Zorginstituut Nederland

Impact of EU-HTA Regulation

Decision-making perspective

Anne Willemsen, Dutch National Healthcare Institute (Zorginstituut Nederland)

Co-Chair JCA Subgroup under the HTA Coordination Group

12 october 2023

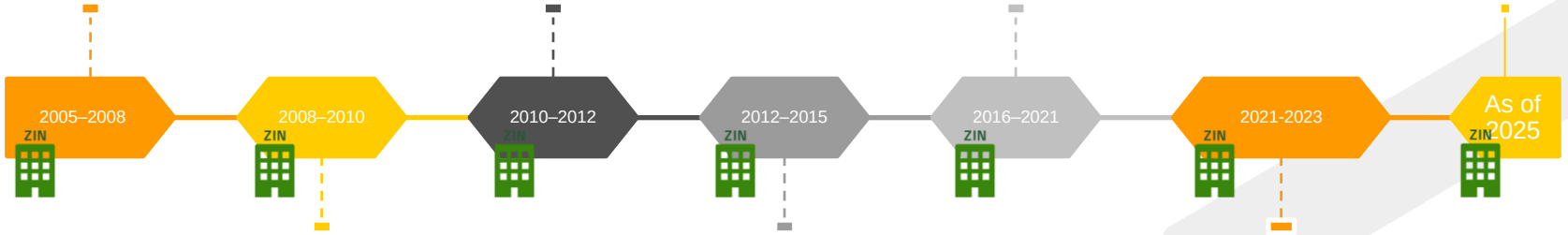
| Van goede zorg verzekerd |

Inhoud

History of EUnetHTA & role of ZIN	01
HTAR Coordination Group & Subgroups	02
HTAR timeline and implementing acts	03
Dutch preparations for HTAR	04

History of EUnetHTA and role of ZIN

The **history** of EUnetHTA



A commission call is answered by 35 organisations in Europe and the EUnetHTA project begins.

The **next part of the EUnetHTA project is launched** and is funded via the contribution of it's participants. They prepare a proposal for the first Joint Action.

EUnetHTA Joint Action 1 is launched. Their goal was to put into practice an effective and sustainable HTA collaboration in Europe that brought added value.

EUnetHTA Joint Action 2 is launched. The project aims to strengthen the practical application of tools and approaches to cross-border HTA collaboration.

EUnetHTA Joint Action 3 is launched. This phase aims to define and implement a sustainable model for the scientific and technical cooperation on HTA in Europe.

HTA Service Contract: EUnetHTA 21

The Consortium is responsible for building on the work of the previous JAs to further fine-tune joint HTA methodology.

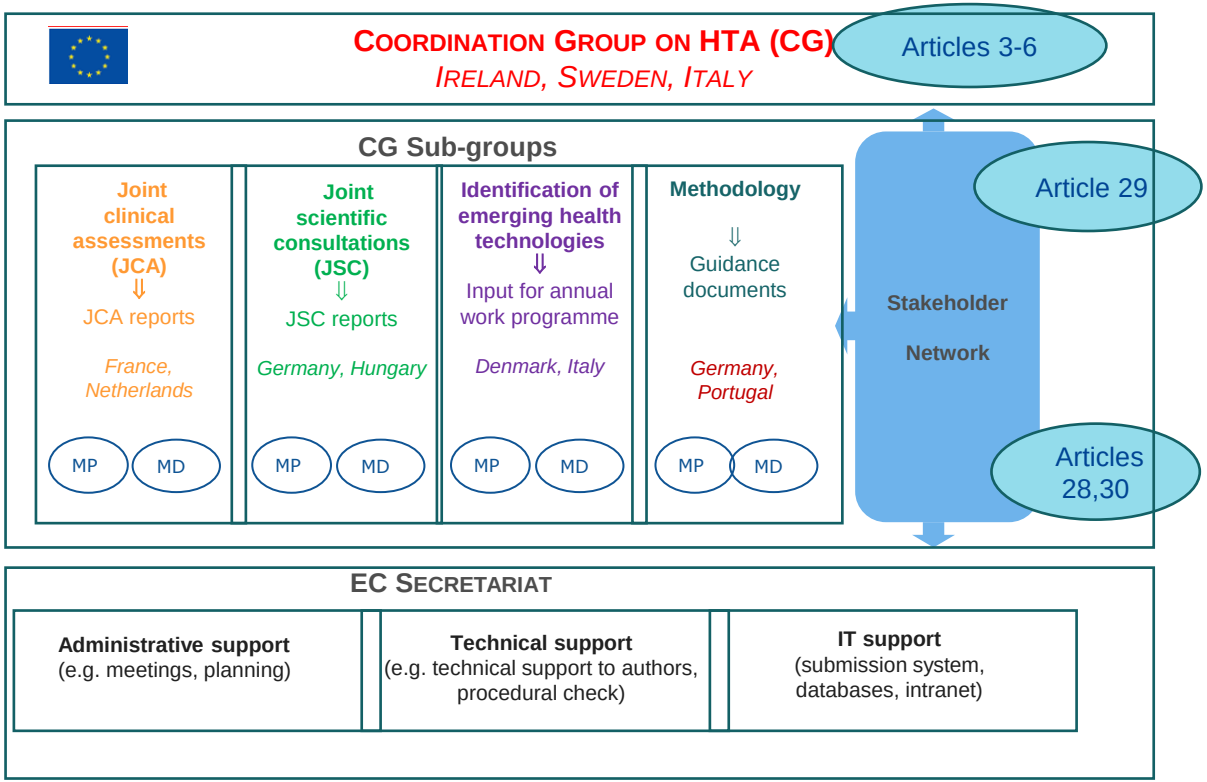
HTA Regulation

ZIN involvement throughout the years

- ZIN is one of the ‘founding partners’ of EUnetHTA
- Actively participated throughout the journey
  - Since 2008 lead work on procedure for Joint Clinical Assessments (called REA)
  - Since JA3, 2016: overal coordination of EUnetHTA
- Active role in the HTA Regulation
  - Designated Dutch member organisation in the Coordination Group and sugbgroups
  - Co-chair of JCA subgroup
  - Ambition to act as assessor or co-assessor in JCA

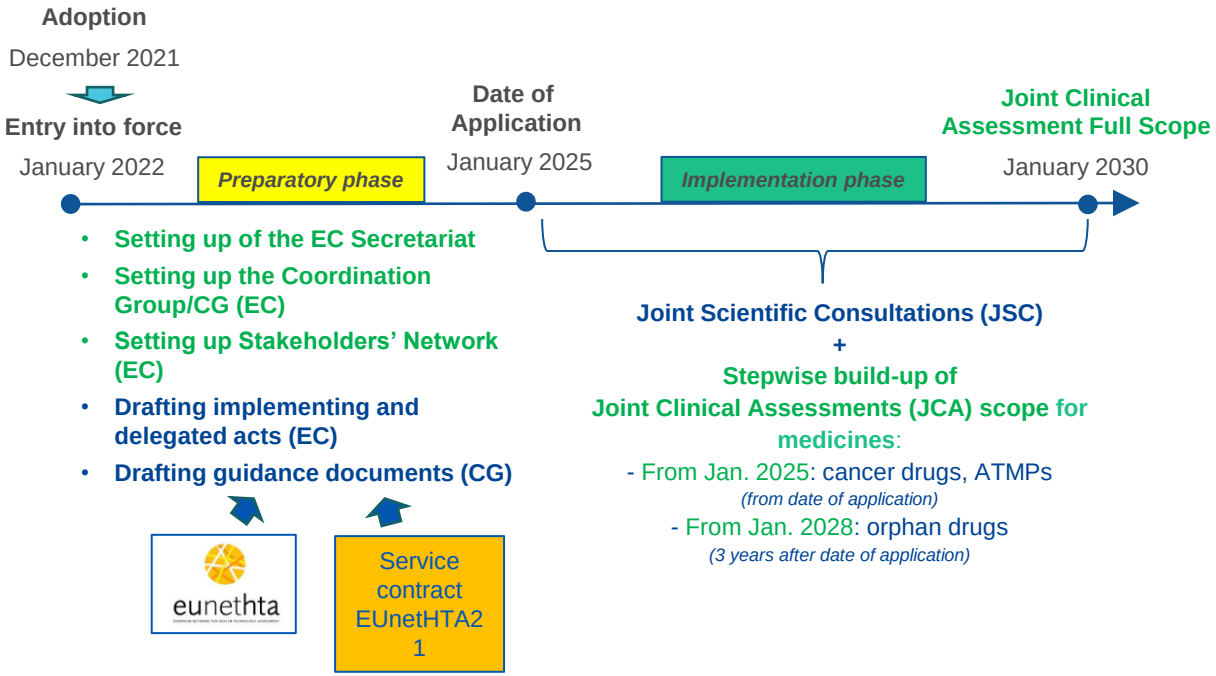
HTA Coordiantion Group and Subgroups

HTA Regulation
MS Coordination Group on HTA



European Commission

HTA Regulation - Timeline of implementation



European Commission

HTAR timeline and Implementing Acts

Implementing Acts

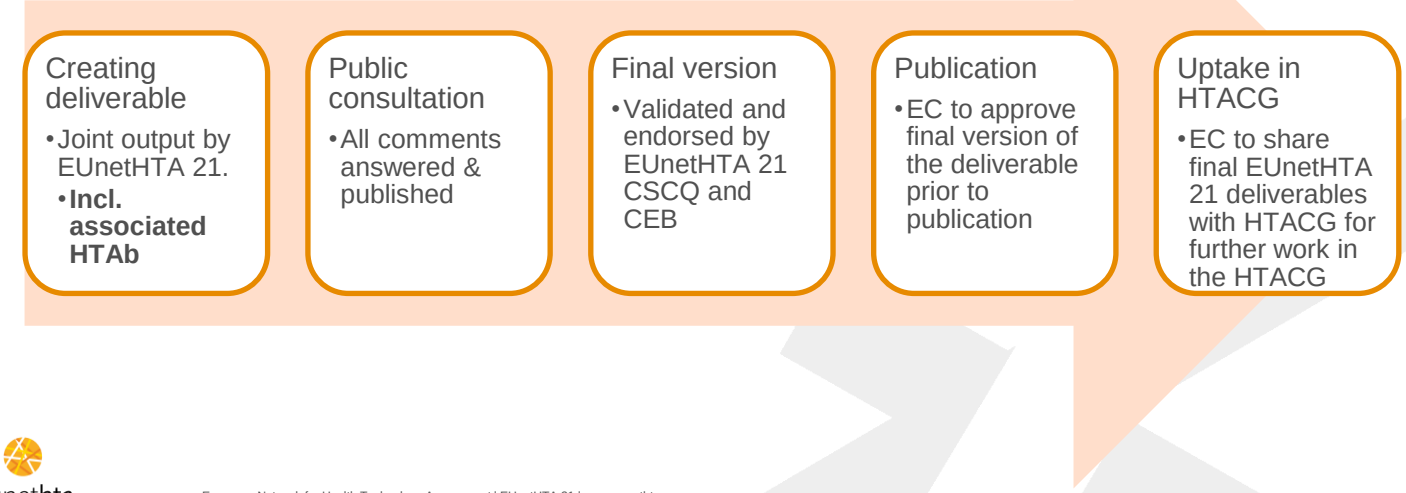
- Written by the European Commission
- Follows the comitology procedure
- Six Implementing Acts (IA):
  - JCA Medicinal Products
  - Conflict of Interest
  - Joint Scientific Consultation Medicinal Products
  - Joint Clinical Assessment Medical Devices
  - Joint Scientific Consultations Medical Devices
  - Cooperation by exchange of info with EMA

Rolling implementation plan (EC): Updated rolling plan - Implementation of the Regulation on health technology assessment (June 2023) (europa.eu)

Process flow for deliverable production

EUnetHTA 21 is a 2 year **EC service contract,** ends 16 September 2023

- Support the implementation of the HTA Regulation (HTAR), after its adoption in December 2021 by
  - Supporting the development of guidance documents to be adopted by the HTA Coordination Group and/or
  - Support drafting of implementing legislation by the European Commission



Abbreviations:
CEB=Consortium Executive Board
CSCQ=Committee for Scientific Consistency and Quality
HTAb=HTA bodies
HTACG=HTAR Coordination Group
HTD=Health Technology Developer

EUnetHTA 21 deliverables transitioning into HTAR

Most deliverables have a chapter on ‘future considerations’ or ‘recommendations for the HTAR’, encompassing different type of recommendations. For example:

- Clarify process steps and which body (i.e. CG, SG, secretariat) is responsible for a task
- Confirm interpretation of HTAR articles & align with Implementing Acts; e.g.:
  - Assessor = individual or organisation?
  - Details of the JCA and submission dossier template
  - Procedural aspects, such as timelines for JCA
- Revision of (practical) guidelines every 3 years
- Define process for incomplete submission dossier and the consequences

Process

- EC is responsible to share the EUnetHTA 21 documents with the HTACG and its SG
- After HTACG validation, the documents can be adopted under the HTAR
  - This may require additional work on adaptation of the documents, e.g. in language used
- HTACG and SG work is guided by a work plan

Dutch preparations for HTAR

Poll question 1

What is in your view the biggest challenge for national preparation for the HTAR?

Open question or word cloud

Scope of HTAR

➢Medicinal Products

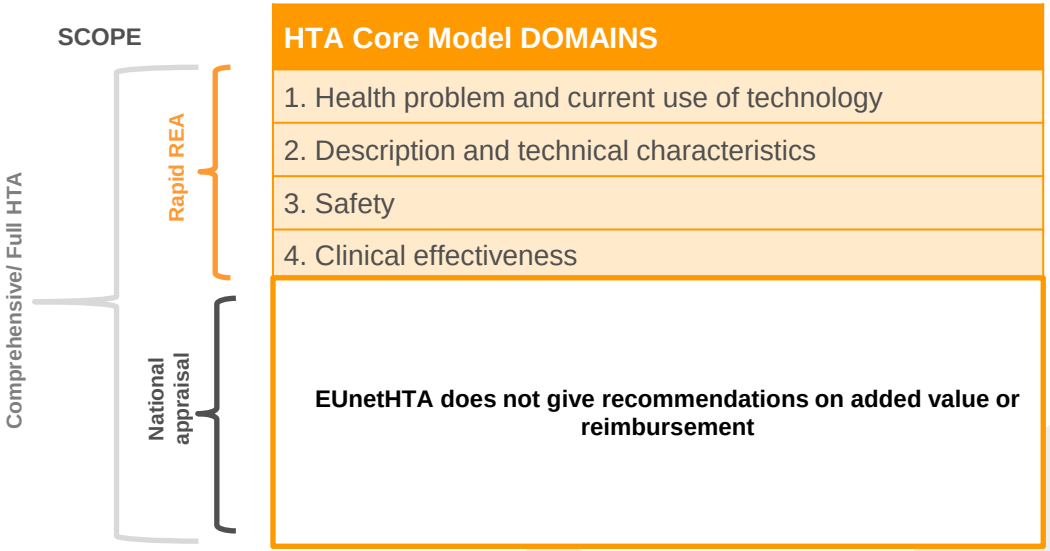
- From Jan. 2025: oncology and ATMPs
  - New Active Substance only
- From Jan. 2028: orphan drugs
  - New Active Substance only
- From Jan. 2030: full scope
  - Also Type II variations to MA procedure
  - Includes vaccines

➢Medical Devices

- High risk MD, Type IIb and III and IVD

Joint Scientific Consultation (JSC)	Joint Clinical Assessment (JCA)
DEFINITION	
- Scientific advice - provided jointly by HTA bodies - Can be in parallel with regulators - To HTD on the clinical development	- Joint HTA reports - produced by multiple European Member States - On HTD submission dossier - Focussing on the clinical domains - Without value judgements
AIM	
To generate evidence that satisfies the needs of HTA bodies during their assessment and ultimately facilitates patient access	To avoid duplications of work at the national level, increase consistency and quality of assessments and ultimately facilitate patient access
RELEVANT ARTICLES IN THE HTA REGULATION	
Art. 16 – Art. 21 Covering principles of JSC; Requests for JSC (& selection criteria); Preparation of JSC; Approval of JSC; Format and template for JSC	**Art. 6 – Art. 15** Covering annual work plan; Health technologies subject to a JCA; Initiation & PICO development; Obligations of HTD; Assessment process; Obligations Member States; Update of JCA

EUnetHTA HTA Core Model®



*** the numbering does not show importance of the topics**

Situation under the HTA Regulation

EMA

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

HTA Regulation

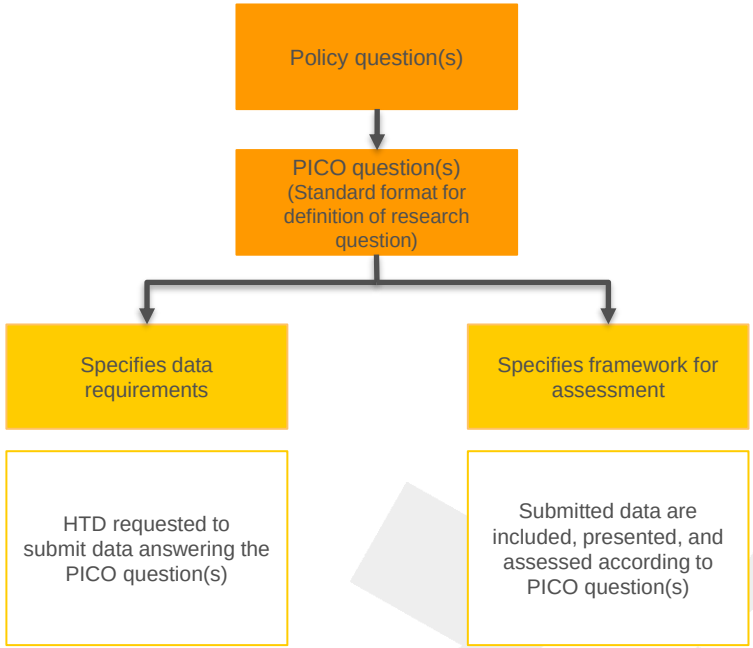
- EU regulation
- Common methodology and approach for JSC and JCA
- **Only clinical domains!**

National

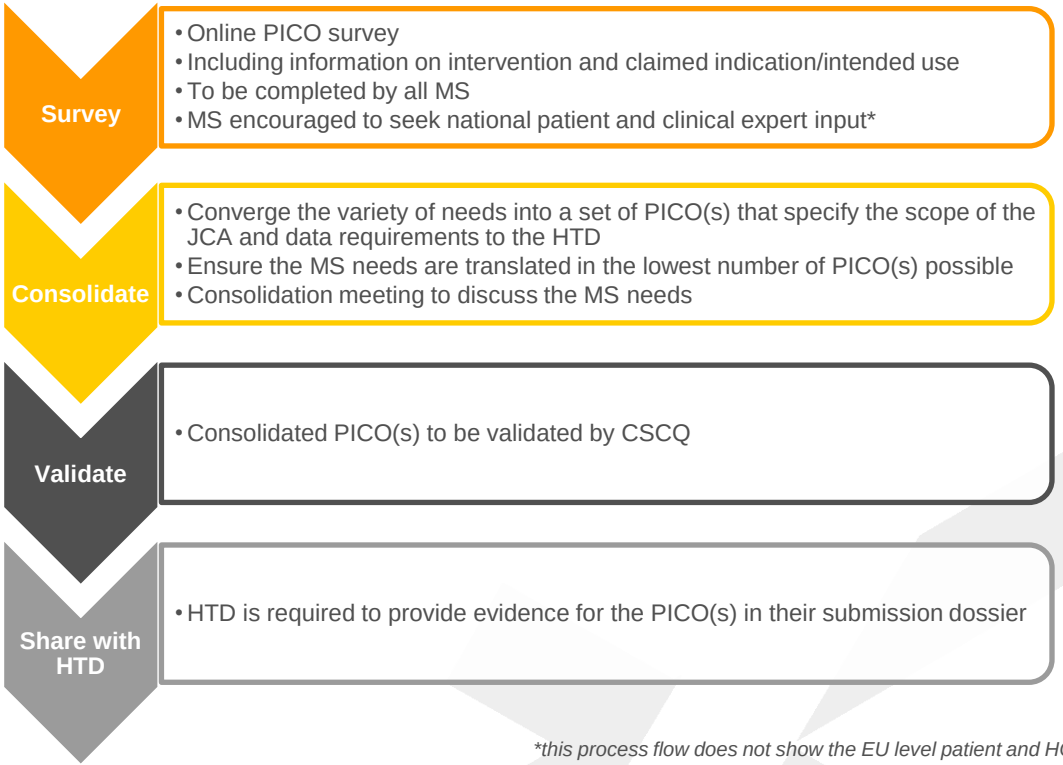
- JCA should be used in national decision-making
- National consultations possible

Role of the PICO(s) in the JCA

More information on: https://www.eunethta.eu/d4-2/



PICO development process



**this process flow does not show the EU level patient and HCP input.*

Key principles for the PICO framework
Independence and inclusiveness

- PICO should not be data driven, but based on policy needs
- Should reflect all Member States' needs
  - PICO survey put in place to collect these needs
  - MS receive information on
    - The intervention to be assessed and claimed indication/intended use in EU is provided
    - any Joint Scientific Consultation that might have taken place.
    - however, the JCA PICO should be generated under the conditions existing at the time of the survey.
- To achieve the fewest possible PICO(s), a **consolidation process** is put in place
- Patient and clinical expert involvement is sought
  - MS encouraged to include this on a national level too

PICO exercises in EUnetHTA 21

JCA without HTD submission 1 PLUVICTO (lutetium (177Lu) vipivotide tetraxetan)

Indication (approved 13 October 2022):

Pluvicto in combination with androgen deprivation therapy (ADT) with or without androgen receptor (AR) pathway inhibition is indicated for the treatment of adult patients with progressive prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with AR pathway inhibition and taxane based chemotherapy.

Date of PICO survey	16 – 30 November 2022
Number of participating HTAb	8
Number of consolidated PICOs	6 (2 PICO in the full population and 4 PICOs in subpopulations)

JCA without HTD submission 2
Ebvallo (tabelecleucel)

Indication (approved 16 December 2022):

Ebvallo is indicated as monotherapy for treatment of adult and paediatric patients 2 years of age and older with relapsed or refractory **Epstein-Barr virus positive post-transplant lymphoproliferative disease** (EBV+ PTLD) who have received at least one prior therapy. For solid organ transplant patients, prior therapy includes chemotherapy unless chemotherapy is inappropriate.

Date of PICO survey	09. – 23.01. 2023
Number of participating HTAb	13
Number of consolidated PICOs	5 (1 PICO in the full population and 4 PICOs in subpopulations)

JCA without HTD submission 3
Pombiliti (cipaglucosidase alfa)

Indication (approved 15.12.2022):

Pombiliti® (cipaglucosidase alfa) is a long-term enzyme replacement therapy used in combination with the enzyme stabiliser miglustat for the treatment of adults with late-onset Pompe disease (acid α-glucosidase [GAA] deficiency)

Date of PICO survey	24.03 – 07.04. 2023
Number of participating HTAb	14
Number of consolidated PICOs	9 (4 PICO in the full population and 5 PICOs in 2 subpopulations)

Poll question 2

Omitting a national PICO in the consolidated PICOs for a EU JCA is..

- Acceptable, to ensure good quality dossier
- Acceptable, to focus on the missing PICO in a national dossier
- Acceptable, other reason
- Not acceptable, it may risk not having data or analysis available for this PICO
- Not acceptable, increases the national work load
– Not acceptable, other reason

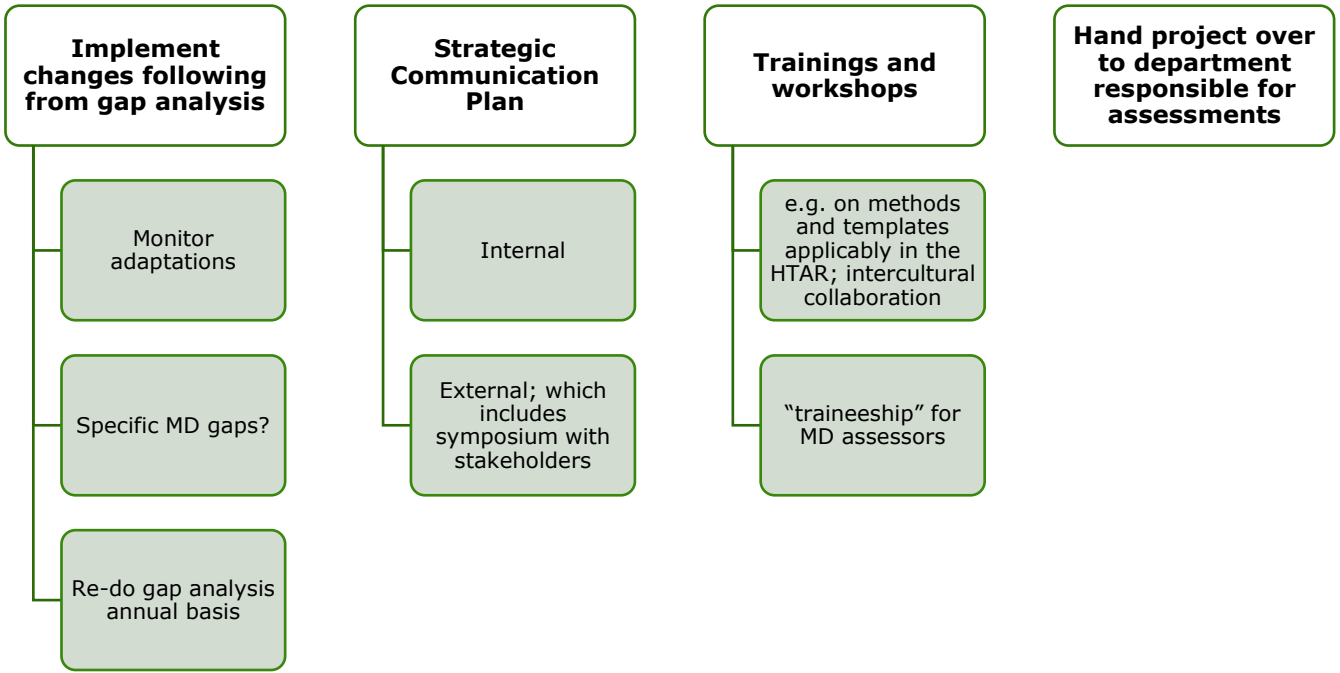
Internal preparations at ZIN for the HTAR

- "horizontal" project: Steering group, sounding board and project group
  - Lead by project leader
  - Including staff of all relevant departments (assessors, IT, communication, legal)

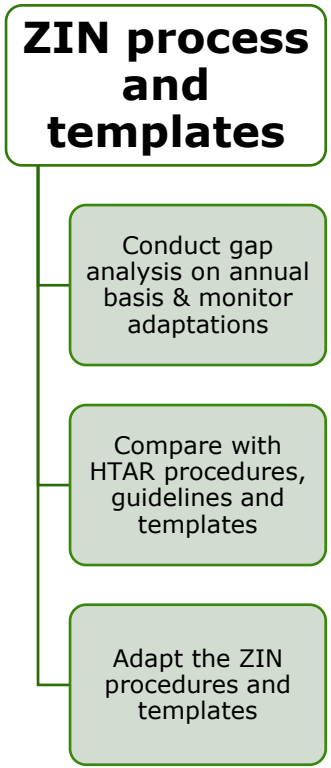
- Focus is on Medicinal Products for the time being

- Project aims to ensure ZIN…
  - … applies the HTAR correctly as of 12-01-2025
  - … actively participates in the HTAR
  - … optimizes the opportunities the HTAR provides
  - … informs the healthcare insurances of these opportunities
  - … informs and optimzes the interaction with patients and clinicians

Activities and planned outcomes



Activities and planned outcomes



- ZIN procedure and templates do not match JCA
  - Amend ZIN template to address JCA uptake
  - Clarify timeline for national dossier submission, if a JCA is ongoing
  - Clarify needs & timelines for the national submission dossier
- Define how often and for which topics ZIN wants to participate as (co-)author
  - Estimate resources per JCA and re-using JCA
- Role of Dutch insurance companies for topics ZIN will not assess
- National PICO process: optimize national process for inclusion of stakeholders (patients & clinicians)
- Ensure ZIN's IT structure is ready to use the HTAR IT system