TRAINING INITIATIVES FOR
NEUROLOGY ADVOCATES

VALUE ADDED MEDICINES

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What Are Value Added Medicines?

Value added medicines are defined as "*medicines based on known molecules that address healthcare needs and deliver relevant improvements for patients, healthcare professionals and/or payers*"

Based on 3 Drug Repurposing Models

REFORMULATION

Aims to make a particular change in the formulation of the original medicine (*e.g. pharmaceutical formulation, strengths, medicine delivery system)*

REPOSITIONING

Aims to extend medicine indication

COMBINATION

Drug/drug or drug/device or drug/service

Value Delivered by Value Added Medicines

Value Delivered for Patients

- **Better efficacy, safety and/or tolerability profile**

E.g. A new formulation of a well-known chemotherapy product helping to reduce serious side effects of the original product used in many chemotherapy regimens

- **Better way of administration and/or convenience of use**

E.g. A new device used to administer genericised products for inhalation in Chronic Obstructive Pulmonary Disease (COPD) indication with evidence of reducing inhaler errors versus current device used with these active substances

- **Access to new therapeutic uses of already existing products covering unmet needs**

E.g. Repositioning of a well-known product in a rare paediatric indication as an alternative to reference treatments not specifically approved in this indication

➢ **These improvements may contribute to enhanced adherence, health outcomes or quality of life and match patients' preferences**

Value Delivered by Value Added Medicines

Value Delivered for Society (1/2)

- **Addressing a number of medicines related healthcare inefficiencies such as**
  - Improving rationale use of medicines, e.g.
    - New medicine formulations or combinations could contribute to improve adherence issues of already available therapies
    - New and appropriate drug packaging and vial conditioning could contribute to limit medicine wastage
  - Making appropriate treatment options available
    - Value added medicines could contribute to tailor and expand access of well-known therapies to particular patient subgroups' needs

Value Delivered by Value Added Medicines

Value Delivered for Society (2/2)

- **Improving healthcare system efficiency through the opportunity to better address healthcare provision and organisation, such as**
  - Improving safety and efficiency of healthcare professional resources with reduction and re-allocation in healthcare use
    - E.g. A ready to use well-known chemotherapy which might improve medicine handling, reduce errors and save time for healthcare providers
  - Improving equity, for example, addressing geographical inequity in medicine access
    - E.g. A self-injected subcutaneous formulation of a product already available on the market as intravenous formulation administered only at hospital under medical monitoring in a severe inflammatory disease

- **Contributing to sustainability of healthcare systems through economic advantages**

E.g. New intermediate effective dosage, or new alternative therapy reducing the need to switch to last resort therapies which are often very expensive

Current Obstacles for Adoption of Value Added Medicines

HTA obstacles

- **Existing stigma: generic medicines, anti-generic medicines strategy, non-risky strategy**
- **Budget silos**
- **Current HTA decision frameworks**
  - Current HTA frameworks do not capture special characteristics of value added medicines
  - Non eligibility for HTA and early HTA scientific advice in some countries

Pricing obstacles

- **Pricing policies pushing price down: internal/ external reference pricing, tender/procurement policies**
- **Single pricing rule across all indications**

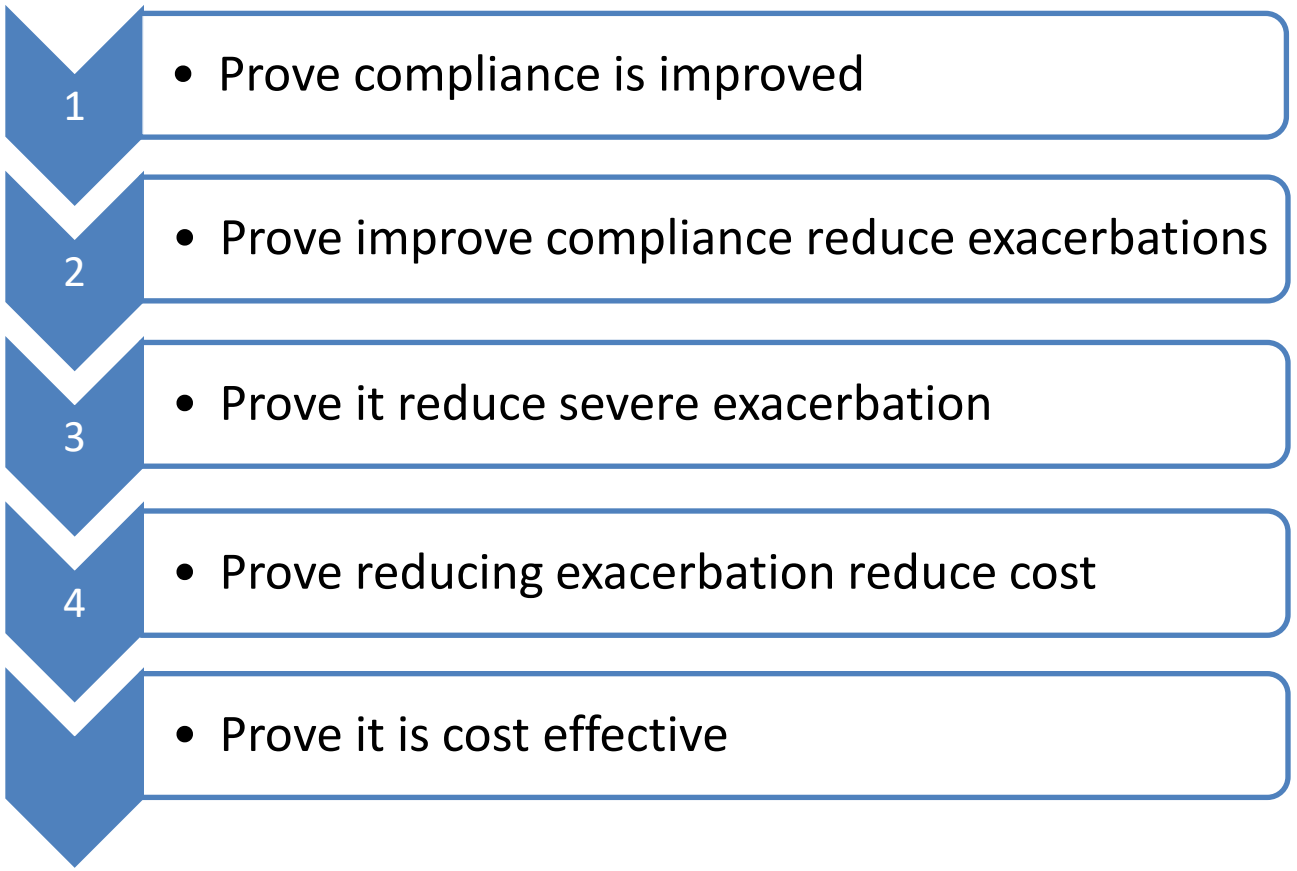
Lack of reward for manu-facturers

- **Pharmaceutical business model: time limited and under-resourced/dis-incentivised**
- **Uncertainty about reward of investment to bring evidence requested by HTA bodies**
- **Price of value added medicines can be set by criteria other than added value (investment risk)**

Payers Stigma

A no End Story from Payers Perspective

- Adherence is a major issue for pharmaceuticals leading to major health care investment inefficiency. If you bring a solution to improve compliance



EU Initiatives (1/2)

Repurposing of established medicines" is currently in discussion at the European Commission through the Commission Expert Group on Safe and Timely Access to Medicines for Patients ("STAMP")

Value added medicines may be considered during EUnetHTA Joint Action 3, while there are cited in the public consultation report published in May 2017: "Medicines for Europe, the association representing the European generic, biosimilars and value added pharmaceutical industries, observed that value added medicines were not eligible to participate in the previous joint actions"

EU Initiatives (2/2)

Key collaborations between regulators and HTA bodies are discussed on features of interest for value added medicines

- **In November 2016, the European Commission published a reflection paper on "synergies between regulatory and HTA issues on pharmaceuticals"**
- **Among all areas of cooperation identified, was cited "the involvement of patients and healthcare professionals understanding patient preferences within a given therapeutic area" and "defining which PRO/QoL tools would be valuable for both parties"**

Further EU projects involving various stakeholders including HTA agencies provided key insights on current HTA shortcomings and recommendations and tools to improve HTA processes such as:

- **Advance-HTA project**
- **IMI GetReal project**

Value Added Medicines

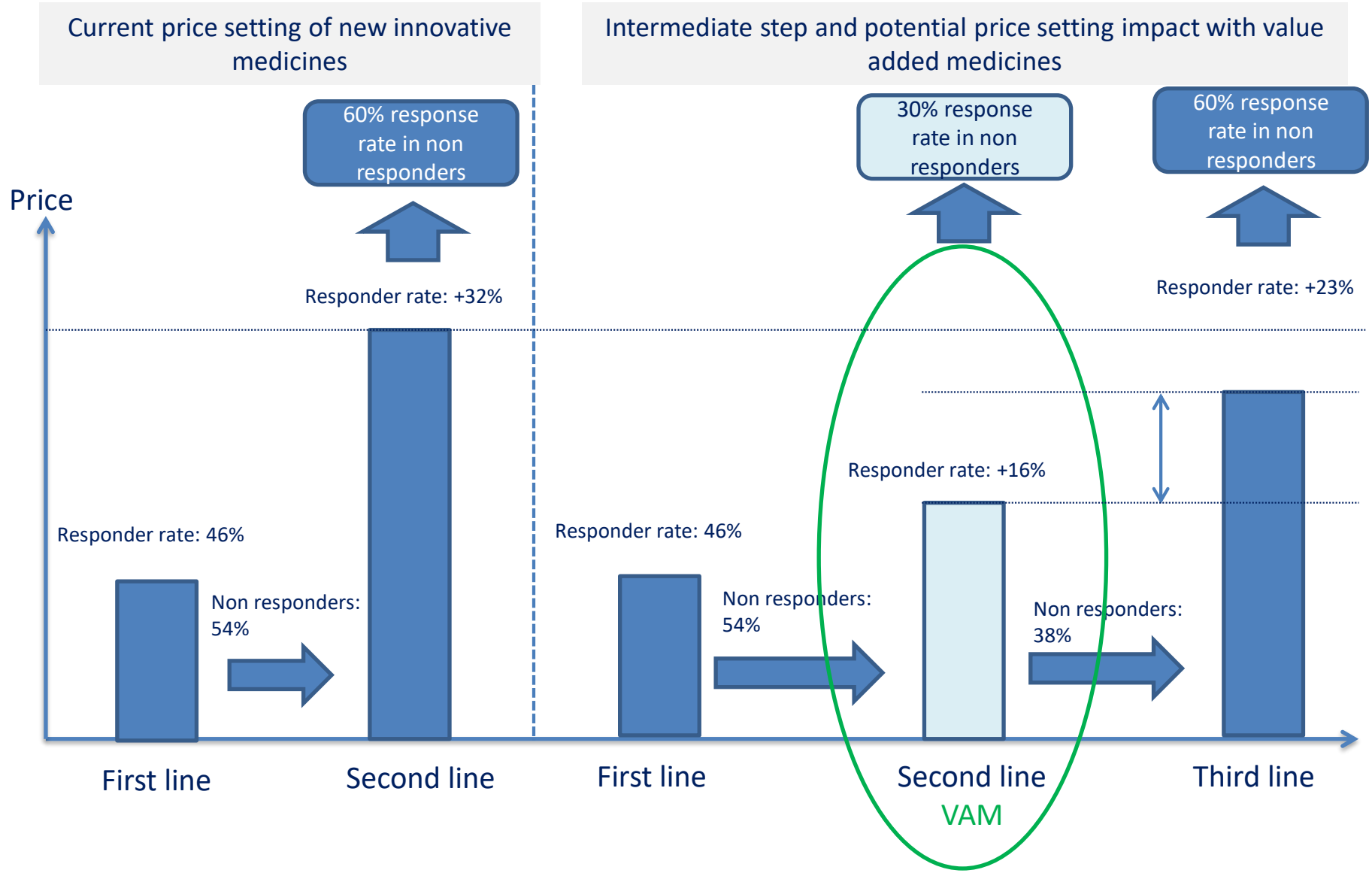
Opportunity to Create an Intermediate Step before Escalation to Expensive Products

- **Value added medicines may have potential impact on price setting and budget if expensive innovative medicine (with improved efficacy profile versus value added medicines) expected to be launched in the same indication**

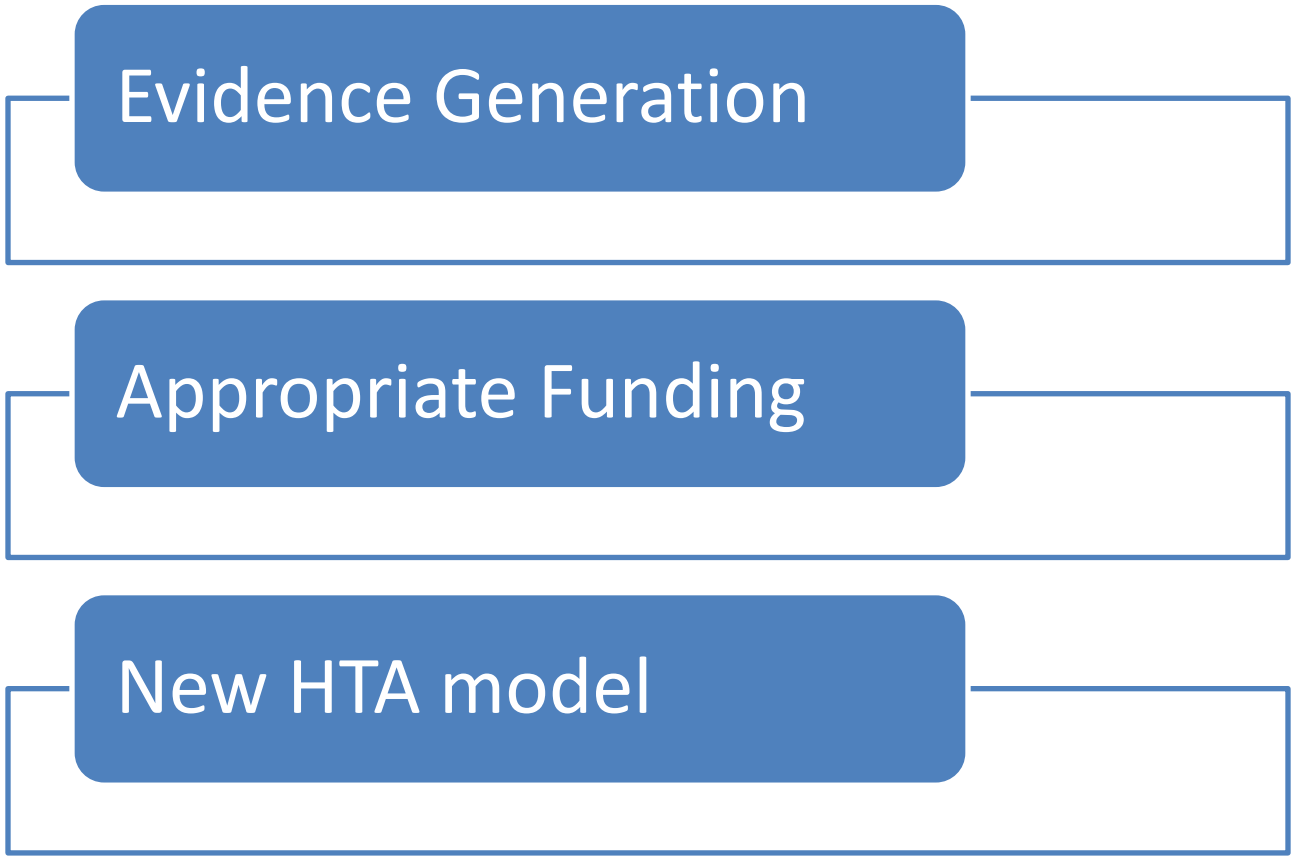
- **Value added medicines might be pushed as a second-line option versus the originator, while most innovative therapy might be niched as third-line option, which could have positive budget impact**

Value Added Medicines

Opportunity to Create an Intermediate Step before Escalation to Expensive Products



Need to Leverage Three Dimensions



Evidence Generation

- Generate more evidence
- Validate surrogate end points
- Assess patients preferences
- Model long term benefit

Appropriate funding
Who will benefit may pay

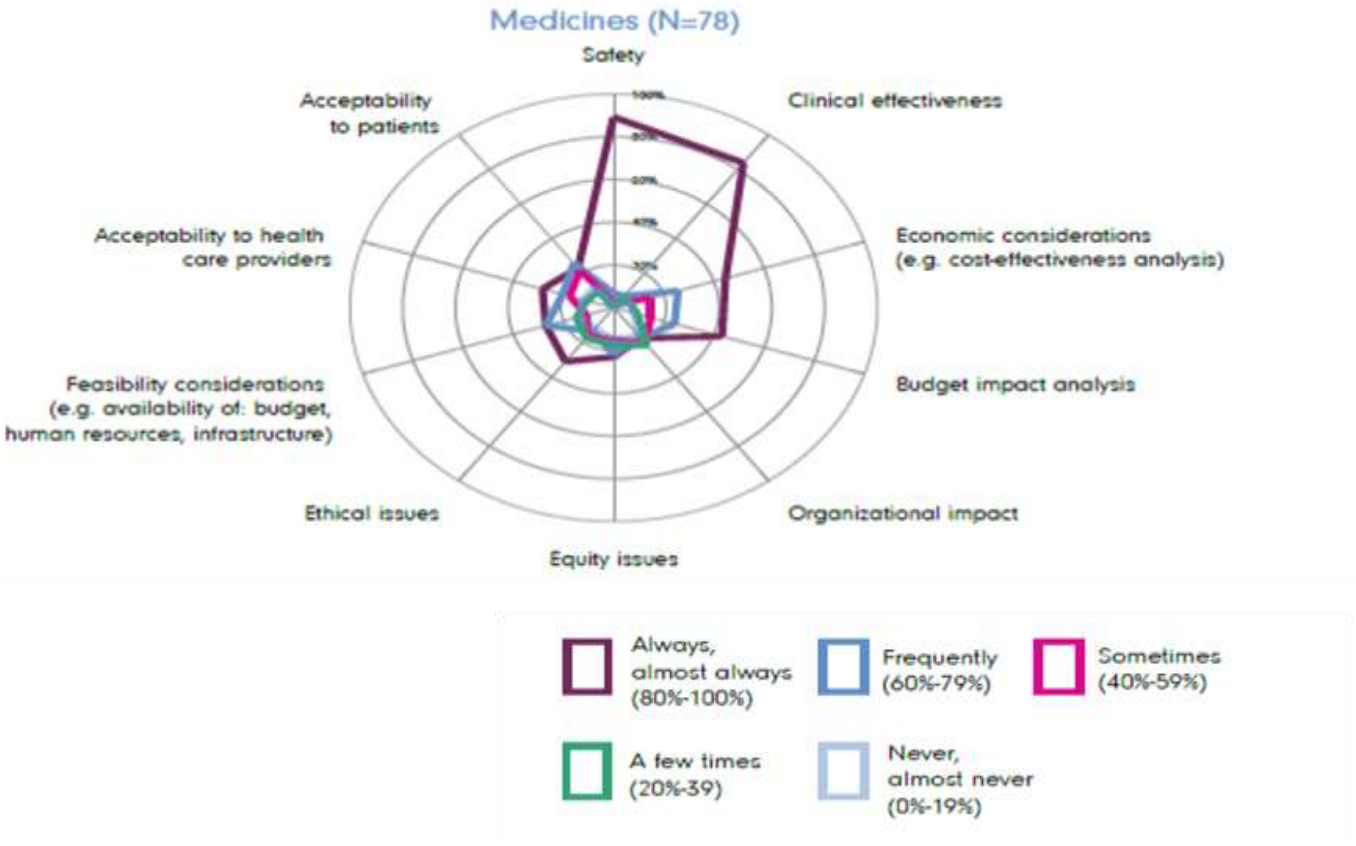
- Coverage with Evidence Development
- Escrow agreement
- Patients out of pocket complementary cost
- Health Care Professional funding
- Health Care Providers funding
- Bundle solution eventually when legal
- Etc

Be creative

Current HTA Decision Frameworks and Challenges for Value Added Medicines

Frequency of covering different aspects in HTA (among 10 pre-specified aspects of HTA)

WHO "2015 Global Survey on Health Technology Assessment by National Authorities"



Key Recommendations for HTA Decision Frameworks

Creativ-Ceutical

Aix-Marseille université

On The Research Front

Complementary HTA Methods

1. Need to support the development of a robust and reliable methodology to implement MCDA techniques in HTA decision frameworks

- MCDA methods appears to be the most appropriate for integrating multiple attributes, but they require additional research and shared guidelines for an appropriate use to become actionable

2. Need to support research on constraint optimisation modelling (with associated research on disease burden) to be used in HTA decision frameworks.

- Using mathematical programming techniques to maximise population and society health gain while adhering to a predefined budget and other recognised constraints
- This should be recognised by HTA bodies as a relevant method that could be used when a product may create a shift in the interventions mix within one specific therapeutic area and for a defined patient population, when it is possible to document the associated budget

On The Policy Front

Recommendation 1-HTA Eligibility

Whenever requested, all medicines should be eligible for HTA and for early HTA dialogue at national or European level (multi-HTA advice or parallel scientific advice –EMA/Multi-HTA advice)

- An HTA programme may be considered for value added medicines where the manufacturer would not have to provide a full HTA but just to provide evidence on items like improved adherence.

On The Policy Front

Recommendation 2-Attributes & Deliberative Process

HTA decision frameworks should encompass all attributes recommended by the EUnetHTA Core Model®

- **These attributes should be integrated as modifiers of ICER threshold or as modifiers of the added clinical benefit assessment scoring**

- Need to integrate all domains of attributes of EUnetHTA HTA Core Model® in a standardised and explicit way through a transparent and reproducible deliberative process
  - Explicit metrics
  - Reported in publicly available HTA reports
- For attributes which are not already included in HTA decision frameworks or informally included, it is suggested to include these attributes as modifiers of the existing HTA frameworks while respecting current HTA decision frameworks, thus preventing major revision of these frameworks

On The Policy Front

Recommendation 3-Patient Centricity

HTA decision frameworks should be patient-centric and consider a patient perspective including patient-reported outcomes, patient-centered outcomes, and patient preferences

- Need to promote development of validated PROs instruments, compliant with HTA requirements
- Need to encourage research to identify and disseminate which outcomes are patient centric, so that HTA agencies may value them appropriately
- Patients preferences, when adequately elicited, should be clearly considered in HTA decision frameworks

On The Policy Front

Recommendations 4 & 5-Evidence Generation

Beyond RCTs, HTA decision frameworks should consider alternative study designs (e.g. pragmatic design, adaptive design, observational studies), when more appropriate to address the research question

- RCTs are generally regarded as the "gold standard" study design with respect to minimising the risk of bias for evidence generation
- However, if RCTs are designed to maximise internal validity, they may have some limitations regarding external validity (e.g. restriction in patient population due to strict eligibility criteria) and may not be the most appropriate study design for answering all the evidence questions potentially relevant to HTA bodies (e.g. adherence to medication)

HTA organisations should encourage the use of coverage with evidence development, to allow some benefits that may be complex to demonstrate during development to be captured post launch

On The Policy Front

Recommendation 6-Perspective

HTA decision frameworks should adopt a broader perspective in order to better reflect patients' and society's views of healthcare

- In Europe, when cost-effectiveness is used by HTA bodies, there is a variety of perspectives that are considered:
  - Societal perspective (e.g., in Sweden)
  - National health insurance perspective (e.g., in the UK)
  - Mixed perspective (e.g., in France)
- Due to the potentially substantial impact of productivity costs on cost-effectiveness outcomes, they should be considered in HTA decision frameworks
  - This may enhance the efficiency related to usage of medicines to improve overall society performance

On The Policy Front

Recommendation 7-Stakeholders

A broad range of stakeholders, including patients, healthcare professionals, society representatives (citizens), and hospital administrators, should be voting members of HTA committees in order to integrate a broad perspective into the final recommendation

Thank You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