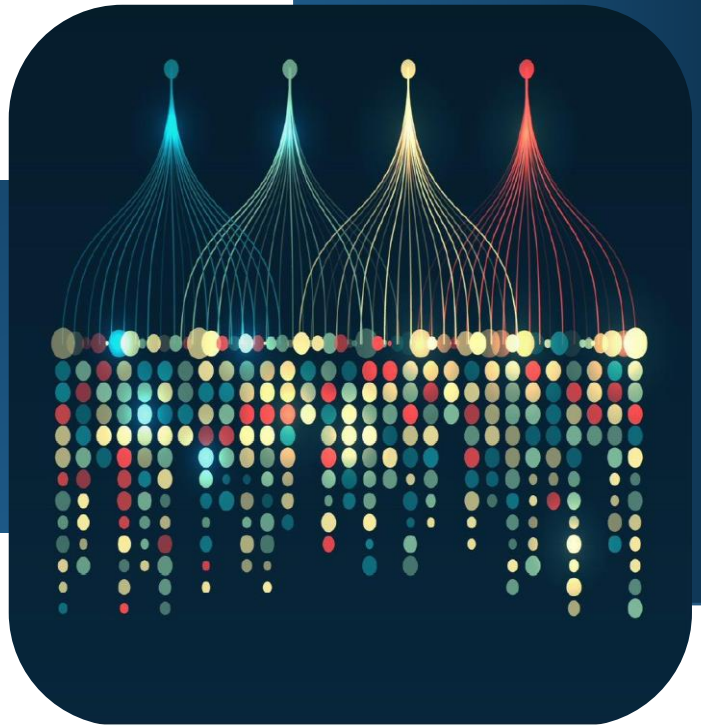
2024 November ESIG Meeting

# Current implementation/utilisation of different collaboration models within and across Regulators and HTA agencies:

*Feedback from CIRS workshop and research projects*



**Dr Tina Wang**

**Associate Director - HTA Programme and Strategic Partnerships, CIRS**

# Agenda

- Introduction to CIRS
- Collaborative working model workshop
- Research to monitor the collaborative approach
- Discussion

# CIRS is an experienced convening organization with a global remit

**Mission**

To identify and apply scientific principles for the purpose of advancing regulatory and health technology assessment (HTA) policies and processes in developing and facilitating access to pharmaceutical products

35+ yrs experience in bringing **global** industry, regulators, HTA bodies, payers, academics and others together in a **neutral** atmosphere to identify and address key issues in the development, licensing and reimbursement of medicines.

Subsidiary of Clarivate plc – **operate independently** as a non-profit. Financed by industry membership fees, special projects, grants e.g. from regulators, HTA bodies, Bill and Melinda Gates Foundation

**See** CIRS About Us

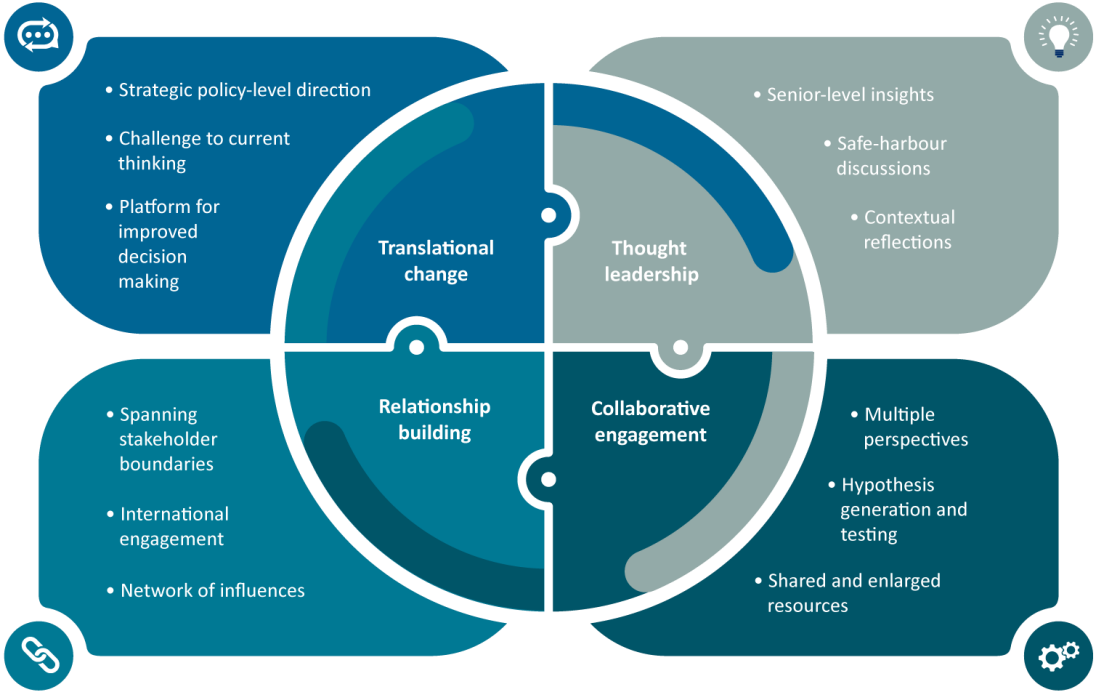
# How do stakeholders work with CIRS?

- Participate/Present at CIRS multi-stakeholder workshops
- CIRS Scientific advisory council/ HTA steering committee
- Insight seminar/ educational webinar
- Participate in research projects

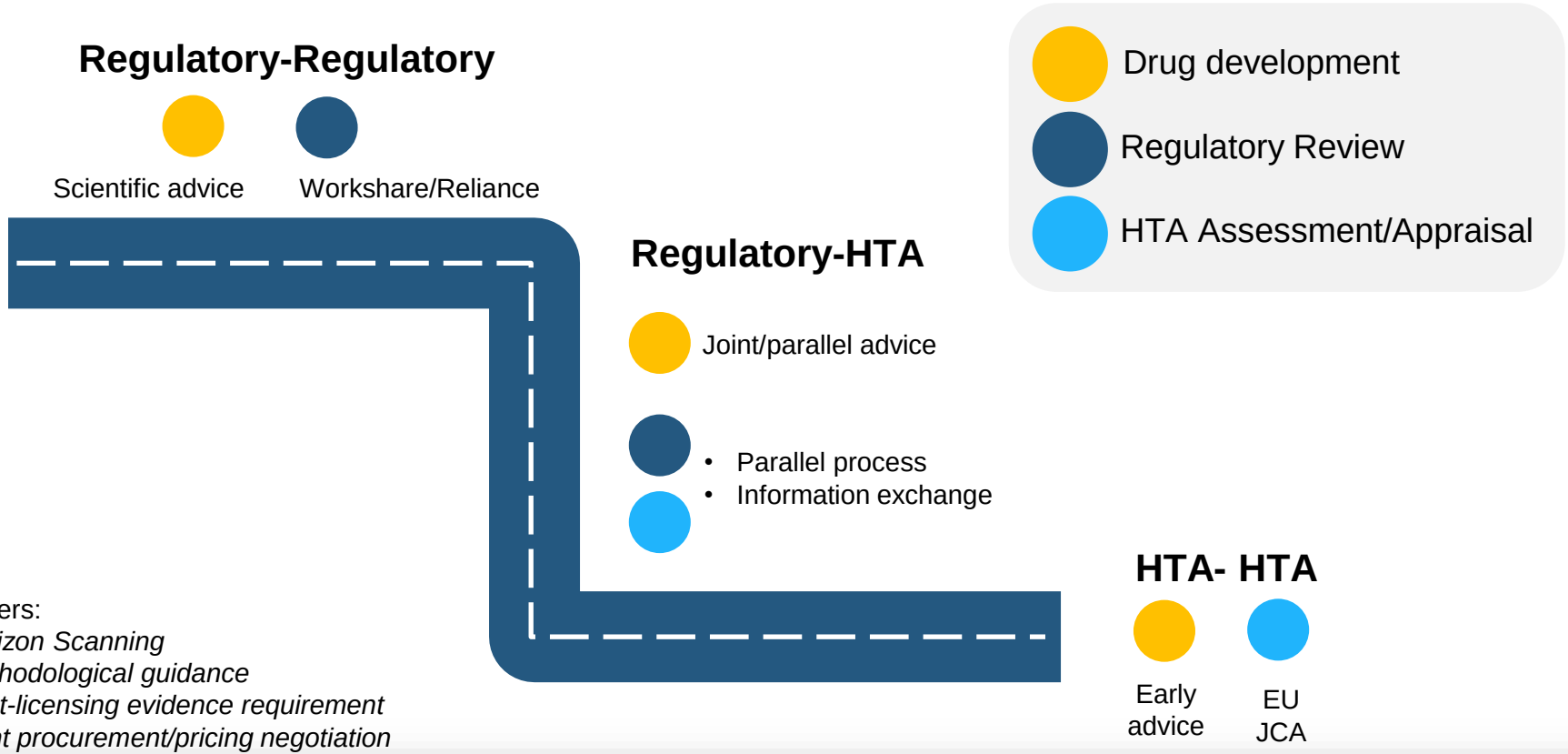
Focus study/opinion survey

Benchmarking/ Metric project

Commission Special project



# Dimensions of Stakeholder Collaboration Across the Medicine Lifecycle




Others:
*Horizon Scanning*
*Methodological guidance*
*Post-licensing evidence requirement*
*Joint procurement/pricing negotiation*

# Types of Models of regulatory collaboration

**Regulators conduct independent evaluation**

Standard Process

**Regulators conduct parallel collaborative evaluation and share information**

Parallel Collaborative

PROJECT ORBIS

(2019)

**Regulators divide review of safety quality efficacy modules:**

Workshare

ACCESS CONSORTIUM

AUSTRALIA
CANADA
SINGAPORE
SWITZERLAND
UNITED KINGDOM

(2007)

**Centralised Evaluation Conducted for a group of countries/region**

Regional Reliance - Joint Assessment

African Medicines Regulatory Harmonization Project (AMRH)

EAC
ECOWAS
IGAD
OCEAC
SADC

ASEAN SIAHR Project

Centralised Procedures

Caribbean Public Health Agency
CARPHA

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

**Country A relies on Reference Agency Assessment(s)**

Unilateral Reliance

**Examples: verification/abridged year of adoption**

Singapore (1987)

Egypt: Nov 2016
Jordan: Feb 2017
Brazil (Bio): (2018)
Thailand (2015)
Malaysia (2019)
Australia (2018)
UK (2024)

# Types of Models of HTA collaboration

**HTA conduct independent evaluation**

Standard Process

**Develop guidance on the use of surrogate outcomes in C/E analysis**

Method guidance

NICE, SMC (UK), CAD-AMC (Canada), ZIN (Netherland), IETS (Colombia), PBAC (Australia), HTAi global policy forum (2023)

**Agencies take turns at the different tasks of the evaluation**

Workshare

FINOSE Joint HTA Fimea NoMA TLV

(2018)

**Assessment conducted by a group of jurisdictions**

Regional - Joint Assessment

Beneluxa Initiative on Pharmaceutical Policy

(2015)

**EU Assessment jointly done by the Member States**

Centralised Procedures

HTA CG MEMBER STATE COORDINATION GROUP ON HEALTH TECHNOLOGY ASSESSMENT

(2025)

Leveraging model?

# Key learnings from presentations and open floor discussions

## Reg-Reg

- Regulatory convergence has enabled collaboration
- Much can be learned from the EMA
- Access and Project Orbis are accelerating regulatory timelines, but could go further
- Strong leadership and trust can support mindset change

## HTA-HTA

- HTA-HTA collaborations are less mature than regulatory-regulatory collaborations
- Joint development takes time /Mandatory collaboration at the EU level
- International collaboration is especially important for emerging HTA agencies
- Leveraging the work of other HTA agencies

## Reg-HTA

- Many opportunities but also barriers to overcome
- Parallel scientific advice needs to evolve
- Learnings from the UK Innovative Licensing and Access Pathway ILAP
- Disconnect between expedited regulatory decisions and HTA
- Collaboration on RWE needs to be across the healthcare system

## Payer

- HTA-payer collaboration is not a pre-requisite
- Payer collaborations take various forms

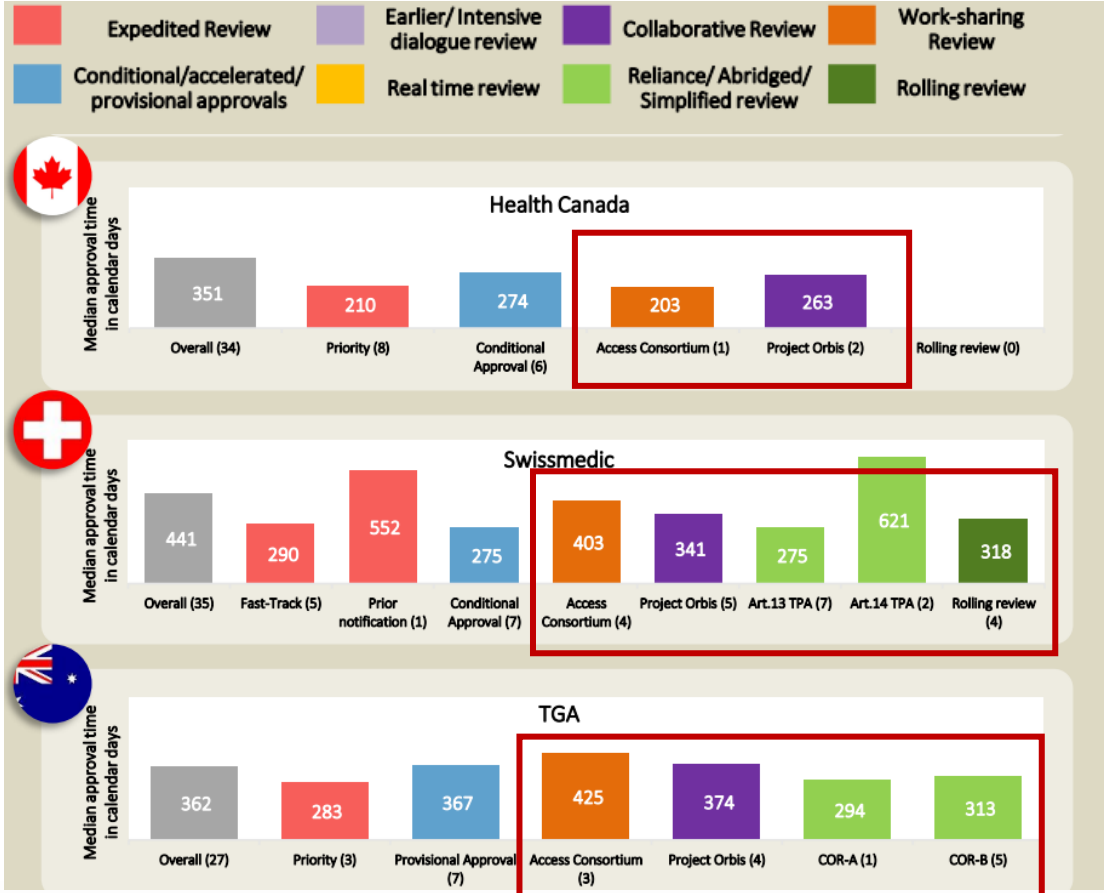
# Key recommendations from the workshop and next steps


Next steps/research needed

- **Identify** use cases for successful and unsuccessful collaborations.
- Develop appropriate outcome **assessments/ metrics**.

# Collaboration models is one of the regulatory toolkits

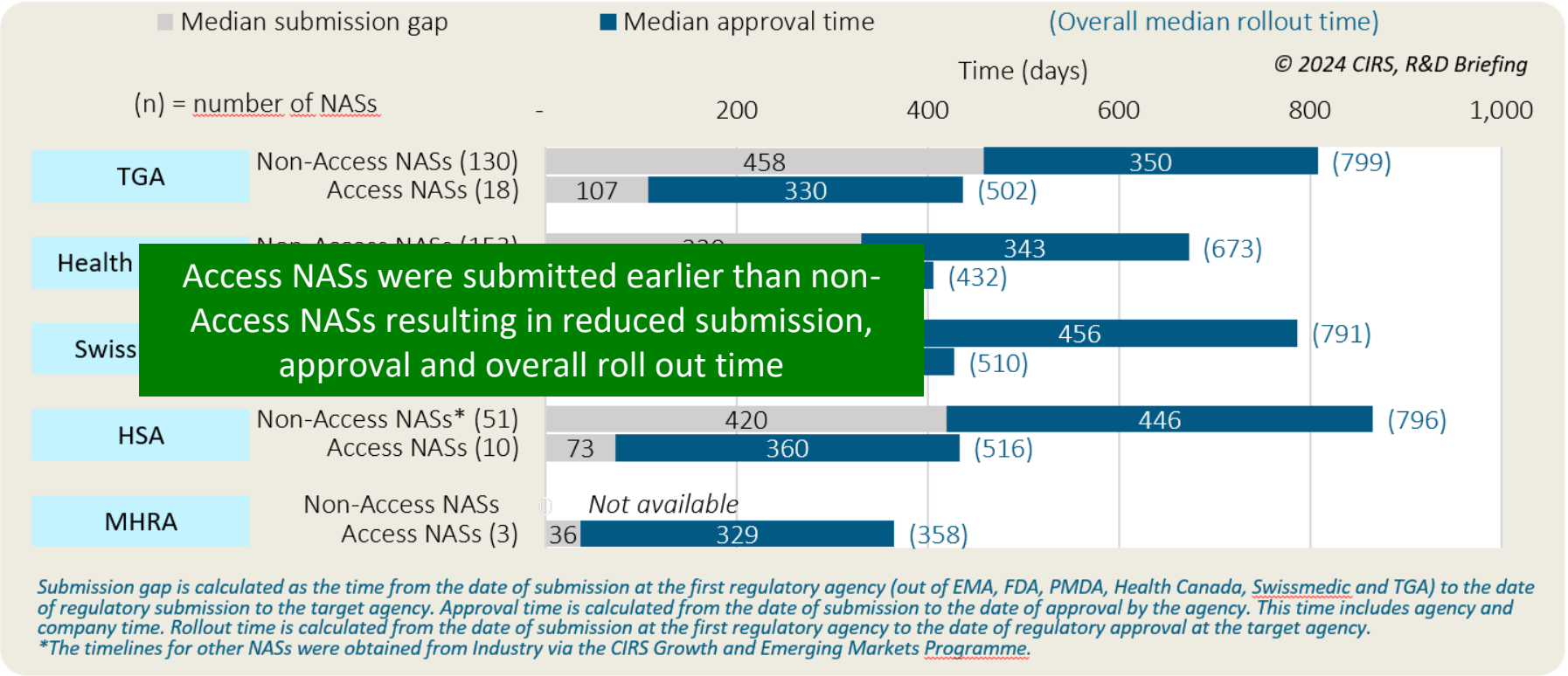
Agencies are **actively implementing collaborative approaches** as part of their toolkit –
Utility of having more than one model and mindset that **one size does not fit all**




Year – 2023 ; (n) = number of approval

Source: CIRS RRTD briefing

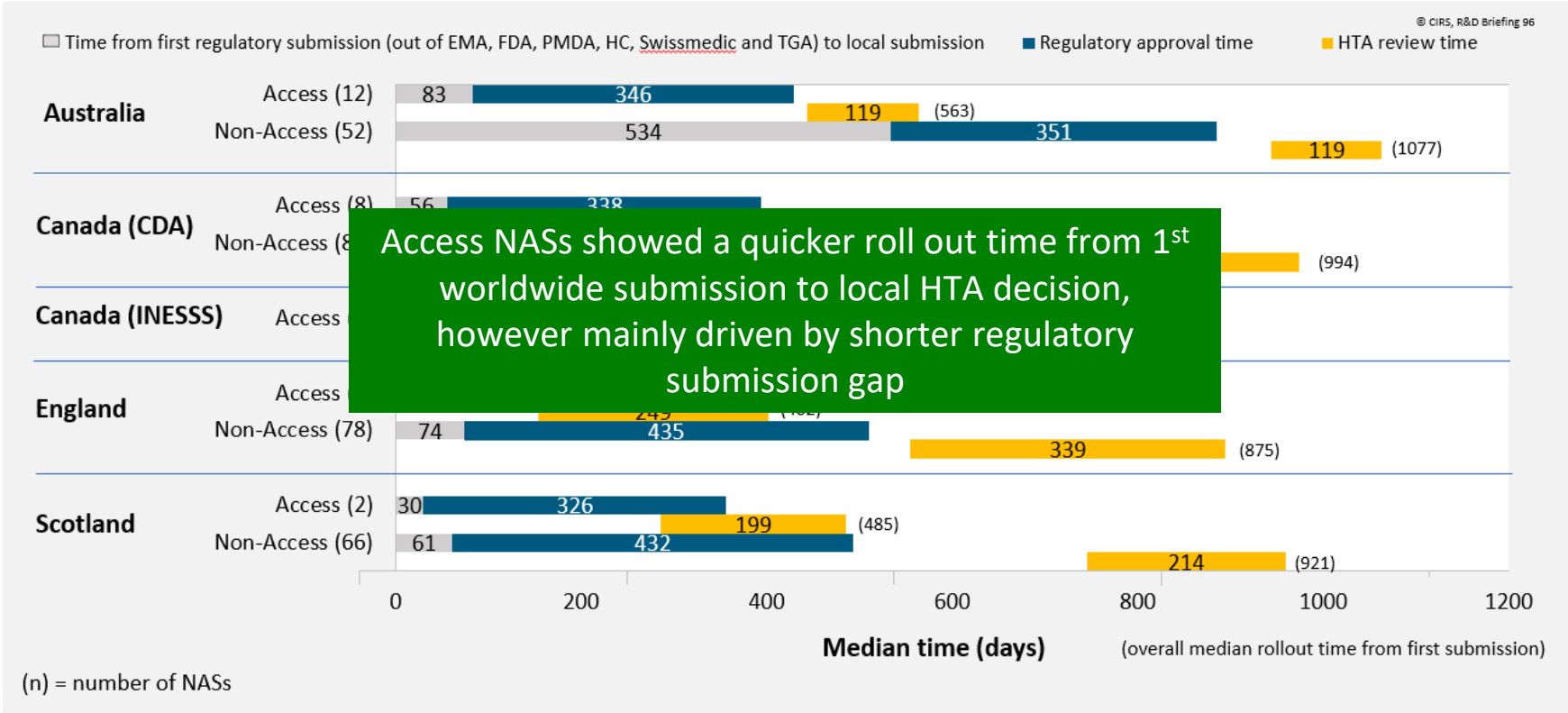
# Comparison of median submission gap, approval time, and rollout time for NASs approved via Access Consortium vs. Non-Access NASs (2019-2023)



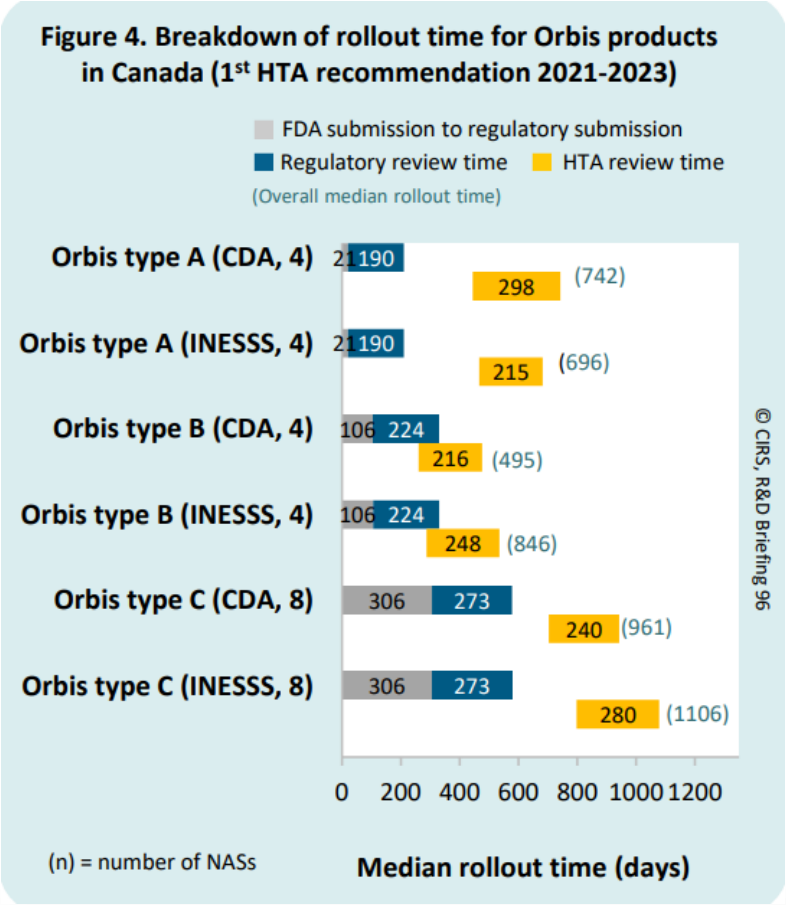

*Submission gap is calculated as the time from the date of submission at the first regulatory agency (out of EMA, FDA, PMDA, Health Canada, Swissmedic and TGA) to the date of regulatory submission to the target agency. Approval time is calculated from the date of submission to the date of approval by the agency. This time includes agency and company time. Rollout time is calculated from the date of submission at the first regulatory agency to the date of regulatory approval at the target agency.*
**The timelines for other NASs were obtained from Industry via the CIRS Growth and Emerging Markets Programme.*

Source: CIRS RRTD briefing

# Comparison of median roll out time for NASs approved via Access Consortium vs. Non-Access NASs (1st HTA recommendation 2019-2023)




Source: CIRS HTADock briefing



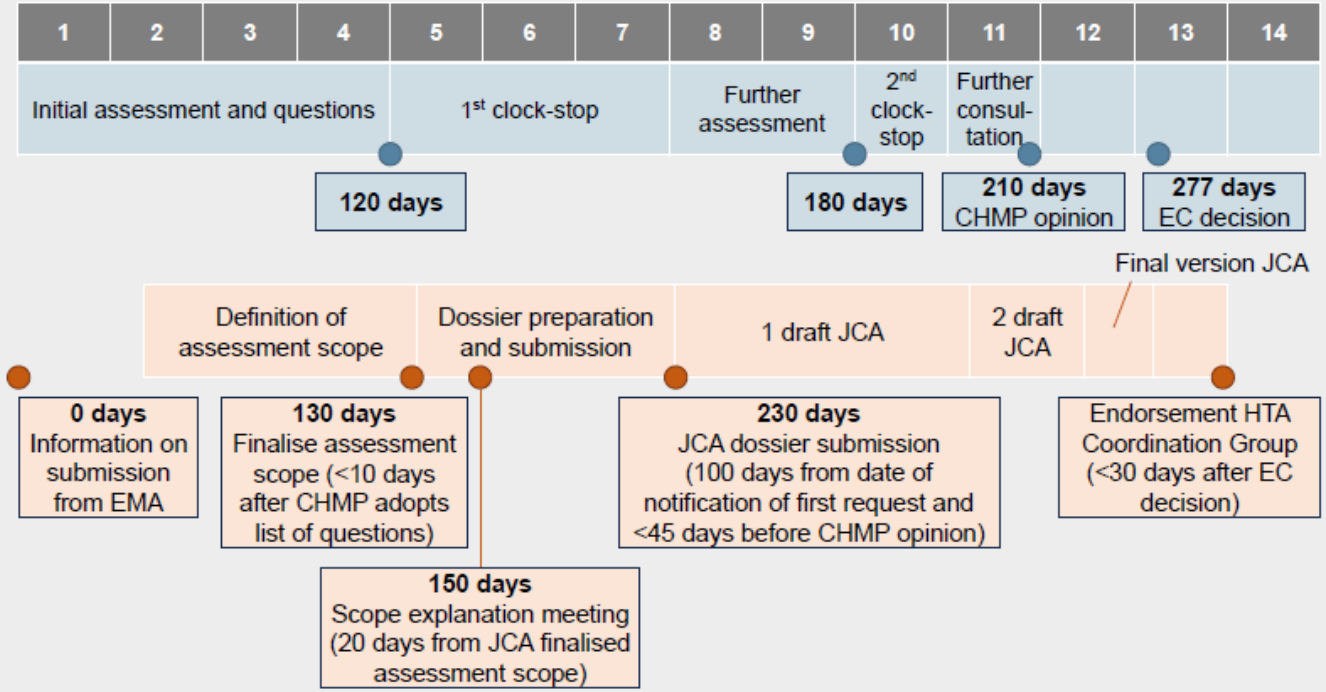

# Comparison of median roll out time for NASs approved via Orbis project

- Products can be submitted for HTA review to CDA-AMC up to 180 days prior to the anticipated Notice of Compliance (NOC) from Health Canada.
- In a **Type A Orbis** submission, the marketing application must be submitted to the **< 30 days after the FDA submission,** which allows the possibility of concurrent action with FDA.
- If the **submission > 30 days** and/or the regulatory action takes more than three months after the FDA's decision, it is referred to as a Type B Orbis. Type B allows the possibility of **concurrent review with FDA but no concurrent action.**
- **Type C Orbis submissions, where the FDA has already taken regulatory action,** the FDA shares its completed review documents with the POP but there is no concurrent review or action with FDA.

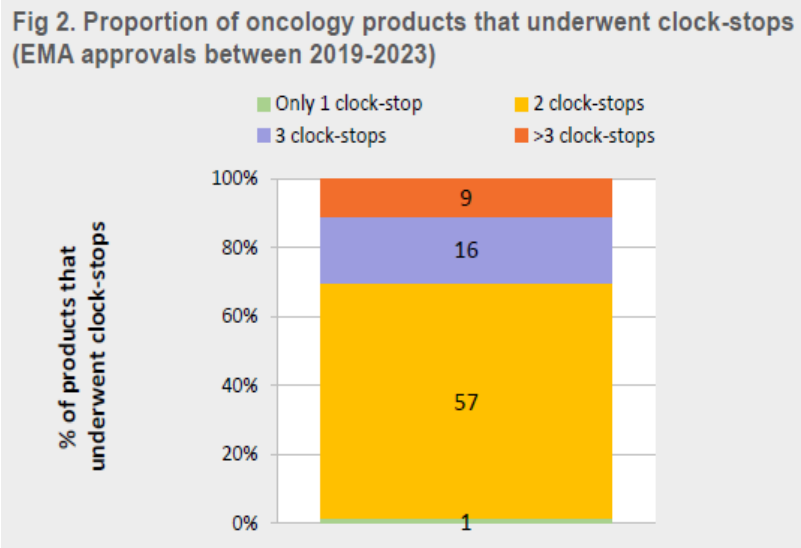
Source: CIRS HTADock briefing

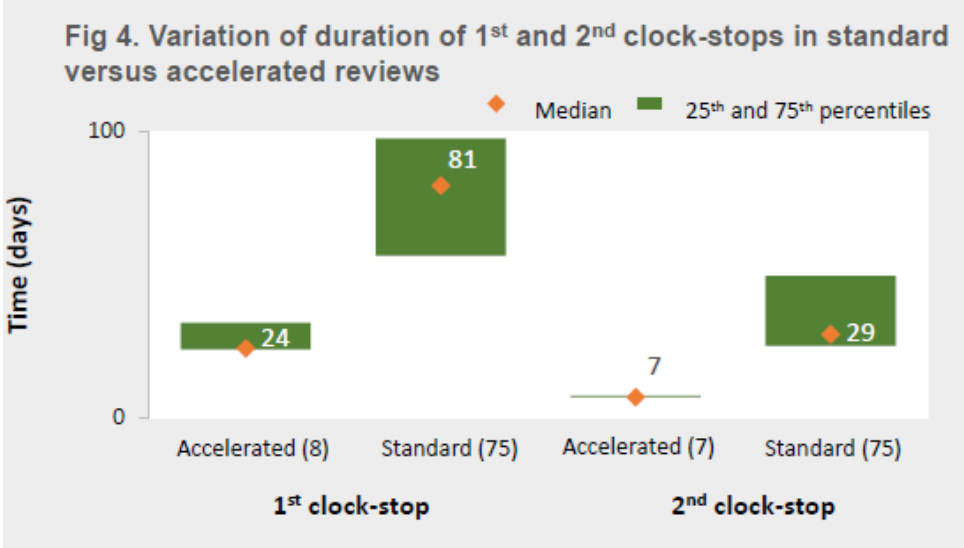
# EMA stop-clock data for oncology products to get initial insight into how the parallel JCA and EMA timelines may impact one another.

**Fig 1. Timeline (months) of EMA assessment (standard review) and JCA process**



# EMA stop-clock data for oncology products.




Our analysis showed that both the first and second clock-stops were used in almost all of the analysed oncology products, with additional clock-stops being less likely. The variation of clock-stop durations makes the EMA review process less predictable, therefore, early awareness and preparation of JCA is required within companies to ensure the parallel process is aligned and efficient.

# THANK YOU!


CIRS

**Dr Tina Wang**

**twang@cirsci.org**