



ROLE OF REAL WORLD EVIDENCE TO FOSTER ACCESS TO INNOVATIVE DIABETES MEDICINE

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EMA-EuropaBio Information Day, London, 22nd November 2016

PAYERS EXPERIENCING INCREASINGLY TIGHT BUDGETS ARE LOOKING FOR WAYS TO CURB COSTS

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Waseem Abbasi - Thursday, April 02, 2015 - From Print Edition

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The Economist Intelligence Unit

Country Industry Risk Data Special reports

Healthcare

Ageing populations and tight budgets



Over-65s now account for around 10% of the world's population. This demographic shift, combined with an economic slowdown, is threatening the stability of healthcare systems in many developed countries, and some developing ones.

THE GLOBE AND MAIL

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BARRIE MCKENNA
Health care costs our single most pressing budget item

BARRIE MCKENNA
The Globe and Mail
Published Sunday, Feb. 27, 2011 5:38PM EST
Last updated Monday, Sep. 10, 2012 10:59AM EDT

HEALTHCARE LEADERS

HSJ

 **ALASTAIR MCELLEAN**
One minister should join the hundreds of DH staff who will be made redundant

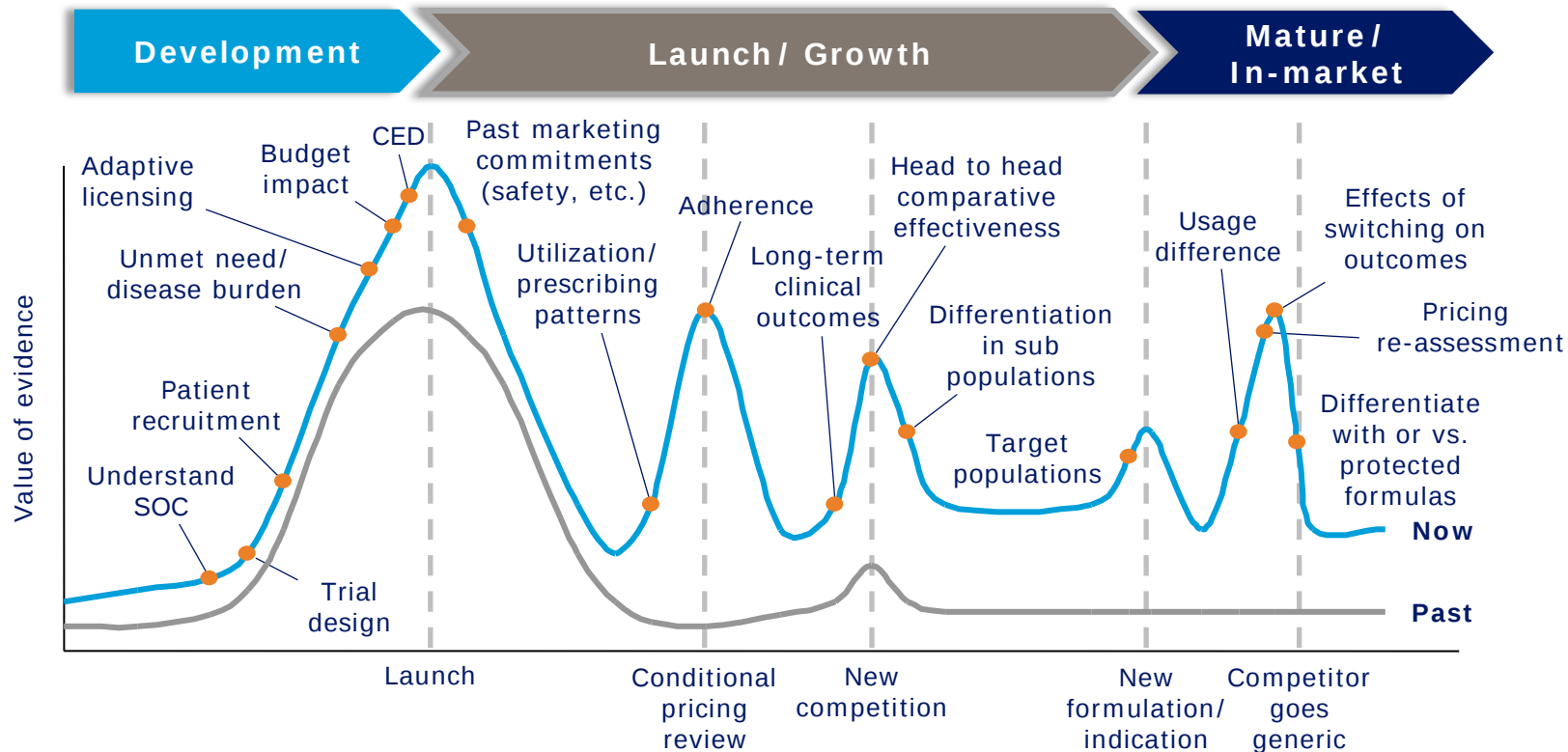
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24 JUL 2015



EVIDENCE REQUIREMENTS TO OBTAIN AND MAINTAIN MARKET ACCESS ARE HENCE INCREASING



WHILE CLINICAL TRIALS ARE CONSIDERED “GOLD STANDARD”, OUTCOMES MAY NOT REFLECT REAL-WORLD CONDITIONS

COMMON ISSUES

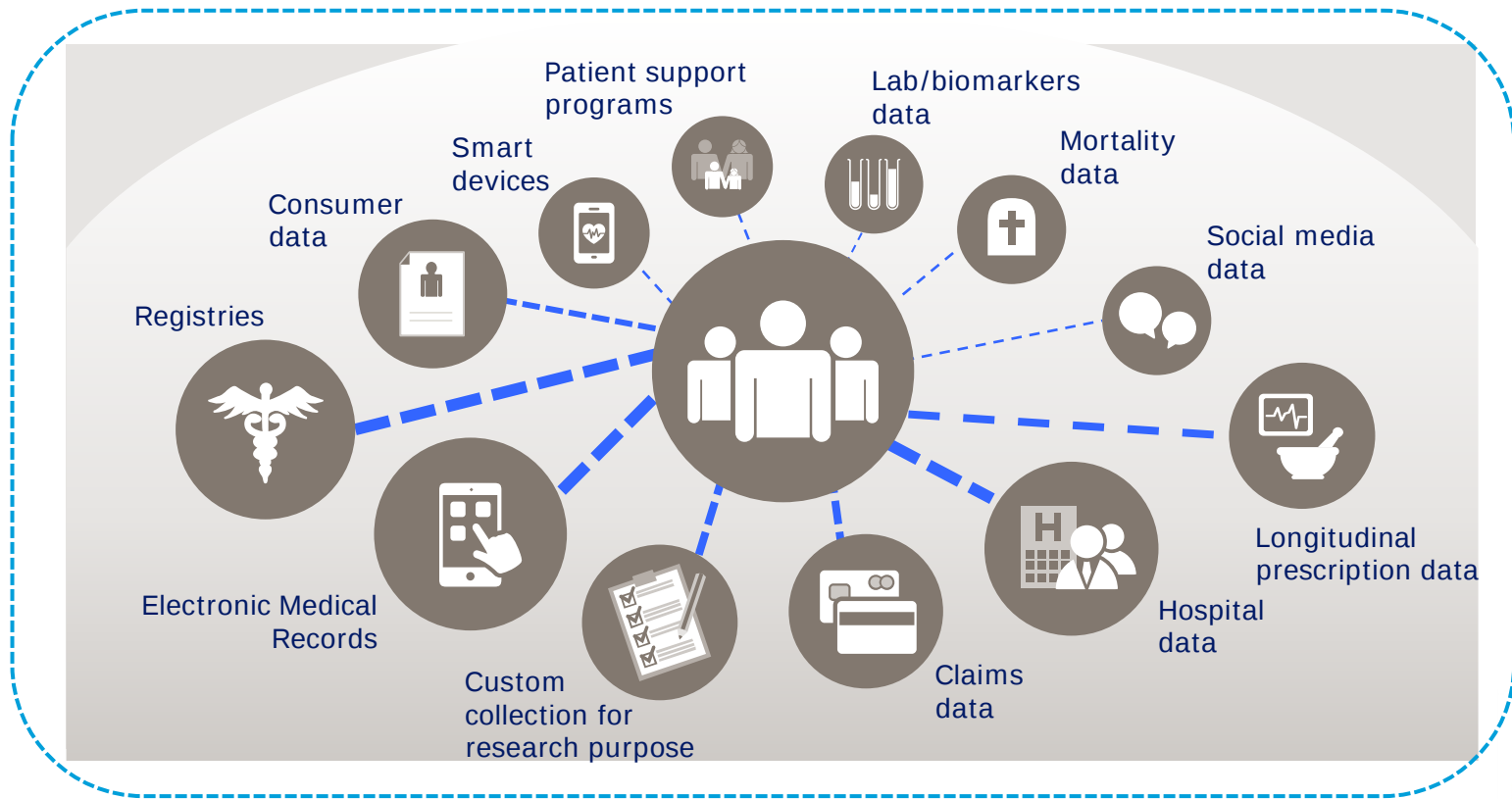
- **Too small** to detect drug adverse events
- May exclude **vulnerable groups** such as the elderly, children, pregnant women, chronic disease patients
- Often too **short** to assess long-term safety or effectiveness
- Certain trials may be **unethical**

EVIDENCE PREFERENCES AND REQUIREMENTS DIFFER BETWEEN LOCAL AND CENTRALISED DECISION-MAKERS

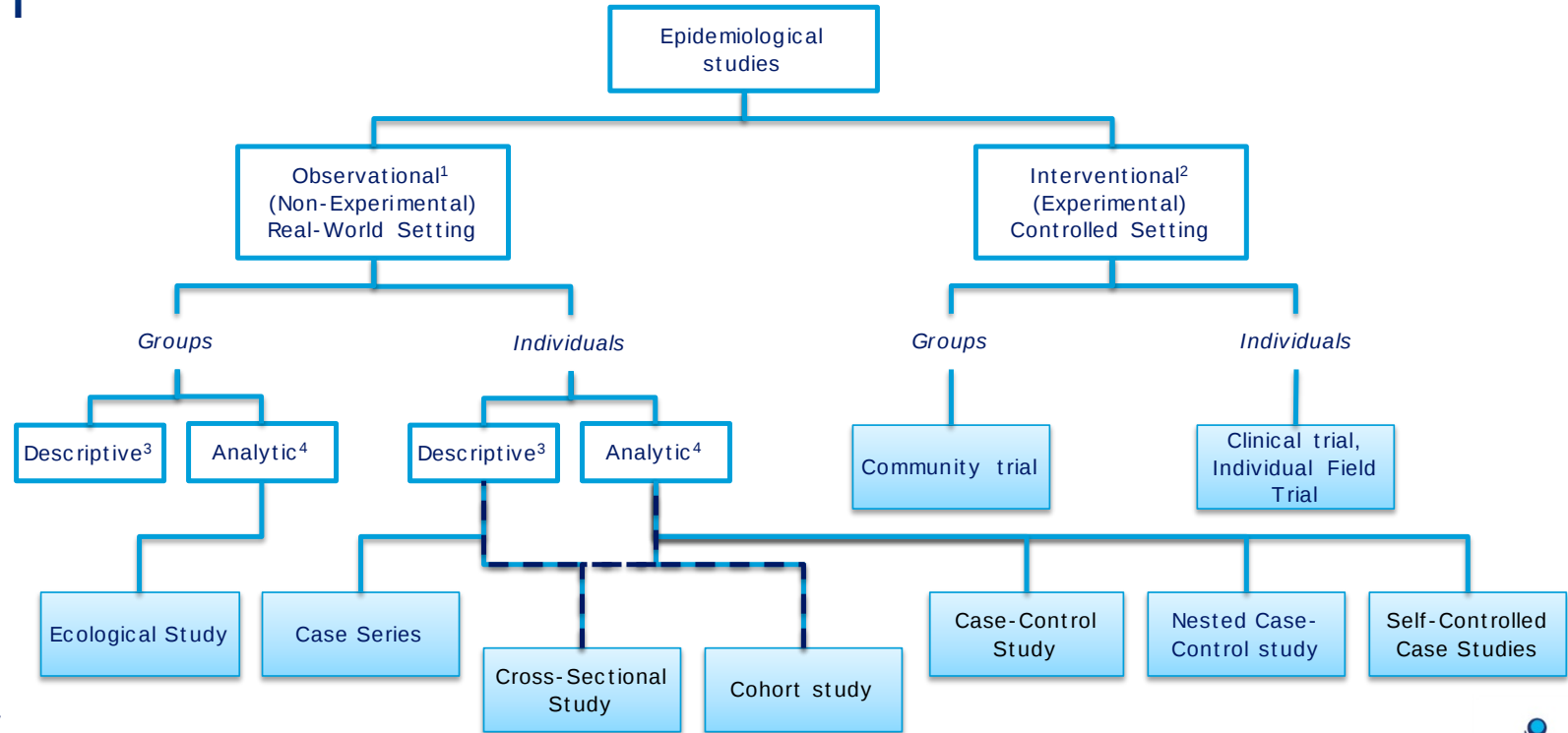
Clinical trial data is the core requirement for all agencies. Safety data, quality of life data and economic analyses are also commonly requested but not required by all agencies, with the latter being a requirement for national HTA agencies only

Agency accept/offer guidance on evidence type	EMA	EUnethTA	HAS	G-BA	AIFA	ZINL	Spain	TLV	NICE	SMC
 Trial data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
 Indirect comparison	NS	✓	✓	✓	NS	NS	NS	✓	✓	✓
 Systematic Reviews/ Meta-analysis	NS	✓	✓	✓	✓	NS	NS	✓	✓	✓
 Real-world evidence	NS	NS	✓	NS	NS	NS	NS	NS	✓	NS
 Safety data	✓	✓	✓	✓	✓	✓	✓	NS	✓	✓
 QoL data	✓	✓	✓	✓	NS	✓	✓	NS	✓	✓
 Economic evidence	NS	NS	✓	NS	✓	✓	✓	✓	✓	✓
 Other sources (e.g. dose ranging studies)	✓	NS	✓	NS	✓	✓	✓	NS	✓	NS

COMPLEXITY: REAL-WORLD DATA CAN COME FROM A VARIETY OF SOURCES



AND A WIDE RANGE OF EPIDEMIOLOGICAL STUDY DESIGNS EXIST



1. Observe only
2. Allocate exposure
3. Exposure or outcome
4. Exposure and outcome

ANTICIPATING FUTURE NEEDS EARLY MAY RESULT IN SYNERGIES AND POTENTIALLY STRONGER EVIDENCE

BEST PRACTICE

- **Anticipate** gaps to be filled with RWE 3-5 years ahead
- **Realise synergies** between products and studies
 - Data purchases, collaborations, alignment of protocols
- **Start investing early** in accessing and enhancing “grey” RWD if needed
- **Prioritize** based on budget and business need

BENEFITS

- **Better data** for retrospective studies through early planning
- Overall **cost savings**
- **Faster** turn-around times

CASE STUDY OF A SINGLE ARM OBSERVATIONAL STUDY TO SUPPORT MARKET ACCESS

- Insulin degludec was evaluated in a large **3a clinical trial programme** in adult patients with type 1 and type 2 diabetes (BEGIN®).
- Key benefits of this new therapeutic alternative: reduction of the risk of hypoglycaemia. However, **patients experiencing hypoglycaemia** who may benefit from the new treatment were, for regulatory reasons, **not included** in the initial clinical trial program.
- **Real-world evidence (RWE)** complemented the evidence base established by the ph3 program and **helped demonstrate the product value in a subgroup** of patients relevant to payers.

CONCLUSION

- This case study exemplifies how the use of RWE helped local payers (e.g. local formulary committees) in getting **additional insights into the clinical benefits** of a novel intervention in addition to evidence from the initial RCT program.
- Demonstrating **product value in real clinical practice** is increasingly important to achieve successful reimbursement, and central to evaluating the costs and benefits of health technologies competing for funding decisions.
- However, significant **challenges in the development and acceptance of RWE** remain to be addressed.

POINTS FOR CONSIDERATION

- Challenges with RWD: **fragmented** sources of data, **methodologies** & evidence standards
- **Acceptability / validity** of RWE: early engagement with payers & regulators e.g. payer partnerships
- Increasing schemes of **coverage with (RW or RCT-based) evidence development** to manage uncertainty and information asymmetry



RHONA BAPTISTE
Rhona has type 2 diabetes
UK

THANK YOU
ANY QUESTIONS?

SHORT BIOGRAPHY

- Agathe Le Lay holds a PhD in Health Economics from the University Claude Bernard Lyon 1 and has more than 10 years of experience in developing and leading Health Economics & Market Access strategies related to both product development and life cycle management. Agathe is currently heading the European Health Economics & Outcomes Research team at Novo Nordisk, based in Copenhagen, Denmark.