HAUTE AUTORITÉ DE SANTÉ

Multi-HTA Early Dialogues

EUnetHTA, SEED, HTA Network

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Brussels, 16th October 2015

Multi-HTA advice

Voluntary, not binding, confidential

Input from the company

- Provides a structured submission file (Briefing book) containing:
  - Development strategy, description of planned studies
  - Prospective questions and company's position for each question relevant to the development plan
- Issues related to the relative effectiveness and/or economic aspects
- Questions up to the choice of the company

Multi-HTA advice (Cont.)

Main topics: similar

- Population
- Comparator
- Design of the trial (duration, dosing)
- Endpoints
- Statistic analysis (subgroups, stratification)
- Economic data (population, comparator, model, utility values, resource utilisation)

Multi HTA Early Dialogues (1) 2012 - 2013

- **Initial phase: pilots on drugs**
- **3 pilot Early Dialogues planned**
  (EUnetHTA contract)
- **10 done:**
  2 preparatory pilots (2012) and 8 pilots (2013)
  - Coordinated and hosted by HAS, France
    Dr Mira Pavlovic
  - 12 HTA bodies, 9 companies involved
  - Both small and big companies
  - EMA invited as observer
  - One-day face-to-face meeting
  - 10 drugs in various therapeutic fields

Multi HTA Early Dialogues (2) 2014 - 2015

SEED
Shaping European Early Dialogues

Context

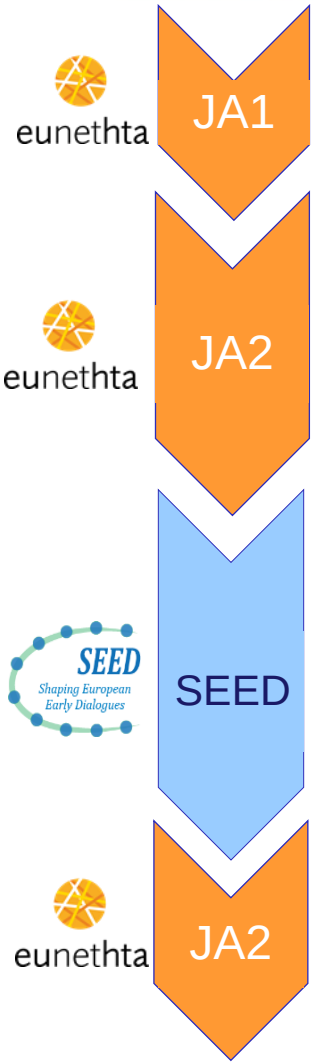
- Call for tenders issued by the European Commission
- SEED Shaping European Early Dialogues = Consortium of 14 partners, led by HAS
  - UK, Italy, Netherlands, Spain, Germany, Belgium, Austria, Ireland, Hungary, France
- Regulators and patient representatives as observers

SEED: a consortium of 14 partners

The SEED Consortium: 14 European HTA agencies

#	Abbrev.	Institution	Country
1	HAS	Haute Autorité de Santé (Leader)	France
2	RER-ASSR	Regione Emilia-Romagna, Agenzia Sanitaria e Sociale Regionale	Italy
3	AIFA	Italian Medicines Agency	Italy
4	AVALIA-T	Consellería de Sanidade de Galicia	Spain
5	GB-A	Gemeinsamer Bundesausschuss (Federal Joint Committee)	Germany
6	GYEMSZI	National Institute for Quality and Organizational Development in Healthcare and Medicines	Hungary
7	HVB	Hauptverband der Österreichischen Sozialversicherungsträger	Austria
8	ISCIII	Instituto de Salud Carlos III	Spain
9	AETSA	Regional Government. Fundación Pública Andaluza Progreso y Salud	Spain
10	CVZ	Health Care Insurance Board	Netherlands
11	IQWiG	Stiftung für Qualität und Wirtschaftlichkeit im Gesundheitswesen	Germany
12	NICE	National Institute for Health and Care Excellence	United Kingdom
13	KCE	Belgian Health Care Knowledge Centre	Belgium
14	HIQA	Health Information and Quality Authority	Ireland

Continuous improvement of EDs through EUnetHTA and SEED



- **2 preparatory early dialogues**
- **ED procedure drafted for JA2**

- Draft ED procedure in JA1 used for 8 ED pilots
- ED survey conducted after first 6 ED pilots
- Refined ED procedure produced following WP7 FtF meeting (Jan'14) based on discussion (taking into account survey results)

- Revised JA2 EUnetHTA ED procedure used as the basis for SEED
- ED procedure further amended (Nov'14) and progressively introduced with SEED's 8th ED
- Conducted 9 EDs to date (6 drugs / 3 medical devices)
- 10th ED planned in March ; additional 11th ED planned in June

- 1 ED ongoing (medical device in heart disease)
- 2 additional EDs budgeted; June and Sept 2015

HAS

SEED:
A collaborative project

Focus on exchanges among HTA bodies

1. To identify the need for additional information or **clarification** in the briefing book
2. To identify **key issues** to be transmitted to the company
3. To exchange written **draft positions** of each HTA body
4. **Final Face-to-face exchange** among HTA bodies:
   - Prior to the meeting with the company to discuss divergent views
   - After the meeting to make conclusions and proposals for further improvements

SEED: Shaping European Early Dialogues

Procedure

- Letter of intent to be sent by the company at least 4 months before the intended date of the meeting

- Meeting:
  - Morning session = discussion among HTA bodies
  - Afternoon session: discussion with the company focused on key issues.
- Outcome: Consolidated answers by HTA bodies

SEED outputs

- **Per contract:**
  - **10 EDs , including 3 on devices**
- **Done: 11 Early Dialogues => 11 reports**
  - **Confidential part**
  - **Non confidential procedure (procedure)**
- **Report to propose permanent model for Early Dialogues in Europe**
  - Main conclusions to be made available for discussion in November 2015
  - Final report 2016

Multi HTA Early Dialogues in EU-sponsored projects 2012 - 2015

- **Total number of EDs: 24 instead of the 4 initially planned in 2012**
  - EUnetHTA:
    - 2 on Medical Devices
    - 11 on drugs (no parallel with EMAEMA observer in some)
  - SEED:
    - 3 on Medical Devices
    - 8 on drugs (4 HTA only, 4 parallel EMA-SEED)

HTA network recommendations on ED

- **Lifecycle approach:**
  - Early dialogues, Additional Evidence generation, participation in ‘Adaptive pathways’ pilots.
- **Recommendations:**
  - Maintain and clarify different options to perform ED.
  - Strengthen **interactions with regulators** and define one single for ED involving HTA bodies and regulators at European level, building on existing experiences.
  - Consider a possible mechanism that could enable feeding the results of the ED into the future development of **disease specific guidelines**.
  - Explore **possible funding and organisational models** to make these activities self-sustainable, including the possibility of collecting fees.

Some challenges ahead

- **From a EU sponsored to a self-sustainable model.**
  - How to collect fees at international level?
  - SMEs, orphan drugs: fees waivers / fees reduction?
- **Choice of participating HTA bodies**
- **Relatives roles of national vs international**
- **Impact on HTA organisation, how to develop expertise**
- **From product-specific to disease-specific advice?**
- **Link with advice on additional evidence generation (Adaptive pathways, Coverage with evidence development for devices…)**

Towards a fee-for-service system

- **Agreed on principle**
  - Decided by a majority of HTA cooperation partners
- **Fees amount**
  - Objectives: full recovery of expenses?
    Shared costs between HTA bodies and companies?
- **Cost of person-days vary accross countries**
- **Possibility to reduce fees ? (SMEs)**
  - Who will compensate?
  - Simplified procedure in case of reduced fees ?
- **Practical aspects**
  - Central fees collection and re-destribution to participating HTA bodies
  - Impact on th choice of participating HTA bodies?

Are Early Dialogues sufficient ?

- **Limits**
  - linked to the confidentiality of the product
- **To be complemented**
  - by the production of guidelines on some issues of general interest
- **Disease specific guidelines?**
  - currently excluded of the scope of next EUnetHTA JA
- **Topic specific guidance?**
  - “Recommendations on the handling of Treatment Switching in oncology trials” (USA- GPC- Sean Tunis)

Legal aspects of a permanent multi HTA activity

- **National EDs/SAs based on existing national laws**
  - Germany, France (law under debate)
- **European multi HTA EDs should be based on strong regulatory background**
- **Practical organisation in the future:**
  - EUnetHTA JA3 should be the support of this activity for next years
  - Post 2019:Permanent consortium to be established?
  - Link with EMA?

Linkage between ED and product assessment?

- **Questions raised:**
  - By consumer organisations. Possible conflict of interests ?
  - By companies: What will be the consequences, at the time of appraisal, if we did not follow the advice given during ED?
- **Currently various practices**
  - Some countries separate the two completely (UK):
    - Appraisal committees not involved in SA and not informed of the results
  - In other coutries (and at EMA) the (Appraisal) Committee is involved in Early Dialogues
- **Preference and reasoning of SEED partners**
  - Differences may be acceptable but transparency is needed

EDs for medical devices

- **2013-2015:**
  - Initial lack of interest or misunderstanding of the nature of the EDs
    - EDs are not pre-submission meetings
  - Final success: 5 EDs on medical devices (SEED + EUnetHTA) instead of 1 planned
  - 2 implantable devices, 2 diagnostics, 1 other.
- **Specificities of EDs for medical devices**
  - According to the nature of the device
  - Link with the request for additional evidence generation

Link with activities on Additional Evidence Generation

- **The question of the conduct of post-launch data collection was already discussed during some EDs**
- **Development of Coverage with Evidence Development programs**
- **How to deal with observational data ?**
  - PARENT joint action on registries
  - Drugs: IMI GetReal and ADAPT-SMART projects, EMA pilots on adaptive pathways, GetRea

What will happen next?

- **Joint Action 3 on HTA: 2014-2019**
- **Decisions to be made before December 17th**
- **Work package on evidence generation**
  - Early Dialogues
  - Quality of registries for HTA
  - Pilots on Additional evidence generation
- **Have your say !**

Thank you for your attention

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The EUnetHTA Joint Action 2 has received funding from the European Union, in the frame of the Health Programme

The SEED project is funded by the European Union in the frame of the Health Programme.