EVIDENCE-BASED MARKET ACCESS VALUE RESOURCE: NAVIGATING THE HURDLES FOR A BIOLOGIC OBTAINING A LICENSE IN A SECOND INDICATION IN KEY EUROPEAN COUNTRIES

Hogue S[1]; Bjoerk B[2]; Walker A[3]; Balp M[2]; Fernandez M[1]; Quijano M[2]; Ling C[4]; Heyes A[4]

[1]RTI Health Solutions, Research Triangle Park, NC, United States; [2]Novartis Pharma AG, Basel, Switzerland; [3]Robertson Centre for Biostatistics, University of Glasgow, Scotland; [4]RTI Health Solutions, Manchester, United Kingdom

OBJECTIVE

- Market access for an innovative technology, such as a biologic obtaining a license in a second indication, can be complex and time consuming
- Reimbursement is critical to rapid adoption of and optimal patient access to a new technology
- This study aimed to determine the best approach for communicating value and providing field-based staff with value resources to facilitate dialogue with different stakeholders in various scenarios

METHODS

- We conducted desktop research of published literature, health technology assessment reports, clinical trials data, and third-party websites to identify the critical path and data most valuable to reimbursement decision making in order to prepare a communication resource
- We conducted a country-affiliate workshop and qualitative one-on-one interviews with payer decision makers in several key markets to understand funding flow and the most appropriate means of communicating value to external decision makers

RESULTS

Findings

- The processes and restrictions for biologics may be stricter than for other medications because of their perceived high cost
- There are multiple appropriate access pathways for various settings of care, all with varying requirements and value drivers
- It is critical to understand the needs of external decision makers and provide field-based staff with a consistent yet customisable means of communicating the value of new technologies
- All evidence and insights should be synthesised into an evidence-based market access value resource for key stakeholder engagement
  - The main parts of a market access value resource are the value story, the value messages to payers and physicians, interactive budget impact models (BIM), and the country-specific requirements that must be taken into account to customise the market access communication tool

Value Story

- An integrated value story communicates the value of the product in covering an unmet need in the treatment pathway of the disease; the burden of the disease to payers, patients, and society, including the impact on health-related quality of life (HRQoL) of patients; and the efficacy and safety of the product, as well as its cost-effectiveness and budget impact. Figure 1 and Table 1 summarise the key points of the value story
- For a biologic obtaining a license in a second indication, the safety profile should already be well established and will help describe the safety profile of the product for both indications

Figure 1. Value Story

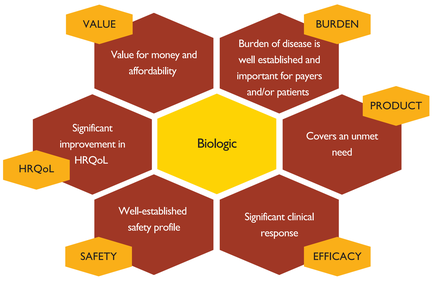

Table 1. Key Points in the Value Story

Burden	Describe the evidence for market access: communicate the burden of the disease, including clinical aspects, epidemiology, natural history, and prognostic factors; treatments guidelines and current treatments; impact on HRQoL using validated instruments; and the economic burden of the disease to payers, patients, and society
Unmet need	Communicate the value of the product in covering an unmet medical need and the positioning of the product in the treatment pathway
Efficacy	Communicate data from the clinical programme demonstrating the efficacy of the product versus relevant comparators
HRQoL	Communicate the benefit of the product on different aspects of HRQoL when applicable
Safety data	Communicate available safety data for the product from previous and new indications and real-world data
Value for money	Communicate the value for money of the product; present data from a cost-effectiveness model and a budget-impact model

Value Messages

- Value messages should be customised to each country and should resonate with the specific requirements of local and national payers, physicians, and patients in each country
- Table 2 presents general examples of value messages for payers, and Table 3 presents general examples of value messages for physicians and patients

Table 2. General Examples of Value Messages for Payers

	National Payers	Local Payers
Clinical response	Biologic X met all study endpoints in the phase 3 studies. Statistically significant differences in scores were observed with Biologic X versus current treatments.	Statistically significant differences in scores were observed with Biologic X versus current treatments.
Symptom control	Biologic X reduced xx% of disease symptoms in up to xx% of patients. Reductions in symptoms occur rapidly and are sustainable in time.	Biologic X reduced xx% of disease symptoms in up to xx% of patients.
HRQoL	Biologic X showed significant improvements in HRQoL over comparator as determined by a validated questionnaire in all phase 3 trials.	Disease Y has a negative impact on the HRQoL. Biologic X showed significant improvements in HRQoL over an appropriate comparator
Safety and tolerability	The safety of Biologic X has been demonstrated in all phase 3 studies, as well as in the patients treated in its first indication. The benefit-risk ratio of Biologic X remains favourable.	The safety of Biologic X has been demonstrated in all phase 3 studies, as well as in the patients treated for the initial indication(s).
Cost effectiveness	Biologic X is cost-effective using a threshold of £30,000 per quality-adjusted life-year (QALY). The incremental cost-effectiveness ratio of Biologic X versus placebo is £28,000 per QALY gained.	Disease Y affects 2,000 people in this region, resulting in substantial morbidity, reducing their ability to work and increasing healthcare resource use. Biologic X is cost-effective and will provide overall cost-savings to the region.
Budget impact	Biologic X will have a moderate impact on the budget and can potentially provide cost off-sets.	The impact of biologic X on the local budget will be minimal. Treating patients with Biologic X will generate cost-savings.

HRQoL = Health related quality of Life.

Table 3. General Examples of Value Messages for Physicians and Patients

	Physicians	Patients
High unmet need	There is a high unmet need for more efficacious treatments with a well-established safety profile that can improve different clinical parameters specific for disease Y and result in a positive impact on patients' HRQoL.	Patients need safer and more efficacious treatments that provide a rapid symptom response and a significant improvement in their quality of life.
Efficacy	Biologic X has demonstrated its efficacy in the clinical programme, showing statistically significant differences in target parameters versus current treatments. Additional evidence from indirect comparison is required.	Biologic X will reduce symptoms and improve clinical parameters in the majority of patients.
Clinical response	Biologic X has demonstrated a reduction of up to xx% of symptoms in up to xx% of patients. Response occurs rapidly and is sustainable in time.	Biologic X will provide a rapid reduction of symptoms as early as the third week of treatment, with a response that continues long term.
HRQoL	Patients receiving Biologic X showed clinically significant improvements in HRQoL compared with a comparator as determined by a validated questionnaire in all phase 3 trials.	Biologic X will improve the quality of life in the majority of patients. Has positive impact on different aspects of patient life.
Safety and tolerability	Biologic X has a well-established safety profile based on its clinical programme and long-term real-world use in its first indication.	The safety of Biologic X has been demonstrated in clinical trials and in patients treated for its first indication.

Country-Specific Requirements to Be Included in the Market Access Communication Resource

- Table 4 presents a summary of specific requirements that payers in the United Kingdom (UK), France, Italy, and Spain have recommended be included in a market access communication resource
- In the UK, an assessment by the National Institute for Health and Care Excellence (NICE) is necessary for the majority of medicines to access reimbursement. If NICE approval is granted, access and reimbursement are ensured
  - A key point in the approval of a biologic or any other product by NICE is to demonstrate its cost-effectiveness
- In France, the Transparency Commission (TC) reviews the dossier of the product. If a previous indication exists for the product, it may be easier to gain approval for the second indication.
  - For a biologic, cost may be a barrier to access, and cost-effectiveness models may be required
- In Italy, the Italian Medicines Agency (AIFA) approves pharmaceuticals and biologics, but regional health authorities may impose restrictions or ask for additional requirements, delaying the market access process
  - Requirements for formularies presented to regional or local health authorities or to hospitals in Italy may differ slightly. For example, regional formularies generally focus on efficacy and safety data, whereas local/hospital formularies require local epidemiologic and budget-impact data
  - In some regions of Italy, biologics have been funded through special funding, "File F," with administration funded using the diagnosis-related group (DRG) for a day case owing to the cost of the product. In these regions, cost will be a barrier to market access
- In Spain, biologics are approved at the national level. The regional health authorities develop recommendations on drug use. A biologic with an approved indication does not guarantee the approval of a second indication. A key point of the approval process for a second indication is a reduction in the price because of the larger number of people treated with the biologic
  - Efficacy and safety, comparative analysis with direct comparators, budget impact, cost-effectiveness, and epidemiologic data are the most influential data for the Spanish payers. High cost will be a barrier for market access

Table 4. Country-Specific Requirements for a Market Access Value Resource for a Biologic

Specific Requirement	UK	France	Italy	Spain
Develop evidence of disease burden, including epidemiologic data and economic costs of disease	Present data on burden of disease at the national level, including economic burden	Present data on burden of disease at the national level, including economic burden	It may be necessary present burden data at the national level and the regional level for some regions that require this information	Present data on burden of disease, on epidemiology (incidence and prevalence), and on economic costs at the national level
Present efficacy data from phase 3 trials	Demonstrate efficacy of treatment versus an appropriate comparator Improvement of symptoms will not suffice to gain market access	Demonstrate efficacy versus an appropriate comparator Also determine which patients are responders and which are non-responders Including a predicting factor (or biomarker) will be a plus	Important to describe the type of patients for whom the biologic is more effective A biomarker for the selection of respondents to this treatment will be an advantage	Clinical data should demonstrate efficacy of the product in terms of significant difference in the endpoint of interest versus a comparator A biomarker for the selection of respondent patients to this treatment will be an advantage
Present safety data from phase 3 trials and other trials	Safety data are important, but less so for a biologic seeking a second indication because data on safety are already available	Safety data are important, but less so for a biologic seeking a second indication because data on safety are already available	For a biologic, it is important to include data on immunological reactions Tolerability will be a plus	Safety with biologics is of special concern because of the serious adverse events associated with these products, including anaphylaxis Long-term events are very important
Present data on improvement of HRQoL	NICE prefers data on utility, e.g., from the EQ-5D	Need to present HRQoL data in the French population and EQ-5D data with French tariffs	Important if the biologic improves HRQoL	For some diseases, HRQoL would be important to include
Prepare a cost-effectiveness model	A cost-effectiveness model is required by NICE	A cost-effectiveness model should be adapted to the country	Not a requirement	A cost-effectiveness model should be adapted to the country The cost-effectiveness model should clearly indicate drugs per arm and cost per QALY
Prepare a budget-impact model	Should present a budget-impact model	Need to present a budget-impact model adapted to the country	Need to present a budget-impact model adapted to the country or region High cost will be an obstacle to access	Need to present a budget-impact model adapted to the country and to the region Costs will determine market access restrictions
Present data from other health technology assessments	Not a requirement	Not a requirement	Helpful to provide these data if available	Helpful to provide these data if available
Present long-term data	Long-term data would be helpful if available	Long-term tolerability data are very important	For biologics, long-term data will provide information on how long the improvements last once treatment is stopped	Long-term data will provide additional information on safety and efficacy

EQ-5D = EuroQol 5-dimensions questionnaire.

CONCLUSIONS

- The evidence-based market access value resource approach provides a clear, concise, and globally integrated value story that will assist in market access and form the basis of consistent communication regarding value at the national, regional, and local level across external stakeholders (e.g., payer decision makers, physicians, patient advocates)
- Access for a biologic product will be complex; regardless of pathway, decisions regarding reimbursement and adoption of a new technology are diverse and dispersed across and within countries, with varying levels of required evidence
- The value story and value messages should be supported by robust evidence and adapted to the country and type of stakeholder. The needs of different payer audiences should be assessed sufficiently early in product development and addressed through an evidence-generation plan before product launch

Scan to download a reprint of this poster

Acknowledgement

The authors thank Mantosh Roy (Novartis) for designing the poster layout.

Funding

This Research was funded by Novartis Pharma AG, Basel, Switzerland.

Presented at: ISPOR 17th Annual European Congress 8-12 November 2014 Amsterdam, The Netherlands