Joint Health Technology Assessment across Europe: The EU HTA Regulation Coming into Effect

Dr. Beate Wieseler

8 May 2025

27th DGRA Annual Congress, Bonn

Agenda

- The HTA regulation and available guidance
- The Joint Clinical Assessment
  - The question to be addressed in the assessment
  - Methodology and process
  - European and national decision making

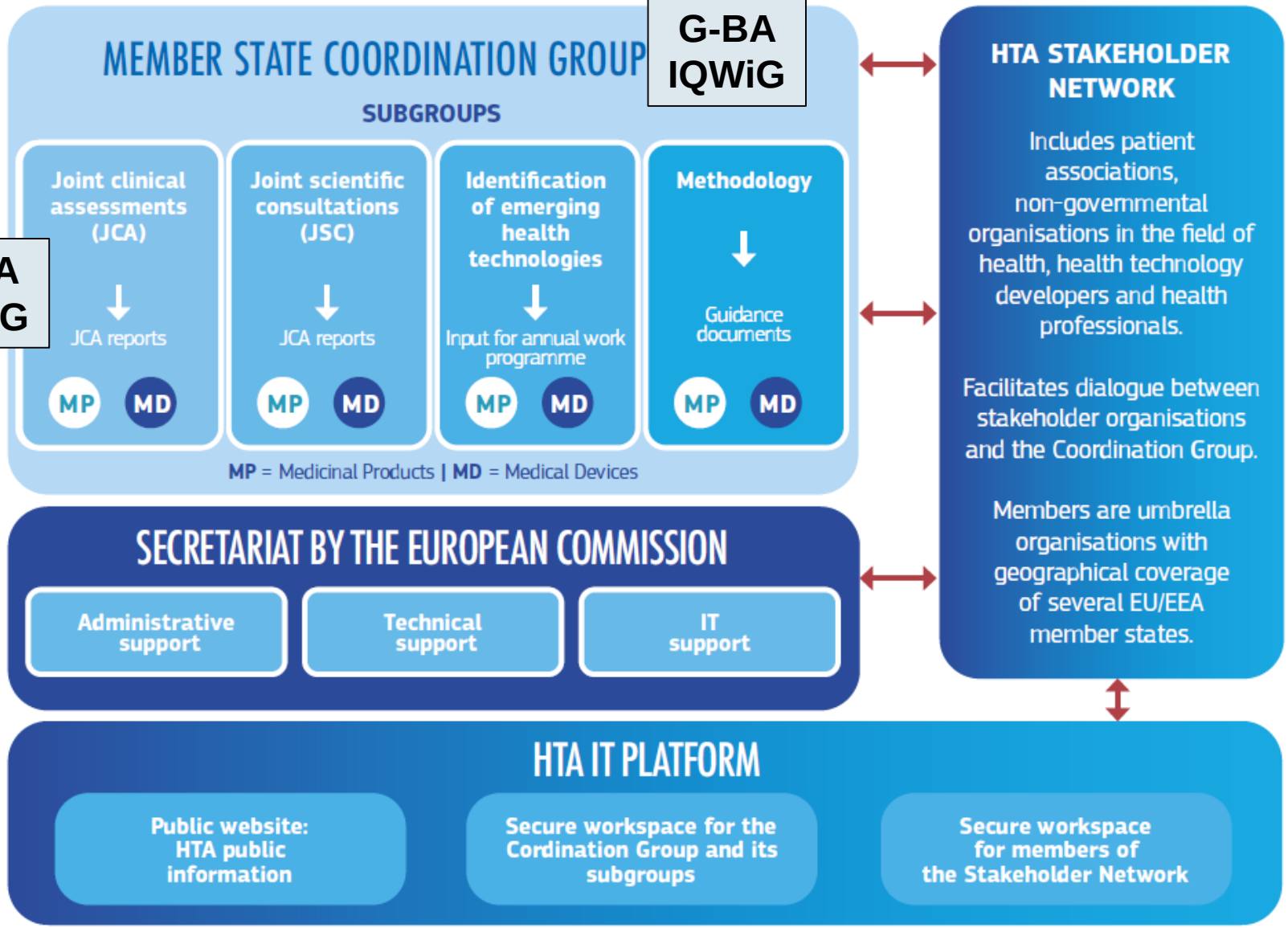
Scope of the HTA Regulation ([EU] 2021/2282)

- **Joint Clinical Assessments (JCA)** of medicinal products (undergoing the centralised procedure), medical devices (class IIb or III) and *in-vitro*-diagnostic medical devices (class D)
- **Joint Scientific Consultations (JSC)** to exchange information with health technology developers (HTDs) on their development plans for a given health technology (for products likely to be subject of JCA and where the clinical studies and clinical investigations are still in the planning stage)
- Reports on **emerging health technologies** expected to have a major impact on patients, public health or healthcare systems
- **Voluntary cooperation of HTA bodies** (e.g. for the assessment of non-clinical aspects of health technologies)
- Came into effect in January 2022, applicable since 12 January 2025

GOVERNANCE STRUCTURE

BMG
G-BA
IQWiG

G-BA
IQWiG



Guidance on the Joint Clinical Assessment (JCA)

HTA Regulation	https://health.ec.europa.eu/publications/regulation-eu-20212282-health-technology-assessment_en
Implementing Regulation	https://health.ec.europa.eu/health-technology-assessment/key-documents_en?f%5B0%5D=topic_topic%3A226
Guidance documents by the HTACG	https://health.ec.europa.eu/health-technology-assessment/key-documents_en?f%5B0%5D=topic_topic%3A227

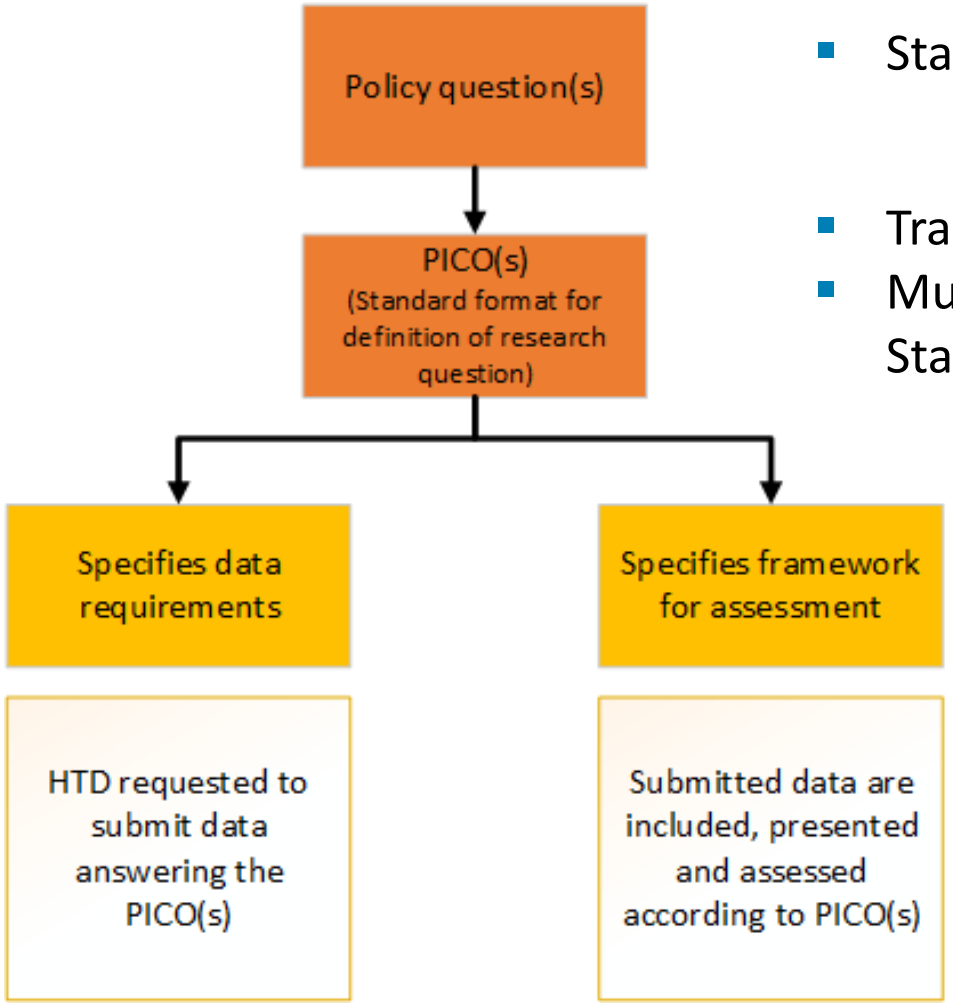
Content of the JCA

- HTAR article 9 (1) A joint clinical assessment shall result in a joint clinical assessment report that shall be accompanied by a summary report. Those reports shall not contain any value judgement or conclusions on the overall clinical added value of the assessed health technology and shall be limited to a description of the scientific analysis:
  - (a) of the **relative effects** of the health technology as assessed on the health outcomes against the chosen parameters which are **based on the assessment scope** as set out pursuant to Article 8(6);
  - (b) of **the degree of certainty of the relative effects**, taking into account the strengths and limitations of the available evidence.

Use of the JCA at the national level

- Decisions on health care are made at the national level
- Member States give due consideration to the published JCA reports (HTAR article 13)
  - this shall not affect Member States' competence to draw their conclusions on the overall clinical added value of a health technology in the context of their specific healthcare system and to consider the parts of those reports relevant in that context;
- Member States can request the submission of additional information, clinical data, analyses and other evidence if needed for complementary clinical analyses (HTAR recital 15)
- Germany: Update of the Arzneimittel-Nutzenbewertungsverordnung (AM-NutzenV) in March 2025

The starting point: the assessment scope



- Starting point: policy question of Member States
- Translated into standard format for a scientific assessments: PICO
- Must be inclusive and meet the requirements of the Member States
- Dossier should include data to answer the PICO questions
- JCA report describes data availability, relative effectiveness and safety and certainty of results per PICO

https://health.ec.europa.eu/publications/guidance-scoping-process_en

Factors influencing the assessments scope definition

Characteristics of health care systems

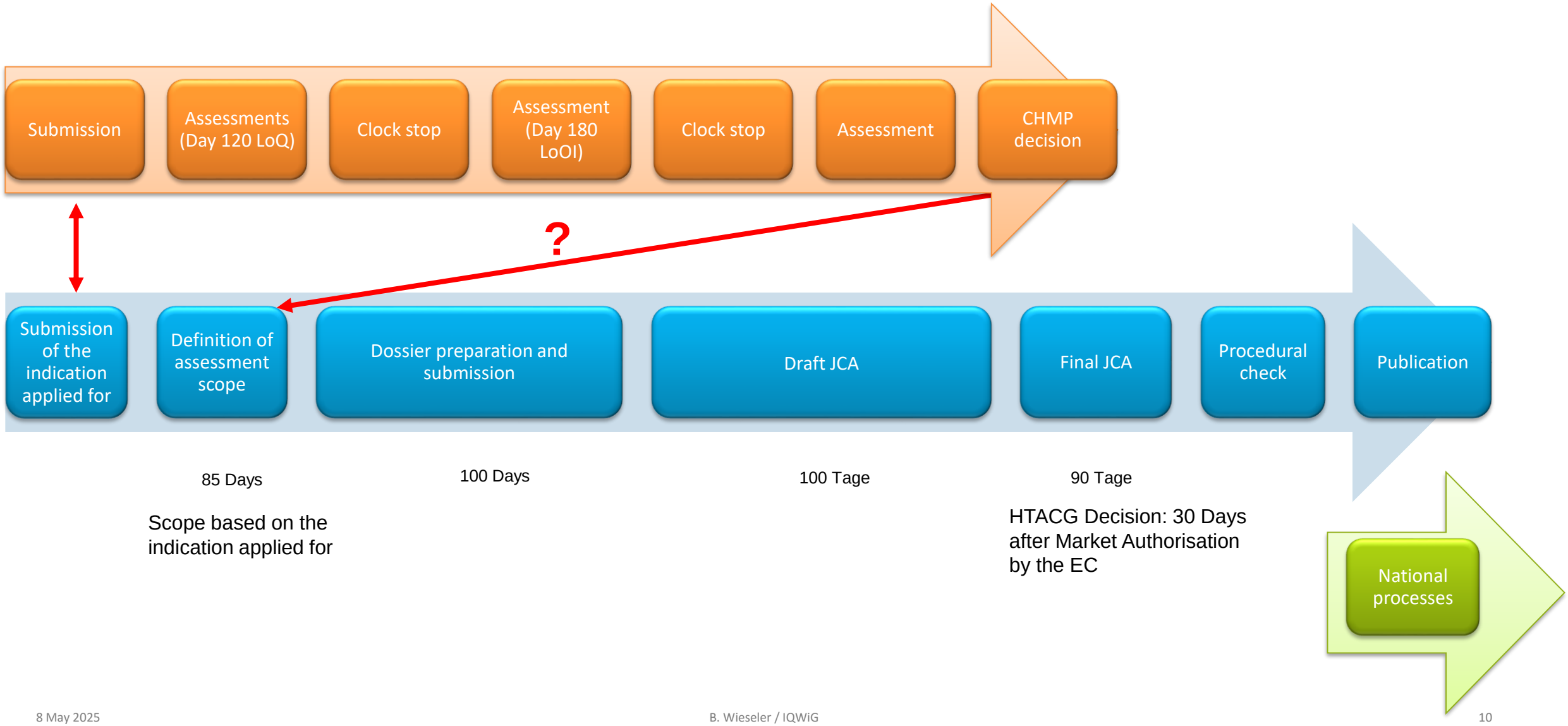
- MS deciding based on clinical added benefit
- MS deciding based on cost-effectivneness
- MS reimbursing the population of the full approved indication
- MS potentially limiting reimbursement to specific patient populations
- MS with access to most/all newer treatment options
- MS with limited access to newer treatment options
- MS with or without 4. hurdle

Consequences on

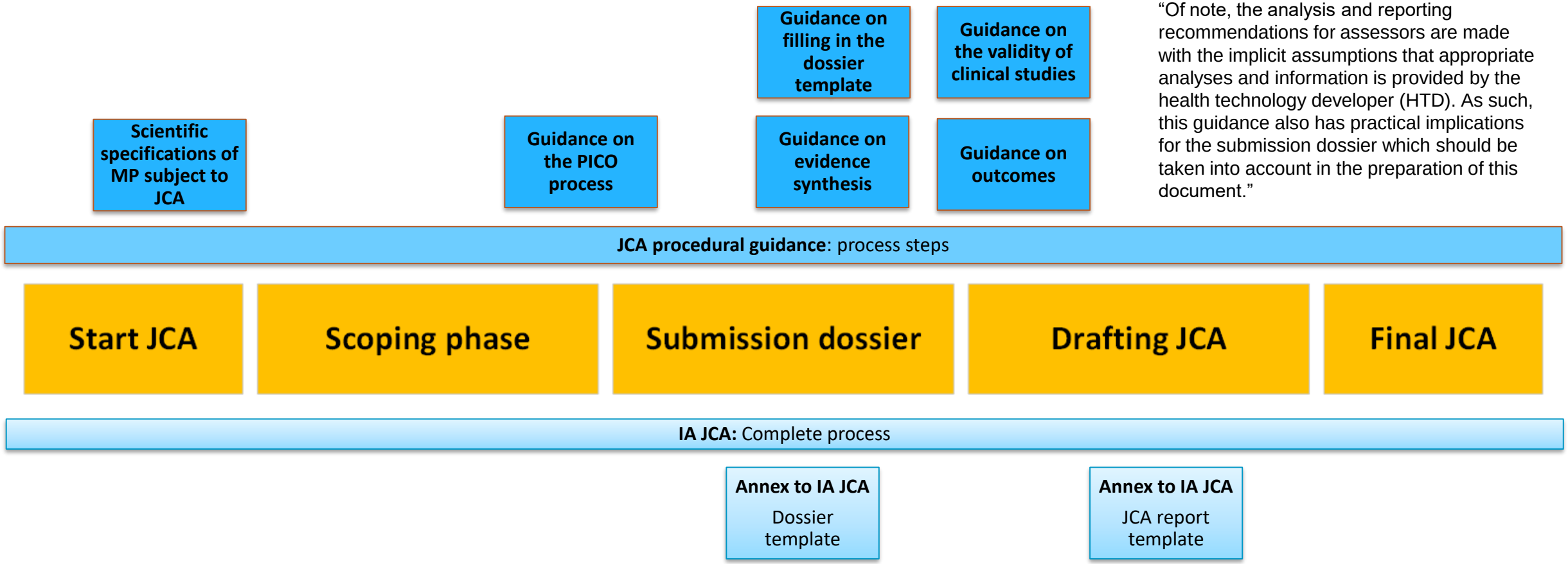
- Outcomes
- Population
- Comparator
- ?

PICO(s)

Regulatory procedure and JCA



Guidance along the process

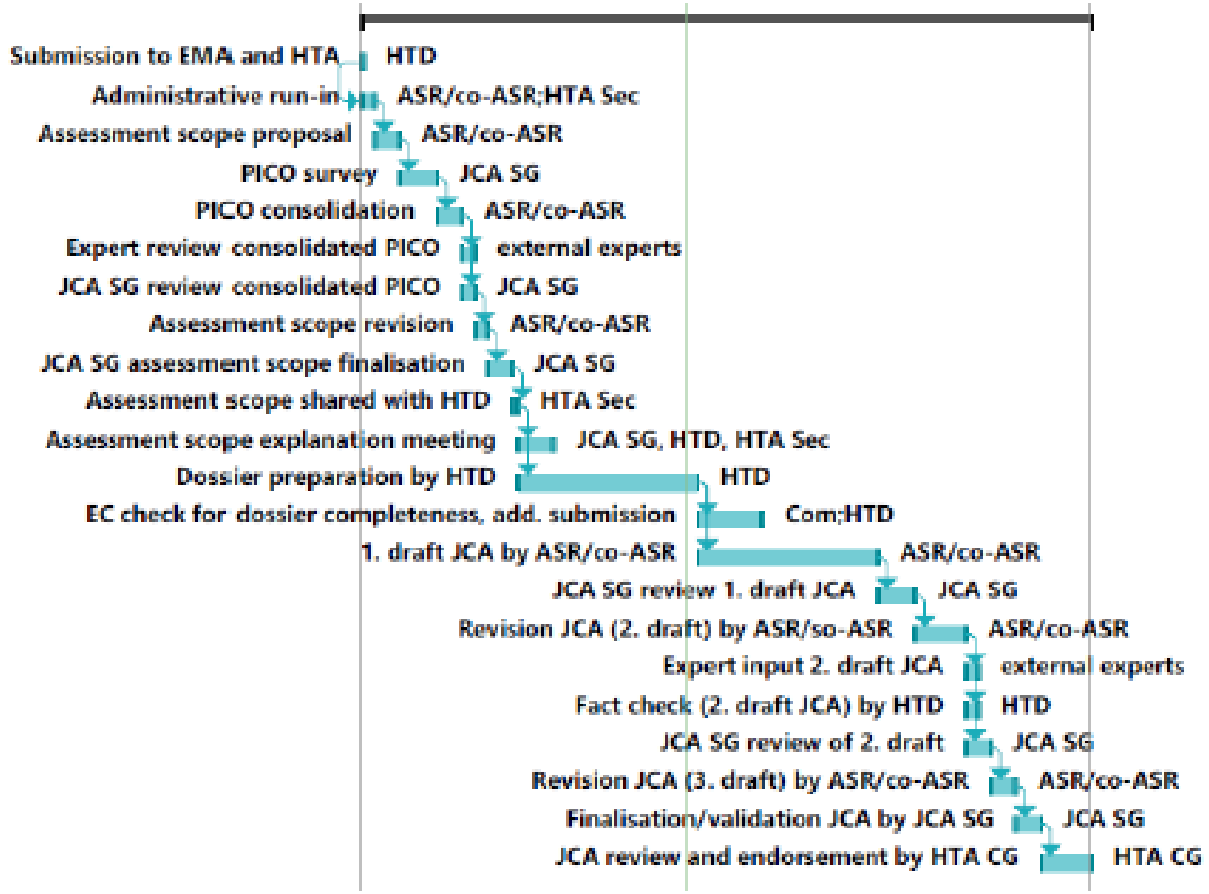


"Of note, the analysis and reporting recommendations for assessors are made with the implicit assumptions that appropriate analyses and information is provided by the health technology developer (HTD). As such, this guidance also has practical implications for the submission dossier which should be taken into account in the preparation of this document."

Procedural guidance for JCA

Table 3: Gantt chart for medicinal product undergoing the EMA standard procedure

JCA procdure - NCE; standard procedure	406 dys
Submission to EMA and HTA	1 dy
Administrative run-in	7 dys
Assessment scope proposal	14 dys
PICO survey	21 dys
PICO consolidation	14 dys
Expert review consolidated PICO	7 dys
JCA SG review consolidated PICO	7 dys
Assessment scope revision	7 dys
JCA SG assessment scope finalisation	14 dys
Assessment scope shared with HTD	3 dys
Assessment scope explanation meeting	20 dys
Dossier preparation by HTD	100 dys
EC check for dossier completeness, add. submission	36 dys
1. draft JCA by ASR/co-ASR	100 dys
JCA SG review 1. draft JCA	21 dys
Revision JCA (2. draft) by ASR/so-ASR	28 dys
Expert input 2. draft JCA	7 dys
Fact check (2. draft JCA) by HTD	7 dys
JCA SG review of 2. draft	14 dys
Revision JCA (3. draft) by ASR/co-ASR	14 dys
Finalisation/validation JCA by JCA SG	14 dys
JCA review and endorsement by HTA CG	28 dys



The dossier guidance

Guidance for filling in the JCA dossier template – Medicinal Products

Annex 1: table template collection

Annex 2: technical specifications for dossier submission

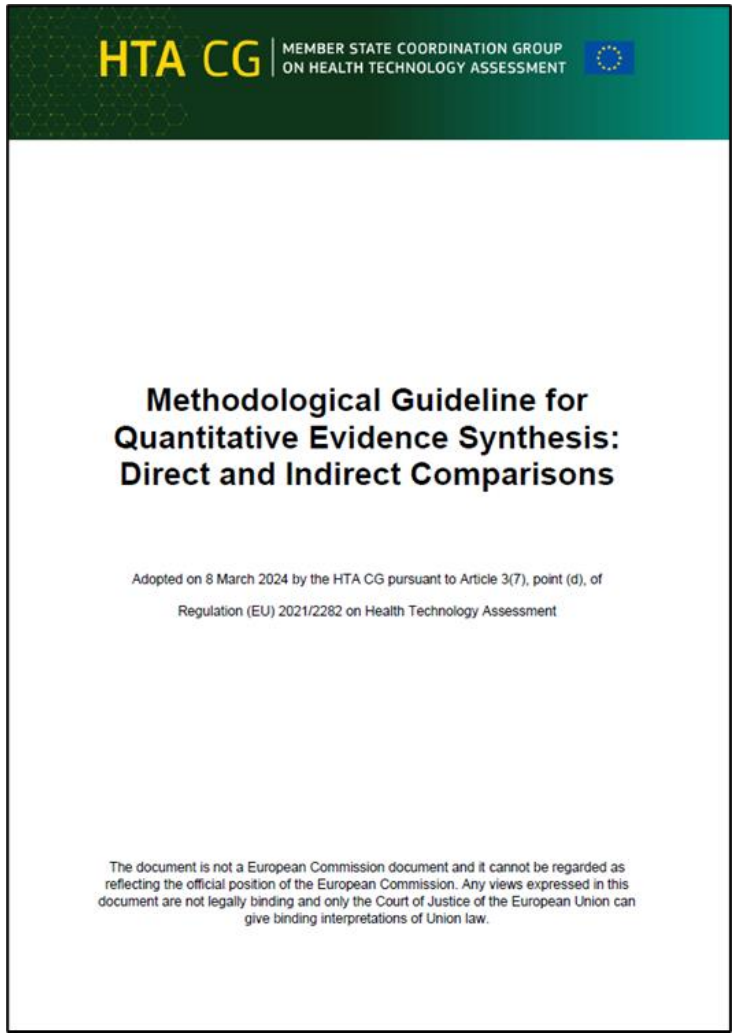
Word templates for the dossier and the table templates

Filled-in example tables

Folder structure for dossier including underlying information

- Based on template from JCA IR
- Additional guidance on required content, incl. table template collection to support data presentation
- Technical specifications to support the organised submission of the many files that will comprise the dossier
- Word templates for the main part of the dossier and for the tables to support preparation of documents

The guidance on evidence synthesis (1)


HTA CG | MEMBER STATE COORDINATION GROUP ON HEALTH TECHNOLOGY ASSESSMENT

Methodological Guideline for Quantitative Evidence Synthesis: Direct and Indirect Comparisons

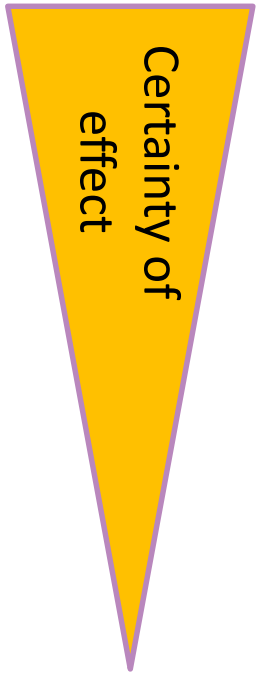
Adopted on 8 March 2024 by the HTA CG pursuant to Article 3(7), point (d), of Regulation (EU) 2021/2282 on Health Technology Assessment

The document is not a European Commission document and it cannot be regarded as reflecting the official position of the European Commission. Any views expressed in this document are not legally binding and only the Court of Justice of the European Union can give binding interpretations of Union law.

- Wanted: relative effects of the new medicinal product compared to the standard of care as defined by the Member States
- The guidance on evidence synthesis describes the methodological options and requirements given different study types available for the JCA
- The guidance describes assumptions and requirements for each analytical approach and how the certainty of the results should be assessed
- HTDs need to provide sufficient information in the dossier to enable the assessment of the submitted analyses

The guidance on evidence synthesis (2)

Available studies	Methodological option
RCTs comparing the new MP with the C from a PICO	Direct comparison (single study or meta-analysis)
Different RCTs with either the new MP or the C from a PICO	Anchored indirect comparison
Single arm trial with the new MP (or non-randomised comparison of the new MP with the C from a PICO)	Unanchored indirect comparison vs an external/ non-randomised control



- Systematic information retrieval for each PICO
- Analysis and presentation of data at the highest level of available evidence (see section 4.2.2 of the dossier)

The procedure has started

International non-proprietary name (INN) / Common Name	Indication - Summary	Substance type (classification)	Accelerated Assessment (Art. 14(9) Reg 726/2004)	Revert to standard Time Table (MM/YY)	Variation to the terms of an existing MA	Orphan product	Date of EMA validation of the MAA	Assessor	Co-assessor
Autologous melanoma-derived tumor infiltrating lymphocytes, ex vivo-expanded	Treatment of melanoma	ATMP	N		N	N	27.03.2025	National Authority for Health, France	Agency for Health Technology Assessment and Tariff System, Poland
Tovorafenib	Treatment of paediatric low-grade glioma (LGG)	Chemicals	N		N	Y	27.03.2025	National Centre for Pharmaco-economics, Ireland	Institute for Quality and Efficiency in Health Care, Germany

https://health.ec.europa.eu/health-technology-assessment/implementation-regulation-health-technology-assessment/joint-clinical-assessments_en

A learning system

- To support decision making, JCAs must address Member States needs
- Plan development programmes that inform both regulatory and HTA decision making
- Aim to avoid discrepancies between indication applied for and approved indication: submit realistic indications based on the available evidence
- Harmonise data requirements across Europe: e.g. define core outcome sets, agree on analytical approaches
- Reduce the number of PICOs: improve availability of treatment options across Europe

Institute for Quality and Efficiency in Health Care (IQWiG)

Siegburger Str. 237
50679 Köln

Telefon **+ 49 221 35685 – 0**
Telefax **+ 49 221 35685 – 1**
Mail **info@iqwig.de**

www.iqwig.de
www.gesundheitsinfomation.de
www.themencheck-medizin.de

@iqwig@wisskomm.social
@iqwig-gi@wisskomm.social