Submission Process and Requirements of Nordic Health Technology Assessment Authorities for Hospital Drugs: Implications for Market Access Strategy

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BACKGROUND

- Health technology assessment (HTA) submissions are becoming increasingly more complex, with more rigorous requirements from HTA authorities, such as the need to incorporate real-world evidence and the use of advanced modelling methods.
- Globally developed materials such as global value dossiers and economic models support the development of the submission documentation, but as HTA requirements can differ across the world, these materials are not always easily adapted to individual countries.
- One approach to reduce time to market and workload is to develop multiple HTA dossiers efficiently by submitting sequentially to countries with similar HTA requirements—for instance, submitting to the Scottish Medicines Consortium shortly after a National Institute for Health and Care Excellence (NICE) submission.
- Other countries that are often grouped together in a similar fashion and where efficiencies can be made with a clear submission strategy are the four Nordic countries: Denmark, Finland, Norway, and Sweden.

OBJECTIVE

- To assess the different requirements and processes for HTA submissions in the four Nordic countries that may affect strategic decisions for pharmaceutical companies, such as whether or when to submit an HTA dossier in this region.
- Secondary objective: to suggest a market access strategy for how to submit in the four countries in the most efficient and cost-effective way.

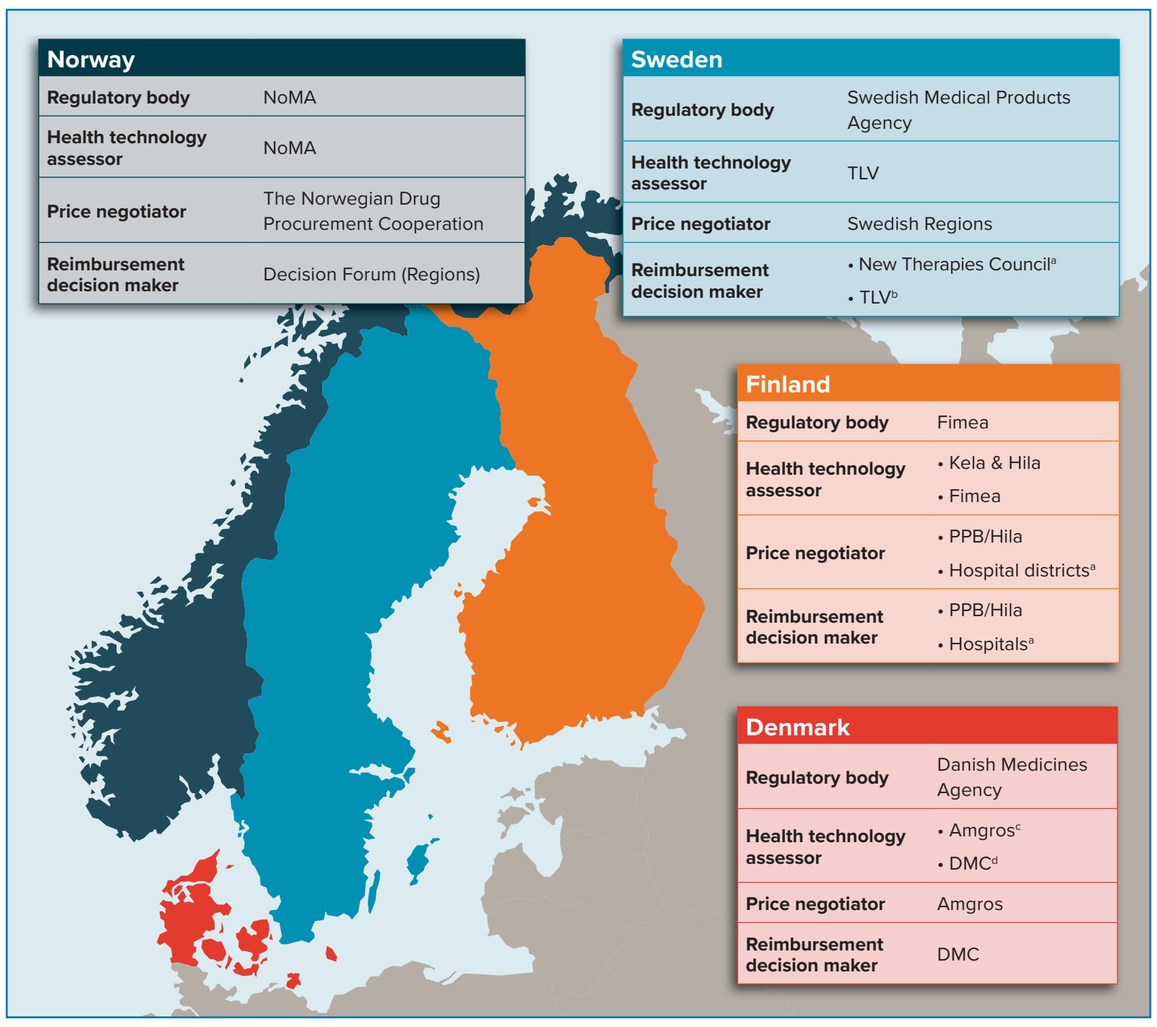
METHODS

- The guidelines and process documents for HTA submissions in the four countries were reviewed up to June 2019, including websites of the Dental and Pharmaceutical Benefits Agency (TLV, Sweden), the New Therapies Council (Sweden), the Finnish Medicines Agency (Fimea, Finland) the Pharmaceuticals Pricing Board (PPB/Hila, Finland), Amgros I/S and the Danish Medicines Council (DMC, Denmark), and the Norwegian Medicines Agency (NoMA, Norway). Documents in English, Danish, Finnish, Swedish, and Norwegian were included in the review.
- The structure of the HTA process used for pricing and reimbursement in some of the four countries depends on whether the pharmaceutical is prescribed for patients in primary care or secondary care. The focus of this analysis was on the latter, so we include those prescribed in secondary care, even if they may subsequently be used at home.

RESULTS

- General information about the responsible regulatory, HTA, and pricing authorities in the four countries is presented in Figure 1.

Figure 1. Responsible Authorities in the Four Countries



[a] Drugs used in hospital care that are included in the managed introduction process. [b] Drugs not used in hospital care nor included in the managed introduction process. [c] Economic evidence. [d] Clinical evidence.

Kela = Social Insurance Institution; PPB/Hila = The Pharmaceuticals Pricing Board.

- The review identified several areas with implications for market access strategy:
  - General submission process
  - Clinical evidence requirements
  - Health economic evidence requirements
- Table 1 summarises key differences in the HTA requirements of the four Nordic countries that could affect the market access strategy:
- Areas with implications for the market access process include Sweden's allowance for HTA submissions up to 90 days before European marketing authorisation; for Denmark, submission is at the time of approval. The DMC uses a fixed schedule for when the applicant can submit, while the other countries allow submissions at any time after the technology is included in horizon scanning (or similar).
- The published process from submission to recommendation takes 12 weeks in Denmark (the average time including clock-stops and other delays is longer, ~32 weeks), with a maximum of 180 days in the three other countries.
- All countries require comparative clinical evidence within the indication. Head-to-head data are preferred, but indirect evidence such as network meta-analyses are accepted. However, the DMC requires all data used in the submission to be publicly available, while the other countries allow confidential information to be submitted.
- Economic evidence requirements are similar across three of the four countries, with the exception of Denmark. Finland, Norway, and Sweden require cost-effectiveness analyses or cost-minimisation analyses (when noninferiority can be shown), while Denmark requires a cost analysis without clinical benefits.

Table 1. Differences in the HTA Submission Requirements Between the Four Countries

Parameter	Denmark	Finland	Norway	Sweden
General submission process				
Submission template for dossier	Mandatory for both preliminary and final application	No template	Mandatory	No template
Earliest possible submission	After EC approval	Not explicitly stated, but technologies subject to EC approval	Not explicitly stated, but technologies subject to EC approval	After CHMP opinion
Date of submission	Fixed according to process schedule	Flexible	Flexible	Flexible
Time to recommendation/ decision without clock-stops	12 weeks	Maximum 180 days	Maximum 180 days	Maximum 180 days
Clinical evidence[1-4]				
Confidential study data	DMC will not use it in its decision	Can be used and redacted	Can be used and redacted	Can be used and redacted
Evidence included	Only data requested by the DMC should be included	Any data deemed important by the applicant can be included	Any data deemed important by the applicant can be included	Any data deemed important by the applicant can be included
Economic evidence[1-3,5]				
Time horizon	Clinical evidence: study duration Economic evidence: Capture all relevant effects, lifetime	Capture all relevant effects, lifetime	Capture all relevant effects, lifetime	Capture all relevant effects, lifetime
Primary clinical outcome	Currently not used—cost analysis only[a]	QALY	QALY	QALY
Threshold per QALY gained	N/A	No official threshold	No official threshold	No official threshold
Perspective	Societal perspective	Health-service and societal perspective	Extended health-service perspective	Societal perspective
Discount rate	4%	3%	4%	3%
Disease severity included in decision making	Not defined	Not defined	Absolute shortfall calculation used	Yes, but not defined

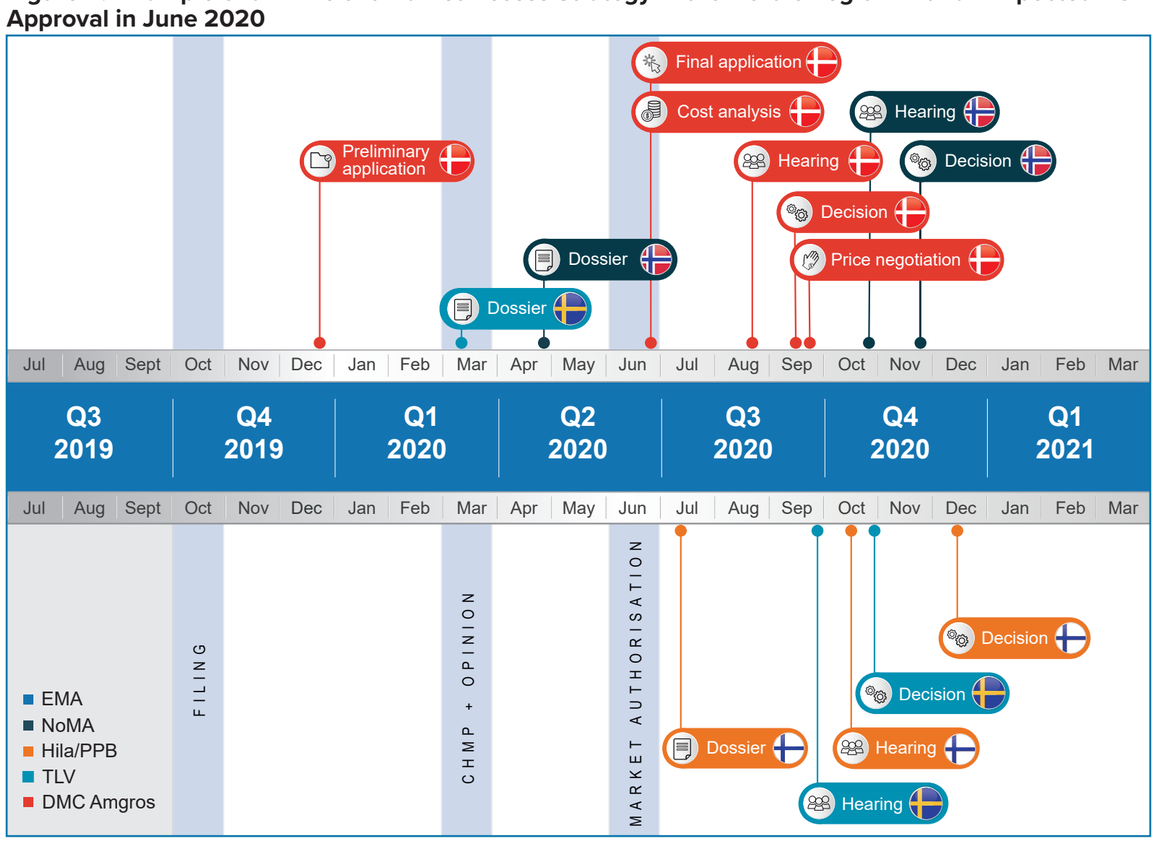
[a] Incorporation of QALY under review.

CHMP = Committee for Medicinal Products for Human Use; EC = European Commission; QALY = quality-adjusted life-years.

DISCUSSION

- Our review of HTA submission guidelines determined that there are important differences in HTA processes in the four Nordic countries studied. While there are some differences in the requirements for economic evidence (Table 1), we expect that the differences in the general submission process and the requirements for clinical evidence have a greater influence on market access strategy.
- When applicants are allowed to submit evidence has an obvious impact on the strategy, while it is more difficult to determine the impact of limiting the possibility of unpublished or confidential evidence being included. Because a negative recommendation can result if important data are not public at the time of the assessment, it may be preferable for companies to delay submissions to Denmark until all clinical evidence is publicly available.
- Figure 2 summarises a proposed staggered-submission approach, based on this review, to efficiently coordinate HTA submissions to the Nordic countries. The proposed strategy uses the different assessment times to reduce the review overlap for the submitting applicant while providing timely submissions that take advantage of the benefits of sequentially produced submission material.
- We expect that the recently initiated cooperation between Finland, Norway and Sweden (FINOSE[6]) will make the process in these countries even more similar in the future. However, it is currently too early to estimate what effect this cooperation will have on market access strategies in general.

Figure 2. Example of an Efficient Market Access Strategy in the Nordic Region With an Expected EC Approval in June 2020



CONCLUSIONS

- The different HTA processes and requirements among Nordic countries are likely to affect strategic decision-making by pharmaceutical companies regarding HTA submissions for hospital drugs.
- Similar requirements in Finland, Norway, and Sweden allow for efficiencies in submission planning. Not allowing confidential information in Denmark means that early submission, without the inclusion of confidential data, may lead to negative reimbursement decisions, with implications for market access strategy.

REFERENCES

1. Statens legemiddelverk. Guidelines for the submission of documentation for single technology assessment (STA) of pharmaceuticals. 2018. Available at: https://legemiddelverket.no/Documents/English/Public%20funding%20and%20pricing/Documentation%20for%20STA/Guidelines%20151018.pdf. Accessed 18 September 2019.
2. The Dental and Pharmaceutical Benefits Agency. Tandvårds- och läkemedelsförmånsverkets allmänna råd. 2015. Available at: https://www.tlv.se/download/18.7e3d365215ec82458645a7/1510316403483/TLVAR_2015_1.pdf. Accessed 18 September 2019.
3. The Pharmaceuticals Pricing Board. Preparing a health economic evaluation to be attached to the application for reimbursement status and wholesale price for a medicinal product. 2018. Available at: http://www.hila.fi/c/document_library/get_file?folderId=793451&name=DLFE-10632.pdf. Accessed 18 September 2019.
4. Medicinrådet. Håndbog for Medicinrådets proces og metode vedr. nye lægemidler og indikationsudvidelser. Version 2.4. Available at: https://medicinraadet.dk/media/12029/haandbog-for-medicinraadets-proces-og-metode-vedr-nye-laegemidler-og-indikationsudvidelser-version-24.pdf. Accessed 18 September 2019.
5. Amgros. Guidelines for cost analyses of new medicines and indications in the hospital sector. Version 1.4. 2019. Available at: https://amgros.dk/media/2229/guidelines-for-cost-analyses-of-new-medicines-and-indications-in-the-hospital-sector-ver-14.doc. Accessed 18 September 2019.
6. FINOSE. Process for joint assessment. 2018. Available at: https://www.tlv.se/download/18.500ea4181641067957aeb13/1529322046472/finose_process.pdf. Accessed 18 September 2019.

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