

HTA showcase

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short statured people and their families (Germany)

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Case presentation



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Available Data/Trials for regulators

- Phase 3 data consisted of 2 trials
- Trial 1: 5-18 years (121 children)
- Trial 2: 6 months-5 years
 - two parts: 6 months-2 years and 2-5 years
- Both are RCT & placebo controlled
- 1 year treatment, afterwards OLE

(initial) Decisions of the regulators

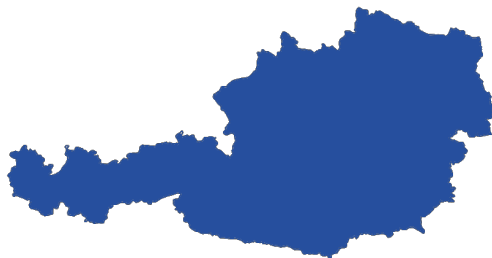
- FDA: approval for 5+ years
- EMA: approval for 2+ years
- PMDA (Japan): approval right after birth
- European public assessment report (EPAR) mentions regular growth assessments every 3-6 months

Decision in different countries

- Decisions on sub-national level
 - Spain and Italy



- Access limited to specific clinics
 - Austria, Bulgaria and Spain



Decision in different countries

France

- Access due to a regulation for first in condition treatments
- Mandatory data collection
- Moderate clinical added value CAV III



Decision in different countries

Portugal

- Early access program
- Start 4 months after approval
- Patient organization war part of the decision
- Still no final decision



Decision in different countries

Germany (first assessment)

- Difference between statistical significance and clinical meaningfulness
- The endpoints “ratio of upper to lower body segment” and “ratio of body proportions” are not considered relevant to patients per se. Changes in body proportions should be reflected in particular in directly patient-relevant endpoints in the morbidity category (e.g. functional limitations and mobility).



Decision in different countries

Germany (first assessment)

Endpoint category	Direction of effect/ risk of bias	Summary
Mortality	↔	No deaths occurred.
Morbidity	↑	Advantage in "height (z-score)".
Health-related quality of life	↔	No relevant difference for the benefit assessment.
Side effects	↔	No relevant differences for the benefit assessment overall.



- Result: Hint for a non-quantifiable additional benefit since the scientific data does not allow quantification

Decision in different countries

- Germany (second assessment)
- Achondroplasia is characterised by disproportionate short stature. The endpoints “ratio of upper to lower body segment” and “ratio of body proportions” are therefore considered patient-relevant in the present therapeutic indication. However, changes in the ratio of body proportions should also be reflected in other patient-relevant endpoints such as functional limitations and mobility.



Decision in different countries

- BUT: “In addition, there is a lack of long-term evaluations up to the end of the epiphyseal plates to assess the final size achieved under vosoritide treatment.”

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Mortality	↔	No deaths occurred.
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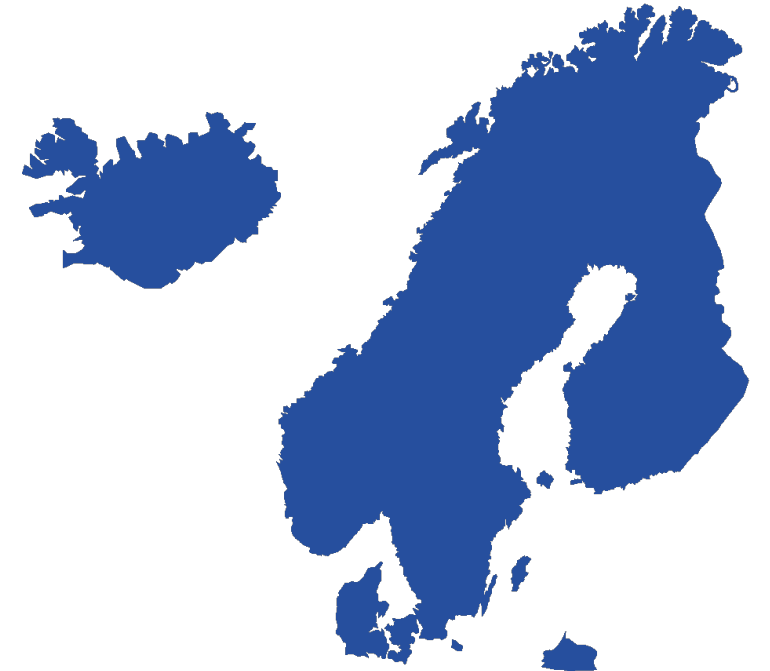
- Result: Indication of non-quantifiable additional benefit



Decision in different countries

Scandinavian countries (Finland, Norway, Sweden, Denmark and Iceland)

- Currently no reimbursement
- Arguments:
 - No effects in HRQoL
 - No data on final height



Decision in different countries

- Parents from Danish patient organization put together a dossier by a consulting company for FINOSE
- Focus on health economics
- Dossier claims savings for society by reimbursing the drug
 - Central part are productivity losses
 - Presentation of individual cases
- Health claims are not based on data
 - Impact on spinal canal, restored proportionality



Decision in different countries

UK

- Currently under evaluation
 - Consultation phase finished 4 weeks ago
- Different positions within patient community
- Cost effectiveness?



Conclusion

- Different systems focus on different aspects
 - Focus on health economics
 - Focus on impact on patient
 - Restricted access in limited clinics
 - Early access programs
- HTA is likely to have more than one result!