Towards earlier patient access:

Bridging the gap from (pre)-approval to reimbursement

Haiko Bloemendal
September 19 2022

nvmo

Centrum voor Oncologie
Radboudumc

Disclosures

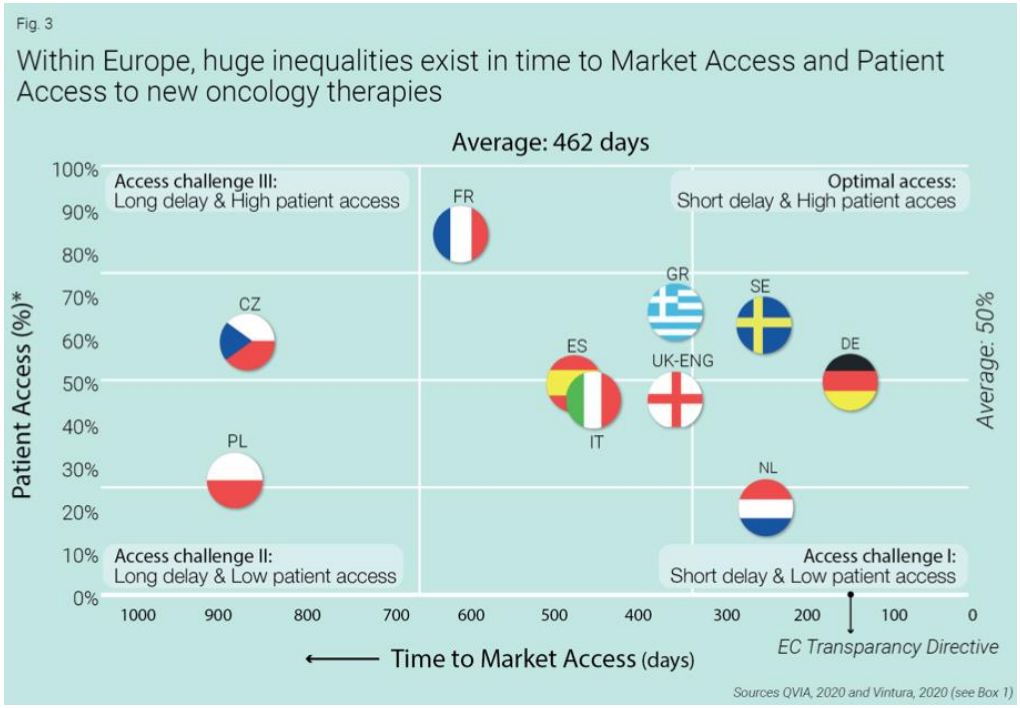
- None

Background

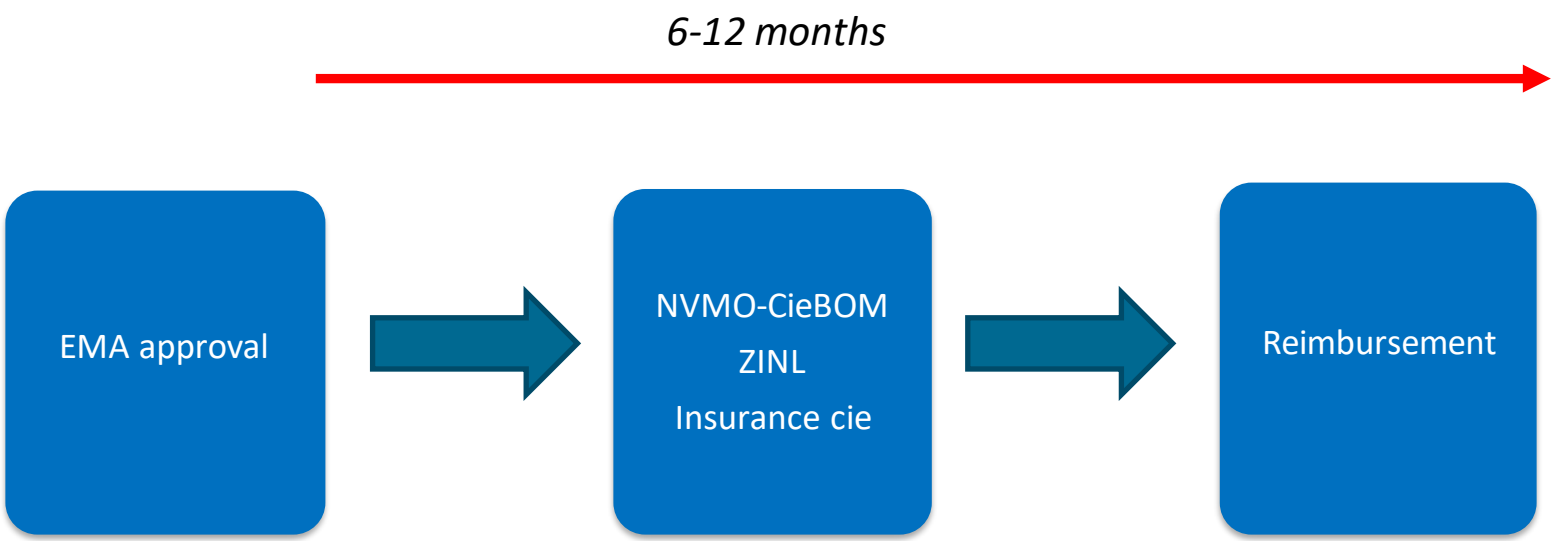
- **Increasing numbers of innovative anti-cancer drugs (esp. mutation driven therapies in rare cancers)**
  - New anticancer drugs associated with increases in life expectancy. And costs.
- **Increasing financial toxicity, cost-effectiveness more important**
  - High cost of anticancer drugs not always justified
- **Different stakeholders with different interests**
  - Patients, doctors, HTA bodies, Insurance companies, pharma
- **Different methods of assesements and approval**
  - FDA, EMA, individual countries own (HTA) assessement bodies
- **Scientific sliding scale**
  - From RCT to NRS. How to assess the current status of science and practice (CSSP)?

What's the problem

- Innovation improves patient care, but increases cost
- Increase in lead times from EMA approval to reimbursement



Route to insured care in the Netherlands



ZINL = Zorg Instituut Nederland (National Healthcare Institute, HTA)
ZN = Zorgverzekeraars Nederland(Insurance companies)
CieBOM = commissie Beoordeling Oncologische Middelen (NVMO committee, assessment oncological agents)

In the Netherlands

- Good collaboration between NVMO, insurance companies, HTA agencies and pharmaceutical companies
- NVMO-CieBOM plays an important role in process of approval for reimbursement (current state of science and practice -CSSP)
- Increasing numbers of innovative anti-cancer drugs with evidence increasingly coming from NRS
- NVMO-CieBOM did not have clear tools for assessing these studies (PASKWIL or ESMO-MCBS criteria). NVMO-CieBOM has developed new PASKWIL criteria for NRS (2020)

Cherny et al ESMO-magnitude of clinical benefit scale version 1.1. Ann Oncol 2017.

PASKWIL NRS criteria (summary)

- EMA registration
- Unmet medical need (rare cancer)
- No other treatments options
- Clinical relevance
  - ORR > 40% en DoR > 4 maanden or
  - ORR > 30% en DoR > 8 maanden, or
  - ORR > 20% en DoR > 12 maanden
- Leads to a ***preliminary*** approval

https://www.nvmo.org/bom/

DRUG Access Protocol

- A national protocol initiated by the Dutch Society for Medical Oncology
  - aims to provide rapid access to newly registered oncological agents (on-label) and compounds/indications that are under-review by EMA
  - not yet reimbursed

- Systematically collecting data (safety and efficacy) of novel anti-cancer drugs awaiting approval and implementation in Dutch healthcare system

- Incorporating NPPs/CUPs and enriching these early-access programmes by gathering effectiveness data.
- Eligible for admission to DRUG Access:
  - Under EMA review or a positive CHMP opinion or formal EMA registration for the indication in question
  - Published data from NRS and no RCT ongoing orplanned.

DRUG Access Protocol – objectives

- Primary Objective
  - Collect real-world evidence on the anti-tumor activity and toxicity of unauthorised anti-cancer drugs awaiting FDA/EMA approval and of authorized anticancer drugs that are awaiting reimbursement in the Netherlands (solid tumors)

- Secondary Objectives
  - Facilitate controlled access to unauthorised drugs awaiting FDA/EMA approval and for authorized anticancer drugs that are awaiting reimbursement in the Netherlands
  - Perform biomarker analyses, including (but not limited to) next generation sequencing on fresh tumor biopsy specimen → optional

DRUG Access Protocol

- DRUG Access Desk for initial assessment potential candidates (NVMO/NVALT).

- drugaccess@nvmo.org

- Potential candidates (oncological agents) are discussed with Dutch *Health Insurers* and the national coördinator DAP- study (study execution) - DRUG Access advisory committee.

- After approval negotiations start:
  - *Health Insurers: Zorgverzekeraars Nederland (ZN)*
  - DAP data management

- Participating hospitals selected

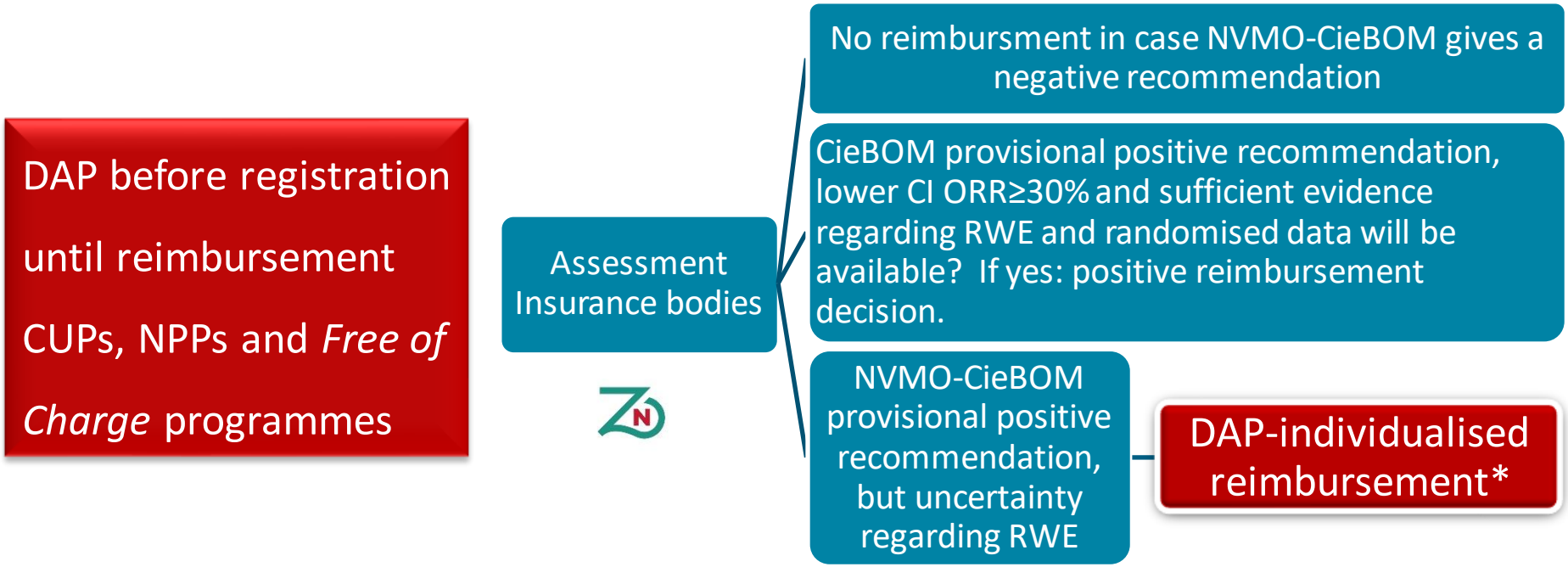
Procedures Drug Access Protocol

- Participating hospitals will treat patients according to protocol:
  - “Drug Access: A Dutch National Protocol to facilitate patient access to novel anti-cancer drugs awaiting regulatory approval or reimbursement”
  - SPC of farmaceutical company.

- The obtained and recorded data is freely available to participating centers, health insurers and ZINL and the results will be published to benefit all.

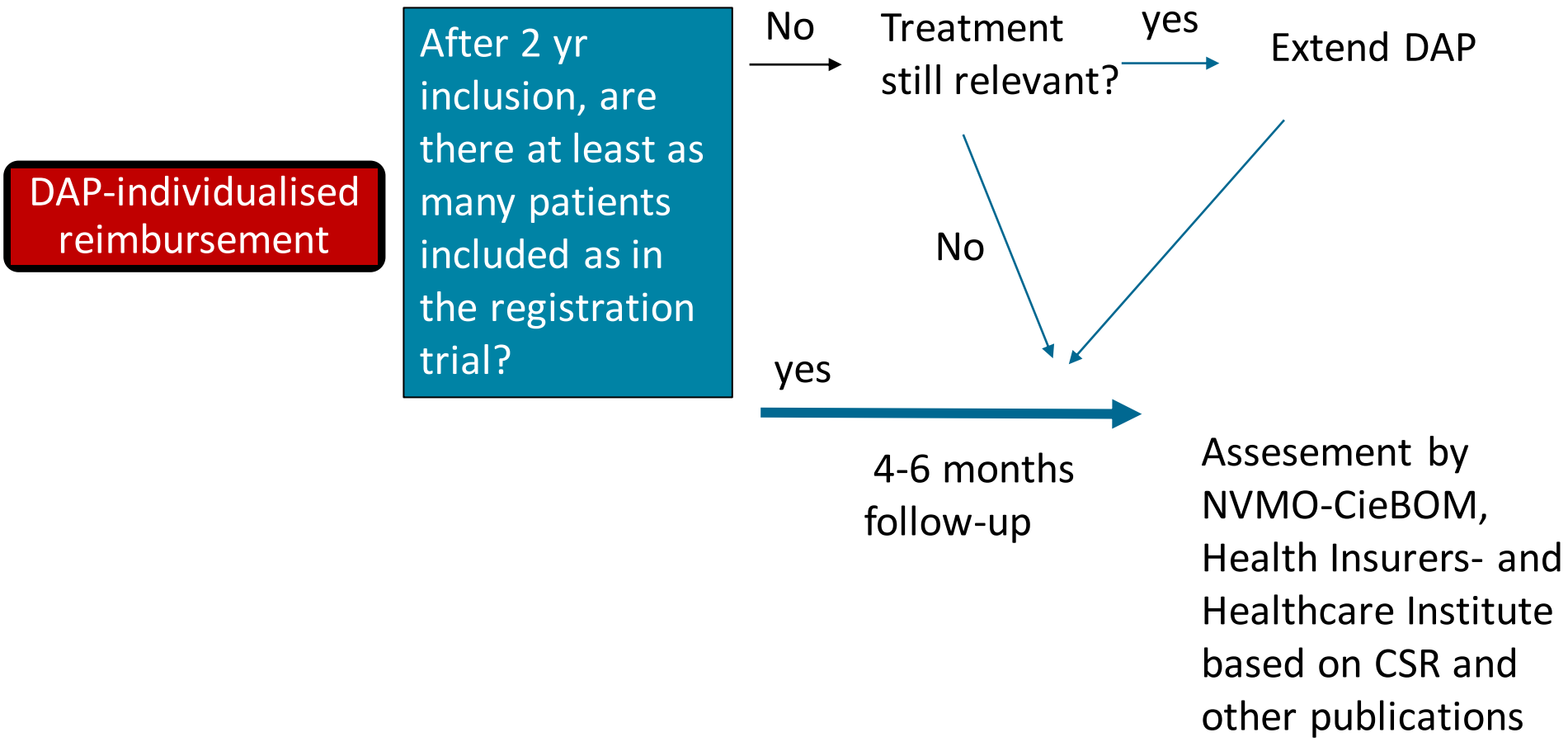
Nature 2019 oct;574(7776):127-131

Procedures Drug Access Protocol



**Individualised reimbursement: Insurance companies reimburse treatment, but not the first four months of the treatment. Irrespective of the response the costs of the first 4 months are covered by the manufacturer.*

Procedures Drug Access Protocol



Accruel since 2021: 138 patiënts

- **Cemiplimab** (Cutaneous squamous cell carcinoma):
  - 120 patients included, 12 pending
- **Larotrectinib** (NTRK fusion positive tumors)
  - 5 patients included, 1 pending
- **Selpercatinib** (RET fusion positive NSCLC/thyroid carcinoma & RET mutated medullary thyroid carcinoma):
  - 5 patients included with RET fusion positive NSCLC
  - 2 patients included with RET mutated medullary thyroid carcinoma
- **Capmatinib** (MET exon 14 skipping mutation positive NSCLC)
  - 6 patients included
- **Tepotinib (**MET exon 14 skipping mutation positive NSCLC): no inclusions yet
- **Entrectinib (**NTRK fusion positive tumors) : no inclusions yet
- **Amivantamab** starts next month

Summary Drug Access Protocol

- Overcome delay in reimbursement new innovative anticancer drugs (evidence mostly NRS)
- positive CHMP opinion or formal EMA registration for the indication in question and published results (ORR, DoR, QoL)
- Collect real-world data on the anti-tumor activity
- An experimental performance based scheme of payment
- DAP may solve overall delay in reimbursement
- DAP can provide access while other countries may reject the same reimbursement dossier due to various (clinical) uncertainties (e.g. amivantamab is rejected by Germany but is available in DAP).

Acknowledgements

DRUG Access Protocol Desk

Dr. A.N.M. Wymenga
Prof. H.J. Bloemendal
Dr. F.A.L.M. Eskens
Dr. H. Helgason
Dr. M. Los
M. Vos

Prof. E.F. Smit

Prof. E.E. Voest
Drs. L.J. Zeverijn
Drs. B.S. Geurts
Drs. G.F. de Wit

Drug Assessment Committee (CieBAG)

Dr. S van Waalwijk van Doorn