Recommendation of the EUCERD

to the European Commission and Member States on

Improving Informed Decisions Based on the Clinical Added Value of Orphan Medicinal Products (CAVOMP) Information Flow

EURORDIS Member Meeting, Dubrovnik, 1 June 2013

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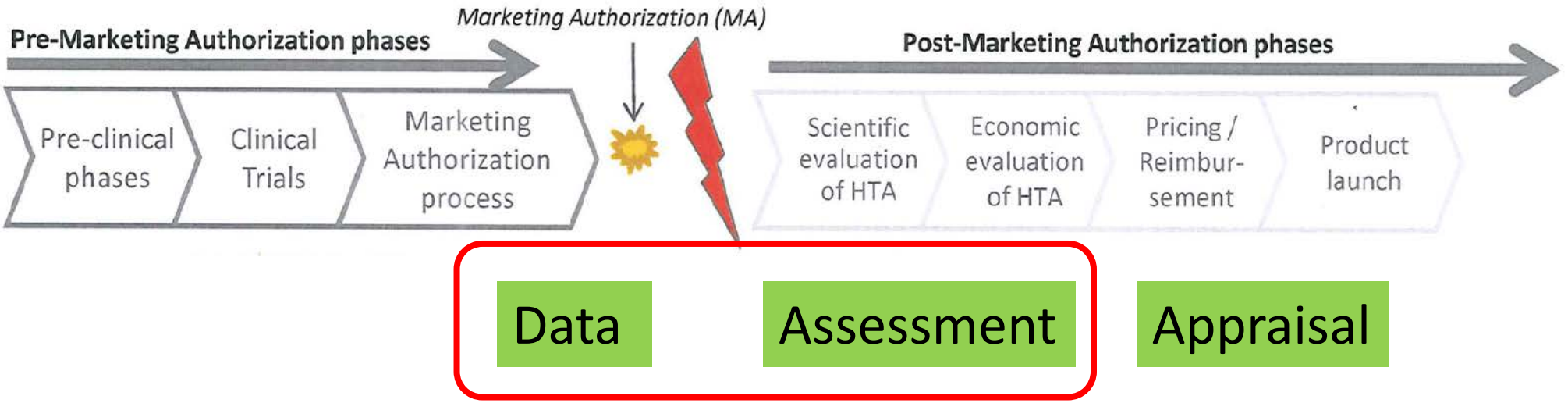
European Union Committee of Experts on Rare Diseases

The specificities of Orphan Medicinal Products

- Unmet medical need for debilitating life-threatening diseases
- Lack of patients, data & expertise
- Regulatory approval despite overall lack of evidence
- Difficult for national authorities to understand the value of what they have to assess

Gap between Marketing Authorisation (EU) & Access to Patients (Country / EU Member State)



Timeline graphic courtesy of Ernst & Young, CAVOD study, December 2011

The specificities of Orphan Medicinal Products

- Unmet medical need for debilitating life-threatening diseases
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- Difficult for national authorities to understand the value of what they have to assess
- **Cooperation & gathering of existing knowledge and expertise can help throughout the RDs field**

CAVOMP has been developed iteratively

The CAVOMP stems from the EU Regulation on OMPs – already based on EU cooperation – and from 5 years of policy work with the EU Member States

- 2008 – the conclusions of the EU Pharma Forum "Improving Access to OMPs for all affected EU citizens" identified a need for the e*xchange of knowledge amongst MSs and EU authorities on the clinical added value of OMPs;* and
- 2008 – the European Commission Communication on "Rare Diseases: Europe's Challenges" called for the establishment of *a Working Party to exchange knowledge between MSs and EU authorities.*

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…over several years of policy work on OMPs

- 2009 – the EU Council Recommendation on "A European Action in the Field of Rare Diseases" mentioned the *sharing of MSs assessment reports at Community level, where the relevant knowledge and expertise is gathered*; and
- 2010 – the European Commission mandated Ernst & Young to conduct a study and produce a report on the "*creation of a mechanism for the exchange of knowledge between MSs and EU authorities on the scientific assessment of the clinical added value for OMPs*".

The vision of what was requested in the European Commission's call for proposals

- …"concerning the creation of a mechanism for the exchange of knowledge between Member States and European authorities on the scientific assessment of the clinical added value for orphan medicines
- The aim of these common assessment reports for the scientific assessment of the relative effectiveness of orphan medicines should be to provide a well-informed opinion on the place of the product with the authorised therapeutic indication in the therapeutic strategy of the rare condition, to the best of current knowledge
- Not new reviews, not new data, respecting the roles and responsibilities

EUCERD's role & the recommendations

EUCERD Members:

- 27 EU MSs representatives and EEA/candidate countries
- Patients representatives
- Industry representatives
- Academia / representatives of European-funded projects
- European Commission, ECDC
- EMA, COMP – observers, also 3rd countries

The EUCERD's role is to advise the European Commission in the preparation and implementation of Community (=EU) activities in the field of rare diseases.

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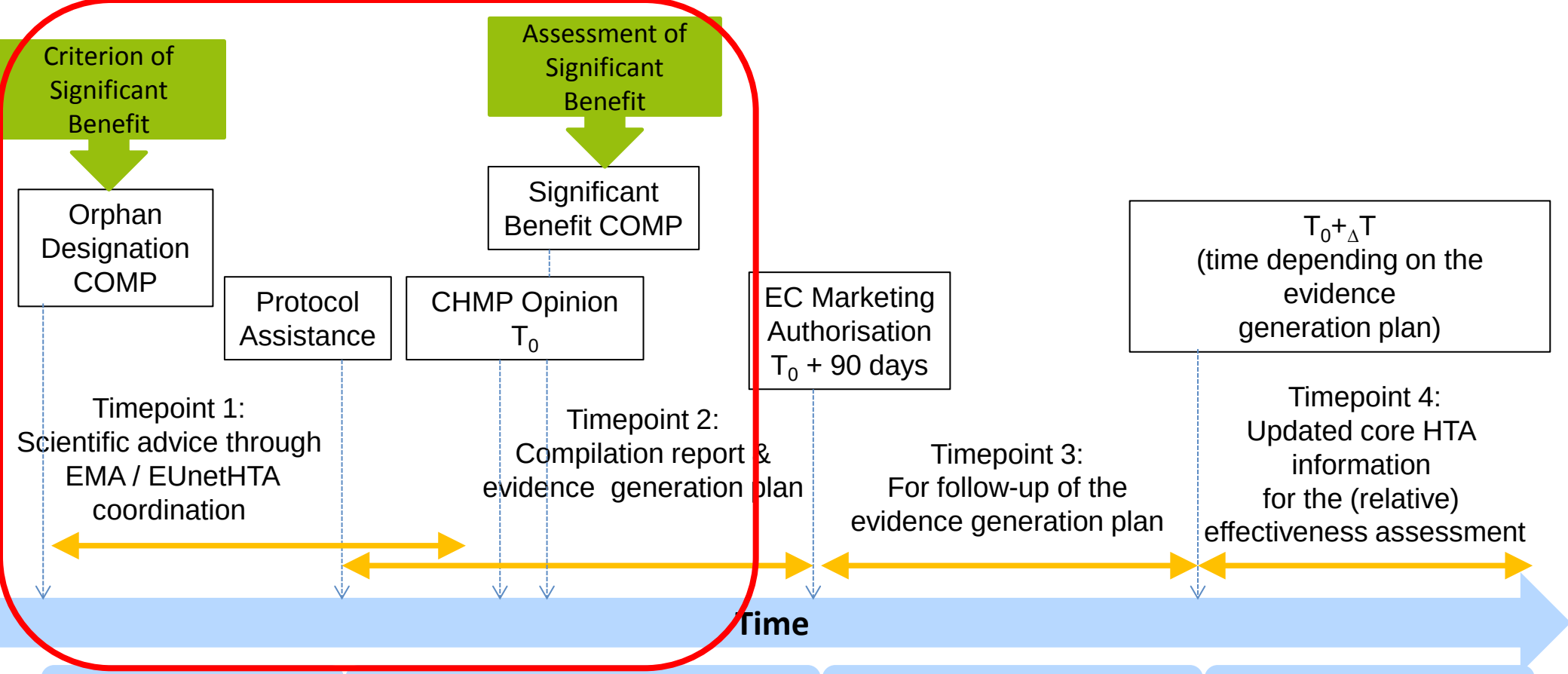
EUCERD Recommendation: Adopted 12 September 2012

"Improving informed decisions based on the clinical added value of OMPs" in order to enhance access for patients through optimisation of processes via EU collaboration.

- CAVOMP is a process for the exchange of knowledge between MSs
- CAVOMP respects the roles and responsibilities of all actors at all levels of the process
- CAVOMP respects the existing steps of the regulatory process for OMPs authorisation
- CAVOMP includes a series of actions/interactions to facilitate the exchange of knowledge
- CAVOMP adds "oil in the machine" – not a new machine

Four key time-points in the process

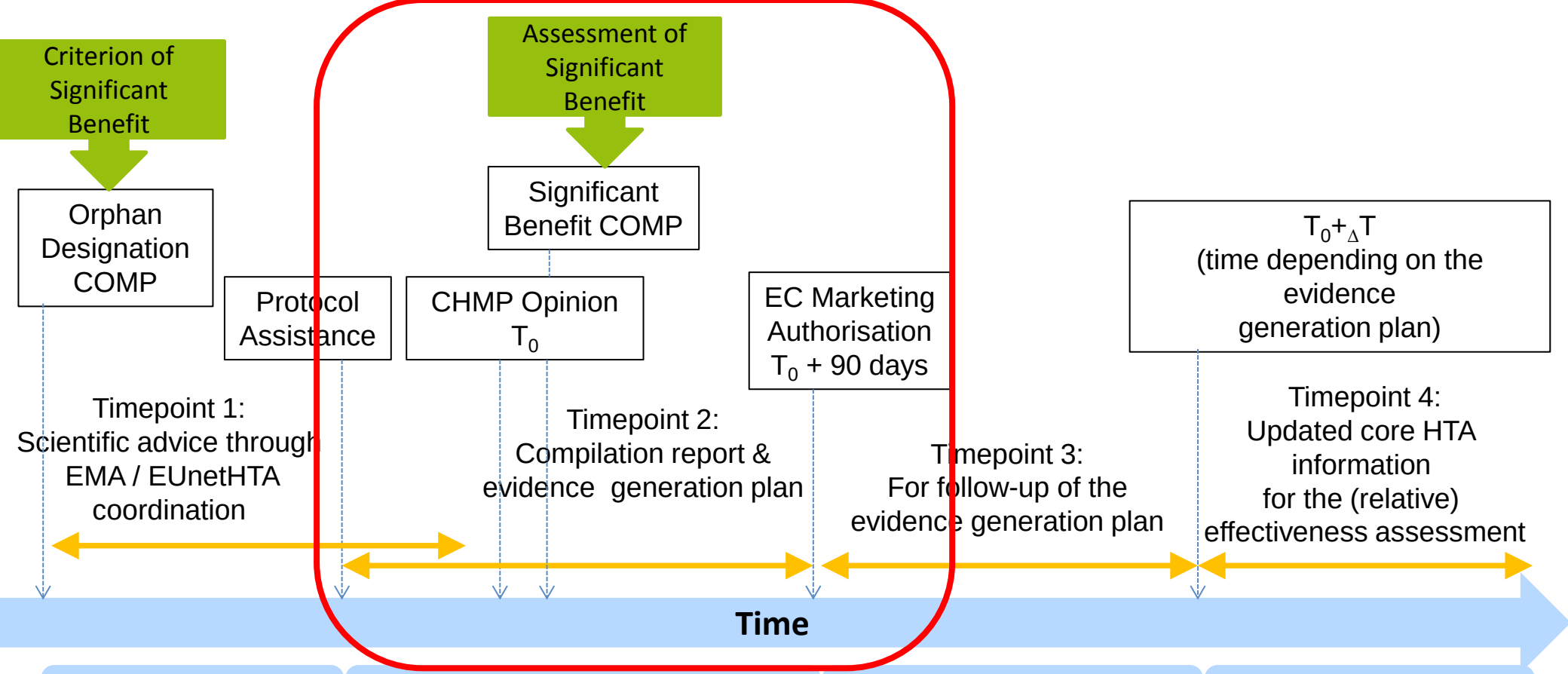
1. Early dialogue
2. Compilation Report & evidence definition / Evidence Generation Plan
3. Follow-up of the evidence generation plan
4. Assessment of Relative Effectiveness



Early Dialogue	Information exchange and defining the evidence generation plan	Evidence generation	Assessment
• EMA • EUnetHTA / payers • Sponsor • Patients • Experts	• EMA • EUnetHTA / payers • Sponsor • Patients & treating physicians	• EMA • EUnetHTA / payers • MAH • Centres of Expertise (CE) & European Reference Networks (ERNs)	• EUnetHTA / payers • EMA • MAH • Patients & CEs/ERNs
• Could be implemented already	• Could be implemented already	• Could be implemented already	• Adapted methodological tools for OMPs to be developed

Timepoint 1 – Early Dialogue

- Starting as early as possible – time of designation
- Building on the existing Protocol Assistance process
- Collaborative basis – sponsor, EMA, EUnetHTA and HTA network / bodies
- What can we reasonably expect to have in hand / know at time of Marketing Authorisation?
- And what could we anticipate having going forward from Marketing Authorisation?



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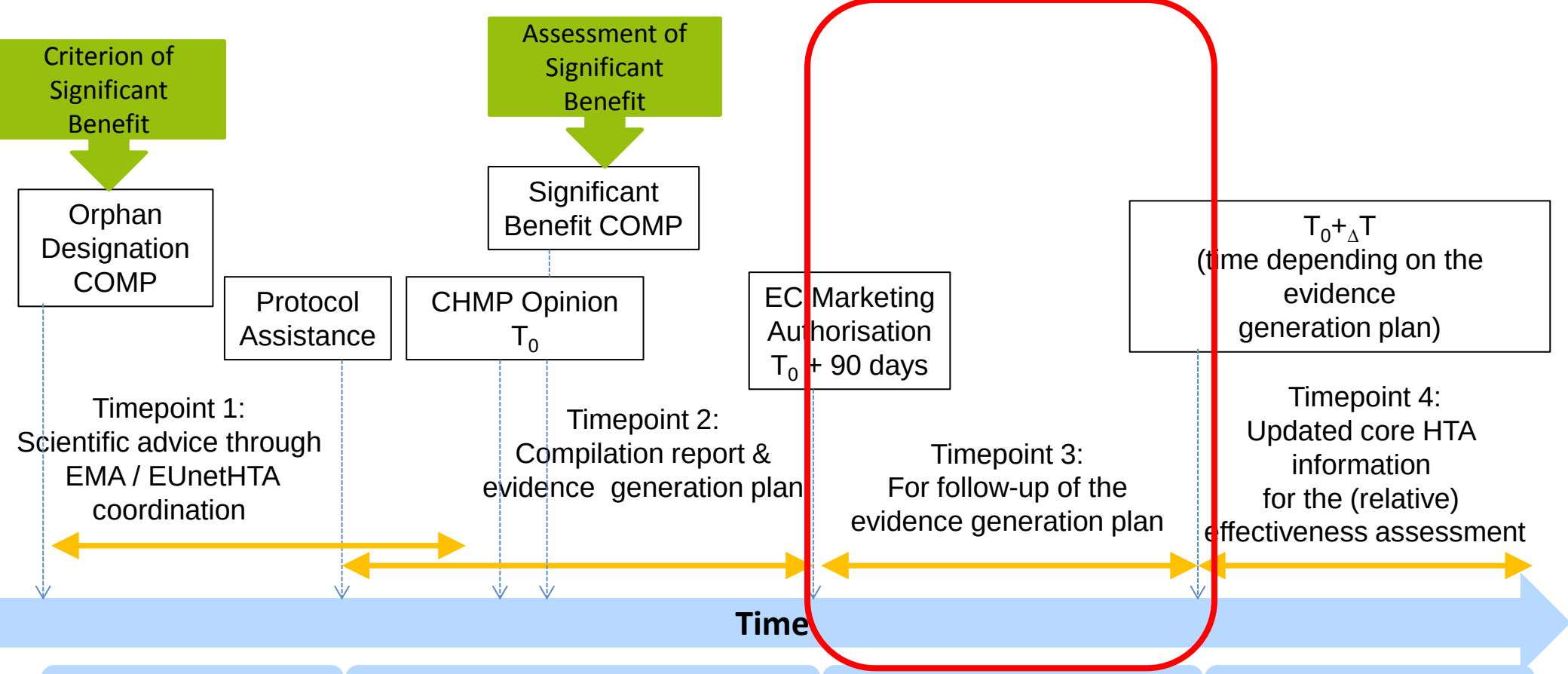
Timepoint 2 – (a) the CAVOMP Report

- A single report based on existing assessments by experts from Member States to be made available at time of Marketing Authorisation (MA)
- Compiled information from:
  - EPARs (CHMP)
  - Orphan Designation Reports (COMP)
  - Confirmation of Significant Benefit at time of MA (COMP)
  - Paediatric Investigation Plan (PDCO)

Timepoint 2 – (b) the Evidence Generation Plan

- One coordinated and comprehensive evidence generation plan
- Includes:
  - PRAC / CHMP regulatory requirements
  - Individual Member State – regulatory or HTA
- Comprehensive and documented
- Aim = thoroughly defined and relevant set of objectives
- Building understanding of the role of the medicinal product in the therapeutic strategy



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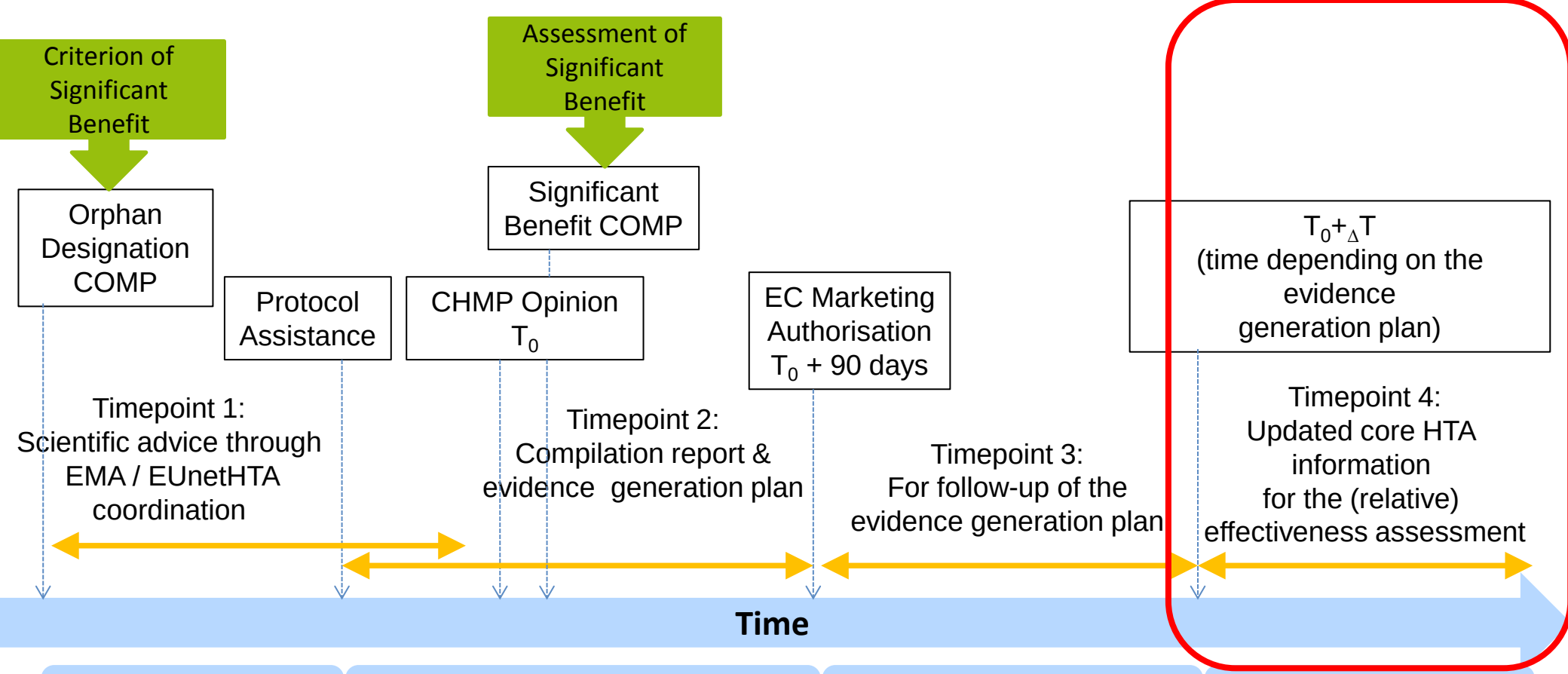
Timepoint 3 – Evidence Generation

- Gather the evidence during use of the therapy
- Needs to have “check in” / “monitoring” possibilities – dialogue continues
- Sponsor could request dialogue – HTA / EMA during the process



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Timepoint 4 – Updating HTA Bodies' Assessments

- HTA bodies to continue their work
- Updating their point of view about a product – normal course of business
- Based on the collaborative information-gathering process

Building on EMA + HTA collaboration

- The European network of HTA agencies (EUnetHTA) already collaborate with the EMA
- The Cross-Border Healthcare Directive provides for a permanent network of HTA bodies
- EMA & HTA already cooperate on key elements:
  - Beyond cooperation on improvement of the EPARs;
  - Early dialogue and scientific advice – including multi-stakeholder pilot meetings;
  - Post-launch collaborative data collection;
  - Cooperation on guideline development, including assessments and Clinical Trial design.

Aim of the CAVOMP Report & Process

The aim of these Reports on the scientific assessment of the relative effectiveness of OMPs is to provide a well-informed opinion on the place of the authorised products in the therapeutic strategy of the rare condition, to the best knowledge at time of MA and few years later based on the agreed post-marketing evidence generation plan.

→ This mechanism does not imply any additional burden, no new review, no new data to be provided while respecting the roles and responsibilities of all involved parties.

CAVOMP – Built on key guiding principles

- Aims to bridge the gap between Marketing Authorisation + Member States' assessments
- Recognises that building information & knowledge on OMPs is a continuum
- A process to exchange & build that information within the existing framework
- Build on (increasing) cooperation existing in OMPs – and non-OMPs – sectors
- Respecting roles & responsibilities
- Case-by-case + voluntary

CAVOMP – Guiding Principles

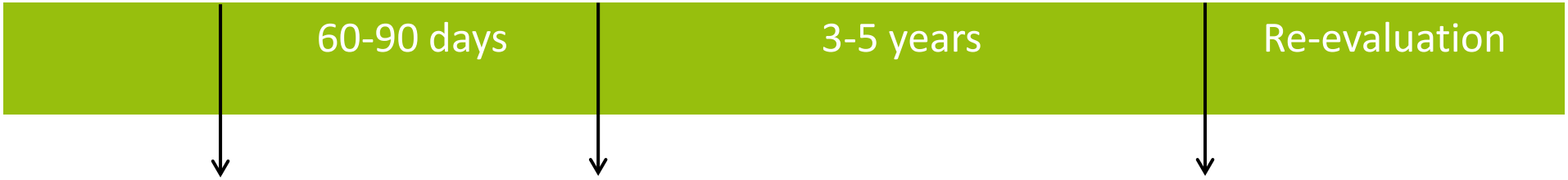
- Will it work? To be assessed after experience is gained…
  - Is it generating useful data?
  - Is the collaboration element functioning?
  - Is it providing a benefit in practice?

"To ***facilitate Member States informed decisions***"

- Consolidated Common Report
- Data – MA & COMP revision of criteria

- Agree on "Post-MA research activities"
- Compilation of post-MA data – registries, etc.

- Updated consolidated Common Report
- Data – In-use



CHMP Positive Opinion

European Commission Marketing Authorisation

Second discussion with Member States

! Patients get access

! Conditional reimbursement schemes?

! Appropriate methodologies

CAVOMP: Next steps…?

- Some methodological elements:
  - E.g., ensure appropriate methodological tools for HTA elements?
  - Establish process + procedures – ensure all stakeholders involved in the therapy in question appropriately engaged in process?
- Some mandate elements:
  - E.g., European Commission to mandate the EMA to request the prevalence of the approved therapeutic indication?
- Meetings with involved stakeholders / decision-makers to move forward on outstanding elements

Thank you for your attention!

The text of the recommendation can be found on the EUCERD website

http://www.eucerd.eu/?p=1699

Home page: www.eucerd.eu

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