

# The Impact of Real-World Evidence on Reimbursement Submissions: Are we Clear on Current Practices?

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## RWE has been Attracting a fair bit of Attention...

THE NEW ENGLAND JOURNAL OF MEDICINE

### SOUNDING BOARD

#### Real-World Evidence — What Is It and What Can It Tell Us?

Rachel E. Sherman, M.D., M.P.H., Steven A. Anderson, Ph.D., M.P.P.,  
Gerald J. Dal Pan, M.D., M.H.S., Gerry W. Gray, Ph.D., Thomas Gross, M.D., M.P.H.,  
Nina L. Hunter, Ph.D., Lisa LaVange, Ph.D., Danica Marinac-Dabic, M.D., Ph.D.,  
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Pharma

#### Pfizer uses real-world data to score Ibrance breast cancer nod in males

by Carly Helfand | Apr 5, 2019 10:43am

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- Real-world evidence (RWE) complements safety and efficacy data generated from randomized controlled trials and reflects real-life use of health technologies in clinical practice.



- In developed markets, regulators are accelerating access to new interventions, and payers can utilise RWE to manage uncertainty around the value of new products.



- However, the use of RWE in emerging markets has not been researched extensively.

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To further understand the value RWE can bring to reimbursement decision making, our objectives were to:



- Identify what policies are in place for consideration of RWE as part of the reimbursement decision-making processes for pharmaceutical products.
- Investigate examples of reimbursement decisions where RWE strongly impacted the decision.
- Characterise challenges and potential solutions for RWE use and identify initiatives for RWE use in reimbursement processes.

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A pragmatic literature review was conducted, including:



- Structured literature review of global scientific databases (MEDLINE and MEDLINE In-Process via the OVID platform)
- Targeted searches of grey literature and websites of HTA/reimbursement agencies

**NICE**  
National Institute for  
Health and Care Excellence

**CADTH**



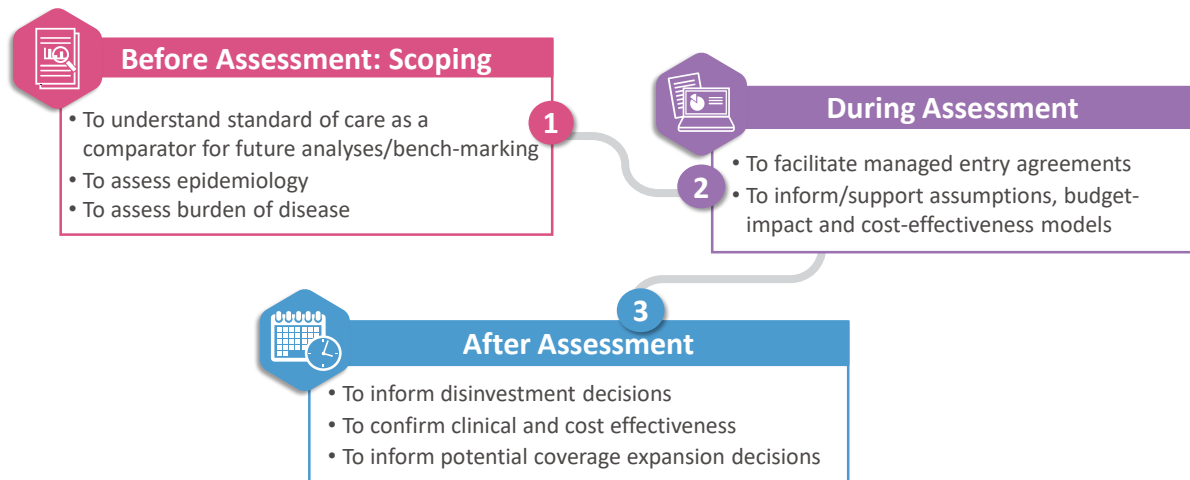
**IQWiG** Institute for Quality  
and Efficiency in Health Care

Articles and websites were reviewed for relevance to the objectives

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## Results Framework



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## Policies for RWE Use in Reimbursement Decision Making: Before



### Before Assessment: Scoping

### Excepts from Policy Documents

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- **Comparators** – alternative treatment options currently used to treat the condition in established clinical practice

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- How are the drugs of interest currently being used in Canadian practice?



- **No formal scoping identified**

**IQWiG**

- appropriate comparator therapy and other drugs and treatment forms with which the drug under assessment is to be compared

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## Policies for RWE Use in Reimbursement Decision Making: During



### During Assessment

### Excepts from Policy Documents

**NICE**  
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Health and Care Excellence

Information on which a decision or guidance is based. **Evidence is obtained from a range of sources, including randomised controlled trials, observational studies and expert opinion (of clinical professionals and/or patients/carers).**

**CADTH**

In formulating its drug reimbursement recommendations, CADTH analyzes studies that report on the clinical effectiveness, safety, and cost-effectiveness of the drugs under review. Drugs are compared with current accepted therapy to determine the therapeutic advantages and disadvantages of the new drugs, as well as the cost-effectiveness of the drugs in comparison to current therapeutic options.



nonrandomised studies) have been included in the clinical evaluation. **The primary objective is to identify all randomised trials that compare the proposed medicine with the main comparator. If no direct randomised comparisons are located, search for randomised trials that would enable an indirect comparison. If no indirect comparison is possible, search for nonrandomised studies.**

**IQWiG**

In the assessment of drugs, RCTs are usually possible and practically feasible. As a rule, the Institute therefore considers RCTs in the benefit assessment of drugs and only uses **non-randomized intervention studies or observational studies in justified exceptional cases.** A

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## Policies for RWE Use in Reimbursement Decision Making: After



### After Assessment

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**CADTH**



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### Excepts from Policy Documents

6.23 The guidance review will be done through a shortened technology appraisal process, which will normally take a maximum of 6 months. The company will have 28 calendar days to submit the new evidence from data collection, and the evidence review group (ERG) will have 28 calendar days to critique the new evidence (see table 7).

Although not always a requirement, CADTH considers new evidence from one or more randomized controlled trials (RCTs) to be the preferred form of new clinical information for resubmissions based on improved efficacy and/or safety. CADTH considers data from non-randomized studies to be particularly useful in the following situations:

These reviews are conducted in a collaborative and consultative manner, following similar processes to postmarket reviews. These usually have a narrow focus such as examination of cost-effectiveness following release of new evidence, or determining the cost-effectiveness of a listed medicine in a specific group of people.

[A18-68] Ocriplasmin (vitreomacular traction, including when associated with macular hole) - Benefit assessment according to §35a Social Code Book V (reassessment after expiry of the decision)

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## Examples of the Impact of RWE

	Impact of RWE	Country	Intervention / Indication and RWE Used
<b>During</b> 	Supports clinical effectiveness		<ul style="list-style-type: none"> <li>Ipilimumab (malignant melanoma)</li> <li>MEA (assess 2-year OS to support cost-effectiveness)</li> </ul>
	Supports reimbursement in a patient subgroup		<ul style="list-style-type: none"> <li>Brentuximab vedotin (r/r Hodgkin's lymphoma)</li> <li>Collection of retrospective outcomes data</li> </ul>
	Supports release of full payment		<ul style="list-style-type: none"> <li>Risperidone (schizophrenia)</li> <li>Post-marketing study of hospitalisation costs</li> </ul>
	Supports the economic case		<ul style="list-style-type: none"> <li>Aflibercept (colorectal cancer)</li> <li>Two RWE studies to assess safety and QoL</li> </ul>

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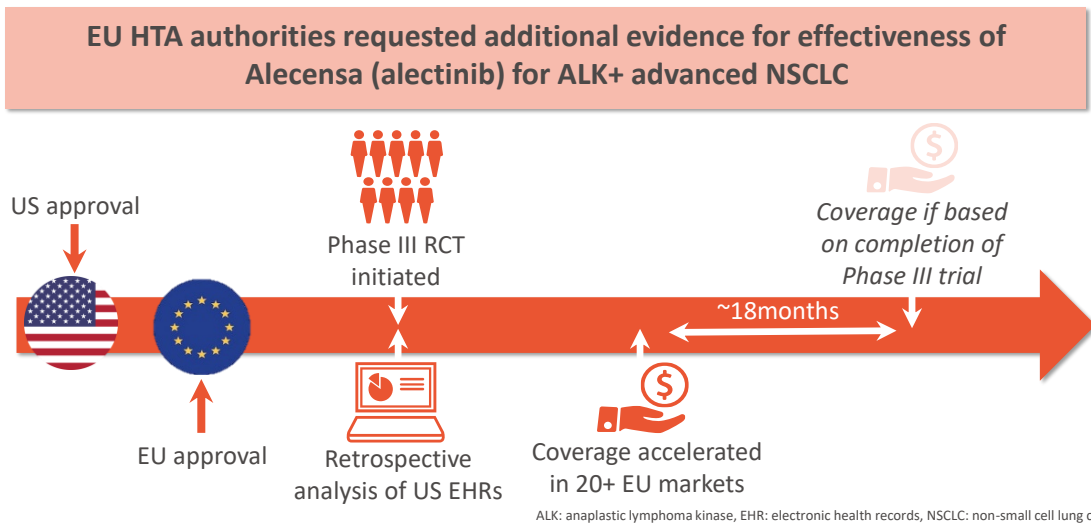
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<b>After</b> 	Counters exclusion from the formulary		<ul style="list-style-type: none"> <li>• <b>Insulin glargine</b> (diabetes)</li> <li>• Retrospective nationwide, German database study to describe predictors of glycemic control</li> </ul>
	Supports a decision to disinvest		<ul style="list-style-type: none"> <li>• <b>IFN-β-1a-IM</b> (multiple sclerosis)</li> <li>• 11-year follow-up assessing effectiveness in clinical care</li> </ul>

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Examples of the Impact of RWE – Global RWE can Inform Local Decisions



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### Challenges and Solutions for RWE Use

Challenges 	Potential Solutions 
• Earlier regulatory approval / lower evidence levels	• Managed Entry Agreements
• Conflicting RWE and RCT study results	• Develop guidelines to help ensure RWE studies are well-designed and reported
• Lack of consensus terminology	• Collaborations between stakeholders
• Issues surrounding RWD quality	• Initiatives to improve procedural practices
• Capabilities to conduct, interpret, and analyses RWE studies	• Improve data collection and analysis and provide training
• Need for local data vs. utilization of data generated for other countries	• Generate local RWD, and re-analyse existing data that may include sub-cohorts of patients from the specific country
• Payer scope is short relative to long-term RWD outcomes	• Regular reassessments to consider new RWE

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### Initiatives for RWE Generation and use



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## Further Evolution of RWE Inclusion in HTA? NICE Leading the Way

**NICE** National Institute for  
Health and Care Excellence

Consultation on the data and analytics statement of intent (13<sup>th</sup> June to 13<sup>th</sup> Sept)

- Outlines how NICE are looking to **broaden the sources of evidence** used to develop guidance and to evaluate its effect

3. We want to embrace a range of technological advances and analyse a broader variety of data to develop evidence to inform our work. Fundamentally, the suitability of any particular data as evidence will be determined by the quality of the data and the nature of the question that we are trying to answer.

16. The selection of a data source will depend on the review question. Some questions are likely to need quantitative data that reflect the use of interventions in practice. These include questions about treatments and other interventions, or different approaches to delivering public health or social care programmes. On the other hand, questions about preferences of people using services may need to be addressed using text-based data that better capture people's experiences.

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## Conclusions



- In developed markets, **RWE influences all stages of reimbursement decision-making**, but policies differ between countries; a more consistent policy approach could be valuable and could inform development of procedures for RWE use in emerging markets
- There are limited available examples of RWE impacting reimbursement decisions in emerging markets, however examples from developed markets illustrate how RWE can be utilised
- There are a growing number of **global initiatives** encouraging RWE generation and helping to tackle the challenges with RWE use

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## Contact Information

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