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Developing a Global Value Dossier (GVD) to Best Meet Local HTA Requirements

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Disclaimer and Acknowledgements

The views expressed in this presentation are those of the presenter, not necessarily those of Xcenda or AmerisourceBergen.

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Evelyn Sarnes

Marie-Josée Martel

Tommy Bramley

and many others at Xcenda and AmerisourceBergen

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Background to HTA and GVD

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What is a Health Technology Assessment (HTA)

Health Technology Assessment

A form of **policy research** that examines short- and long-term consequences of the application of a **health-care technology**[1]

Properties assessed include: evidence of safety, efficacy, patient-reported outcomes, real world effectiveness, cost and cost-effectiveness[2]

Multidisciplinary process that summarizes information about the **medical, social, economic and ethical** issues related to the use of a health technology in a **systematic, transparent, unbiased, robust manner**[1]

1. http://www.euro.who.int/__data/assets/pdf_file/0018/90432/E87866.
2. http://www.inahta.org/upload/HTA_resources/HTA Decision Makers.

Why Create a Global Value Dossier (GVD)

- Companies need a central document that concisely communicates the key scientific (clinical and health economic) evidence supporting the new technology's value and place in therapy
- New technology has no 'globally accepted' set of evidence requirements

Global Value Dossier - Goals and Objectives

Goal

"Think globally and act locally"

Objectives

Provide consistent communication of key value messages across markets

Succinct and evidence-based

Maximize adoption of, access to, and funding for the product

Provide rationale for the product place in therapy and justification for price and cost-effectiveness

Support development of local affiliate submissions to their respective HTA bodies

GVD Evidence Considerations

Critical Factors for Access and Reimbursement Success

- What is the need for the new technology?
- What is the therapeutic value of the system?
- What is the value for the money?
- What is the financial impact of the technology to the healthcare system?

GVD Building Blocks

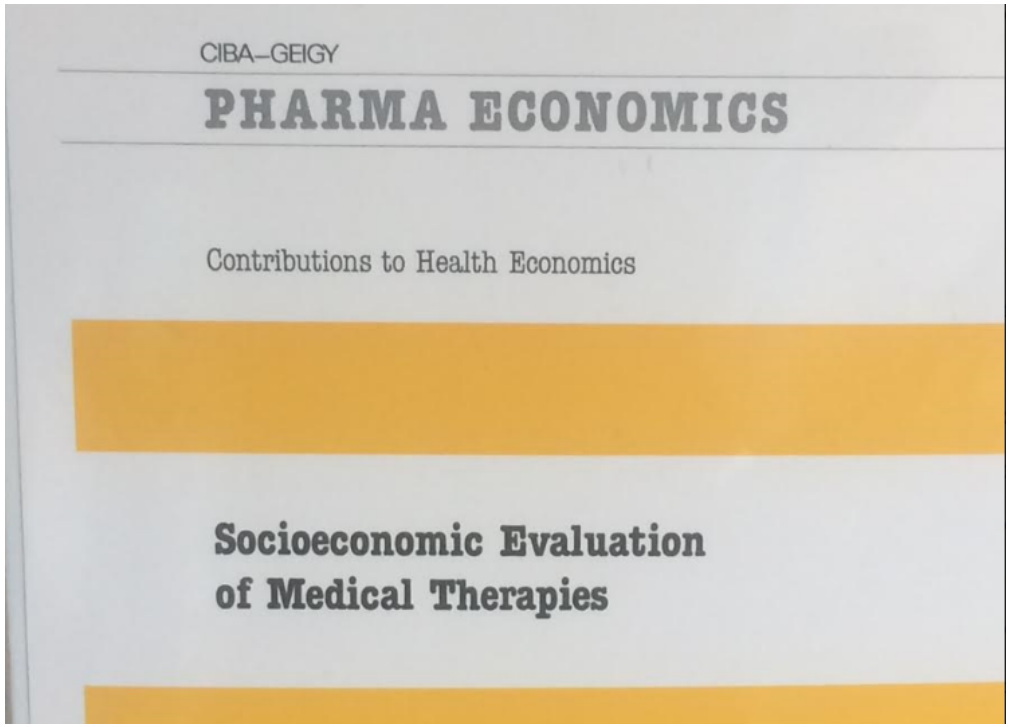
- Value proposition
- Clinical evidence
- Cost-effectiveness evidence
- Systems impact evidence

GVD Major Sections (Illustrative)

1. Disease Description and Classification
2. Burden of Disease
3. Current Treatment Patterns
4. Unmet Needs
5. Product Overview and Description
6. Clinical Value of Product
7. Economic Value of Product
8. Comparative Benefits
9. Product Value Summary
10. References / Appendices

When did this all begin

Industry example: Ciba-Geigy 1990



Some key HTA dates:

- Australia: PBAC 1984
- Canada: CADTH (formerly CCOHTA) 1989 (originally as a pilot for medical devices)
- USA: AMCP founded 1988, Format for formulary submissions 2000
- UK: NICE 1999, law 2002
- Germany
  - IQWiG / G-BA 2004
  - AMNOG 2011

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GVD and HTA Challenges

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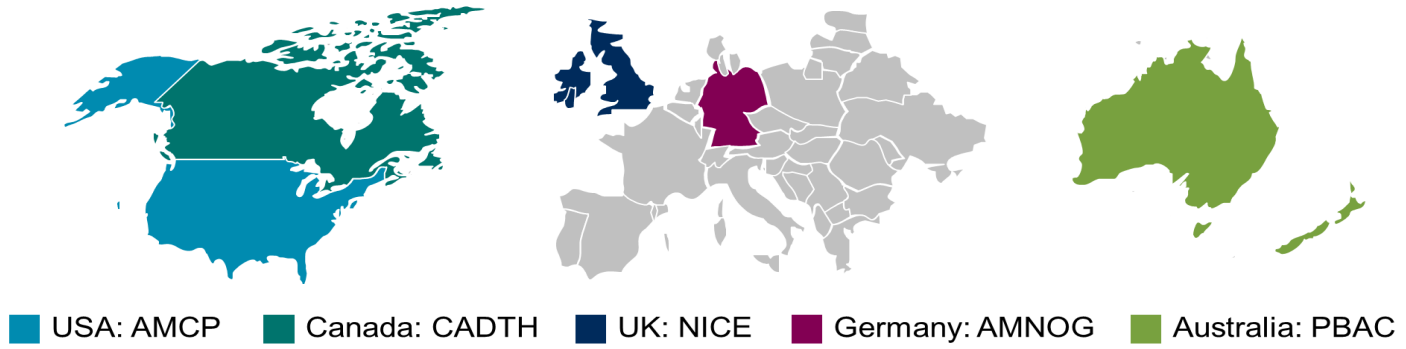
GVD Challenge: Whereas requirements for product approval are fairly consistent, HTA requirements can be highly variable making a match with GVDs difficult

Primary Approach	Example Markets*
Therapeutic referencing market: Centralised benefit assessment and price negotiation system (AMNOG) with single focus on relative clinical benefit ▪ Variation of application of AMNOG across country, by insurers, regions and institutions' buying and stocking decisions. Scope for negotiations based on clinical benefit and cost	
Health economics market: Beyond national price regulation scheme, main focus is on use of pharmaco-economics by central HTA bodies, NICE, SMC and AWMSG to control reimbursement and utilisation ▪ Regional (e.g. CCGs, cancer networks) and institutional variations in application of HTA directives. Scope for negotiation based on clinical and economic value	
Cost control market with autonomous regional negotiations: Strong central focus on price and reimbursement control. However, scope for institutional and regional negotiations ▪ Wide variations in utilisation decision making across 17 regions ▪ Multiple replication of drug assessment by many local formulary committees using different methods	

No market fits perfectly into a single approach

Evaluation of HTAs and Systematic Literature Review (SLR) Guidance Confirms Non-Alignment

Figure 1. Countries of Interest and HTA Agencies



Key: AMCP – Academy of Managed Care Pharmacy; AMNOG – Arzneimittelmarkt-Neuordnungsgesetz; CADTH – Canadian Agency for Drugs and Technologies in Health; HTA – health technology assessment; NICE – National Institute for Health and Care Excellence; PBAC – Pharmaceutical Benefits Advisory Committee; UK – United Kingdom; USA – United States America.

Requirements for SLR in HTA Submissions

	Germany (AMNOG)	USA (AMCP)	UK (NICE)	Australia (PBAC)	Canada (CADTH)
Epidemiological Data	✓	✓	✓	▪	▪
Clinical Data	┼	▪	┼	┼	▪
Economic Data	▪	┼[a]	┼	✓[b]	▪

┼ – SLR is mandatory; ✓ – data are needed but no formal requirements for literature searching; ▪ – no guidelines or requirements reported regarding literature reviews.
[a] SLR required for economic modeling only (Section 4.0).
[b] A review of the literature for relevant economic references is required, although the review is not specified as systematic.

Source: Sarnes et al.; Value in Health 2017, Vol. 20, Issue 9, A698

But does a Misconception about GVDs Still Exist

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Xcenda Client Survey on GVDs

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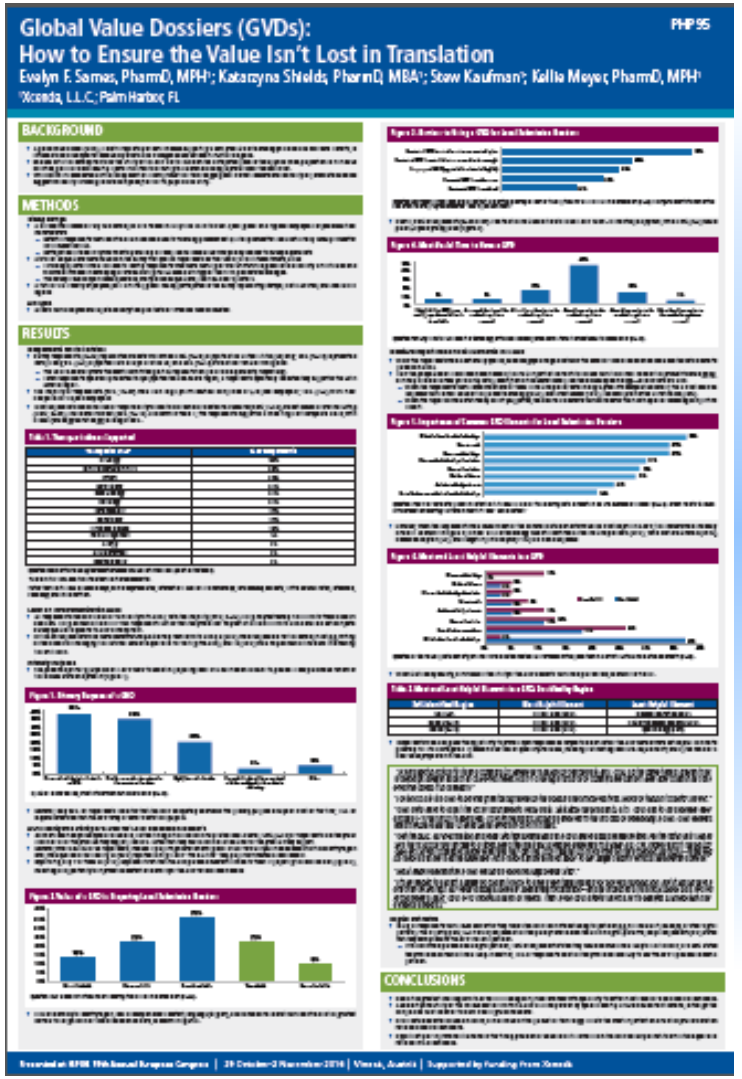
Xcenda recently performed a survey of its clients on GVDs



Global Value Dossiers (GVDs):
How to Ensure the Value Isn't Lost in Translation

PHP 95

Evelyn F. Sarnes, PharmD, MPH[1]; Katarzyna Shields, PharmD, MBA[1]; Stew Kaufman[1]; Kallie Meyer, PharmD, MPH[1]

[1]Xcenda, L.L.C.; Palm Harbor, FL

BACKGROUND

METHODS

RESULTS

CONCLUSIONS

Some feedback…

"I often look to the GVD to provide great background on the disease and clinical features. Much of this isn't country specific."

"Most helpful element of a GVD would be value messages/value story."

"Get the basic, key information and value strategy summarized in a GVD and released ahead of time. Fill the rest in later."

"Would recommend a basic GVD 6–12 months ahead of launch, then a full GVD at/after launch, with updates as important new evidence emerges."

Source: Sarnes et al.; Value in Health 2016, Vol. 19, Issue 7, A456

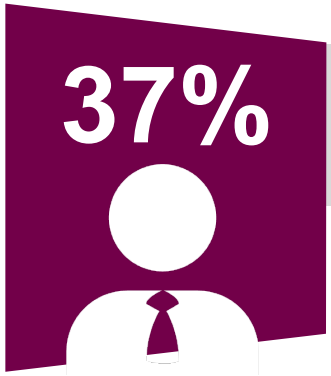
…and the challenges associated with the multiple purposes of this document came through in the responses

GVD relevance for local adaptation

57% of respondents feel that the GVD is not relevant to their country / regions

GVD meets content expectations

37% of respondents indicated that the content is not sufficient or comprehensive enough



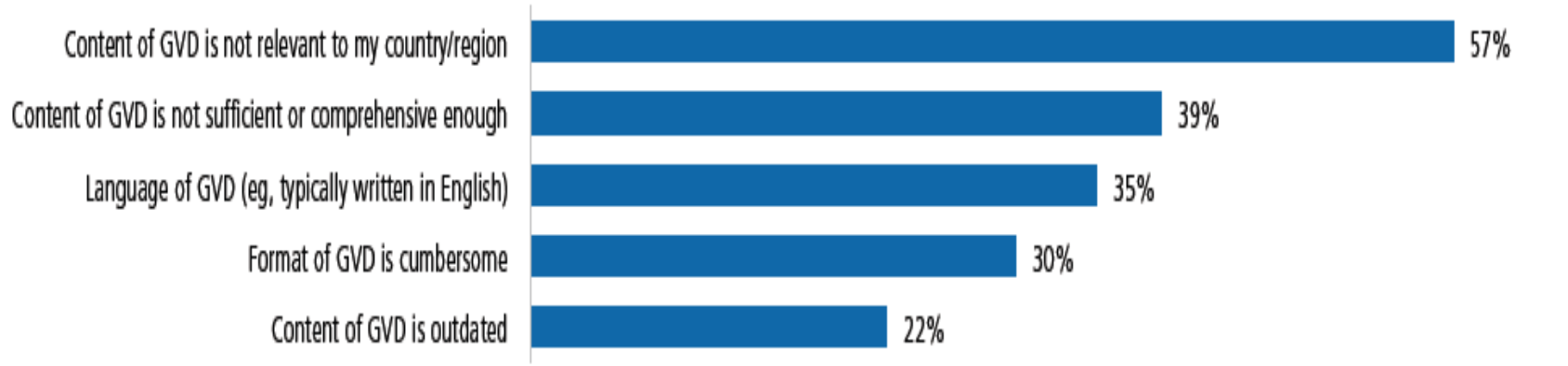
Most helpful component: Clinical value of product

CE analyses (26%), disease description (13%), anticipated budget impact (11%) & disease epidemiology (11%) were deemed the least helpful

Source: Sarnes et al.; Value in Health 2016, Vol. 19, Issue 7, A456

Perceived Barriers for Use of the GVD for Local Submission Dossiers

Figure 3. Barriers to Using a GVD for Local Submission Dossiers

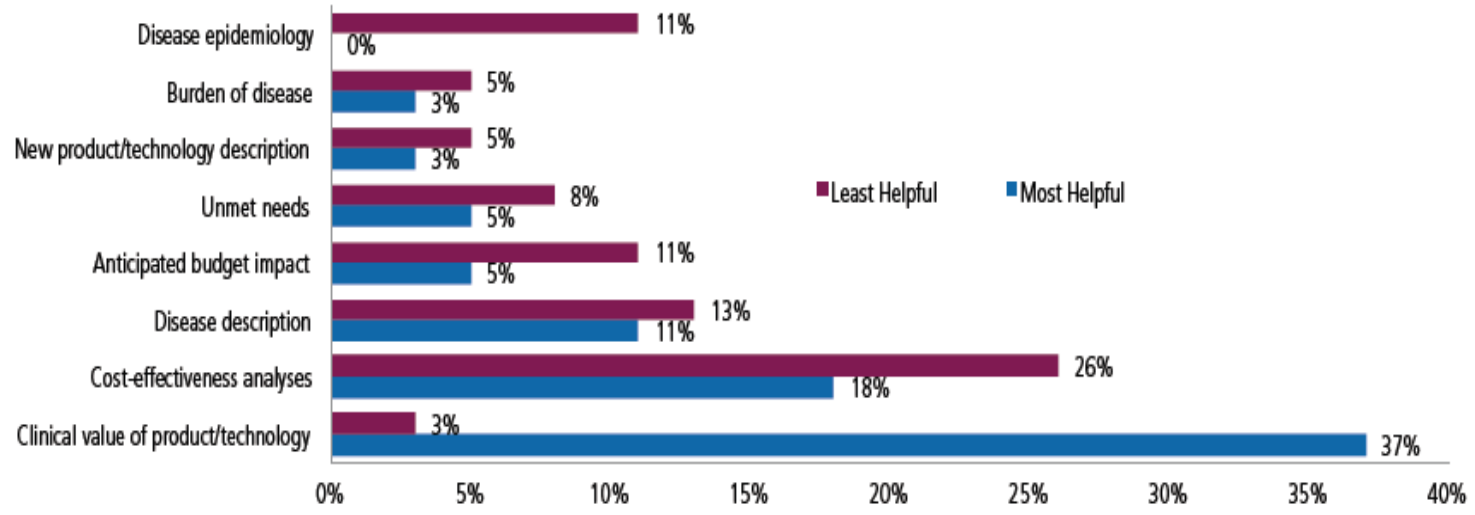


Question: How much do you agree or disagree that each of the following is a barrier to using the GVD for a local submission dossier? (N=23). The figure reports the sum of the proportion reporting "Agree completely" and "Agree very much."

Source: Sarnes et al.; Value in Health 2016, Vol. 19, Issue 7, A456

Most and Least Helpful Elements in a GVD

Figure 6. Most and Least Helpful Elements in a GVD



Question: Of the following data elements, which one would be the most helpful if provided by the global team in a format like the GVD or other document? (N=38).

Source: Sarnes et al.; Value in Health 2016, Vol. 19, Issue 7, A456

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Suggestions to improve GVD Development

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Can GVDs be developed better in order to meet the HTA dossier submission challenges

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Challenges on the HTA side

- **Regulators are concerned with internal validation in the RCT setting vs. external confirmation in the real-world setting**
- **Different healthcare provision / reimbursement systems**
- **Cost constraints may lead to pressures to restrict access**

Challenges on the Industry side

- **Siloed structure, eg. Development (R&D) vs. Commercial**
- **Increased complexity often translates into higher costs which may be difficult to convince payers / HTA agencies**
- **Even after HTA submission, manufacturers may still need to work out discounts with payers to gain access**

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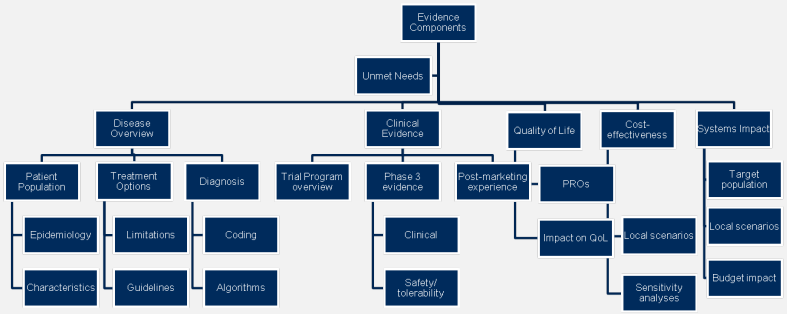
By changing of Positioning the Evidence from Being Linear

Traditional Way of Thinking

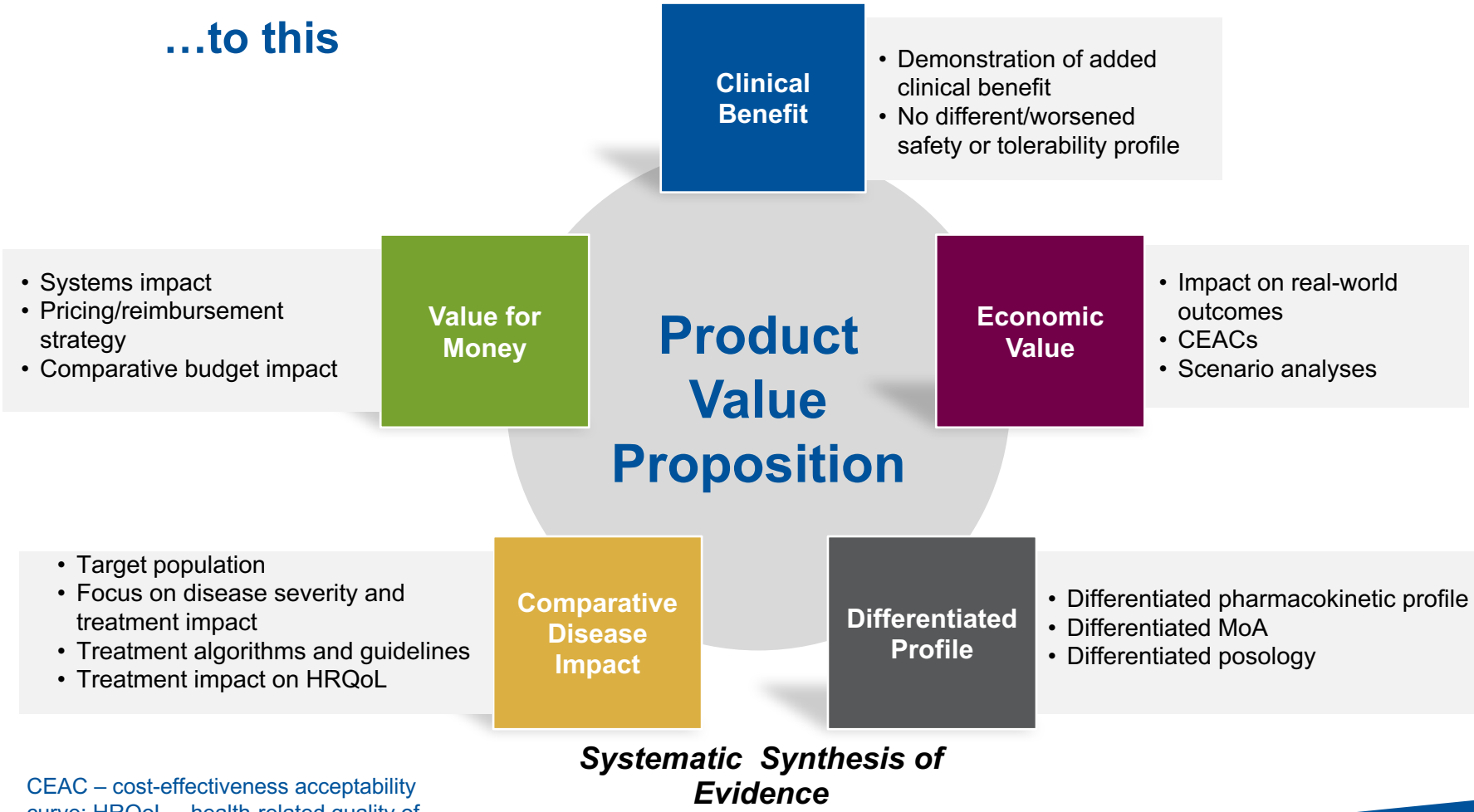
- A centralized repository of product evidence
- Product-based value messaging

Moving from this…



To a Position that is More Circular

…to this



CEAC – cost-effectiveness acceptability curve; HRQoL – health-related quality of life; MoA – mechanism of action

Resulting in Usage Beyond Local HTA Submissions

DRIVING LOCAL SUBMISSIONS

- Single, accessible, and consistent resource for national and market segment levels
- Evidence-based demonstration of the value of a drug during assessment by decision makers
- Ability to pull together the relevant content with consistent messaging for local submission adaptations

CONTINUAL GAP ANALYSIS

- Evolution over the development and commercialization life cycle
- Evaluate necessary changes based on the changing competitive and HTA landscapes
- Internal “checklist” for evidence generation, pricing and reimbursement strategy, and other tactics

INTERNAL TRAINING

- Comprehensive disease overview and product information
- New team member on-boarding
- Training on new product/recent acquisition
- Value proposition training

This is of Value for an Expanded Set of Stakeholders

Key GVD Stakeholders

Internal Stakeholders

Local affiliates, for:

- ✓ Adaption for market- or customer-specific submissions meeting local evidentiary and analytical standards

Global core team, for:

- ✓ Continued evolution over the development and commercialization life cycle
- ✓ Accommodate changes in competitive and HTA landscape Health Technology Assessment groups

External Stakeholders

After local adaptation:

- Payers, such as:
  - ✓ Formulary/Reimbursement Committees
  - ✓ Health Technology Assessment groups
  - ✓ Hospital decision-makers and HTA committees

A Proper Systematic Literature Review (SLR) and Statistical Expertise are also Critical to Support the GVD

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Define project-focused research questions[A]

LITERATURE SEARCH

- Develop search protocol[A]
- Conduct literature search
- Upload citations to EndNote[B]

PUBLICATION SCREENING

- Screen titles and abstracts
- Assemble preliminary list of included citations
- Access and screen full-text articles
- Create final list of included articles[A]

QUALITATIVE ANALYSIS and SYNTHESIS

- Extract data and conduct quality assessment[A]
- Complete qualitative data analysis and synthesis
- Prepare final report

QUANTITATIVE ANALYSIS and PUBLICATION

- Conduct meta-analytic feasibility assessment
- Complete quantitative meta-analysis
- Prepare manuscript with journal submission

[A] Process step involves client review and approval
[B] Alternate software may include Microsoft Excel or DistillerSR

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GVD Best Practice Considerations for better use of the SLR for Local HTA Submissions

- **HTA-level SLRs require additional time for appropriate design and conduct**
- **Care must be given to the SLR methodology and design of the SLR protocol**
- **Selection of the optimal SLR approach requires careful consideration of the key research questions and topics**
- **Close inspection of the methodology (and comparators) is also needed to align with planned HTA submissions**
- **Key stakeholders at both the global and local level should be involved in the design of the SLR**
- **Persons conducting the CE analyses and indirect treatment comparisons should also be involved in SLR development**

Source: Sarnes et al.; Value in Health 2017, Vol. 20, Issue 9, A698

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And finally…

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In Conclusion

- Success in the market place for products is ultimately driven by the relevance & strength of clinical & economic evidence provided to payers & HTA bodies
- Since differing HTA bodies can still be expected to view the same data and impact on health care to its population differently, the GVD needs to adapt to those requirements without unnecessary or duplication of effort
- Developing a more comprehensive, circular GVD with a "core team" approach to communicating the value of a product to payers by local HTA submissions is essential to meeting these challenges
- Proper and timely planning and execution of the Systematic and Targeted Literatures Reviews for proper placement into the GVD and its component parts and statistical input/expertise is crucial for both the GVD and local HTA submissions

Comments, Critiques & Questions

Thank you

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