BACKGROUND
Health Technology Assessment (HTA) agencies in Europe provide recommendations on medicines and medical technologies. These agencies were studied in order to understand the differences in the HTA assessment process and these differences were compared to the EMA’s regulatory label. In addition, inputs from Novartis Country Organisations were collected on how HTA in their respective countries differed from the European Union (EU).

OBJECTIVE
The objective of this study was to identify differences in relative efficacy assessment (REA) by EU-HTA agencies, discuss the impact of these decisions on time to patient access and assess the potential benefits of a harmonised REA as starting point for future HTA assessments.

METHODOLGY
In order to understand the differences in HTA assessment, the following approach was adopted.

In the first approach, four Novartis drugs from different therapeutic areas which had received EMA approval from 2009 onwards (fingolimod, cabozantinib, everolimus and glycopyrrolate bromide) were selected.

- HTA agencies were selected based on the availability of clinical and economic evaluation reports.
- Structured Telephone interviews were conducted with HTA agencies to collect data on various parameters:
  - Time to clinical evaluation and patient access
  - Local HTA acceptance of clinical experts
  - Rating of clinical relevance and differences between the EMA’s regulatory label and local country reimbursement criteria.

In the second approach, we selected approved non-Novartis drugs from the literature to see if similar conclusions could be reached.

- Additionally, inputs from Novartis Country Organisations were collected on how HTA in their respective countries differed from the European Union (EU).

RESULTS
Novartis drugs:

- The average time taken by HTA agencies of EU member states to evaluate the clinical benefits and determine the added therapeutic benefit was 3 – 5 months. The total time to complete the HTA varied from 7.2 months to 11.5 months.
- Time to clinical evaluation and patient access varied from 2 to 4 months.
- Local HTA acceptance of clinical experts was poor, with some HTA agencies not considering the EMA’s regulatory label.

Other drugs:

- The average time taken by HTA agencies of EU member states to evaluate the clinical benefits and determine the added therapeutic benefit was 3 – 5 months. The total time to complete the HTA varied from 7.2 months to 11.5 months.
- Time to clinical evaluation and patient access varied from 2 to 4 months.
- Local HTA acceptance of clinical experts was poor, with some HTA agencies not considering the EMA’s regulatory label.

CONCLUSIONS
Differences in clinical evaluation of the same drug by different HTA agencies leads to redundancies in repeated clinical assessment based on some evidence submissions. This contributes to the increase in time to patient access and additional investment of resources in both pharmaceutical company and HTA agency level.

- Our interviews confirm expectations that harmonised HTA has the potential to reduce time to patient access and improve the likelihood of meeting the HTA requirement, the equity of care and increase predictability of expectations from pharmaceutical companies’ research programme.

- This study deepens our understanding of the limitations of the current way therapeutic benefit is assessed in Europe and the benefits that may result from a harmonized pan EU assessment of relative efficacy.

DISCUSSION AND FURTHER RESEARCH NEEDS
The products we have analyzed show the diverging views HTA agencies currently have in regards to clinical parameters such as trial design, endpoints or relevant patient populations. Additionally diverging views about such clinical parameters can confuse patients, physicians and pharmaceutical manufacturers alike. The hypothesis is that these negatively impacts decision making capacity of both the manufacturer and earn of medical technology.

- In addition, when HTA agencies systematically reach different conclusions about matters related to the clinical evaluation of the same drug, the product may not be approved by all HTA agencies, leading to the delayed access to patient.

REFERENCES

Table 1: Differences in clinical parameters for Fingolimod and Everolimus

<table>
<thead>
<tr>
<th>Drug (Trade)</th>
<th>Fingolimod</th>
<th>Everolimus</th>
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Non-Novartis drugs:

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