HTA use cases

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Niklas Hedberg
Chief Pharmacist, TLV
Chair, Consortium Executive Board EUnetHTA21
Member of the DARWIN-EU advisory board

General description of HTA-bodies needs for RWD

- RWD are important to HTA appraisals for **effectiveness, safety, utility** etc.
- RWD is needed at first evaluation and at reassessment of a drug and is also needed to assess **drug classes**.
- However, the **quality** of RWD is an issue.
- RWD can be used as **external control** in certain conditions.
- HTA-bodies are **developing guidance** and dedicate resources to support RWD development and at times HTA-bodies **generate RWD** themselves.
- The type of RWD requested has **changed drastically** over the years.
- HTA-bodies generally have difficulties in terms of **identification** of relevant sources and getting **access** to the relevant data.

Recap of previous conclusions

- **Acknowledge the divergence** on needed variables and access to data but **strive for consistent recommendations** when possible.
- **Continue the exchange** on quality requirements.
- **Explore** if and how the **REQueST tool** can be used to ensure generation of information relevant for both parties.
- Continue **HTA bodies participation in workshops** organised by the EMA.
- **Give early EMA-EUnetHTA parallel advice on PLEG.**
- **Share information** on registries that are qualified or used or planned to be used by EMA or HTA bodies.
- **Create an alert system** for when the EMA anticipates a request for PLEG.

HTA looking at DARWIN EU

Three main areas for which RWD analyses can support committees' decision-making

1 Support the planning and validity of applicant studies

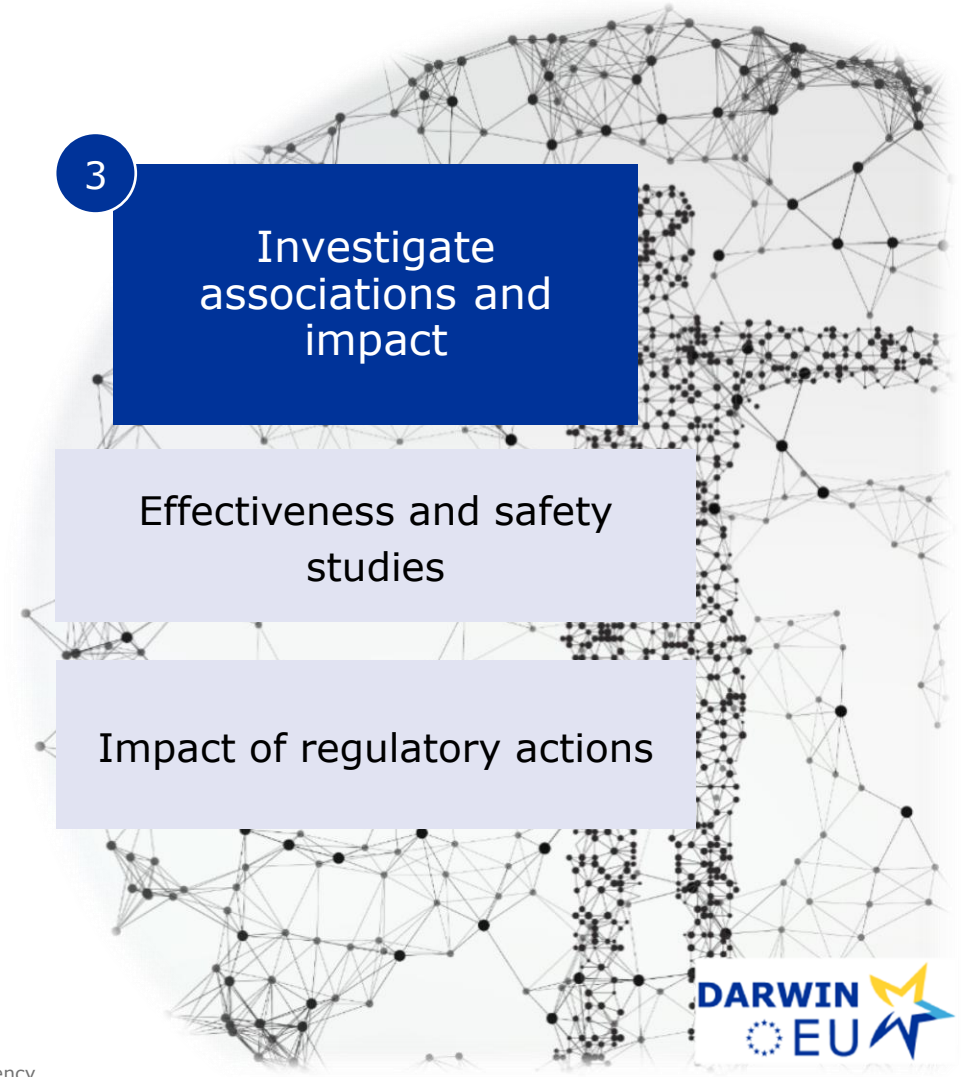
- Design and feasibility of planned studies
- Representativeness and validity of completed studies

2 Understand the clinical context

- Disease epidemiology
- Clinical management
- Drug utilisation

3 Investigate associations and impact

- Effectiveness and safety studies
- Impact of regulatory actions



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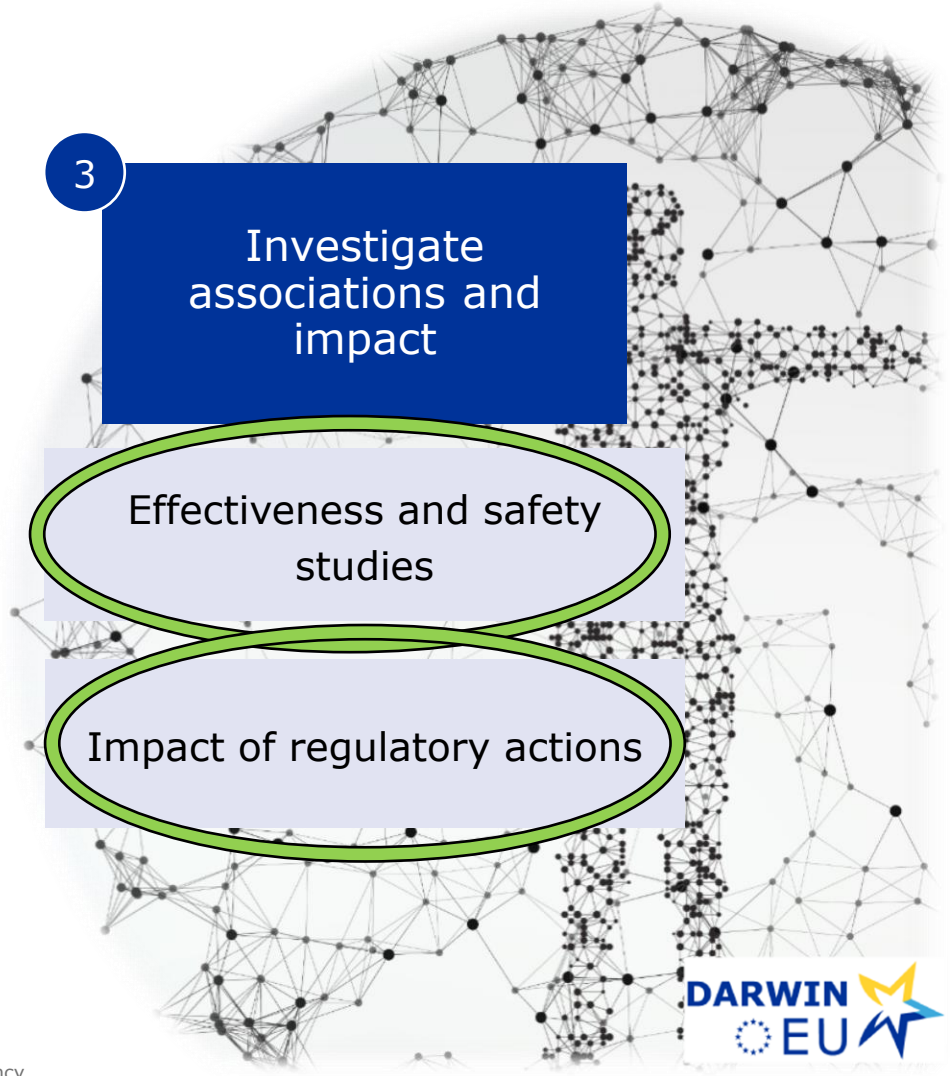


What analyses and studies will DARWIN EU® deliver?

Category of observational analyses and studies	Description
Routine repeated analyses	Routine analyses based on a generic study protocol • Periodical estimation of drug utilisation • Safety monitoring of a medicinal product • Estimation of the incidence of a series of adverse events
Off-the-shelf studies	Studies for which a generic protocol is adapted to a research question • Estimate the prevalence, incidence or characteristics of exposures • Estimate the prevalence, incidence or characteristics of health outcomes • Describe population characteristics
Complex Studies	Studies requiring development or customisation of specific study designs, protocols and Statistical Analysis Plans (SAPs), with extensive collection or extraction of data • Etiological study measuring the strength and determinants of an association between an exposure and the occurrence of a health outcome considering sources of bias, potential confounding factors and effect modifiers
Very Complex Studies	Studies which cannot rely only on electronic health care databases, or which would require complex methodological work • Studies where it may be necessary to combine a diagnosis code with other data such as results of laboratory investigations, or studies requiring additional data collection

Looking ahead at 2022: Pilot studies

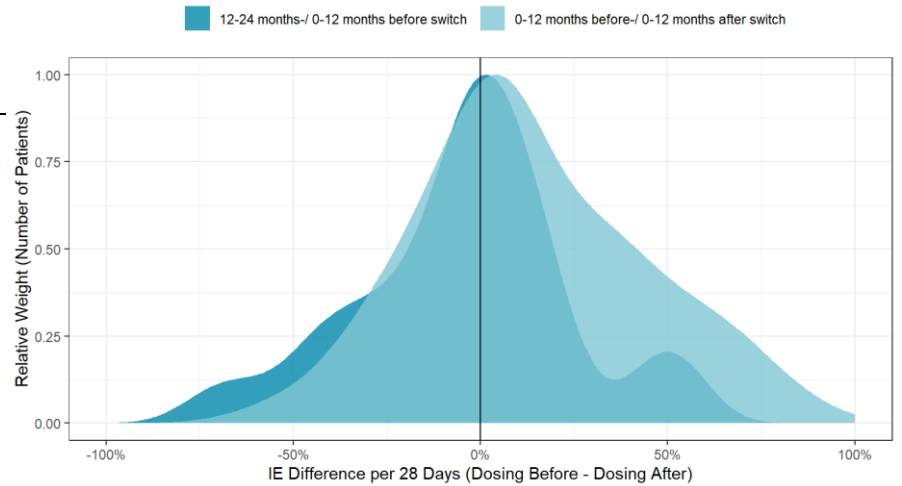
	Year 1	Year 2	Year 3	Year 4	Year 5
Phases/Options	Phase I	Phase II	Phase III		
Routine repeated Analysis	A least 1 study	A least 6 studies	At least 30 studies	At least 60 studies	At least 60 studies
Off-the-shelf Study	A least 2 studies	A least 6 studies	At least 30 studies	At least 60 studies	At least 60 studies
Complex Study	1	4	At least 12 studies	At least 24 studies	At least 24 studies
Very complex Study	0	0	0	At least 1	At least 1
Data Sources On-Boarded	10	10 additional	10 additional	10 additional	

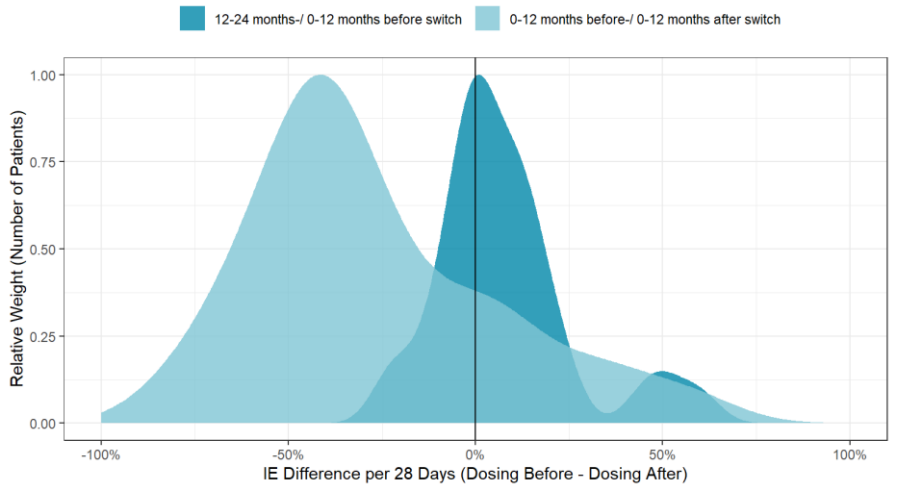
One national example, a pilot study by TLV

How registry data did have an impact on reimbursement

- TLV:s reassessment of haemophilia A and haemophilia B.
- Data from the Prescribed Pharmaceutical Register was used to reassess assumptions in the health economic evaluation.
- The results had an impact on TLV:s assessment regarding reasonable cost for treatment.

Where would we put this in the EMA pilot framework?





Where woul I place the TLV pilot?

	Year 1	Year 2	Year 3	Year 4	Year 5
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Routine repeated Analysis	A least 1 study	A least 6 studies	At least 30 studies	At least 60 studies	At least 60 studies
Off-the-shelf Study	A least 2 studies	A least 6 studies	At least 30 studies	At least 60 studies	At least 60 studies
Complex Study	?	4	At least 12 studies	At least 24 studies	At least 24 studies
Very complex Study	1	0	0	At least 1	At least 1
Data Sources On-Boarded	10	10 additional	10 additional	10 additional	

Looking ahead at 2022: Pilot studies

Where do the HAT needs fit into the grid?

	Year 1	Year 2	Year 3	Year 4	Year 5
Phases/Options	Phase I	Phase II	Phase III		
Routine repeated Analysis	RWE ? A least 1 study	A least 6 studies	At least 30 studies	At least 60 studies	At least 60 studies
Off-the-shelf Study	RWE ? A least 2 studies	RWE ? A least 6 studies	At least 30 studies	At least 60 studies	At least 60 studies
Complex Study	1	4	At least studies	RWE ? 24 studies	At least 24 studies
Very complex Study	0	0	RWE ? 0	RWE ? At least 1	At least 1
Data Sources On-Boarded	10	10 additional	10 additional	10 additional	

HTA use cases in the EMA context

- RWD is needed for:
  - Natural history of disease.
  - Actual clinical standard of care and compare standards of care.
  - Inform on design, feasibility and representativeness of studies suited for HTA needs.
  - Use of external comparator.
  - Measure representativeness of patients between the population studied in a CT and the target population of the new medicine.
  - When appropriate, validate study findings.
  - Inform on the feasibility of imposed PASS/PAES and if they are valid for HTA purposes.

Thank you!

For more and updated information keep following our webbsite EUnetHTA or send an e-mail to eunethta@zinl.nl or niklas.hedberg@tlv.se