LEARNINGS FROM FIRST TC OPINIONS OF DRUGS EVALUATED FOR EAP UNDER NEW PROCESS

Alain ESTIVAL [1]

1 – CEMKA, 92 340 Bourg la Reine, France

CEMKA

HTA202

CONTEXTE

In France, since 1992, patients can benefit from an early access to innovation, ahead of the marketing authorization or final reimbursement. This early access program (EAP) was reformed on July 1, 2021. HAS is now involved in granting EAP (HAS decision) while continuing to assess drugs for reimbursement (Transparency Committee (TC) opinions). According to HAS, it ensures consistency between derogation-based schemes (EAP) and the common law funding scheme (based on TC opinions).

To determine if a medication can be granted EA, the 5 criteria listed below are assessed. This is done by ANSM (1st criteria) or by TC (Criteria 2 to 5).

Eligibility criteria for EAP[1]

When no marketing authorisation, efficacy and safety are strongly presumed ;	☒
Indicated in a severe, rare or incapacitating disease ;	☒
No appropriate treatment;	☒
Initiation of treatment cannot be delayed;	☒
Medicinal product is presumptively innovative, particularly compared to any clinically relevant comparator	☒

For reimbursement, TC will assess :

- Actual clinical benefit ("SMR" in French) which determines whether or not medication is reimbursed,
- Clinical added value ("ASMR" in French) compared to available treatments which is used to define the framework for price negotiations.

Assessments performed during TC opinion[2]

ACTUAL CLINICAL BENEFIT (SMR)

- severity of the disease/condition ;
- efficacy ; adverse effects ;
- intended role in the therapeutic strategy in comparison with other available therapies ;
- public health benefits

CLINICAL ADDED VALUE (ASMR)

with regards to available treatments (reference medicinal product or better treatment modalities) conditional to:

- quality of the demonstration ;
- effect size in terms of clinical efficacy, quality of life and safety,
- clinical relevance

OBJECTIVES

This study aimed at analyzing Transparency Committee (TC) opinion of drugs which have also been assessed for EA with new process.

METHODS

A retrospective analysis was conducted of all drugs which had, between July 1, 2021, and Avril 21, 2022:

1) an assessment for EAP with corresponding HAS decision published,
2) the TC appraisal with corresponding opinion published.

RESULTS

Among drugs granted EA,

- all had a substantial actual clinical benefit ("SMR important") (figure 1),
- majority had a clinical added value either moderate (ASMR III; 12/20) or minor (ASMR IV; 3/20). The remaining drugs had a ASMR V (no clinical added value). There was no major (ASMR I) nor substantial (ASMR II) clinical added value for the drugs evaluated during the period (figure 2)

FIGURE 1: SMR of drugs granted EA

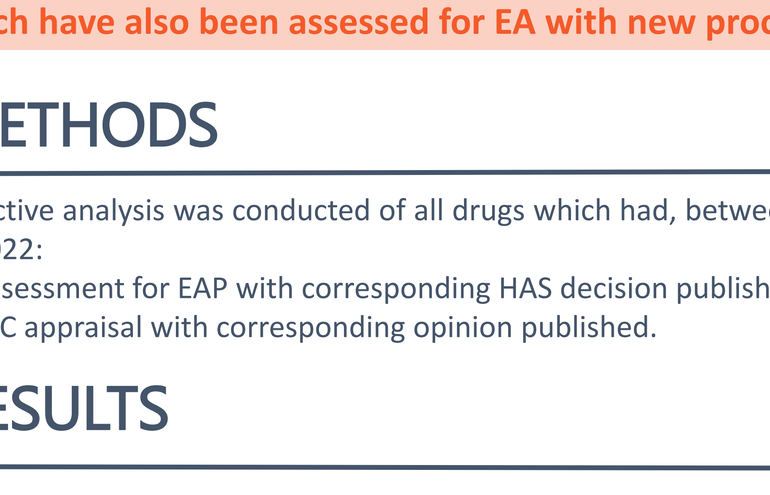
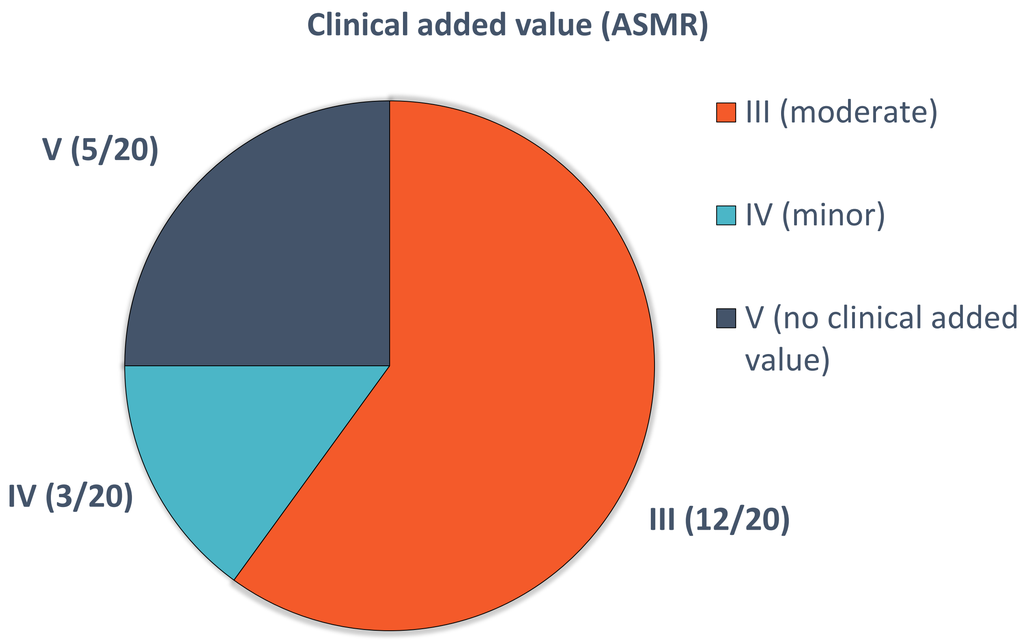


FIGURE 2 : ASMR of drugs granted EA



Five drugs with an ASMR V also have been granted an EA. A closer analysis of the decisions shows that there were explanations for all cases where the presumably innovative criteria was considered as fulfilled for EA whereas TC opinion concluded that there was no demonstrated ASMR (table 1).

TABLE 1 : MEDICATIONS GRANTED NO CAV (ASMR V) AND EXPLANATIONS.

Medication (INN)	Date of EA decision	Date of TC opinion	Explanation
Rivaroxaban	15/09/21	02/06/21	Treatment pathway considered as improved (justifying EA) but not sufficiently demonstrated for a minor ASMR (IV).
Idecabtagene vicleucel	3/11/21	15/12/21	EA indication restricted to situations where "all therapeutic options have been exhausted".
Setmelanotide	17/01/22	13/10/21	No therapeutic alternatives. Additional data expected shortly.
Tafasitamab	19/01/22	30/03/22	Additional data expected.
Cenobamate	30/03/22	08/09/21	EA indication restricted to patients for whom "all other appropriate treatments available have failed".

DISCUSSION

- All drugs granted an EA had a substantial actual clinical benefit ("SMR important"). This was expected since some of the the criteria which need to be fulfilled for EA (severe, rare or debilitating disease ; lack of appropriate treatment ; efficacy and safety of the medicinal product strongly presumed) are similar to the main drivers of SMR.
- Most drugs granted an EA had an ASMR III or IV. This was expected considering the EA criteria : 'Presumptively innovative nature, particularly compared to any clinically relevant comparator'. Moreover, this criteria can not rely only on a new mechanism of action but also requires "a suitable development plan and clinical findings supporting a presumptive benefit for the patient" thus implying the demonstration of a clinical added value.
- However, there were 5 situations where the EA was granted whereas no ASMR was acknowledged. In our opinion, this was not an inconsistency, since it was explained by specific situations. This can be regarded as an opportunity to request EA in specific situations (also assessing actions such as limiting the target population for the EA).

CONCLUSION

With the new process consistency between authorization of EA and TC opinion is ensured. Nevertheless, in specific situations, the new process still gives the opportunity to some drugs to be granted EA whereas the available data was not sufficient to demonstrate a clinical added value as shown by the published TC opinions.

COI : Alain ESTIVAL is an employee at CEMKA, one of the first French consulting firms in the field of evaluation of products, programs and organizations in Health.
The study was not sponsored.

REFERENCES
1-https://www.has-sante.fr/upload/docs/application/pdf/2019-07/doctrine_de_la_commission_de_la_transparence_-_version_anglaise.pdf
2-https://www.has-sante.fr/upload/docs/application/pdf/2021-08/authorisation_for_early_access_to_medicinal_products_has_assessment_doctrine.pdf