Minutes EMA – Payer Community meeting

18 June 2019, 10.00-16.00 CEST

Zorginstituut Nederland (ZIN), Willem Dudokhof 1, Diemen, the Netherlands

Co-chairs: Payer Community: Ad Schuurman (am) / Evert Jan van Lente (pm)
EMA: Harald Enzmann (am) / Hans-Georg Eichler (pm)

	Names (A-Z last name)
Present:	Michael Berntgen (EMA), Elin Bjørnhaug (Norwegian Medicines Agency), Kevin-Georg Blum (AOK), Jana Bogum (AOK), Simone Boselli (EURORDIS), Anna Bucsics (MoCA), Maria Cavaller Bellaubi (EURORDIS), Po Kam Cheung (ZIN), Gregor Daubler (VDEK), Christine Dawson (ESIP/MEDEV), Jolanda de Boer (ZIN), Corinne de Vries (EMA), Marijke de Vries (ZIN), Dinah Duarte (EMA), Daisy Duel (ZIN), Patrícia Dutková (AIM), Hans-Georg Eichler (EMA), Arnaud Emeriau (ESIP), Harald Enzmann (EMA), Michael Ermisch (GKV Spitzenverband), Daniel Ferianc (AIM), Aldo Golja (Dutch Ministry of Health, Welfare and Sport - VWS), Marcus Guardian (ZIN/EUnetHTA), Anne Hendricks (Solidaris), Hans Hillege (EMA), Wills Hughes-Wilson (Mereo Biopharma), Anthony Humphreys (EMA), Thomas Kanga-Tona (AIM), Eveline Klein Lankhorst (Dutch Ministry of Health, Welfare and Sport - VWS), Zuzana Kralovicova (AIM), Xavier Kurz (EMA), Kevin Liebrand (CBG-MEB), Dimitra Lingri (EOPYY), Jordi Llinares Garcia (EMA), Evelyn Macken (Independent Mutuals Belgium), Federica Mammarella (AIFA), Mercedes Martinez (Spanish Ministry of Health), Mareena Paldán (Pharmaceuticals Pricing Board, Ministry of Social Affairs and Health, Finland), Pauline Pasman (ZIN), Guido Rasi (EMA), Sibylle Reichert (AIM), Robert Sauermann (HVB), Ad Schuurman (ZIN), Hans Seyfried (SVB), Timon Sibma (ZIN), Juraj Slabý (SUKL), Els Soete (RIZIV INAMI), Niels Speksnijder (ZIN), Jocelijn Stokx (Christian Mutuals Belgium), Giovanni Tafuri (ZIN/EUnetHTA), Lonneke Timmers (ZIN), Fanny Tissier (REIF), Spiros Vamvakas (EMA), Marc Van de Casteele (RIZIV INAMI), Katelijne van de Vooren (Dutch Ministry of Health, Welfare and Sport - VWS), Evert Jan van Lente (AOK), Kärt Veliste (EHIF), Sjaak Wijma (ZIN)

Item	Agenda	Name (speakers in bold)
1.	Joint welcome by ZIN's Chair of the Board and EMA's Executive Director	ZIN: **Sjaak Wijma** EMA: **Guido Rasi**
2.	Introduction and adoption of draft agenda	Chairs
3.	Tour de table	All
4.	Prospective planning of evidence generation for orphan medicinal products – opportunities for multi-stakeholder dialogue, MoCA, non-product specific, process orientated.	Payers: **Evert Jan van Lente** Patients: **Simone Boselli** Industry: **Wills Hughes-Wilson** EMA: Spiros Vamvakas, Michael Berntgen, Dinah Duarte

Item	Agenda	Name (speakers in bold)
5.	(High) Unmet medical need (based on: "Unmet medical need: an introduction to definitions and stakeholder perceptions")	Payers: **Jocelijn Stokx** EMA: **Jordi Llinares-Garcia**, Dinah Duarte
6.	Wording of indication, labelling and assessment report (Reference: letter MEDEV/AIM/ESIP and answer EMA).	Payers: **Michael Ermisch**, Robert Sauermann EMA: Harald Enzmann, **Hans Hillege**, Michael Berntgen, **Jordi Llinares-Garcia**
7.	Horizon Scanning for pharmaceuticals (References: BENELUXAI tender for ISHI, draft TISP recommendations, www.horizonscangeneesmiddelen.nl)	Payers: **Eveline Klein Lankhorst**, **Niels Speksnijder** EUnetHTA**:** Giovanni Tafuri EMA: **Michael Berntgen**, Anthony Humphreys, Corinne de Vries
8.	Post-licensing evidence: filling evidence gaps and impact on decision making Recent experiences: CAR-T project (ZIN); Qualification of registries (EMA); Registry initiative (EMA) Use of Post-licensing evidence for decision making, i.e. benefit/risk evaluation and access decisions (e.g. managed entry agreements).	Payers: **Lonneke Timmers**, **Dimitra Lingri** EMA: **Spiros Vamvakas**, Jordi Llinares-Garcia, **Xavier Kurz**
9.	AOB and Closing remarks	Chairs

This was the second meeting between the European Medicines Agency (EMA) and healthcare payers in the European Union, namely representatives from the Association Internationale de la Mutualité (AIM), the European Social Insurance Platform (ESIP), the Medicine Evaluation Committee (MEDEV) and the multi-stakeholder platform Mechanism of Coordinated Access to Orphan Medicinal Products (MoCA). The objective was to explore synergies and foster mutual understanding and cooperation to help improve timely and affordable access of patients to new medicinal products.

In the introductory remarks the need for enhanced collaboration between payers as well as between payers and other stakeholders at both national and international level was highlighted as a way of securing sustainable access to medicines. It was further recognised that payers and regulators have the shared goal of protecting public health and that they need to work together to ensure that safe and efficacious medicines reach the patient. While respecting the different roles of regulators and payers, the first EMA-Payer Community meeting held in 2017 showed that there are several opportunities for technical collaboration in a complementary way. It was noted that the aim of the second meeting would be to take stock and further develop these opportunities. Recognising that developing such technical collaboration takes time, it was highlighted that incremental steps are essential and that a meeting like this is an opportunity to bring together the activities that are happening in different fora.

Prospective planning of evidence generation for orphan medicinal products – opportunities for multi-stakeholder dialogue

The Mechanism of Coordinated Access to orphan medicinal products (MoCA) provides a mechanism for European countries to collaborate on coordinated access to orphan medicines in a voluntary, dialogue-based approach, intended to create a fluid set of interactions between key stakeholders, across all aspects of a product[1]. Representatives of the various participants in MoCA (national competent authorities for pricing and reimbursement; rare disease patient representatives; candidate marketing authorisation applicant/holders willing to be involved in a pilot focused on a particular development programme/product of theirs) provided feedback on their experiences to date. They shared views on the benefits from the perspective of their constituency to them of their participation in this voluntary platform for 'early dialogue' between payers, patients and companies on promising potential new orphan medicinal products in the early stages of development (phase II to phase III). To date a total of 19 products have been presented and discussed in this forum, some individual programmes on multiple occasions at various stages along their development path.

For the payers, MoCA allows for an early understanding of the potential impact and challenges presented by a new technology and the opportunity to clarify their evidence generation needs pre- and post-marketing authorisation.

From a patient perspective, it was stressed that there is an important role for rare disease patients as experts in their disease, in evidence generation along the product life-cycle and the benefit of patients' involvement in the MoCA process as being pivotal in value determination in a multi-stakeholder context.

From the industry side, it was noted that MoCA represents a unique forum for payer-company dialogue at the earliest stages of development, as part of evidence generation on a continual basis. The process is important in raising awareness with companies as regards the meaningful endpoints to report on in their clinical trials. At the same time, it represents a forum not only for highlighting the specificities of the disease and the target population as part of horizon scanning, but also for identifying issues around the establishment of registries and post-launch evidence generation to meet requirements in individual Member States for pricing and reimbursement discussions and as the basis of potential Managed Entry Agreements (MEA).

Considering this existing framework of MoCA with its focus on evidence generation plans for orphan medicinal products, it was suggested that regulators could be a relevant contributor when discussing such plans in a complementary way to EMA's work. This can support the decision-making processes at a later stage. Therefore, options for such multi-stakeholder consultation involving EMA on a development plan should be explored further. The scope would be the scientific evidence generation, respecting different remits. Experience from working with other decision makers would be beneficial for exploring potential ways of working. A request from a sponsor for having such multi-stakeholder discussion on a particular development plan would form the basis for such activity.

In the discussion, much focus was on the availability of post-launch data for decision making. The question was raised if data developed under outcomes-based MEAs could be made public and/or used by other decision makers like EMA. It was discussed if completeness and quality of the data recorded was sufficient. Challenges include the absence of stringent study criteria from the outset, the absence of accessible electronic databases and also to the late involvement of payers in the evidence generation discussions. From payers' perspective it was noted that the possibility of pay-for-performance arrangements might be considered already before the product comes to the market. Although such models may not be applied generally, discussing them at an earlier point in development might be helpful to allow prospective planning and higher-quality data outputs. Ownership of registries and data privacy

[1] https://www.eurordis.org/content/moca

were also identified as barriers to transparency and access to post-market data. In light of its possible value for public health, the importance of access to the clinical results related to MEAs was highlighted. It was suggested that a more formal setting for this might increase transparency and access to data generated post-launch. Evidence requirements in view of MEA's required by payers could also form part of the collaborative dialogue between MoCA and the regulators.

Actions:

- Based on the existing MoCA cooperation, there is openness to invite sponsors to hold prospective multi-stakeholder discussions on evidence generation plans for orphan medicinal products with the involvement of EMA, in order to also provide the regulatory perspective. A sponsor can, e.g. in an advice process, suggest to involve other stakeholders like patients, ERN's, HTA and payers to clarify data requirements or explore a common registry. The organisation of this is a common responsibility, facilitated by EMA. Concrete submissions from sponsors are needed for piloting such arrangements.
- Opportunities for exchange across decision–makers should be explored to facilitate better communication of post-licensing requirements and sharing of data generated post-licensing (e.g. to fulfil regulatory commitments and to support MEAs).

(High) Unmet medical need

Unmet medical need is widely used as a criterion for prioritising, e.g. in the context of resources and funding of research into specific disease areas and incentivising the development of and access to health technologies that aim to address these conditions. In the EU legislation, unmet medical need is defined as: "a condition for which there exists no satisfactory method of diagnosis, prevention or treatment authorised in the Community or, even if such a method exists, in relation to which the medicinal product concerned will be of major therapeutic advantage to those affected." Answering the question of unmet medical need should not impede access to medicines. An MCDA model for prioritisation activities was presented, defining criteria and weighting, and leading to a creation of list of unmet medical needs. It was noted that this work requires the involvement of society (patients and their representatives, and citizens). The outcome of a recent multi-stakeholder exercise leading to a technical review across stakeholders and a literature review on unmet medical need was presented and discussed. This work showed that while there are some common elements in measuring the degree of unmet medical need (disease severity, absence of alternative therapies) different stakeholders have different views on how to weight the criterion e.g. societal versus individual need, large population impact versus rare disease.

Action:

- The multi-stakeholder review is expected to be published by 3Q19 and circulated to the participants. Based on this publication, a further discussion may be held with payers and other stakeholders.

Wording of indication, labelling and assessment report

Following the discussions at the EMA-Payer Community meeting of September 2017, the payers represented by MEDEV, ESIP and AIM sent a letter to EMA in June 2018 highlighting examples of experienced challenges with the wording regarding indications and labelling contained in Summaries of Product Characteristics (SmPCs) and European Public Assessment Reports (EPARs). The letter provided a number of recommendations for improvements. The payers stressed the importance of clarity in SmPCs as legal documents and as reference materials to delineate on- and off-label use for health care professionals and patients. Further examples of SmPCs in which there was a lack of clarity e.g. around the target population, the place in therapy, use as mono or as combination therapy were presented. EMA reported that it was currently working on a reflection paper to address some of the issues previously

raised by the payers, focussing on section 4.1 referring to the indication. More elaborate guidance for assessors to ensure consistency and clarity of SmPCs aims to clarify which data are considered, and how and where this information will be presented. This should support a clear view on indication, target population, and place in therapy. Furthermore, a report was provided from the discussions at the CHMP Strategic Review and Learning Meeting in May 2019, with the participation of HTA bodies and payers, where several follow-up actions were agreed (see below). The input from HTA bodies and payers will feed into the draft reflection paper ahead of its publication. During the discussion the main issues concerned which information should be contained in the SmPC and which in the EPAR and the consistency between the two. Payers commented that EPARs and SmPCs are available late in the process. Earlier access to labelling information would be useful for Member States to plan budgets, in particular as regards first-in-class products.

Actions:

- EMA will publish its reflection paper on the wording of the indication, which is also a tool for enhanced quality assurance regarding information in SmPCs and EPARs, respectively.
- Payers to indicate to EMA the specific subpopulations, or points of special interest that need to be included in EPARs in order to facilitate down-stream decision making.
- EMA and payer communities to consider establishing a more systematic feedback mechanism to allow clarification of labelling queries, like currently explored at MEDEV.
- Payers (and HTAs) were invited to send their further recommendations and concerns with specific examples to EMA for discussion and consideration, such as inconsistencies between the content of the SmPCs and EPARs.

Horizon Scanning for pharmaceuticals

The BeNeLuxA collaboration presented their joint horizon scanning project – International Horizon Scanning Initiative (IHSI) – established with the aim of informing payers (and HTA bodies) earlier about significant new technologies on the horizon and preparing them for earlier engagement in the dialogue process. The ultimate aim is to avoid unnecessary delays to patient access. The horizon scanning database will aim to select the most significant technologies using specific criteria to evaluate potential impact. The database is currently only accessible to paying partners but could become an open database if sufficient financing is available. The possibility of engaging with EMA in terms of relevant data (such as pre-registration information) was raised. EUnetHTA gave a brief update on their process of horizon scanning for prioritisation and selecting candidates for relative effectiveness assessments (Topic Identification, Selection and Prioritisation; TISP). It was clarified that no overlap between the horizon scanning activities in the proposed Regulation on HTA and the IHSI was foreseen as the former would focus on relevant data for the work plan and indeed collaboration with other initiatives e.g. the IHSI was welcomed. EMA updated the payers on its activities in follow-up to the earlier discussions on horizon scanning in September 2017 including experience with contributing to EUnetHTA's TISP, access to information on clinical studies both current and future including public access to a subset of EudraCT data via the clinical trials register (EU CTR), and the recent tendering procedure for a drug pipeline database.

Actions:

- EMA will follow up with IHSI once the tendering process is completed to explore possible cooperation and potential for information sharing.
- Explore opportunities to discuss experience with EMA's drug pipeline database

Post-licensing evidence: filling evidence gaps and impact on decision making

Payers reported on two national projects to generate post-licensing data; in the Netherlands to assess the long-term value of CAR-T cell therapies, and in Greece using reimbursement data in registries. EMA reported on a paper to be published on post launch evidence generation (PLEG) and on EMA's experience with the qualification of the European Society for Blood and Marrow Transplantation (EBMT) registry for CAR-T cell therapies. Challenges in the use of real-world data include disease and product specificities, operational, technological and methodological challenges and, in particular, the quality of the data in different registries and different Member States. It was agreed that collaboration on joint public registries was important.

The distinction between real world data and real word evidence was stressed. Real world data might or might not be useful in developing real world evidence.

It was suggested that the SmPC might generally stipulate that patient data needs to feed into a joint registry. EMA clarified that this was not legally possible partly due to current legislation on personal data protection. Nevertheless, it was suggested that wording might be used to encourage patients to submit their data.

Actions:

- All participants were encouraged to avoid duplication and to collaborate on the collection, data sharing and analysis of real-world data in patient registries
- EMA will reflect on a suitable wording to encourage patients' participation in registries on treatment performance, where relevant.

Closing remarks

All parties agreed on the usefulness of continued close cooperation between EMA and the payer community and the need to follow up on the actions discussed today. A follow-up meeting was proposed for 2020.