

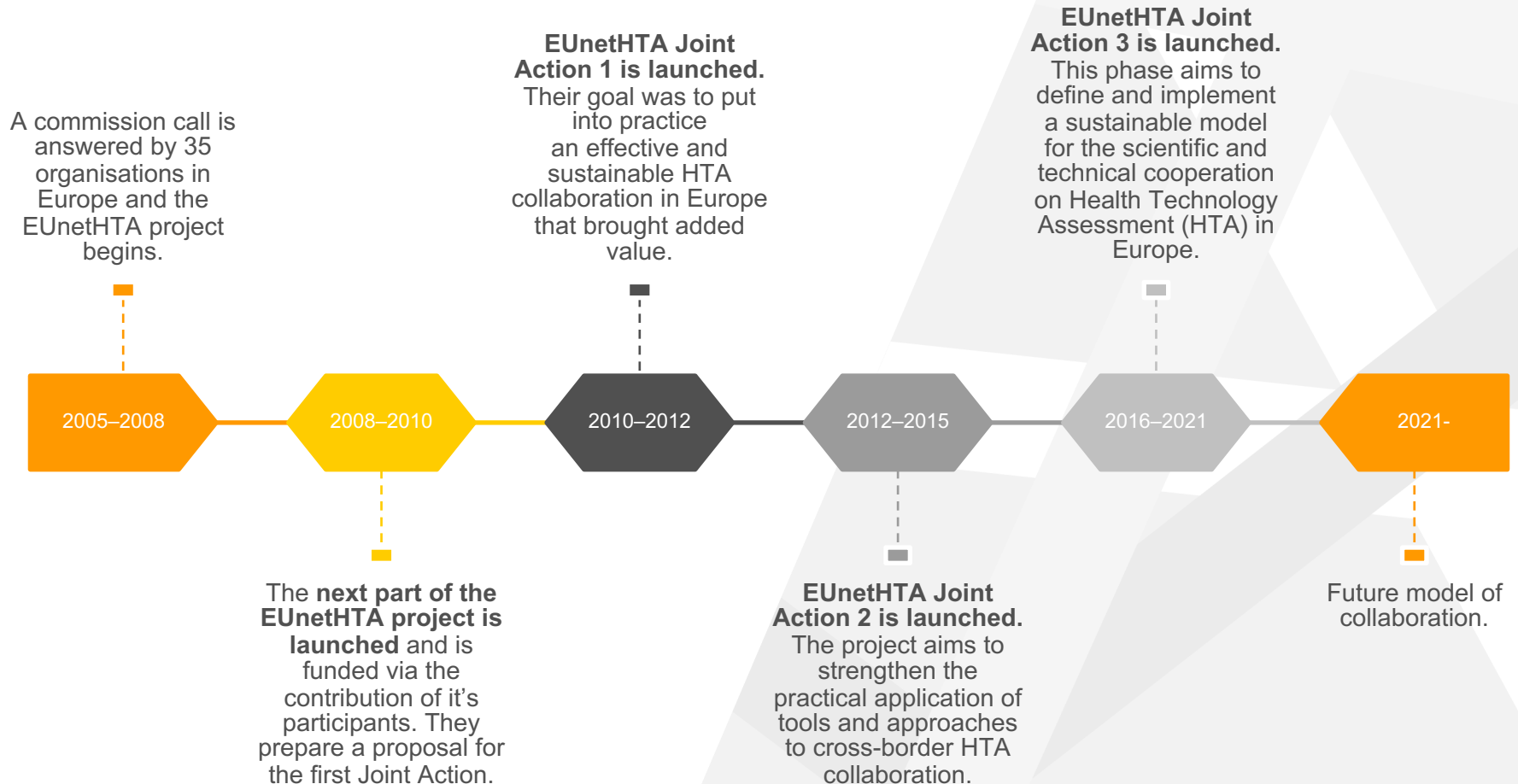
EUnetHTA

Future of Pharmaceutical Joint Clinical Assessments

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The history of EUnetHTA

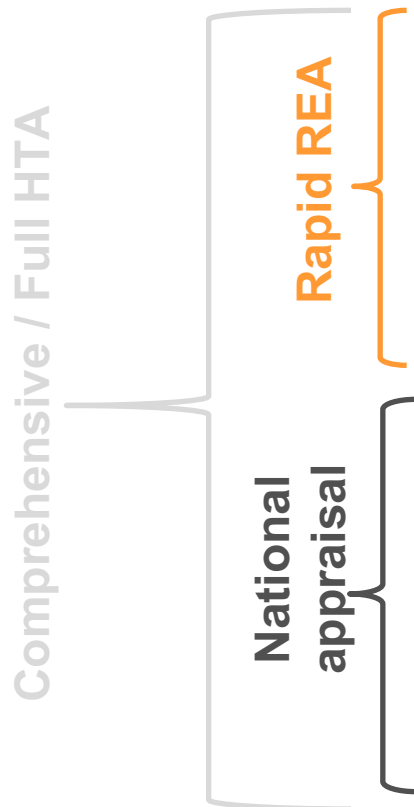


Pharmaceutical Joint Assessments JA3

Project ID	Title	Authoring team
PTJA01 11/2017	Midostaurin for Acute Myeloid Leukaemia (AML)	Finland , Norway <i>Sweden, Netherlands, France, Spain, Germany</i>
PTJA02 10/2017	Regorafenib for hepatocellular carcinoma (HCC)	France , Portugal <i>Croatia, Switzerland, Finland, Austria, Hungary, Spain</i>
PTJA03 01/2018	Alectinib for ALK+ advanced NSCLC	Sweden , Austria, Croatia <i>UK, Italy, Spain, Hungary</i>
PTJA04 06/2019	Sotagliflozin for Type 1 Diabetes Mellitus	Sweden , Netherlands, Ireland <i>Spain, Switzerland, Latvia, Portugal, Poland</i>
PTJA05	Enasidenib for relapsed or refractory AML	Norway , Spain <i>France, Italy, Switzerland, Scotland, Malta</i>
PTJA06	Polatuzumab vedotin for relapsed/refractory diffuse large B-cell lymphoma (DLBCL)	Germany , France <i>Czech Republic, Finland, Sweden, Portugal</i>
PTJA07	Ustekinumab for moderately to severely active ulcerative colitis (UC)	Croatia , Poland, Sweden <i>Italy, Hungary, Spain, Switzerland</i>
PTJA08	Siponimod for secondary progressive multiple sclerosis (SPMS)	Portugal , Ireland <i>Italy, Netherlands, Spain</i>
PTJA09	Brolucizumab for neovascular (wet) age-related macular degeneration (AMD)	Finland , Spain <i>France, Poland, Italy, Austria</i>
PTJA10	Crizanlizumab for Sickle Cell Disease (SCD)	Netherlands , Spain <i>France, UK, Slovenia</i>
PTJA11	Cefiderocol for gram-negative infections	Italy , Norway <i>France, Germany, Spain</i>
PTJA12	<i>Establishing assessment team</i>	
PTJA13	<i>Establishing assessment team</i>	

EUnetHTA HTA Core Model®

SCOPE



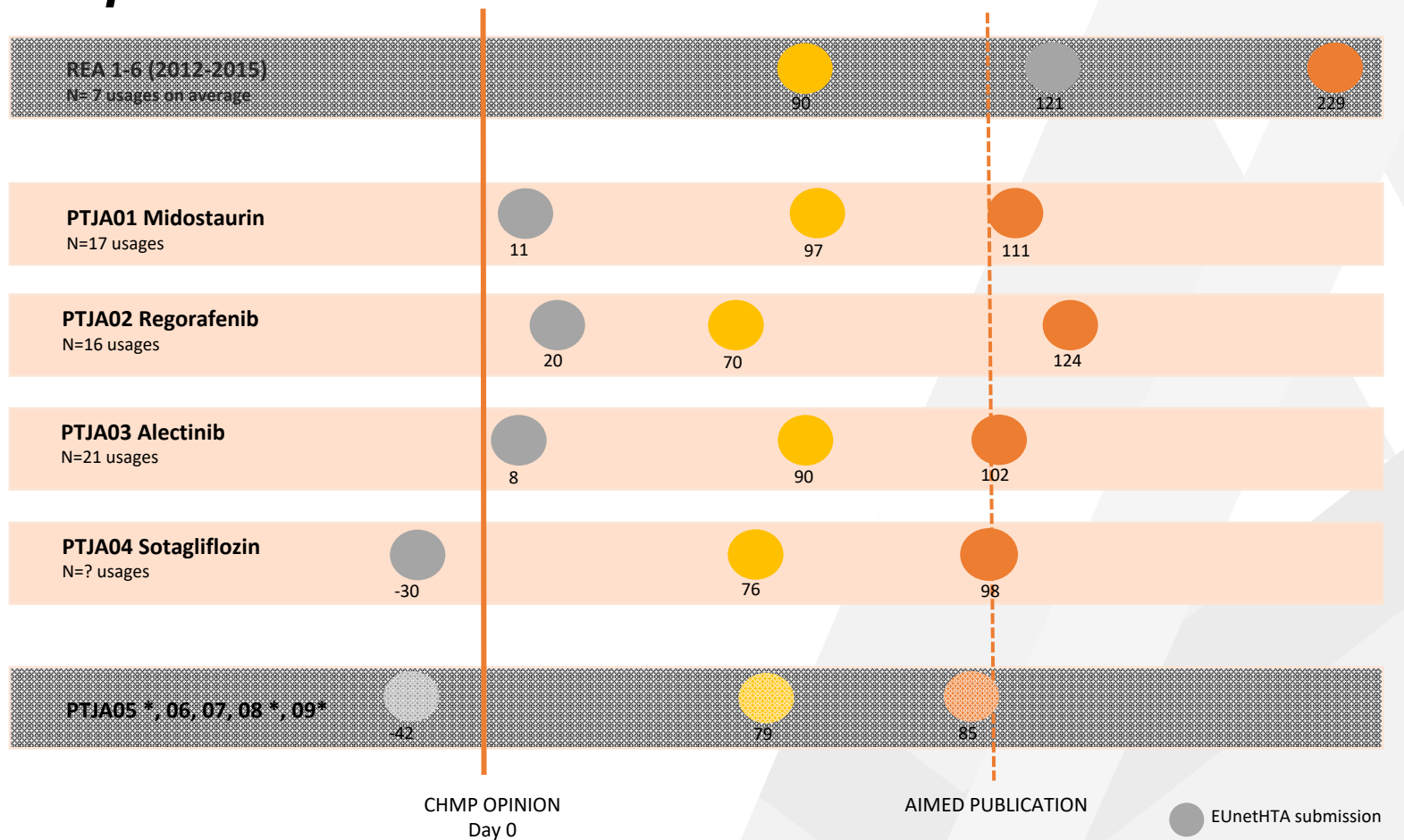
HTA Core Model DOMAINS

1. Health problem and current use of technology
2. Description and technical characteristics
3. Safety
4. Clinical effectiveness

EUnetHTA does not give recommendations on added value or reimbursement

Pharma REA Production

Experiences so far



Pharma REA production

Trend in timelines

- Increase implementation for national assessment/appraisal
 - PICO survey for EU scope Joint Assessment (JA)
 - EUnetHTA prioritisation List
 - JA available close after Market Authorisation

- National assessment/appraisal often starts after Market Authorisation
 - JA published within 2-3 weeks after EPAR
 - Aim: publish even closer after EPAR

Advantages of EUnetHTA Joint Clinical Assessment

- Head start on national HTA- submission work
 - by preparing EUnetHTA submission dossier
- One application for European Joint Clinical Assessment
- National HTA agencies influence on scope/PICO
- Joint Clinical Assessment
 - Allows flexibility for national context where needed
- Timely availability after Market Authorisation
- Predictable and consistent European HTA process
 - Quality Assurance via tools, templates and SOPs
 - Central project management by EUnetHTA



How to use EUnetHTA assessment nationally?

Example ZIN

- Request Ministry of Health for assessment by Zorginstituut
 - Following positive CHMP opinion
 - Hand in dossier, including EUnetHTA submission file

- Dossier requirements
 - EUnetHTA submission file: complements 'pharmacotherapeutic dossier'
 - Additional requirements:
 - 'GVS dossier': justify place of drug in extramural drug reimbursement system ('Geneesmiddelen VergoedingsSysteem')
 - Budget Impact Analysis (BIA) dossier
 - Pharmaco-economic dossier (if 'added therapeutic value' is claimed and BIA > 10 million)

- Advised by an independent expert committee

EUnetHTA & Beneluxa

Conceptualisation in Dutch setting



Scoping

National/ Regional input
on relevance PICO(S)



Joint Clinical Assessment

Heterogeneity between MS in PICO

To be treated as systematic review
➤ Verification of eligibility for national setting



National/ Regional Appraisal

- Short report Dutch / Beneluxa scope & conclusion
- If needed, add:
+ GRADE
+ CEA
- Followed by Beneluxa proces if necessary

D -210/180

Start = CHMP
= d0

End = d90 =
~close after EPAR

Thank you!

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Timelines Joint Assessment dependent on CHMP

