EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

4. Multi Stakeholder: Late & Early Dialogue

EMA – Payer Community meeting

Presented by Spiros Vamvakas on 19 September 2017
Head of Scientific Advice Office

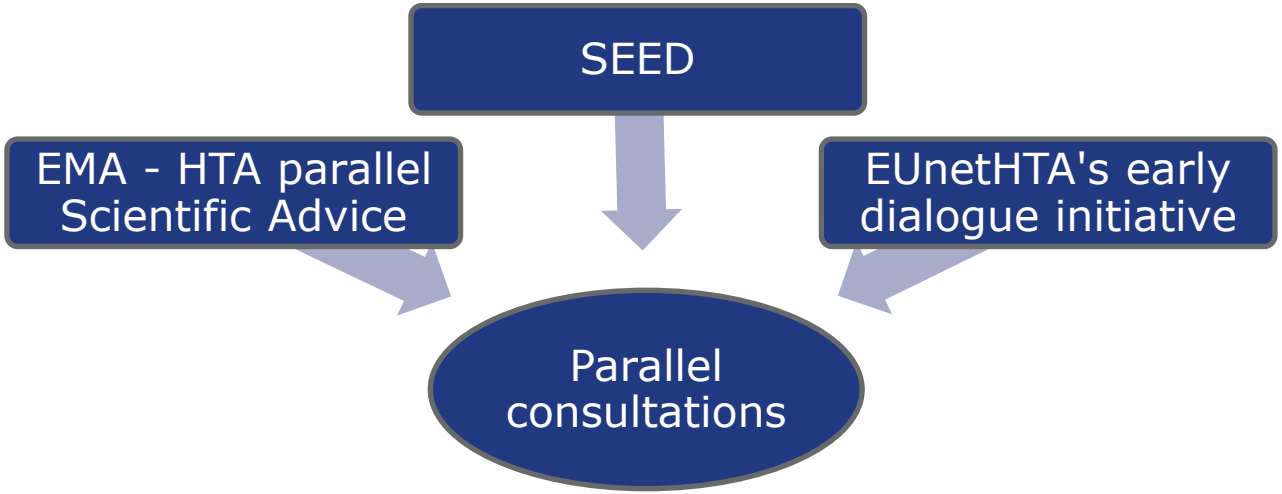
Background

- **Starting point:** Regulators and Health Technology Assessment (HTA) bodies come together early
  - to discuss the planned development
- **Expectation:** Optimised development plan ➔ Improve access for patients
- **How best to do this interaction?**

▶ **Now launch for synthesised single platform for multi-stakeholder evidence generation interaction**

▶ **EMA and EUnetHTA as equal partners**

Why and how we have got here



As of the 4th of July 2017 this initiative **replaces the parallel scientific advice procedure** by EMA and HTA bodies which required medicine developers to contact Member States' HTA bodies individually.

Best practice guidance for the parallel regulatory - HTA scientific advice procedure (EMA/502692/2015)

Replaced by

Guidance for parallel consultation (EMA/410962/2017)

Partnership between EMA and European Network for Health Technology (EUnetHTA)

The main benefits of the parallel consultation procedure include:

- Streamlined procedure for Applicants;
- Increased mutual understanding and problem-solving ability between EMA and HTA bodies through a more structured interaction;
- Improved coordination with, and greater participation of HTA bodies in parallel consultations through EUnetHTA's Early Dialogue Working Party (EDWP) and the EUnetHTA ED secretariat.

This facilitates optimal and robust evidence generation for different stakeholders bringing benefits for patient access and public health

Optimised development plan ➔ Improved access for patients

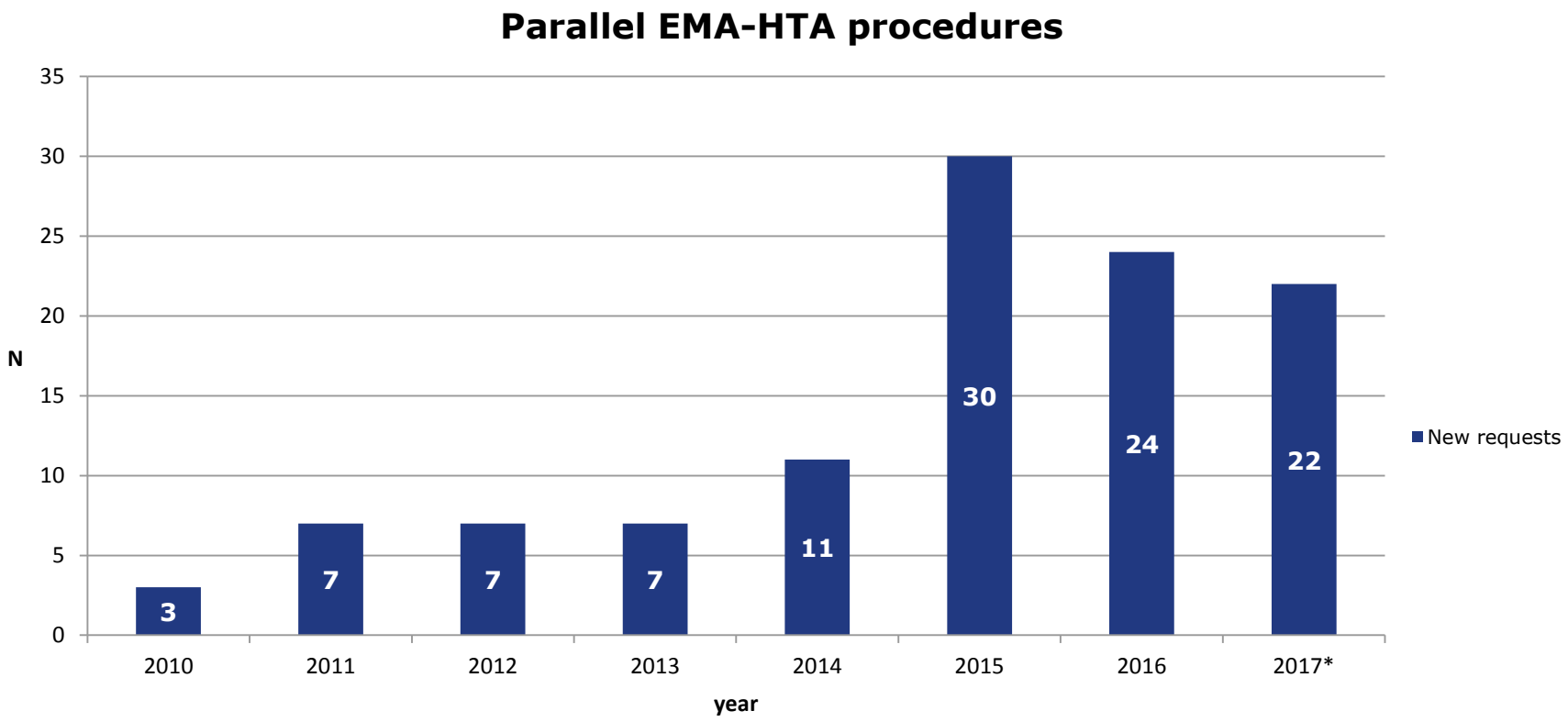
Published - Monthly

Pre-authorisation: scientific advice and protocol assistance EMA centralised procedures

	1995 - 2016	2017	Overall total
Scientific Advice	3215	178	3393
Follow-up to Scientific Advice	938	62	1000
Protocol Assistance	735	51	786
Follow-up to Protocol Assistance	355	27	382
HTA parallel advice	87	14	101
Qualification of novel methodologies	94	11	105
	5424	**343**	**5767**

June 2017

EMA – HTA parallel scientific advice procedures



* To July 2017

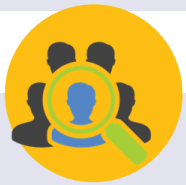
What is new / different?

New deadlines for submission of letter of intent and draft briefing doc

Single gateway for requests, simultaneous notification to EMA and EUnetHTA

Joint guidance and joint templates (letter of intent, briefing document)

Presubmission TC's only in exceptional cases



HTAB recruitment is done centrally by EUnetHTA ED Secretariat

EUnetHTA ED Secretariat is the point of contact in relation to all HTAB aspects

Two possible pathways: selection criteria applied by EDWP (consolidated or individual)

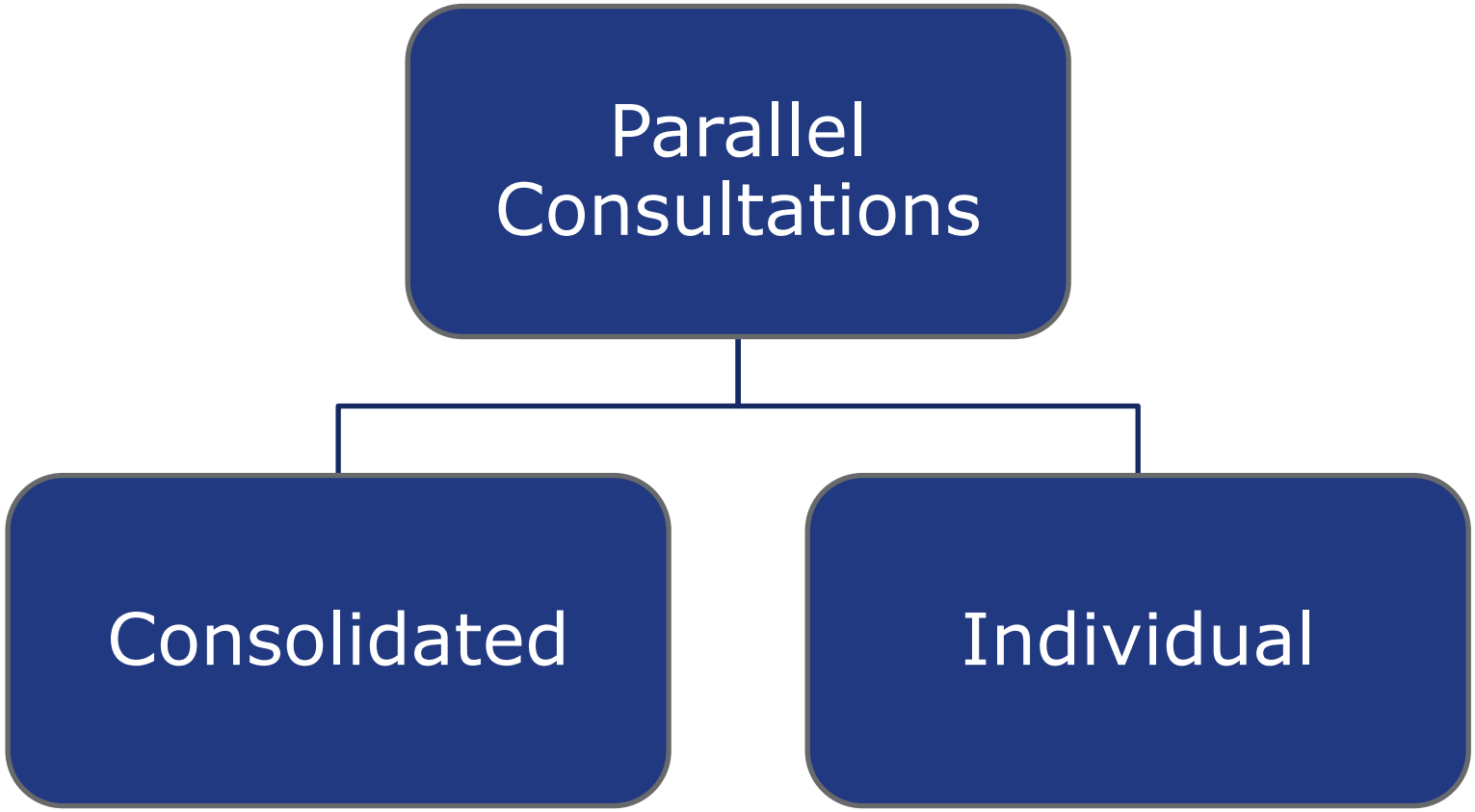
Possibility of more interaction between EMA and HTABs during the procedure

Regulators

- Committee for Medicinal Products for Human Use (CHMP)
- Scientific Advice Working Party SAWP
- SAWP Coordinators
- Scientific Advice Secretariat

Other stakeholders (beyond HTABs)

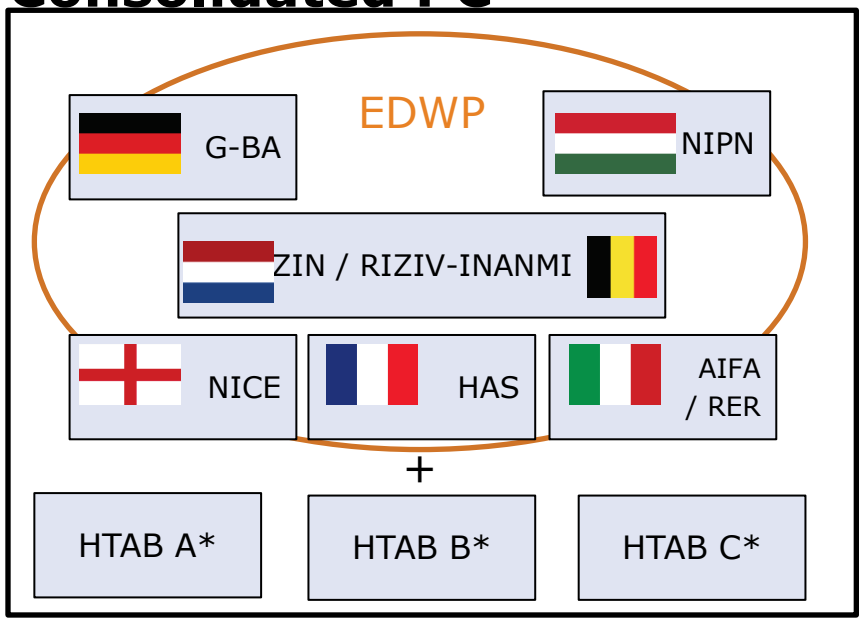
- Clinical experts
- Patient representatives
- Healthcare professionals
- Others (as appropriate) (e.g. payers)


Parallel Consultations
Consolidated
Individual

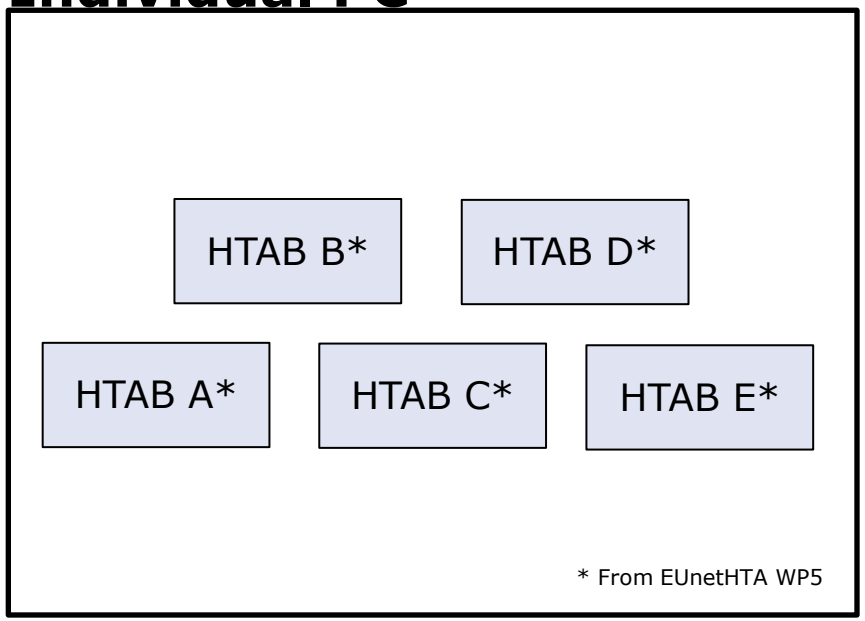
EUnetHTA: EDC

- The Early Dialogue Committee (EDC) is constituted for a specific product and the members will fluctuate to a degree for each Consultation.
- Composition (example) of the EDC for:

Consolidated PC



Individual PC



- The preferences of the Applicant (indicated in the Letter of Intent) will be taken into account, but participation of those HTABs cannot be guaranteed.

Composition of the EDWP as of July 4th 2017: France (HAS), Germany (G-BA), United Kingdom (NICE), Italy (AIFA with alternate RER), Hungary (NIPN), and a shared seat for The Netherlands/ Belgium (ZIN/ RIZIV-INANMI)

EUnetHTA: EDWP selection criteria

- The product should aim to bring added benefit to patients i.e. by:
  - A **new mode of action** for the indication;
  - AND targeting a **life-threatening** or **chronically debilitating disease**;
  - AND responding to **unmet need** (no treatment or only unsatisfactory treatment available).

- EUnetHTA aims for a diverse selection of Consolidated Parallel Consultations and therefore selected EDs should represent a wide array of topics, therapeutic areas etc.

PC – Consolidated vs Individual

	Parallel Consultations	
	Consolidated	Individual
HTAB recruitment	Centrally via EUnetHTA ED Secretariat	Centrally via EUnetHTA ED Secretariat
Mode of participation of HTABs	Full participation of EDWP and up to 3 additional HTABs	Voluntary HTAB participation
Selection criteria	Applies	Does not apply
Outcome	There is a single written report including: consolidated HTA written answers for shared positions, and individual HTA answers to those questions for which consensus was not possible. Send to the Applicant via EUnetHTA ED Secretariat	Individual HTABs provide HTABs' written answers to the questions directly to the Applicant

The process – 3 phases

Simultaneous notification

- Applicant sends letter of intent to EMA and EUnetHTA
- At day -60 (≈ 2 months before the formal procedure start date)
- Selection of pathway - after EDWP applies the selection criteria for consolidated procedure:

Presubmission phase

- Starts when the Applicant send the draft briefing package
- At least 30 days before the due start date
- Validation comments on the package are sent to the Applicant
- Presubmission teleconference (TC) – only in exceptional cases
- Submission of the validated / final package (at least 2 full working days before the start)

Evaluation phase

- EUnetHTA ED Secretariat and EMA exchange their respective draft Lists of Issues (LoI)
- HTABs closed interactions
- Pre F2F meeting between regulators and HTABs.
- F2F meeting with Applicant
- Final outcome letters are sent to the Applicant, and exchanged between EMA and EUnetHTA

Face to face (F2F) meeting:

Closed pre meeting	Meeting with Applicant	Closed post meeting
15-45 minutes*	Maximum 3 hours	15 minutes

*if necessary (e.g. late changes to the development plan)

Enhanced communication between EMA and HTABs

- Documents and outcomes are exchanged throughout the procedure, the Applicant provides consent in the letter of intent
- More interaction amongst stakeholders, since the beginning of the procedure, leading to a more efficient process:
  - Administrative TC
  - Pre F2F TC
  - Closed TC (D57)
  - Closed regulators/HTAB interaction during the F2F meeting

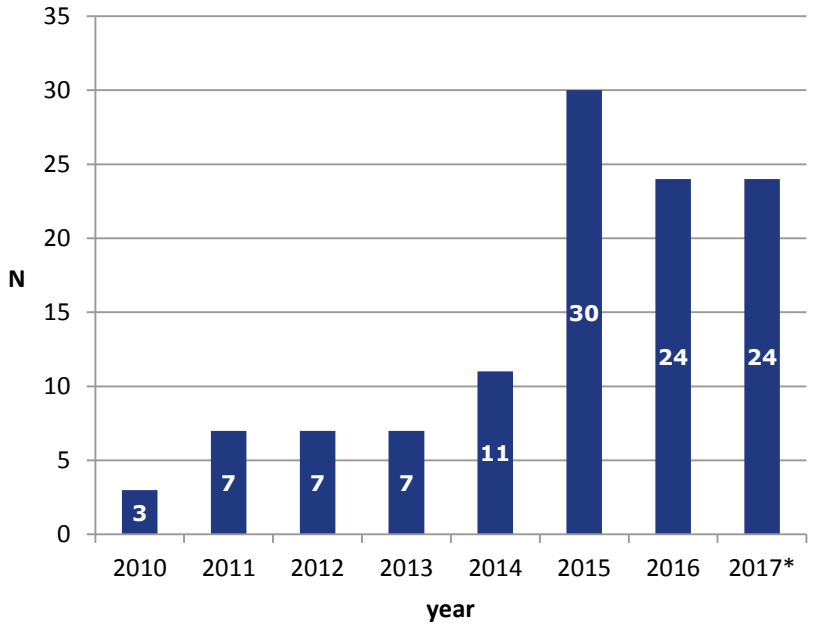
Advice / outcome

Parallel Consultations		
EMA	EUnetHTA	
	Consolidated	Individual
CHMP final Scientific Advice/Protocol Assistance letter to the Applicant in accordance with the published timelines (i.e. the subsequent CHMP meeting)	In the case of a consolidated HTA output, the EUnetHTA ED Secretariat sends out final validated written answers to Applicant at ≈D +75	Individual HTABs provide HTABs' Early Dialogue written answers to the questions directly to the Applicant within 15 working days of the F2F

- Final outcome letters are exchanged between EMA and EUnetHTA ED Secretariat.

Experience with parallel regulatory/HTA advice

New requests for parallel EMA HTA procedures and parallel consultations



* To Sept 2017

Since launch of new platform:

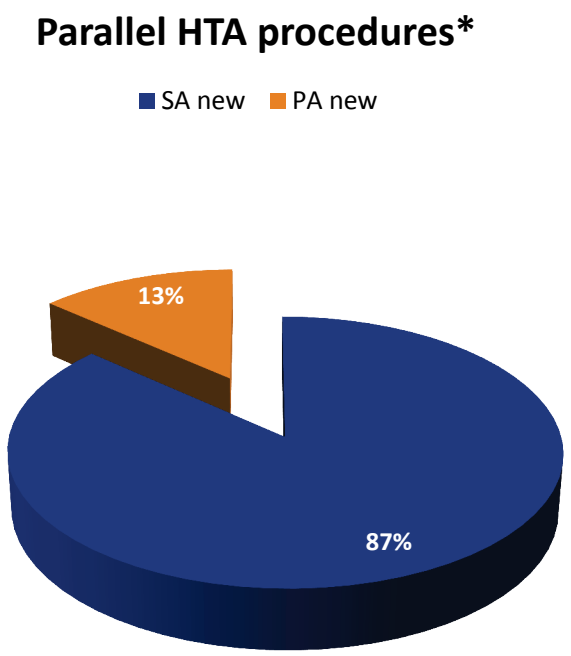
Transitioned/registered – 2 started, 5 in preesubmission

- PCI: 4
- PCC: 2
- Pending: 3

Requests for parallel regulatory/HTA advice: Orphan medicines

Protocol assistance procedures:

- Total 15 procedures (including 2 follow up requests)
- 4 requests with questions related to significant benefit



* To July 2017

Parallel advice X disease Registry

Topics:

- Target population for post-approval Registry Pharmacoepidemiology/Pharmacoeconomic
  - which countries, and outcomes
- Which variables for safety and efficacy
- Post-authorisation Pharmacoepidemiology/Pharmacoeconomic studies
  - efficacy and safety data retrieval frequency
- Summary data vs patient level raw-data
- Strategies for analyses

Scientific advice on peri/post licensing studies

- Relatively rare but new framework for giving advice consulting with Safety colleagues
- E.g. ATMP current Post Launch Evidence Generation (PLEG) advice Registry – preMAA for PostMAA Safety and Efficacy
- E.g. some Specific safety/efficacy issues- RCTs
- Review of advices including non randomised evidence ongoing – preliminary
  - 18 Advices with questions on registries/non-randomised data from July 2016 to June 2017

Principles and Key messages

New significant positive development on collaboration for parallel advice/early dialogue between EMA and EUnetHTA:

- New platform, one gateway for all procedures;
- Centralised HTA recruitment;
- HTA working party for prioritised subset with consolidated HTA advice;
- For all parallel advice/early dialogue procedures - Streamlined logistics, greater HTA coordination;
- Platform for parallel discussion on initial evidence generation for MAA/reimbursement, and post licensing evidence generation.

Principles and Key messages

- Multi-stakeholder, EMA and EUnetHTA equal partners, working together, benefits patient access and public health.
- Respect for roles and remits to facilitate optimised evidence generation for different stakeholders.
- Building on successes of PSA and SEED and Interactive focused meetings.
- Launched: 04 July 2017.
- 9 procedures started or registered under new scheme.

Acknowledgements: in collaboration with EUnetHTA

Any questions?

Further information

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