eunethta

EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT

Project plan TISP pilot -pharmaceuticals

Updated: 01.03.2019

Developed by Work Package 4 Joint production of Health technology assessments WP4
Lead Partner: NIPHNO

T1 *Pilot project plan version number*

Version number	Date	Finalised by	Type of document/Modification	Shared with
1.	04.09.2018	NIPHNO	Draft project plan	TISP working group
2.	15.01.2018	NIPHNO	Revised draft project plan	TISP authors pharma
3.	01.03.2019	NIPHNO	Final project plan	TISP working group/Public

Aims

This document provides details for a pilot for Topic Identification, Selection and Prioritisation (TISP) process for pharmaceuticals within the EUnetHTA Joint Action 3 (JA3) work package (WP4) framework. The aim of the pilot is to explore a workflow for voluntary collaboration on TISP for joint relative effectiveness assessment (REA)[1] of new pharmaceuticals[2]. The piloted workflow should be as simple as possible to assure that it can be continued throughout the EUnetHTA JA3 period, and beyond this period. Results of the pilot will also be used to inform the final recommendations on TISP for European collaboration on HTA beyond 2020.

Identification

Topics will be identified (-step1) by EUnetHTA partners using existing local horizon scanning systems (HSS) and other national or regional lists of topics selected or prioritised for HTA and collaboration with the European Medicinal Agency (EMA). In addition stakeholders will be encouraged to suggest topics. All identified topics will be presented in a minimal data-set (MDS).

Selection

The selection[3] process (step-2) from all identified products will be according to a set of pre-specified criteria (timelines to fit within JA3, new products including line extensions). The updated MDS will be used for prioritisation by EUnetHTA partners (call for collaboration) using a call for collaboration list (CCL).

Prioritisation

Prioritisation[4] will solely be based on EUnetHTA partners interest in the topic. No other prioritisation

[1] [1] **Joint assessments:** EUnetHTA Joint Assessments (JA) are health technology assessments jointly produced by at least four EUnetHTA partners in different European countries. EUnetHTA processes, guidelines and the HTA Core Model® are used for the production of assessments that are subject to extensive review procedures in order to ensure high quality. JAs are centrally coordinated by the WP4 Co-Leads and comprise a broad stakeholder involvement, including the use of a EUnetHTA submission file in addition to a scoping (e-)meeting with industry (1).

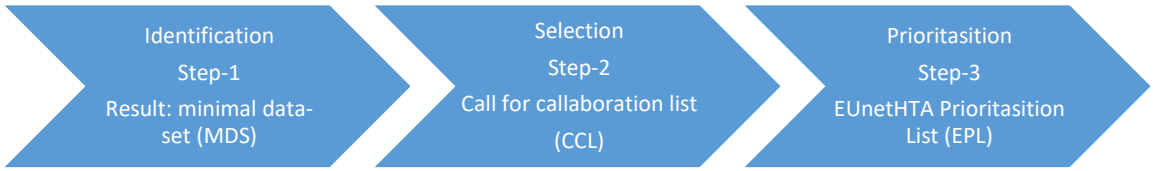
[2] [2] In line with the EU proposal for a regulation in HTA were new medicines will be defined as:
medicinal products anticipated to undergo the central marketing authorisation (MA) procedure, new active substances and existing products for which the marketing authorisation is anticipated to be extended to a new therapeutic indication (line extensions)

[3] [3] **Selection/filtration:** Application of a set of pre-defined criteria to the identifies technologies, in order to retain the technologies

[4] **Prioritisation:** Application of specific criteria to the selected/filtered technologies with the purpose of retaining for assessment

criteria will be applied.

The EunetHTA prioritisation list (EPL) is the final list (step-3) with topics were EUnetHTA WP4 partners have expressed interest in the topic.



The MDS and CCL will be considered as internal EUnetHTA documents. The EPL will be published.

The following endpoints will be measured

1. *Availability of data from different sources and barriers for information sharing*
2. *Number of identified topics*
3. *Number of times the same topic has been identified by different sources*
4. *Developmental status of topic when entering the MDS*
5. *Regulatory status of topic when entering the MDS*
6. *Information gaps of the MDS*
7. *Number of topics in the final MDS and CCL*
8. *Number of topics excluded from the MDS/CCL and reasons for exclusion*
9. *Level of EunetHTA partners with expressed interest in a topic for national setting*
10. *Level of EUnetHTA partners with expressed interest to participate in assessment as author/ co-author or dedicated reviewer*
11. *Level of EUnetHTA partners with expressed interest in national uptake of a EUnetHTA REA on the topic*
12. *Information on topics in the EPL and not in the EPL (number of topics, Application type EMA, Therapeutic area, Developmental status, Regulatory status)*
13. *Response from pMAH one month after first pro-active contact*
14. *Workload connected with each step*

the technologies with greater impact according to the system's/network's capacity for assessment.

Background

The background for the pilot is described is the ongoing EUnetHTA EP4 work on providing recommendations for Horizon Scanning (HS) and TISP for European cooperation on HTA beyond 2020 (not yet public available) and in the recommendations for a EUnetHTA WP4 TISP pilot[5]. Drafts of these documents were prepared by the EUnetHTA WP4 TISP working group in June 2018. The documents were revised after stakeholder consultation, input from EUnetHTA partners, discussions with the European Medicines Agency (EMA), the EUnetHTA WP4 lead partner, and the EUnetHTA Secretariat. The version of the draft recommendations for the pilot used to inform this project plan, are dated February 2019. The final recommendations for HS and TISP for European cooperation on HTA beyond 2020 are planned to be public available by November 2019.

The present proposal for the pilot is a simplified version of the original recommendations for the pilot. Most importantly, we decided to not pilot the use of prioritisation groups. This was to ensure that the pilot explores a process that is as simple as possible, and that may be continued on a voluntary basis also beyond Joint Action 3.

[5] Final recommendations for a pilot on a TISP workflow for Joint and collaborative assessments within the EUnetHTA WP4 JA3 framework

Tasks and workload

The team for the pilot constitues of TISP working group authors on pharmaceuticals.
Tasks and anticipated workload related to the pilot is revealed in table 2. The EUnetHTA WP4 lead partner NIPHNO will coordinate the pilot.

T2 *Pilot A) Pharmaceuticals, team members*

Name and affiliation	**Tasks**	**Anticipated workload***
Vigdis Lauvrak,WP4 lead NIPHNO, Norway	Overall coordination of pilot; Preparation of project plan; Template preparation MDS; Coordination of identification Preparation of endpoint evaluation report	15 days
Anna Lien Espeland WP4 lead NIPHNO	Technical support	5 days
Tove Ringerike, WP4 lead NIPHNO	Identification; Preparing a draft of the MDS; Updating the MDS with relevant content for items of the list; Checking the MDS against EMA timeline; Preparation of endpoint evaluation report	15 days
Krystyna Hviding, EUnetHTA WP4 co-lead pharmaceuticals, NOMA, Norway	Input to the project plan; Selection; Updating and checking the MDS draft; Preparing the CCL template; Preparing the draft CCL; Preparing the EPL together with ZIN Input to the endpoint evaluation report;	15 days
Anne Willemsen, EUnetHTA WP4 co-lead pharmaceuticals, ZIN, Netherlands	Input to the project plan; Contributing to identification and selection based on national data; Coordination of prioritization (calls for collaboration based on the minimal data-set); Preparing the EPL together with NOMA; Input to the endpoint evaluation report;	15 days
Cara Usher, EUnetHTA WP4 partner, NCPE, Ireland;	Input to the project plan; Input to endpoint evaluation report	1 day
Chantal Guilhaume, EUnetHTA WP4 partner, HAS, France;	Input to the project plan; Contributing to identification and selection based on national data; Input to endpoint evaluation report	2-5 days
Rossella Di Bidino, EUnetHTA WP4 partner, UCSC, Italy;	Input to the project plan; Contributing to identification and selection based on national data; Input to endpoint evaluation report	2-5 days
Lori Farrar/Zoe Garrett EUnetHTA WP7, NICE, UK;	Input to the project plan; Contributing to identification and selection based on national data; Input to endpoint evaluation report	2-5 days

*Maximum anticipated workload. One work day is equivalent to 8 hours. The workload will depend on availability of national data to be shared. Information on workload spent for the TISP process will be collected as part of the endpoint evaluation. MDS = Minimal dataset, CCL = Call for collaboration list;

EPL= EUnetHTA prioritisation list

Additional support
Each author may seek support from their own organisation to fulfil their tasks. this will not necessarily influence the total anticipated workload for the pilot.

All EUnetHTA partners will be invited to contribute to identification, all EUnetHTA WP4 members will contribute to prioritisation (answering to the call for collaboration). Reviewers and authors of the EUnetHTA WP4 TISP group with main interest in pharmaceuticals (see table 3) are in particular anticipated to contribute to identification based on national data. Information on workload for the various steps will be collected as part of the pilot. Reviewers are anticipated to review the endpoint evaluation report.

T3 *Pilot A) Pharmaceuticals, reviewer team*

Name and affiliation	Tasks	Anticipated work load*
Simona Mencej BedraČ JAZMP, Slovenia; Sónia Calderia and Sara Couto INFARMED, Portugal; Vasiliki Koutrafori, EOF, Greece; Mark Finlayson SFOPH/SNHTA, Switzerland; Matthias Menig SFOPH/SNHTA, Switzerland Agnese Cangini, AIFA, Italy; Anelia Koteva, NCPHA, Bulgaria Anna Cavazzana, Region Veneto, Italy; Claudia Dima, NIPHB, Romania; Emilia Mavrokordatou, MoH, Cyprus; Heidi Stürzlinger, GOG, Austria; Sylvana Magrin Sammut, DPA/MEH, Malta;	Contribute to identification and selection process and review the endpoint evaluation report on pharmaceuticals	2 days each

* Maximum anticipated workload, the workload will depend on availability of national data to be shared

Details of the pilot

One cycles of the TISP process (see figure 1) will be performed. The cycle will be composed of the following steps:

1. Identification, output MDS
2. Selection, output CCL
3. Prioritisation (call for collaboration), output EPL

Details for the steps are provided below.
The EPL list will be used to contact prospective Marked Authorisation Holders (pMAH).

Identification and preparation of the MDS
Responsibility: NIPHNO and NOMA.

All TISP work group members including reviewers should contribute by at least answer questions (see Appendix 1 HS questionnaire) to whether information from national or regional HSS or TISP list is available and may be shared.

Three sources of identification will be explored:

1) EUnetHTA partners and existing European HSS
NIPHNO will contact all EUnetHTA partners by e-mail to answer questions (Appendix 1 HS questionnaire) on whether they are able to share data from a regional or national HSS or a TISP list. Information shared by EUnetHTA partners should be new active substances and line extensions, that have been identified, selected or prioritised for HTA since June 2018 (the latest update of the EUnetHTA EPL for pharmaceuticals).

2) EMA (Regulatory authorities)
NIPHNO/NOMA will contact The European Medicines Agency (EMA) to receive an updated list of medicinal products under EMA evaluation. This contact is based on an agreement made with EMA in December 2018. The lists received from EMA will assure completeness of the data and inform the selection process. Updates of the EMA lists will be available at several timepoints

3) Input from stakeholders
The WP4 lead partner will make an announcement using the EUnetHTA home page and the EUnetHTA stakeholder e-mail to inform their members about the possibility to suggest topics for TISP.

Data to be shared should be in English and at least contain a name of the technology, the anticipated indication and the name of the pMAH as revealed in appendix 2.

No confidentiality agreements can be made by the EUnetHTA TISP work group. Information on topics provided to a EUnetHTA partner, EMA or a stakeholder in confidentiality should not be submitted/shared with the EUnetHTA TISP work group as part of the pilot.

NIPHNO will collect and merge the data, exclude duplicates and populate a draft of the MDS using a specific template (see Appendix 3, Minimal data-set Template). NIPHNO will ensure that at least a name of the technology, the indication and the name of the manufacturer is provided in this draft. NIPHNO will share the draft MDS with NOMA.

NOMA/NIPHNO will check the draft MDS and update the MDS with missing information. It might not be

possible or necesarry to fill in all information of the MDS for all topics.

The aim is to explore availability of data to be shared and how often the process should be repeated.

Selection, updating the MDS and preparation of the CCL
Responsibility: NOMA

The timeframe for REA for pharmaceuticals is restricted to initial assessment (joint REA). Topics to be included should fulfil the following selection criteria:

- *medicinal products recently entering, within the next 12-24 months or anticipated to undergo, the central marketing authorisation (MA) procedure. This includes both new active substances and existing products for which the marketing authorisation is anticipated to be extended to a new therapeutic indication (line extensions)*

Products already launched and products that have been in the EMA system for 3 months or longer at the time updating the MDS, will be excluded from the updated MDS.

NOMA/ZIN will be responsible for updating the MDS and to create a CCL that will be sent to EUnetHTA partners in a call for collaboration. The format of the CCL will be decided as part of the pilot.

The MDS will be considered a EUnetHTA internal document to be shared with WP4 TISP group on the EUnetHTA WP4 TISP workroom. The CCL will be considered a EUnetHTA internal document to be shared with EUnetHTA WP4 partners by mail and access to the file in the EUnetHTA WP4 TISP workroom.

Prioritisation (call for collaboration), preparation and updating of the EPL
Responsibility: NOMA/ZIN

NOMA or ZIN will use the CCL to contact EUnetHTA WP4 partners by a call for collaboration for joint or collaborative assessment to select topics of interest for REA.

Prioritisation will be based on EUnetHTA partners interest in the topic, to secure national uptake of joint assessment. No other prioritisation criteria will be applied. Identified topics will be sorted based on the following answers from the call for collaboration

-expressed interest in the topic as relevant for national setting
-expressed interest in national/regional uptake of a EUnetHTA conducted REA
-expressed interest to participate in assessment as author, co-authors or reviewers
-no expressed interest

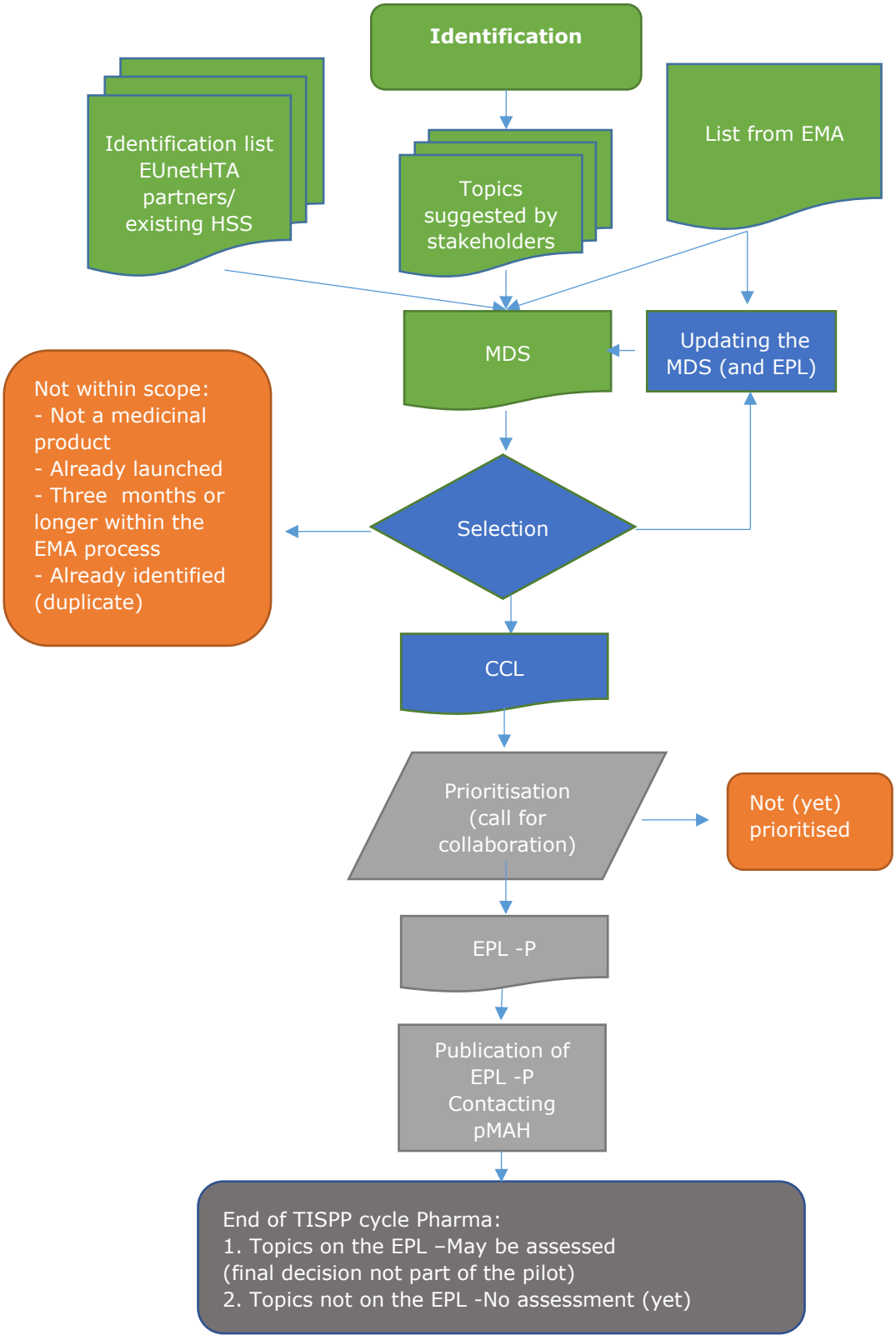
Topics will be given a score depending on number of partners interested in the topic as relevant for national setting, interest in national uptake of REA, and interest to participate in assessment (score 1 per partner with expressed interest). Topics of no interest score 0. Topics of interest to EUnethTA partners will be collected and entered to the EPL (see Appendix 4).

The EPL will be made public by the EUnetHTA home page. The EPL will be used to contact pMAHs.
Prioritisation of assessment will not be part of the pilot for pharmaceuticals.
The EPL will be updated with data from EMA (part of the pilot) and new cycles of identification (not part of the pilot).
Status of topics will be marked, launched products and products were assessment is initiated will not be updated any more.

The workflow for each cycle is presented in figure 1. Topics not prioritised, may go through a number

of cycles before they are excluded from the MDS and EPL. How many cycles and how this will be handled is still under discussion and needs to be agreed on as part of the final recommendations.

F1 Flow chart pilot pharmaceuticals



MDS = Minimal data-set, CCL= Call for collaboration list, EPL -P = EunetHTA prioritisation list pharma, pMAH= prospective Marked Authorisation Holder,

Endpoint evaluation

Responsibility for endpoint evaluation is presented in table 4.

Endpoint	Responsibility
1. *Availability of data from different sources, barriers for sharing* 2. *Number of identified topics* 3. *Number of times the same topic has been identified by different sources* 4. *Developmental status of topic when entering the MDS* 5. *Regulatory status of topic when entering the MDS* 6. *Information gaps of the MDS*	NIPHNO/ checked by NOMA or ZIN
7. *Number of selected topics in the final MDS and CCL* 8. *Number of identified topics excluded from the MDS/CCL and reasons for exclusion* 9. *Number of EunetHTA partners with expressed interest in a topic for national setting* 10. *Number of EUnetHTA partners with expressed interest to participate in assessment as author/ co-author or dedicated reviewer* 11. *Number of EUnetHTA partners with expressed interest in national uptake of a EUnetHTA JA or CA on the topic* 12. *Information on topics in the EPL and not in the EPL (number of topics, Application type EMA, Therapeutic area, Developmental status, Regulatory status)* 13. *Response from pMAH one month after first pro-active contact*	NOMA and or ZIN/ checked by NIPHNO
14. *Workload connected with each step*	Identification: NOMA checked by NOMA or ZIN Selection and updating the MDS: NOMA or ZIN checked by NIPHNO Prioritisation: NOMA or ZIN checked by NIPHNO

MDS = Minimal dataset, CCL = Call for collaboration list; EPL= EUnetHTA prioritisation list

Deliverables and Time frame

T4 *Time frame and milestones*

Milestones and deliverables	**Planned date**	**Revised**
Pilot plan finalised-	01.02.2013	01.03.2019 details revised
Pilot start	01.02.2019	
Identification: Start	01.02.2019	
Identification: Reminder sent	15.02.2019	05.03.2019
Identification: Deadline for input	01.03.2019	20.03.2019
Identification: Draft MDS prepared	15.03.2019	08.04.2019
Selection: MDS updated, CCL prepared	01.04.2019	15.04.2019
Prioritisation: Start (Call for collaboration)	01.04.2019	15.04.2019
Prioritastion: Reminder sent	15.04.2019	24.04.2019
Prioritisation: Deadline Call for collaboration	01.05.2019	01.05.2019
Prioritisation: Publication of EPL/update of August 2018 EPL*	01.06.2019 (no later than)	01.06.2019 (no later than)
Endpoint measure deadline –	01.07.2019	01.07.2019
Draft evaluation report	**15.08.2019**	**02.09.2019**
Review of evaluation report	**15.09.2019**	**01.10.2019**
Final endpoint evaluation report (Delivered together with the first version of the final recommendations)	**30.10.2019**	**30.10.2019**
EUnetHTA WP6 is contacted to provide a SOP	30.10.2019	30.10.2019

MDS = Minimal dataset, CCL = Call for collaboration list; EPL= EUnetHTA prioritisation list, August 2018 EPL= EUnetHTA prioritisation list: List of topics prioritised by EUnetHTA partners based on a call for collaboration in June 2018. SOP= Standard Operational Procedures

Deliverables and Transparency

Pilot project plan: Final version on the EUnetHTA home page.
MDS: EUnetHTA internal document – available to EUnetHTA WP4 members.
CCL: EUnetHTA internal document – available to EUnetHTA members.
EPL: Public document on the EUnetHTA homepage.
Endpoint evaluation report: Public document on the EUnetHTA home page.

References

1. EUnetHTA WP4 TISP workgroup, Final recommendations for the pilot (to be available to be available on the EUnetHTA home page)
2. EUnetHTA WP4 TISP, Horizon Scanning, Topic Identification, Selection and Prioritisation for European cooperation on HTA - Draft recommendations – version 6 with stakeholder consultation and results of the pilot incorporated (to be available on the EUnetHTA home page)

A1 Questionaire on HSS, TISP lists and EUnetHTA partners ability to share data

The aim of the questionnaire is to collect information on HSS and TISP list and barriers towards collecting and sharing data from such lists. The following form was sent to all EUnetHTA partners

Agency	
Acronym	
Country	
National or regional HSS informing HTA (yes/no)	
URL HSS if availble	
Technology Scope HSS (Pharmaceuticals; MD; IVD; Other)	
National or regional list of topics informing prioritisation of HTA (TISP-list) (yes/no)	
Technology Scope of TISP-list (Pharmaceuticals; MD; IVD; Other)	
URL TISP-list if available	
Is your organization able to collect and share data from the HSS/TISP list for the EUnetHTA pilot? (yes/no)	
Is your organization able to voluntarily collect and share data from the HSS/TISP- list on a regular basis beyond 2020? (yes/no)	
Total anticipated workload for sharing two times a year (in workdays per year)	
Preferred interval for sharing (times per year)	
If you are not able to share the data from your regional or national HSS or TISP list: What are the main barriers for sharing information?	
Comments	

A2 Identification template –MD/IVD

The following added to an Excel sheet:

- ***International non-proprietary name (INN) Name of product(s)***
- ***Product name (if avialble)***
- ***MAH/pMAH***
- ***Indication (anticipated, including age and sex if applicable)***
- *Therapeutic area*
- *ATC code (best guess first numbers)*
- *Application type EMA (anticipated): Initial market application (IMA); Line extension (LE); First in class (FC); Priority Medicine (PRIME); Accelerated access (AC); Orphan drug (OD)*
- *Timeline clinical research (Information on pivotal trials and trial number(s) if available)*
- *Regulatory status*
- *Estimated launch (best guess)*
- ***Date of entry***
- ***Identified by***

- *Hyperlink to information (if available)*
- *Comments*

Items in bold are obligatory.

A3 Minimal data-set template –MD/IVD

The following added to an Excel sheet:

- ***International non-proprietary name (INN) Name of product(s)***
- ***Product name (if avialble)***
- ***MAH/pMAH***
- ***Indication (anticipated, including age and sex if applicable)***
- ***Therapeutic area***
- ***ATC code (best guess first numbers)***
- ***Application type EMA (anticipated): Initial market application (IMA); Line extension (LE); First in class (FC); Priority Medicine (PRIME); Accelerated access (AC); Orphan drug (OD)***
- ***Timeline clinical research (Information on pivotal trials and trial number(s) if available)***
- ***Regulatory status***
- ***Estimated launch (best guess)***
- ***Date of entry***
- ***Identified by***
- ***Hyperlink to information (if available)***
- *Last up-date Minimal data-set*
  - *Regulatory status Europe at last update*
  - *Estimated launch (best guess) at last update*
  - *Comments to update*
  - *EUnetHTA status at entry (Excluded; Not prioritised; Prioritised; Assessment ongoing; Assessment completed)*
  - *First call for collaboration*
  - *Last call for collaboration*
  - *EUnetHTA status at up-date (Excluded; Not prioritised; Prioritised; Assessment ongoing; Assessment completed)*
  - *Date for exclusion*
  - *Comments to exclusion*

* Categories based on the UK innovation Observatory Speciality filter: details provided here http://www.io.nihr.ac.uk/

Items revealed in bold are identical to the identification template:

A4 EUnetHTA Prioritisation list –MD/IVD

The following added to an Excel sheet:

- ***International non-proprietary name (INN) Name of product(s)***
- ***Product name (if avialble)***
- ***MAH/pMAH***

- ***Indication (anticipated, including age and sex if applicable)***
- ***Therapeutic area***
- ***ATC code (best guess first numbers)***
- ***Application type EMA (anticipated): Initial market application (IMA); Line extension (LE); First in class (FC); Priority Medicine (PRIME); Accelerated access (AC); Orphan drug (OD)***
- ***Timeline clinical research (Information on pivotal trials and trial number(s) if available)***
- ***Regulatory status***
- ***Estimated launch (best guess)***
- ***Date of entry***
- *First call for collaboration*
- *Last call for collaboration*
- *EUnetHTA status at up-date (Excluded; Not prioritised; Prioritised; Assessment ongoing; Assessment completed)*
- *Date for exclusion*
- *Comments to exclusion*

Items in bold are identical to the identification template

Appendices

A1 Identification list template –Pharmaceuticals

The following added to an Excel sheet:

- *(International) Non-proprietary Name (generic name)*
- *Product(s)/Commercial name*
- *Therapeutic area (s)*
- *Indication(s) (anticipated)*
- *Developer/Marketing-Authorisation Holder (pMAH/MAH)*
- *Developmental status (Emerging/New; for Pharmaceuticals: pivotal trial number and phase restricted to phase II and III trials; if available)*
- *Regulatory status Europe (if applicable/available: Initial market application or extension; First in class; Priority Medicine (PRIME); Accelerated access; Orphan drug etc.;*
- *Regulatory status USA (FDA approval)*
- *Date of entry and last up-date*
- *Source of information*

(needs to be aligned with the June 2018 list and the EMA lists)