Guidebook for patients:

DRUG APPROVAL AND HEALTH TECHNOLOGY ASSESSMENT



Guidebook for patients: Drug approval & HTA

EFCCA Conference

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Commitment to:

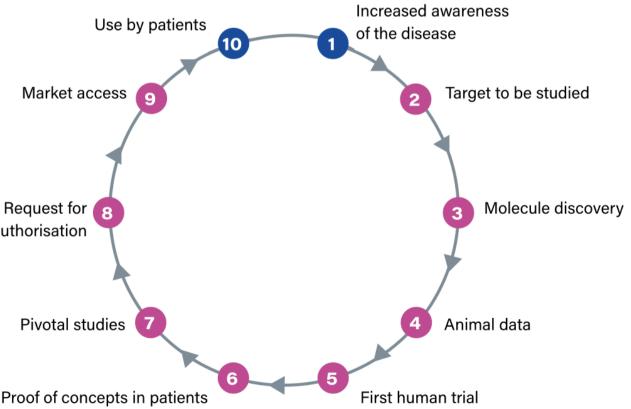
- Design studies for patient-relevant outcomes and preferences.
- Increase access to CTs by reducing barriers.
- Simplify informed consent documents.
- Engage patients in two-way communication
- Connect patients to support programs.
- Provide uninterrupted access to CT therapies.

Setting the scene

authorisation

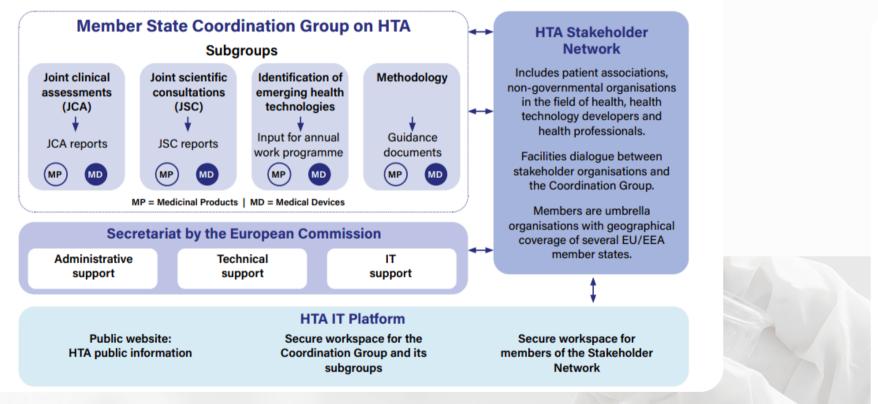






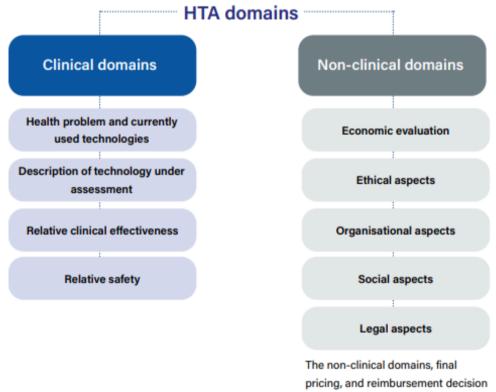
Clinical trials are followed by drug authorization and evaluation

Proposed framework of the EU-coordinated HTA system





The clinical domains to be jointly evaluated are as follows:



The non-clinical domains, final pricing, and reimbursement decision will remain the responsibility of national agencies.

HTA is complex, but we were able to explain it.



EFCCA HTA Guidebook for patients



Index

- 1. Introduction
- 2. Inflammatory bowel disease and innovation
- 3. The drug approval process
- 4. The health technology assessment process.
- 5. Patient-reported outcomes to support health technology assessment





		IBD pipeline: Argenti		
11 Not	marketed Marke	ted for other diseases, not for IBD II	Marketed for IBO	Marketed
Abbvie	4	-	4) II risankizumab (3, 4) II risankizumab sc (1) II upadacitinib (2)	CORTS
Abivax	3		11 abx464 (1, 2, 3)	
Amgen	2	III efavaleukin alfa (1, 2)		
AstraZeneca		azd7798 (1)		
Celgene	3		ccanimod (3, 1, 2)	
Janssen	4	I guselkumab (1) I I jnj-77242113 (2)	I guselkumab (4) ustekinumab (3)	
Lilly	3		II mirikizumab (1, 3) III mirikizumab sc (2)	
MSD	1		II iv tulisokibart (1)	
Pfizer	2		etrasimod (1, 2)	
Sanofi	2	I dupilumab (2) I I sar443122 (1)		
centro de educación medica e investigaciones clínicas norberto mismo				II colonoscopy (1)



More drugs are coming: what can we do to help?

Patients can participate in the following **HTA-led processes:**

- to patients.
- scientific knowledge.
- understood by patients.
- from HTA reports.

• Identifying and prioritizing the technologies to evaluate. Identifying goals and outcomes that are important

• Assigning values and preferences to available

Adapting or simplifying reports to be more easily

Collaborating in activities to disseminate findings

≣IQVIA

EFPIA Patients W.A.I.T. Indicator 2023 Survey

Published June 2024

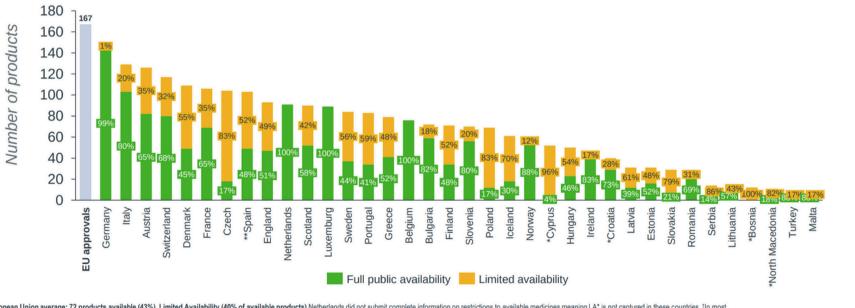
Max Newton, Engagement Manager, GS&AR Kelsey Stoddart, Consultant, GS&AR Marco Travaglio, Consultant, GS&AR Per Troein, VP, Strategic Partners

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...but innovation does not come.

Rate of full availability (%, 2019-2022)

The **rate of full availability** shows the proportion of medicines available to patients in European countries as of 5th January 2024 (for most countries this is the point at which the product gains access to the reimbursement list[†]) without any restrictions to the patient population, or through named patient basis schemes which have increased significantly in recent years and were not always captured in survey submissions.



∃IOVIA

European Union average: 72 products available (43%), Limited Availability (40% of available products) Netherlands did not submit complete information on restrictions to available medicines meaning LA* is not captured in these countries. ¹In most countries' availability equates to granting of access to the reimbursement list, except in DK, FI, LU, NO, SE where some hospital products are not covered by the general reimbursement scheme. *Countries with asterisks did not complete a full dataset and therefore availability may be unrepresentative. *In Spain, the WAIT analysis does not identify those medicinal products being accessible earlier in conformity with Spain's Royal Decree 1015/2009 relating to Medicines in Special Situations



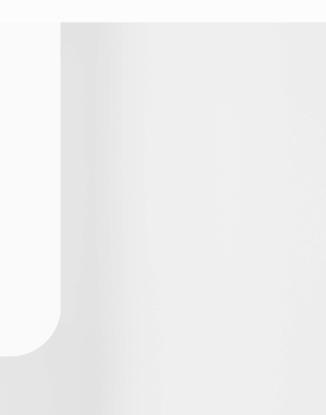




Involvement

 Patients collaborate with advisors from HTA agencies and other stakeholders by exchanging information and participating in decision making at different stages and activities at an individual level, or by joining a committee or working group.











Some of the questions that EFCCA representatives have had to answer in recent years

What symptoms	How long
or side effects	do patients'
are patients	symptoms or side
experiencing?	effects last?
How often are patients hospitalised?	Are there differences between men or women, younger or older age groups, or geographical regions?
To what extent do	To what extent are
patients experience a	patients' symptoms
sense of vulnerability	resolved by currently
during or following	available treatments
hospitalisation?	or surgery?



https://www.eunethta.eu/wp-content/uploads/2023/04/EUnetHTA-21-D7.3-input-template-patient-acting-as-external-expert-v1.0.pdf Accessed 12 March 2024

+ info in EUnetHTA:

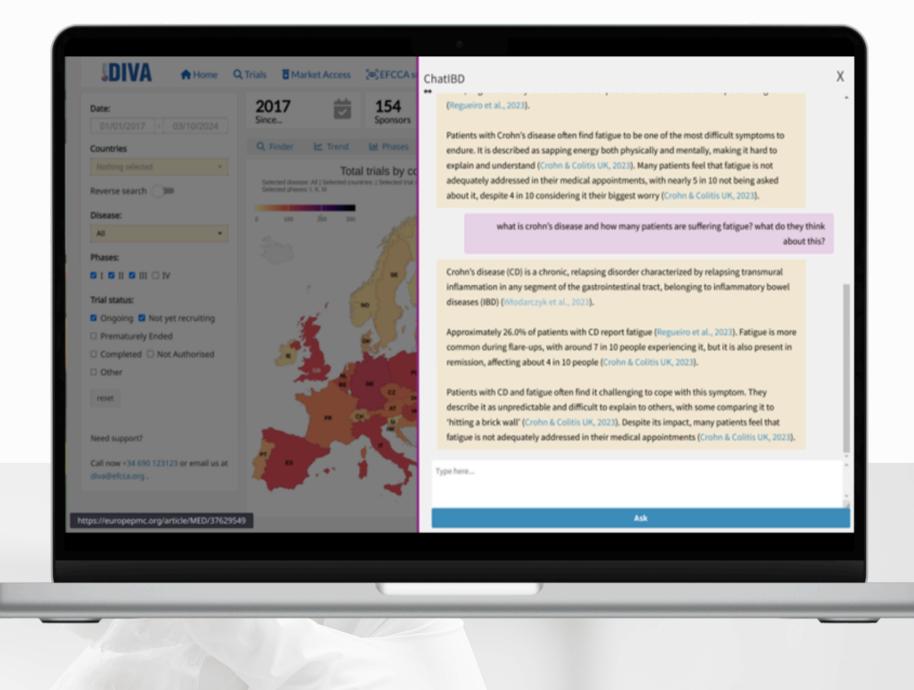
How intense and frequent are patients' symptoms?

Which symptoms are patients most concerned about and why?

How are patients' lives changed by the disease? What benefitrisk are patients willing to accept to resolve symptoms?

How much money do patients spend on managing their disease? What characteristics do patients desire from a new treatment?







+ info on DIVA (Data Insights forAdded therapeutic VAlue): diva.efcca.org

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Monitoring

Choose an option from the drop-down menu

DIMENSION	COMMENTS	STATUS	WEIGHT	COMMENT
Efficacy				
	Prevent surgery	not included		
	Onset of action	not included		
	Clinical remission	not included		
	Steroid free remission	not included		
	Abdominal pain and cramping	not included		
	Other disease -related pain	not included		
	Bowelfrequency	not included		
	Bowel urgency	not included		
	Fatigue	not included		
Safety				
	Aesthetic complications	not included		
	Occurrence of infections	not included		
	Risk of cancer	not included		
	Others mild to moderate complications	not included		
QoL				
	Emotional status	not included		
	Social life	not included		
	Sexual life	not included 🛛 🔍		

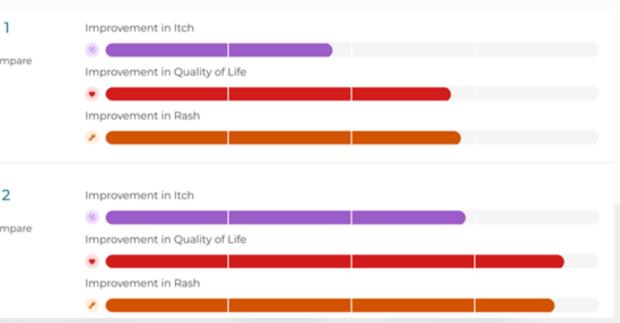
Treatment 1

Select to Compare

treatment 2

Select to Compare





Thank you!



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