Why should we have more collaboration on HTA in Europa

The example of sofosbuvir (Sovaldi®)

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Vienna, October 15, 2015

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Outline

- Background
- Introduction (EUnetHTA)
- International assessment
    - Questionnaire
    - Clinical Effectiveness and Safety

European collaboration on HTA

Technologies become more ‘international’

Patients become more ‘European’

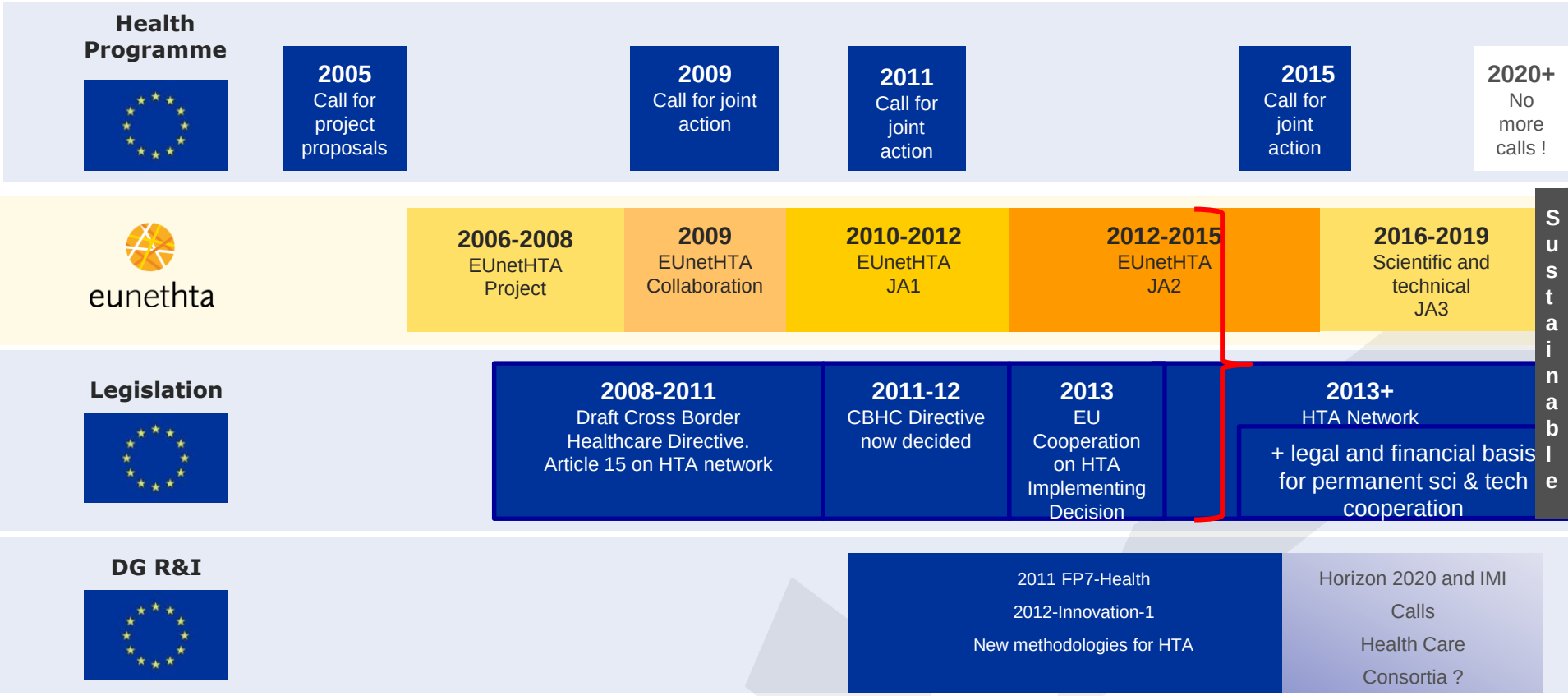
Decrease duplication on HTA assessments

Increase consistency between different national HTA assessments

- Variety in type of assessments seems to be common: does this lead to different assessment results?

- What kind of information provides this specific case study on sofosbuvir on international fragmentation of HTA assessment and can this support international collaboration on HTA?

The timeline of reaching a sustainable and permanent HTA cooperation in Europe



Project → **JA1** → **JA2** → **JA3**

- **EUnetHTA JA2 General Objective (Grant Agreement p. 35)**
- **“**to strengthen the practical application of tools and approaches to cross-border HTA collaboration bringing it to a higher level and resulting in a better understanding for the Commission and the EU Member States of ways to establish a sustainable structure for HTA work in the EU that avoids unnecessary duplication of assessment efforts**”**

Implementation of Article 15 of the Directive 2011/24/EU on cross-border health care

EUnetHTA Joint Action 2 (2012-2015) Work Packages

WP4
Testing collaborative production of HTA information

WP5
Applying the HTA Core Model for Rapid Assessment

WP6
Information Management Infrastructure and Services (IMIS)

WP7
Methodology development and evidence generation

WP8
Maintenance of HTA Core Model infrastructure

WP1
Coordination & Sustainable network Implementation

WP2
Dissemination & Capacity Building

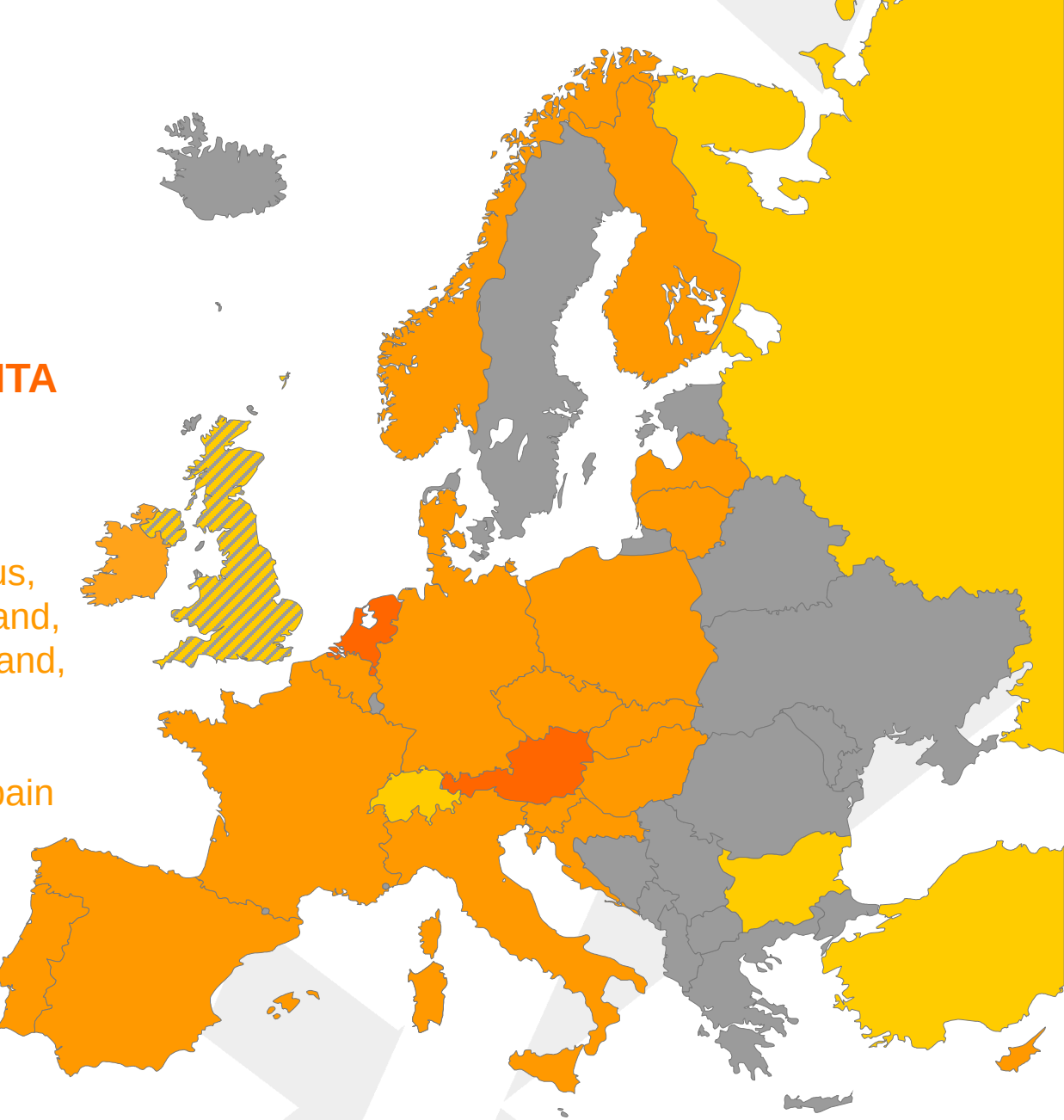
WP3
Evaluation & Data Collection on cost-effectiveness

WP5 Partners

Lead Partner: ZIN
Co-lead partner: LBI for HTA

27 Associated Partners:
Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain

19 Collaborating Partners:
Austria, Belgium, Bulgaria, Croatia, Denmark,Germany, Italy, Lithuania Russia, Scotland, Spain, Switzerland, Turkey



Specific background on hepatitis-C

- Treatment hepatitis C has been changed substantially

  ⇒ Several drugs were introduced with high cure rates

- Large group of potential patients

- Budget-impact of new treatments such as sofosbuvir are exceptionally high because

  - Price of drug is high
  - Eligible population is substantial

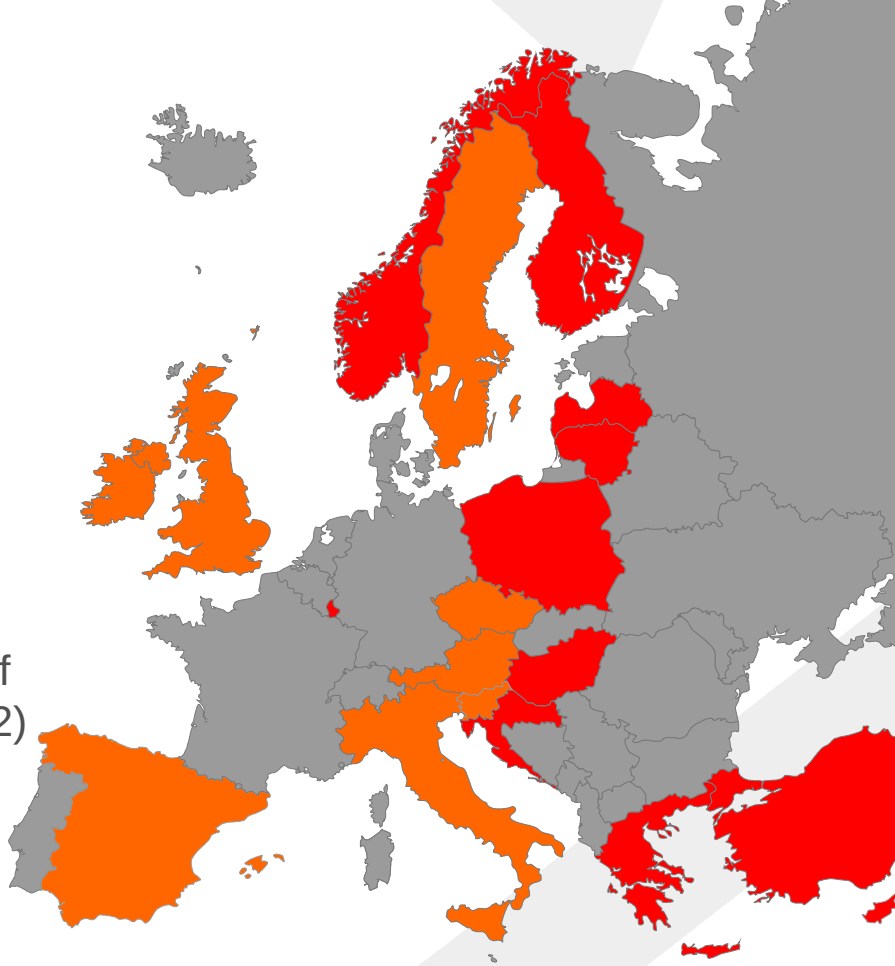
Introduction

- SANCO request:
    - Summary of the national and regional assessment results of sofosbuvir
        - ⇒ Support the discussion among the MS about the therapeutic value
        - ⇒ Support the discussion about the price

- EUnetHTA in collaboration with MEDEV:
    - Send out a questionnaire
    - Checked EUnetHTA Planned and Ongoing Projects, **POP Database**
    - Searched for (publically available) assessment reports
        - These national assessments reports are in general based on (or seen as critique or review of) submission files from the manufacturers*

**Kleijnen etal, Relative Effectiveness Assessment of Pharmaceuticals: Similarities and Differences in 29 Jurisdictions. Value in Health 2012: 954-960)*

National assessments of sofosbuvir* (1)



Results of the questionnaire (Aug-Sept 2014):

- 28 out of 30 jurisdictions** responded
  - 11 jurisdictions **no** assessment started
    - No application received (n=5)
    - No assessment needed =>
      - drug falls into the category of communicable diseases (n=2)
      - hospital drug (n=1)
    - Unknown (n=3)
  - 9 countries assessment **ongoing**
    - Two jurisdictions provided interim results
      - Full report: England (and Wales)
      - No full report: Spain, Slovenia***

** Market authorisation on January 17, 2014*
*** EU plus Norway, Switzerland and Turkey. For UK there were separate responses from England (and Wales) and from Scotland. For Romania and Estonia no contact address was available*
**** In Slovenia the assessment was done by National Viral Hepatitis Expert group*

Questionnaire on national assessments (2)

Results of the questionnaire:

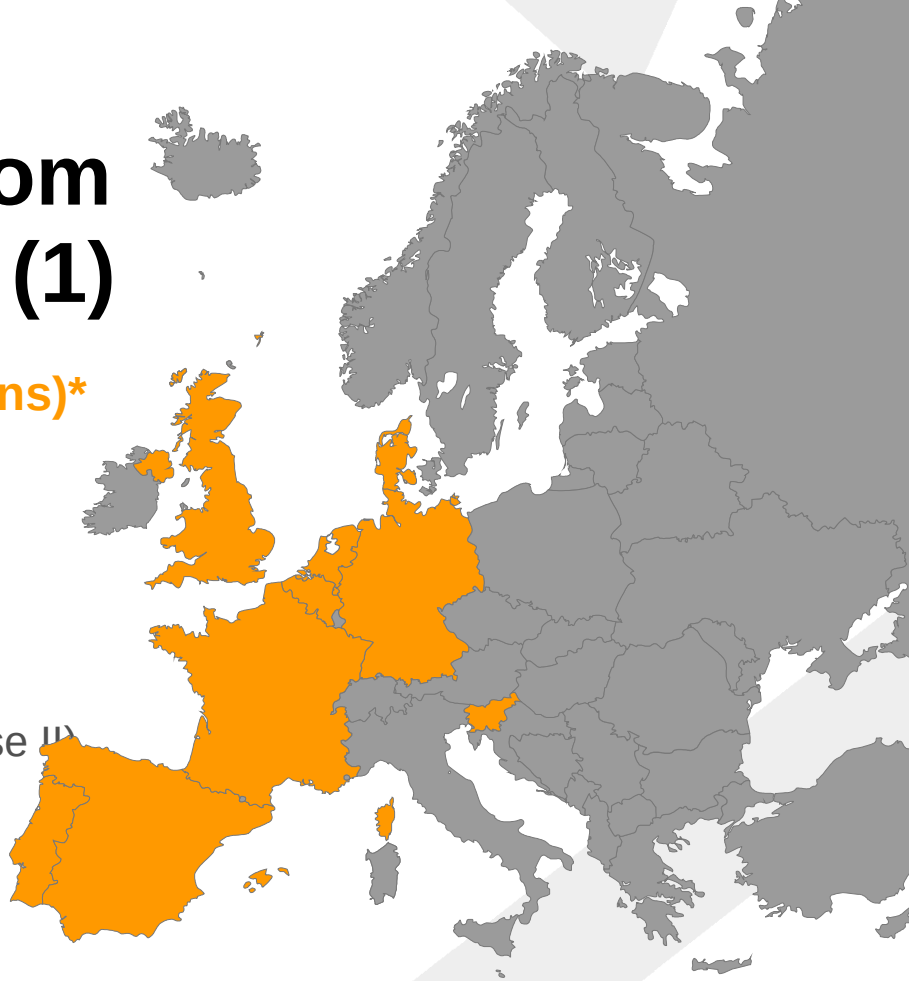
- 8 jurisdictions assessment **complete**
  - Full report: Denmark; France; Germany (IQWiG and G-BA*); Netherlands; Scotland

  - No full report: Belgium; Portugal; Switzerland**

**IQWIG und the G-BA do not make two different separate assessments: IQWiG is commissioned by the G-BA to assess the manufacturer dossier's studies for the G-BA. The G-BA makes the final assessment for Germany after a hearing procedure consisting of written statements and an oral hearing with clinical experts, scientific medical societies and other stakeholders.*

***confidential*

Summary of results from national assessments (1)



Data available: **full reports (6 jurisdictions)*** **and statements (4 jurisdictions**

Sofosbuvir effectiveness data:

- 8 RCTs (**4 phase III** and 4 phase II)
- 5 non-randomised studies (**2 phase III**, 3 phase II)
    - > 1500 patients

- The outcomes most mentioned in the reports:
    - **SVR12: Sustained virological response 12 weeks after the end of treatment**
    - QoL: Health-related quality of life
    - Mortality
    - **Safety**

**from one jurisdiction (Germany) there are two full reports (IQWIG and G-BA) available.*

Effectiveness / safety: conclusions

Conclusion of some of the assessment reports of the individual jurisdictions:

- Germany IQWiG = no added benefit proven; only indication of benefit for HCV genotype 2 treatment naïve patients
- Germany G-BA = no proof (e.g., genotype 1, treatment experienced), hint of minor additional benefit (e.g., genotype 1, treatment naïve), indication of considerable benefit (HCV genotype 2 treatment naïve patients)*
- Netherlands = added value
- Portugal = added value
- Scotland = added value; restricted in genotype 2 (ineligible for / unable to tolerate peginterferon alpha) en genotype 3 (only 24 week treatment in those ineligible for / unable to tolerate peginterferon alpha)
- Spain = added value

**G-BA resolution is time-limited until 15 July 2016 because of lack of long-term data for sofosbuvir on SVR and other endpoints.*

General conclusions

- The Market Authorization Holder determines when the national/regional HTA assessment starts
- This may lead to serious defragmentation and delayed assessments around Europe
- Most available national assessments => added therapeutic benefit for all/most subgroups

- Experiences with joint assessments pilots indicate that these might help to decrease defragmentation and delay
  - First study shows that a joint assessment provides most information for the national assessments.
- But still some additional efforts are necessary to have more alignment of some aspects of the clinical value assessment
- EUnetHTA will take this forward in the current EUnetHTA JA2 and the coming EUnetHTA JA3 (2016-2019)

**Kleijnen etal, Can a Joint Assessment Provide Relevant Information for National/Local Relative Effectiveness Assessments? An In-Depth Comparison of Pazopanib Assessments. Value in Health 2015: 18: 663-672*

WP5 joint pilots on REA of pharmaceuticals

First pilot

- Zostavax for prevention of Herpes Zoster (Sanofi-MSD), authors are ZIN (NL) and A. Gemelli (Italy). Published in September 2013

Second pilot

- Canagliflozin for treatment of diabetes type 2 (J&J), authors are FIMEA (Finland), AAZ (Croatia) and Regio Veneto (Italy). Published in February 2014

Third pilot

- sorafenib for advanced thyroid carcinoma (Bayer), authors are AIFA (Italy) and IMFARMED (Portugal). Published in March 2015

Fourth pilot

- ramucirumab in combination with paclitaxel for previously treated advanced gastric and gastro-oesophageal junction cancer (Eli Lilly), authors are NOKC (Norway) and AAZ (Croatia). Published in March 2015

Fifth pilot

- Vorapaxar for cardiovascular complications after MI (MSD), authors are HAS (France) and Ministry of Health (Slovakia). Published in June 2015

Sixth pilot

- Review of new Hepatitis C treatments. Authors are KCE and RIZIV (Belgium), HVB (Austria), AAZ (Croatia), A. Gemelli (Italy). Planned publication in December 2015

EUnetHTA rapid Relative Effectiveness Assessment

Project ID: WP5-SA-6

Rapid Relative Effectiveness Assessment of new pharmaceuticals for the treatment of chronic hepatitis C

Project description and planning

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Thank you

Any questions?

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