

SEED

Shaping European Early Dialogues

Call for expression of interest to the attention of healthcare product (pharmaceuticals or medical devices) developers

December 2nd 2013

Pilots on early dialogue between health technology assessors and healthcare product developers during the development phase of medicinal products and medical devices



Project funded by the European Union in the framework of the EU Health Programme 2008-2013.

BACKGROUND

Reimbursement decisions are under national/regional responsibilities; when receiving recommendations from HTA bodies, national authorities apply national/regional policies, legal requirements and specificities for the organisation of their healthcare systems. However, current practices show that, while there may be some differences in the methodology of health technology (HT) assessments (for example the acceptability of some comparisons and comparators), the data used for relative effectiveness assessment rely on the same health technology assessment (HTA) principles and are broadly similar whatever the assessing HTA body. It is also postulated that possible differences in evidence requirements coming from distinct HTA bodies will be well understood during an early dialogue (ED) and integrated by the sponsor in the global product development. Notably, a prospective and timely advice may allow the sponsor to integrate specific HTA needs into the development considered fit for regulatory purposes and therefore bring added benefit to European healthcare systems.

In April 2013, the Executive Agency for Health and Consumers of the European Commission published a Call for tenders under the Health Program 2008-2013 to conduct “Pilots on early dialogue between health technology assessors and healthcare product developers during the development phase of medicinal products and medical devices”

http://ec.europa.eu/eahc/health/tenders_H09_2013.html

The SEED Consortium (Shaping European Early Dialogues), led by the French Haute Autorité de Santé (HAS), has been awarded the contract to perform the tender. SEED is a consortium consisting of 14 national and regional HTA bodies: AETSA, AIFA, ASSR, AVALIA-T, CVZ, G-BA, GYEMSZI, HAS, HIQA, HVB, IQWIG, ISCI, KCE, and NICE (see Appendix 1). All SEED consortium members are also partners in the EUnetHTA Joint Action 2. The objectives of the SEED consortium are:

- To perform 10 multi-HTA EDs for new HTs, 7 pharmaceuticals (including advanced therapy medicinal products) and 3 medical devices (including procedures and/or diagnostics, combined or not with other technologies) on key aspects of their development, to identify specific HTA needs related to the relative effectiveness and cost-effectiveness assessment, notably to patient population and type of evidence needed (design of trials, duration, type of events/endpoints, comparators). At least 6 to 7 HTA bodies are planned to participate in each multi-HTA ED. Three of the 7 multi-HTA ED on pharmaceuticals will also associate EMA (an EMA scientific advice will be produced, in parallel to multi-HTA ED).
- To provide non-binding advice on HT development whilst highlighting possible differences in HTA requirements throughout Europe, as well as possible differences in regulatory requirements so as to help design a robust global development programme. Some HTA bodies or national authorities may require that the minutes of the multi-HTA ED be included in the pricing and reimbursement application dossier if requested by national authorities.
- To provide HTA bodies with a platform to share their views and give consistent, well-argued, transparent, and methodologically sound advice and to avoid heterogeneity in data requirements between the various HTA bodies in Europe.
- To provide prospective and timely advice (before the start of pivotal clinical trials) in order to improve the quality and appropriateness of the data produced that may ultimately lead to quicker HTA and reimbursement decisions and quicker access to market.
- When providing advice, consider specificities related to the development of medical devices as compared to medicinal products.
- To consolidate multi-HTA early advice process and content with the involvement of a large number of HTA bodies both with and without previous experience in this field.
- To explore involvement of other interested parties, such as regulators, payers, and patient representatives in the elaboration of the draft process both for pharmaceuticals and for medical devices.
- For pharmaceuticals - to study different scenarios of the collaboration with the European Medicines Agency (EMA) and identify the ED process that appears the most adequate;
- Make proposal(s) for a permanent model for ED based on the experience gathered through the 10 multi-HTA EDs (including the EMA-Multi-HTA dialogues) and other on-going initiatives in this area. The proposals will be submitted to the EUnetHTA¹ Plenary Assembly, the HTA Network² and the European Commission.

¹ EUnetHTA) is a network of organisations that produce or contribute to HTA in Europe. EUnetHTA is co-funded by the Public Health Programme of the European Commission, DG Health and Consumers For more information, connect to <http://www.eunetha.eu>

² The HTA Network gathers competent authorities responsible for Health Technologies Assessments in all EU Member States and Norway. The Network has been established under Article 15 of Directive 2011/24/EU to facilitate cooperation between Member States on HTA. It will focus on strategic issues. The Network is supported by the Joint Action EUnetHTA and its associate as observers, representatives of patients, professionals, payers and Industry. For more information on the HTA Network: http://ec.europa.eu/health/technology_assessment/policy/network/index_en.html

CRITERIA FOR THE SELECTION OF SPONSORS OF HEALTH PRODUCTS

All interested sponsors of healthcare products (pharmaceuticals or medical devices) should respond to this call. To select the technology for a multi-HTA ED, the SEED Consortium will take into account the following criteria:

- Advice should be prospective in nature requested before the start of pivotal clinical trial before the phase III for medicinal products;
- Before or after exploratory/proof of concept/performance trial for medical devices;
- Already available clinical data should be presented;
- A health technology should be supposed to have an added benefit, i.e. to do more good than harm (or at least less harm) in a target population compared to adequate interventions (best standard of care) for achieving the desired results (measured with adequate endpoints) when provided under the usual circumstances of health care practice.

The call for expression will stay open until October 2014. If the Consortium receives more than 10 requests for ED that fulfil the above-mentioned criteria for selection, SEED partners may proceed to a vote for the selection of candidate technologies for EDs. A “reserve” list of HTs will be constituted and will be used if one of the scheduled EDs happens to be cancelled by the company (e.g. development stopped).

EDs ON PHARMACEUTICALS - COOPERATION WITH REGULATORS

As new medicinal products have to satisfy both the needs of regulators and of HTA bodies / payers to reach the patients, it is important to envisage how to best organise ED/scientific advice and articulate them in a way that will:

- Respect the specificities of regulatory and HTA processes and procedures;
- Allow for an appropriate dialogue between regulators (EMA and its relevant committees) and HTA bodies.

To best define possible options for permanent ED activity, and with regard to the coordination with regulators, it is proposed to study different scenarios during the SEED project. The company will have the possibility to propose one of two possible scenarios:

- Independent multi-HTA ED, with or without a previous or subsequent EMA advice.
- EMA – multi-HTA (SEED) advice with face-to-face EMA-SEED-company meeting:
 - timelines to follow will be aligned between EMA and SEED consortium
 - sponsor will submit the same briefing book, combining background information relevant both to EMA and to HTA bodies and containing both common questions and specific questions (EMA, HTA bodies)

It is planned that 3 out of 7 EDs on pharmaceuticals will be organised as EMA - multi-HTA advice.

CALL FOR EXPRESSION OF INTEREST - PRACTICAL DETAILS

The call for expression of interest will remain open from December 2013 to October 2014. Once candidates have been selected for 10 EDs, additional applications may be considered for a 'reserve' list. All face-to-face meetings will be scheduled from **March 2014 to January 2015**, with one meeting per month.

All ED meetings will take place at the HAS premises (Saint-Denis, France) except for parallel EMA-SEED advices to be held at the EMA premises (London, UK).

EMA-SEED face-to-face meetings are planned to take place in July, October, and December 2014. Please note that these dates are therefore not available for multi-HTA ED.

HOW TO EXPRESS YOUR INTEREST?

Sponsors/developers of health technologies should express their interest to benefit from one of the 10 EDs by sending a Letter of Intent to the SEED coordinating team by e-mail at the following address: earlydialogues@has-sante.fr

The content of the Letter of Intent must comply with the indications described below (General aspects of the procedure – Letter of Intent).

GENERAL ASPECTS OF THE PROCEDURE

Multi HTA-EDs performed in the SEED project are free of charge for companies. In return, companies shall ensure that they provide adequate and timely background information, respect timelines and answer to any survey they may receive.

STEP 1- LETTER OF INTENT

To benefit from an Early Dialogue, healthcare product developers must send, in an electronic format, a Letter of Intent to the SEED coordinating team at HAS, at the following address: earlydialogues@has-sante.fr.

Letters of intent should be sent as soon as possible and at least 4 months before the aimed time frame for a face-to-face meeting and should contain the following information:

- applicant and **contact person** details,
- name of technology (company code or INN, and proposed trade name), description and the type of the technology and mechanism of action,
- intended indication and line of treatment for the scope of the ED,
- therapeutic field (and ATC code if applicable),
- development status,
- rationale for seeking advice,
- main topics/questions to be discussed for the planned studies,
- proposed time window for the beginning of the procedure and a face-to-face meeting,
- for pharmaceuticals : the preferred option for type of ED: independent multi-HTA ED (SEED), or EMA multi-HTA advice.

STEP 2 – BRIEFING DOCUMENT

Once the technology has been selected, the HT developer shall submit a complete file, (otherwise referred to as a briefing document) including the following information:

- Table of contents
- Lists of figures, tables, abbreviations
- Summary: section containing background information on the disease/population to be treated with all relevant information (epidemiology, natural history of the disease, treatments and evolution on treatment), on the technology, on the development, on the regulatory status and explaining the rationale for seeking advice
- Questions and company's position: the questions should pertain to relative effectiveness, economic and other aspects of the development of the proposed technology. The wording of questions should be clear and concise. Each question should be followed by a corresponding, separate Company's position including a comprehensive justification of the chosen approach. All key information about the topic should be sufficiently discussed, so that the Company position can function as a 'stand alone' argument. In general, 1 to 3 pages for each Company position is recommended. Cross-references to the relevant parts of the briefing document or annexes can be included if additional detail is needed to support the argument.
- Background documentation: this section should give a comprehensive scientific overview of the product development program (clinical data obtained up to now, as well as rationale and proposal for the confirmatory clinical trial), providing relevant systematic information in sufficient detail, together with a critical discussion.
- List of key references
Key references, i.e. study protocols (final, draft or outline/ synopsis), study reports (final/draft/synopses), previous scientific advice received, relevant therapeutic guidelines and relevant literature references

STEP 3 – REQUESTS FOR CLARIFICATIONS/MORE INFORMATION

On behalf of the Consortium, HAS may request additional information to be provided by the HT Developer and may compile a "list of issues" to be discussed at the face-to-face meeting.

STEP 4 – FACE-TO-FACE MEETING

For each multi-HTA ED it is planned to hold 1 face-to-face meeting, including the HT Developer and HTA bodies' representatives. For EMA-Multi HTA ED the meeting will include company, EMA and HTA bodies' representatives.

These meetings are expected to last half a day.

Following the meeting, minutes will be agreed between the HT developer and the HTA Bodies.

NEXT STEPS

HAS will start examining the responses to this call of Expression of Interest as soon as they are received. Additional details on timelines and procedures, including additional details on the briefing document, templates for submission of the relevant information for both the multi HTA ED and EMA-Multi-HTA advice will be soon made available on the SEED website www.earlydialogues.eu.

The letter of intent, and any request for additional information should be sent to the SEED coordinating unit at HAS: earlydialogues@has-sante.fr

Appendix 1 – List of HTA bodies participating in SEED consortium

Acronym	Organisation	Country
HAS	Haute Autorité de Santé (Lead Partner)	FR
RER-ASSR	Regione Emilia-Romagna, Agenzia Sanitaria e Sociale Regionale	IT
AIFA	Italian Medicines Agency	IT
AVALIA-T	Consellería de Sanidade de Galicia	ES
GB-A	Gemeinsamer Bundesausschuss (Federal Joint Committee)	DE
GYEMSZI	National Institute for Quality and Organizational Development in Healthcare and Medicines	HU
HVB	Hauptverband der Österreichischen Sozialversicherungsträger	AT
ISCIII	Instituto de Salud Carlos III	ES
AETSA	Regional Government. Fundación Pública Andaluza Progreso y Salud	ES
CVZ	Health Care Insurance Board	NL
IQWiG	Stiftung für Qualität und Wirtschaftlichkeit im Gesundheitswesen	DE
NICE	National Institute for Health and Care Excellence	UK
KCE	Belgian Health Care Knowledge Centre	BE
HIQA	Health Information and Quality Authority	IR