, Malta*
PTJA06	**Polatuzumab** vedotin for relapsed/refractory diffuse large B-cell lymphoma (DLBCL)	**Germany**, France *Czech Republic, Finland, Sweden, Portugal*
PTJA07 10/2019	**Ustekinumab** for moderately to severely active ulcerative colitis (UC)	**Croatia,** Poland, Sweden *Italy, Hungary, Spain, Switzerland*
PTJA08	**Siponimod** for secondary progressive multiple sclerosis (SPMS)	**Portugal**, Ireland *Italy, Netherlands, Spain*
PTJA09	**Brolucizumab** for neovascular (wet) age-related macular degeneration (AMD)	**Finland**, Spain *France, Poland, Italy, Austria*
PTJA10	**Crizanlizumab** for Sickle Cell Disease (SCD)	**Netherlands**, Spain *France, UK, Slovenia*
PTJA11	**Cefiderocol** for gram-negative infections	**Italy**, Norway *France, Germany, Spain*
PTJA12	**Glasdegib** for for the treatment of newly diagnosed de novo or secondary acute myeloid leukaemia (AML)	**Austria**, Ireland *Portugal, Switzerland, France*
PTJA13	*Establishing assessment team*	

Use of JA3 Assessments (assessment and dissemination)

Countries reporting use of at least one PT assessment

EU lawmakers reach agreement on game changing new health innovation rules

The European Parliament and Council reached on Tuesday (22 June) a provisional agreement on the health technology assessment (HTA), in a move to help member states take more “timely and evidence-based decisions on patient access” to their healthcare systems.

About Beneluxa - statements

08 October 2021 - Outcome of joint negotiations for Zolgensma

Belgium, Ireland and the Netherlands have reached an agreement on the pricing of Zolgensma, a gene therapy for the treatment of Spinal Muscular Atrophy (SMA). Zolgensma will be reimbursed for two specific groups of young patients in all three countries.

The aim of the Beneluxa Initiative is to enhance the access of patients to high quality and affordable treatment. The joint reimbursement process for Zolgensma started with a Health Technology Assessment by Belgium, Ireland and the Netherlands, with Austria as external reviewer in the Belgian procedure. In July 2021 the three directly participating countries initiated price negotiations.

It is the first time that Belgium, Ireland and the Netherlands have jointly reached an agreement on the price of a drug. While previous Beneluxa pilots have already proven that joint negotiations with two countries can be effective, the process for Zolgensma shows that negotiations by three countries can also be successful. As a result, the gene therapy will be available in all three countries for SMA patients with a bi-allelic mutation in the SMN1 gene and a clinical diagnosis of Type 1 and for presymptomatic patients with up to three copies of the SMN2 gene.

Frank Vandenbroucke, the Belgian Minister of Health and Social Affairs:

> “Beneluxa is still called an Initiative, but is in the meanwhile a strong ‘brand’ and gold standard for voluntary collaborations between Member States. Our ability to make Zolgensma affordable for SMA patients in our three countries simultaneously shows that Beneluxa’s stated aim to ensure sustainable access to innovative medicines can be translated into tangible and shared results.”

Paul Blokhuis, the Dutch State Secretary for Health, Welfare and Sport:

> “Great that the collaboration between the countries is such a success. This partnership makes medicine more accessible and this is great news for the patients who now get access to this medicine. We are committed to continuing this successful collaboration in the future.”

Stephen Donnelly, the Irish Minister for Health:

> “The reimbursement of Zolgensma by the HSE represents a great achievement in ensuring access to this gene therapy for two groups of young SMA patients. This is a welcome decision for their families, carers and friends. The success of the joint process for Zolgensma represents a tangible output of the Beneluxa partnership and I wish to take the opportunity to recognise and thank the HSE, including the National Centre for Pharmacoeconomics, and the other participating countries for their significant role in this process.”

One more thing….

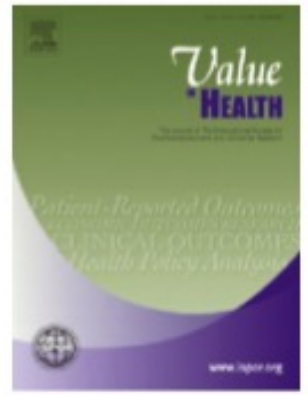
What about regulators & HTA?

- Convergence vs alignment & process efficiency
- May be more understanding in content leading to alignment
- Better alignment of processes will lead to more efficiency

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/jval



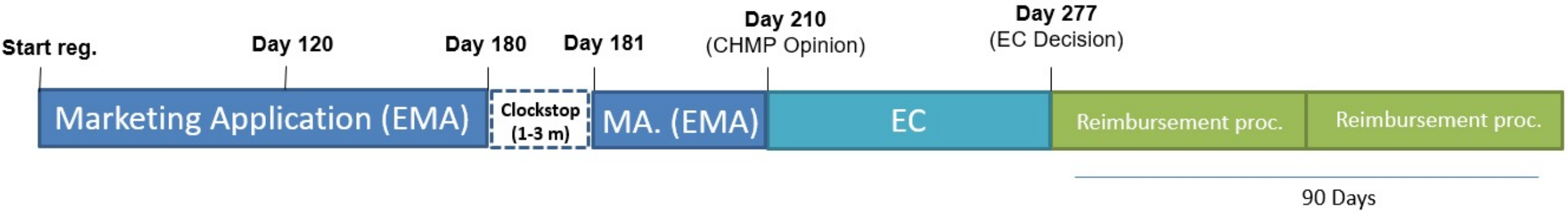
POLICY PERSPECTIVES

Improving the Contribution of Regulatory Assessment Reports to Health Technology Assessments—A Collaboration between the European Medicines Agency and the European network for Health Technology Assessment

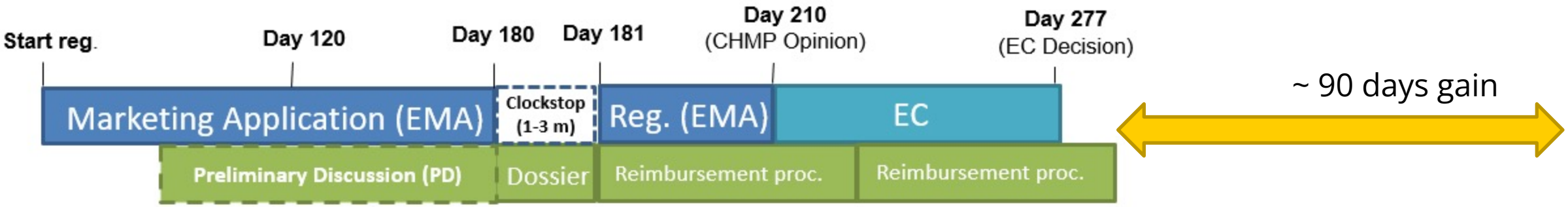
Michael Berntgen, PhD, MDRA[1,*], *Anne Gourvil, PhD*[2], *Mira Pavlovic, MD*[2], *Wim Goettsch, PhD*[3], *Hans-Georg Eichler, MD, MSc*[1], *Finn Børlum Kristensen, MD, PhD*[4]

[1]*European Medicines Agency, London, UK;* [2]*La Haute Autorité de Santé, Saint-Denis La Plaine Cedex, France;* [3]*National Health Care Institute, Diemen, The Netherlands;* [4]*EUnetHTA Secretariat, C/o Danish Health and Medicines Authority, Copenhagen, Denmark*

Sequential procedures



Parallel procedures



ACCESS

Conclusions

- National HTA processes are different due to the diverse organisation of health care systems
- May explain divergence in HTA recommendations
- HTA collaboration on different levels (regional vs European) may achieve convergence
- The EU regulation on HTA will promote the use of joint REA reports that will be used on the Member State level
- On regional level even collaboration on access & pricing is possible
- At the same time convergence/alignment between regulators & HTA is in progress