WELCOME TO A THEMATIC MEETING ON NEW MEDICINES - 1 SEPTEMBER 2023

Nina Uldal, Director of Negotiations, Tenders and Supply, Amgros

AMGROS

PROGRAMME

- Direct incorporation in treatment guidelines from the Danish Medicines Council
- Implementation rate - from recommendation from the Danish Medicines Council to implementation

Break

- Implementation of advanced therapy medicinal products (ATMP)
- Status and experience with alternative agreement models
- FINOS and criteria for joint Nordic negotiations

Break

- Panel debate

Lunch and networking

DIRECT INCORPORATION IN TREATMENT GUIDE-LINES FROM THE DANISH MEDICINES COUNCIL

Annemette Anker Nielsen, Head of Department, Danish Medicines Council Secretariat

Dorthe Bartels, Senior Strategic Advisor, Amgros

Process and method for new medicines

Process and method for treatment guidelines

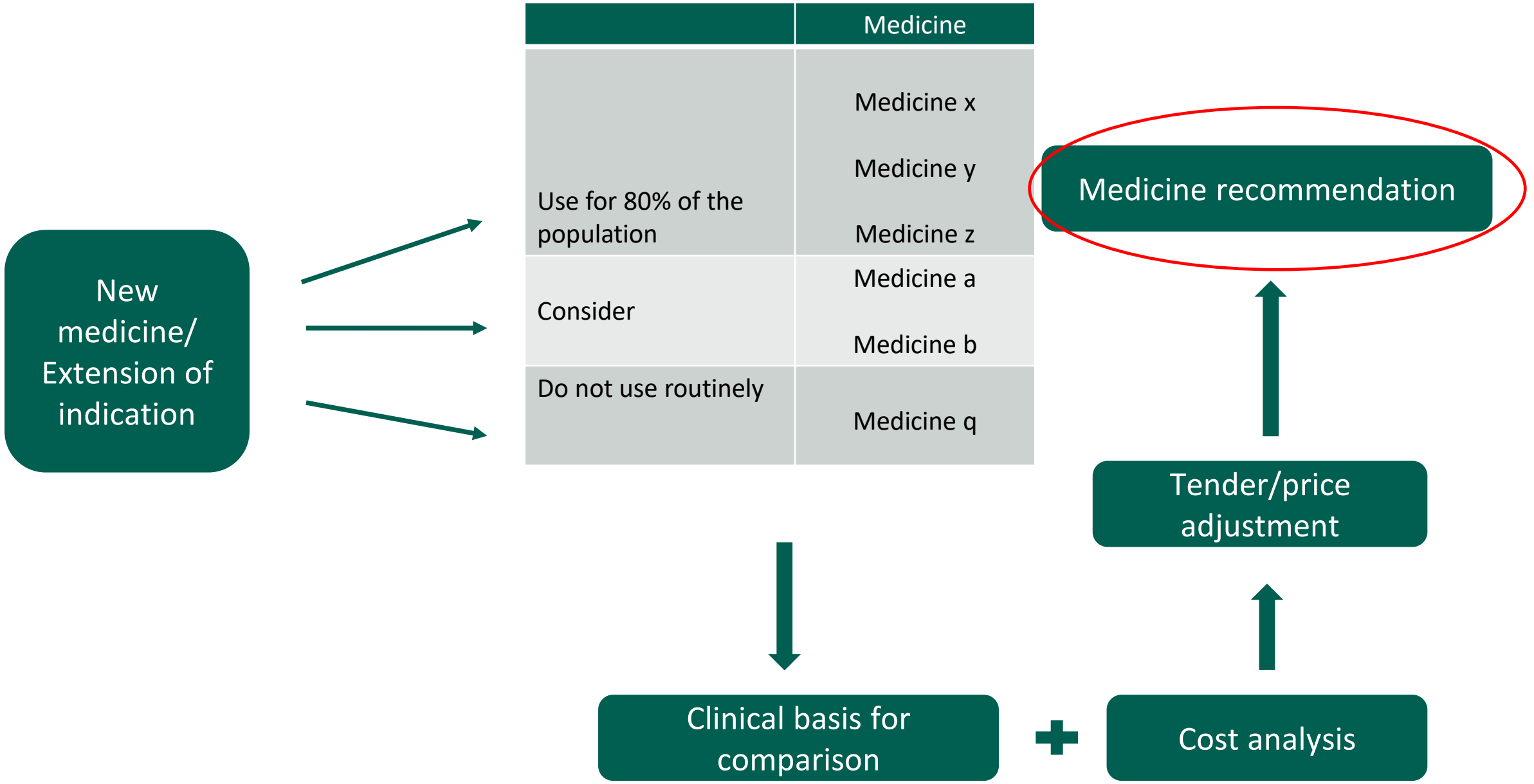
Direct incorporation of a new medicine in treatment guidelines

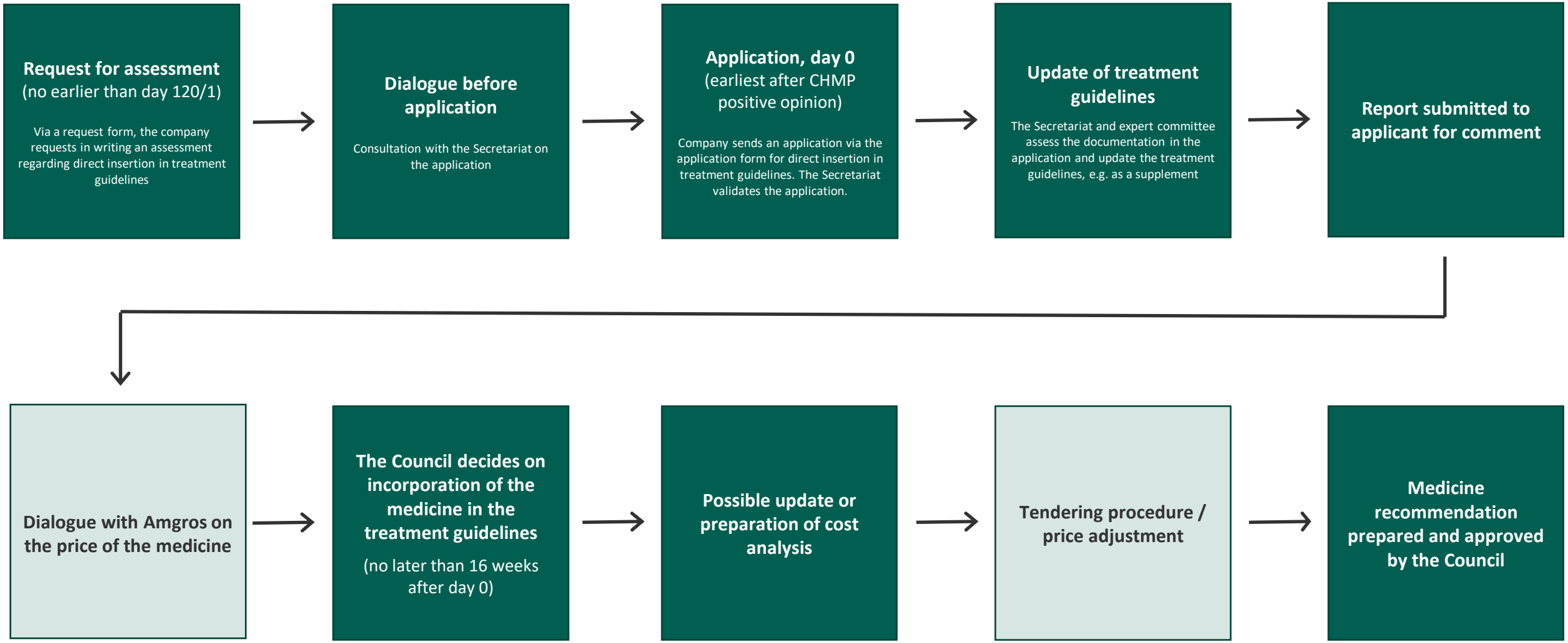
Advantages:

- Faster and clearer picture of how the medicine compares with other medicines in the area
- Treatment guidelines are updated with the latest products
- Simpler application, no health economic analysis
- Less work for the Secretariat, the expert committees and the applicant
- Opportunity to get into a medicine recommendation faster

Requirement:

- A treatment guideline from the Danish Medicines Council
- The medicine may not be better than the first choice in the treatment guidelines


New medicine/ Extension of indication
Medicine
Use for 80% of the population
Medicine x
Medicine y
Medicine z
Consider
Medicine a
Medicine b
Do not use routinely
Medicine q
Medicine recommendation
Tender/price adjustment
Clinical basis for comparison
Cost analysis



*EMA: European Medicines Agency
*CHMP: EMA's Committee for Medicinal Products for Human Use

AMGROS' ROLE REGARDING DIRECT INCORPORATION

TASKS REGARDING DIRECT INCORPORATION

NEW MEDICINE

The supplier refers to Amgros with regard to submission of materials to the Danish Medicines Council.

Agreement drawn up (either “innovative” agreement or tendering procedure)

The agreement will be similar to agreements for the other medicines in the treatment guidelines
(same conditions and time perspective).

EXISTING MEDICINE

Use the price applicable at the time of assessment.

➔Amgros submits a memo to the Danish Medicines Council regarding terms and conditions, timetables (price adjustment or tendering procedure), prices vs. comparator, etc.

AFTER ASSESSMENT OF INCORPORATION

Decision on incorporation in the treatment guidelines, including possible cost analysis

* Important: Publication of this information - so everyone can see the updated new basis for competition.

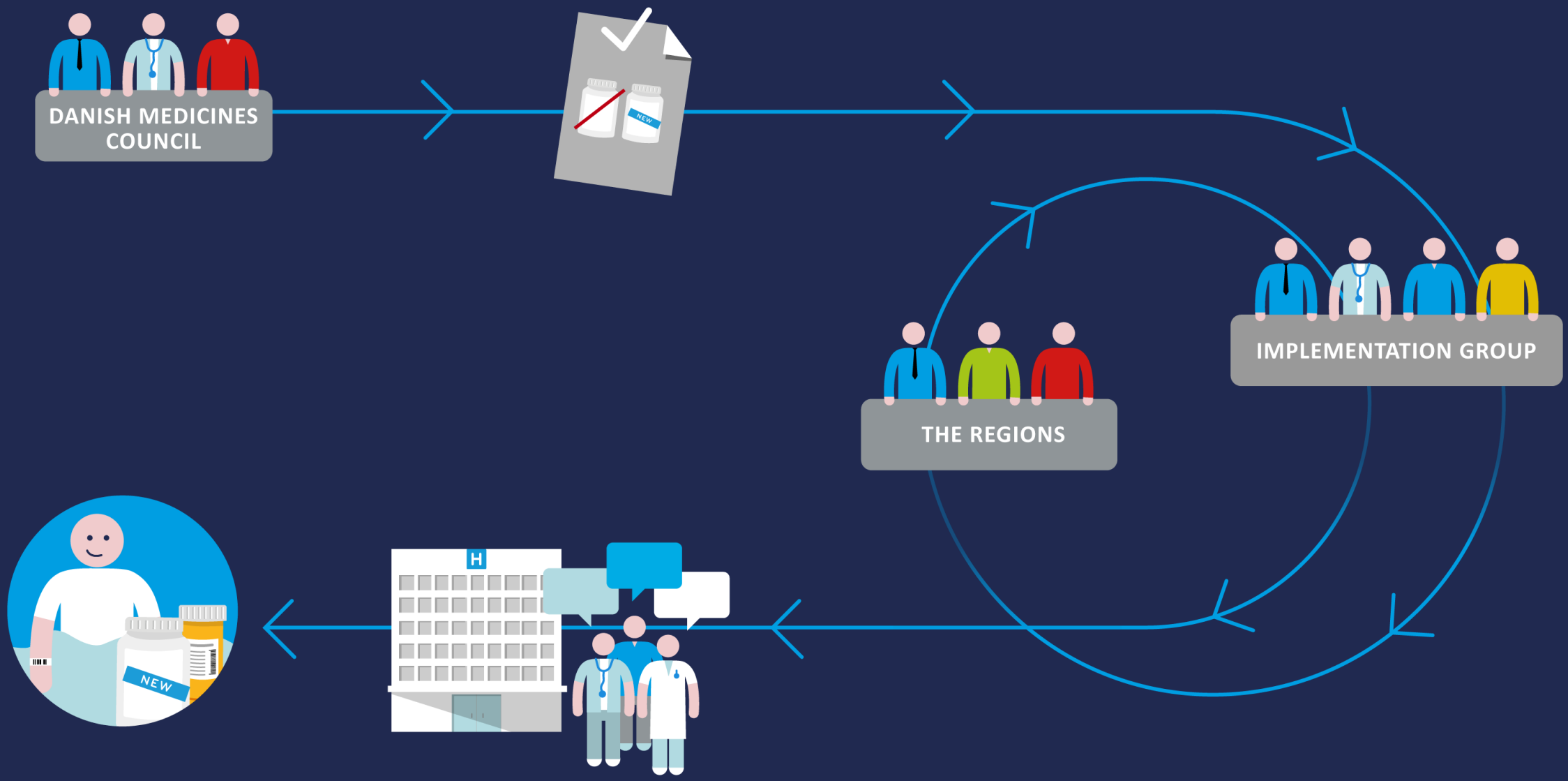
IMPLEMENTATION RATE - FROM RECOMMENDATION TO IMPLEMENTATION

Christine Dinsen-Andersen, Chief Specialist, Capital Region of Denmark Pharmacy and member of the Danish Medicines Council, Mikala Vasehus Holck, Senior Medicines Advisor, Amgros

WHAT IS IMPLEMENTATION RATE?

- The length of time from when the Danish Medicines Council recommends a medicine as a standard treatment to when the medicine is available for ordering in the regions, and can thus be taken into use to treat patients.

WE SECURE RAPID AND EFFICIENT CHANGES OF MEDICINES



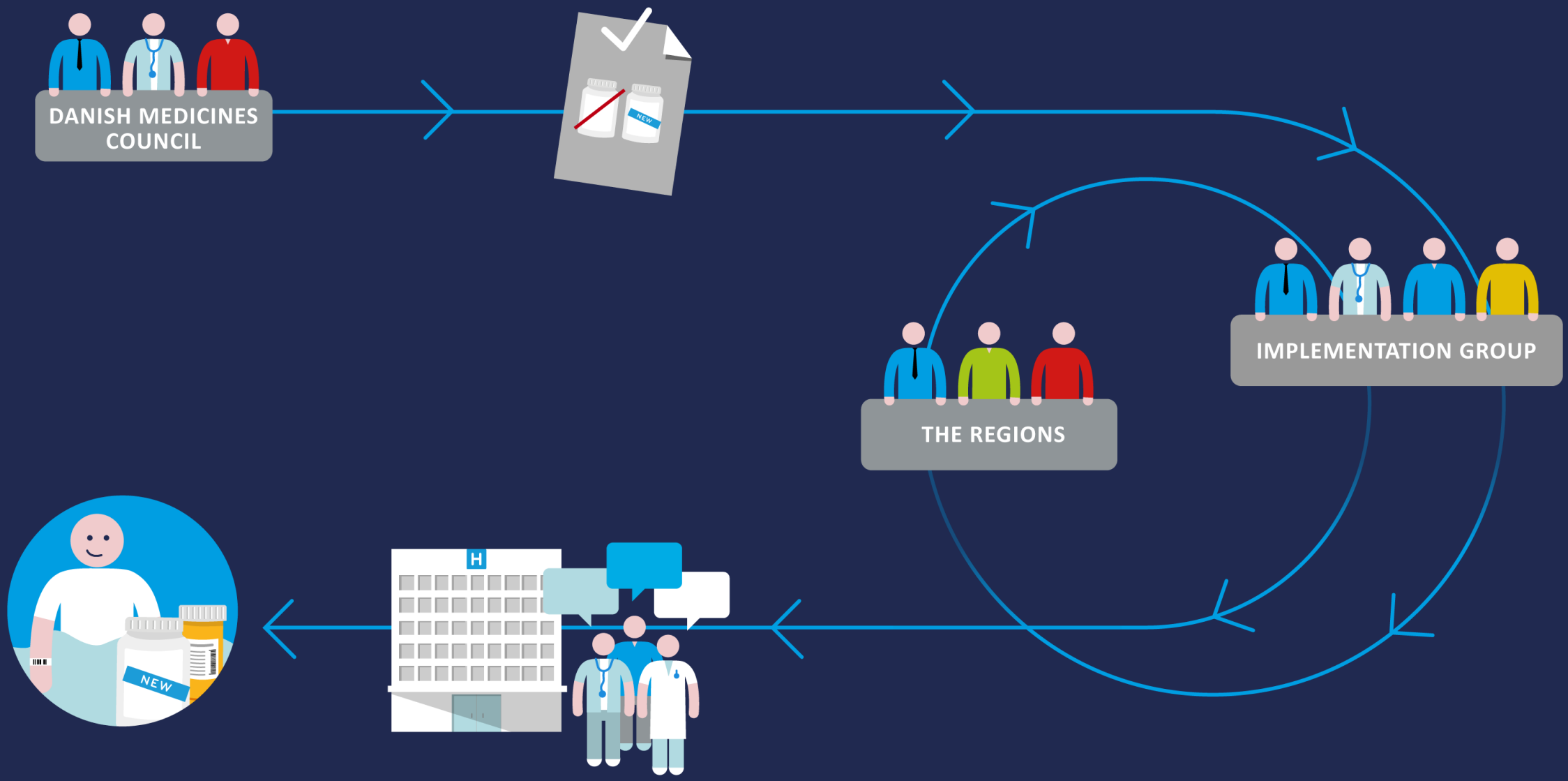
WHAT HAVE WE DONE?

- Extract of sales data ➔
  - Not accurate
- Retrospective data collection➔
  - It takes 1-14 days to make the medicine available for order

SO WHY DOESN'T IT ALWAYS TAKE ONLY 14 DAYS BEFORE CONSUMPTION?

- There is a cheaper comparable medicine
- There are no candidate patients for the treatment
- Clinics have to learn how to manage the medicine and the work process has to be adapted, e.g. additional IV beds
- Patients taking treatment at home have to learn how to manage the medicine
- Information has to be obtained from the supplier regarding the documentation required for final preparation at the hospital pharmacy
- Stock adjustments at the hospital pharmacy, at the department, and with the patient

WE SECURE RAPID AND EFFICIENT CHANGES OF MEDICINES



BREAK
WE WILL START AGAIN AT 10:10

IMPLEMENTATION OF ADVANCED THERAPY MEDICINAL PRODUCTS (ATMP)

Jette Østergaard Rathe, Senior Medicines Advisor, Amgros

Dorthe Bartels, Senior Strategic Advisor, Amgros

HOW ATMP DIFFERS FROM OTHER MEDICINES

Examples of ATMP

- Gene modification and CRISPR-Cas9 technology vs. autologous cells - used for cell harvesting
- Cell therapy vs. allogeneic cells - used for testing for HLA type
- Gene therapy supplied by viral vectors - used for antibody testing and GMO management, for example

Challenges

- Individual orders - timing for production and hospital capacity
- Cell harvesting with company-specific requirements
- GDPR management
- Logistics
- Interregional legal aspects
- Training and certification
- Management of genetically modified organisms
- Local import checks and quality assurance
- Management of very expensive medicines

Development

- New work processes at hospitals and hospital pharmacies
- Extra requirements for contract management and a need for broad cooperation
- Cooperation across addresses

WE ARE FACING CHALLENGES RIGHT NOW

- The process for implementation of ATMP in Denmark is unclear
- The need to clarify roles and processes between healthcare stakeholders
- Introduction of ATMP has been described as very resource-demanding
- Despite an efficient healthcare system with accredited departments and specialization planning, ATMP challenges these frameworks
- Amgros and the Danish Medicines Council are currently often the first point of contact

Examples of recently EMA-approved ATMP

Gene therapy, vector
Haemophilia A and B
Aromatic L-amino acid decarboxylase (AADC) deficiency

Gene therapy, cell-based (CAR-T)
Diffuse large B cell lymphoma (DLBCL) and myelomatosis

Cell therapy (allogeneic cells)
post-transplant lymphoproliferative disease (PTLD)

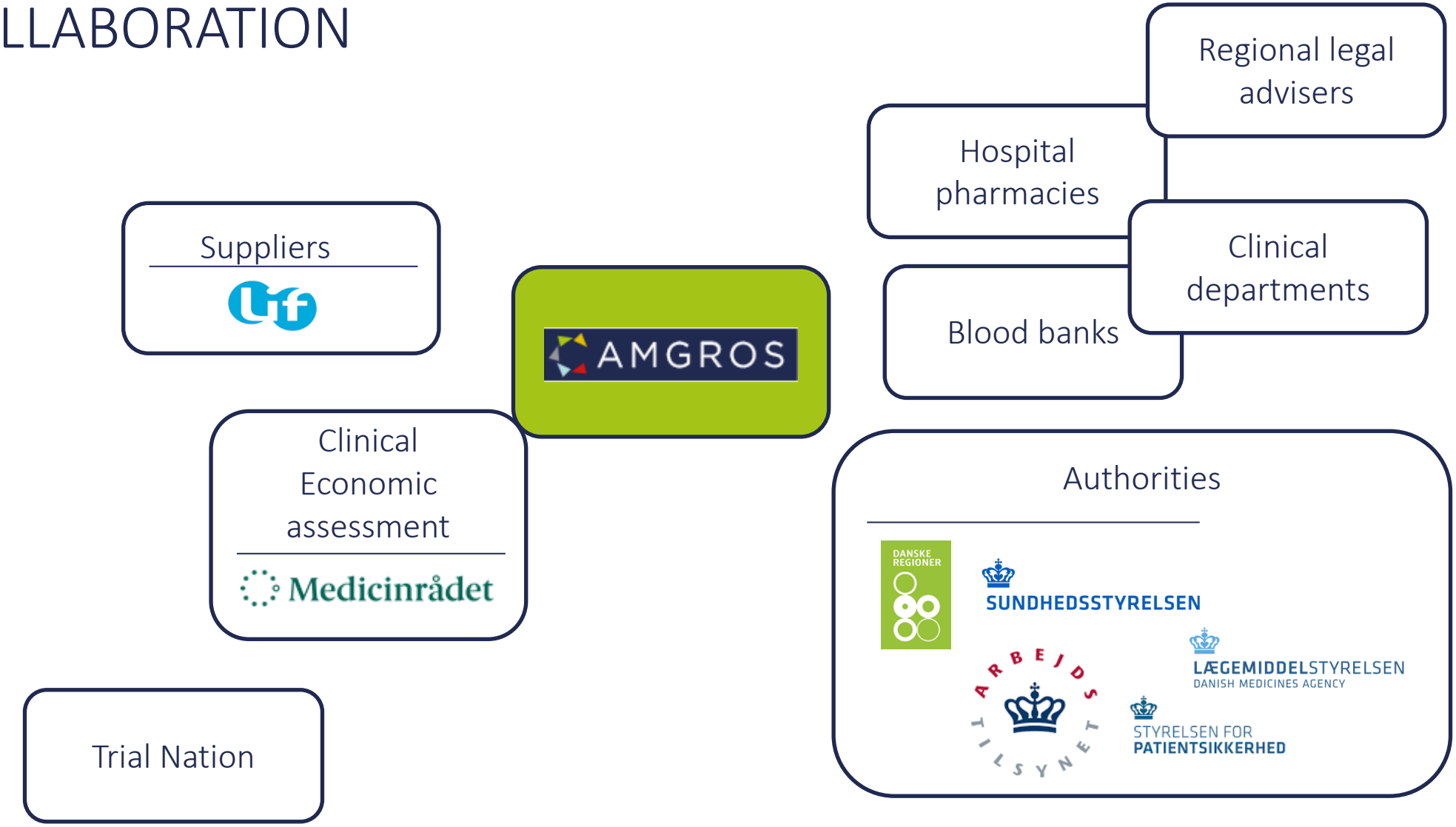
Currently 6 requests for assessment and reassessment by the Danish Medicines Council

Examples of ATMP being assessed by the EMA

Gene therapy (CRISPR/Cas9 therapy)
sickle cell anaemia and transfusion-dependent β-thalassemia

Gene therapy, cell-based (CAR-T)
DLBCL and myelomatosis

INTRODUCTION OF ATMP IN DENMARK - NATIONAL COLLABORATION



PURPOSE OF COOPERATION ACROSS PLAYERS IN THE DANISH HEALTHCARE SERVICE

- Secure Danish patients access to new advanced therapies
- Contribute to more flexible and quicker implementation
- Need for a transparent infrastructure in the Danish healthcare service
- Ensure that knowledge is not lost across players
- Gather knowledge and experience of the implementation of ATMP across therapeutic areas

AMGROS IS AWARE OF THE CHALLENGES

- Together with Danish Regions, we have taken initiative to cooperate across healthcare players to facilitate implementation of ATMP
- We are developing and testing a standard agreement for ATMP
- We are in close dialogue with LIF on initiatives in the area

NEW ATMP STANDARD AGREEMENT - WHY?

- Many new ATMPs are on the way to the Danish market
- Equal treatment of suppliers
- Optimisation of resource consumption
- Controlled process through standard agreements will ensure involvement of relevant parties at the right time
- Involvement of relevant stakeholders

INVOLVEMENT IN WORK ON NEW ATMP STANDARD AGREEMENT

- Internal Amgros working group
- Involvement of joint working group through LIF
- Involvement of hospital pharmacies/clinic
    - Practical process (logistics, GDPR, training, signing agreements)
- Nordic sparring

MAIN ELEMENTS IN THE ATMP STANDARD AGREEMENT

- **Main agreement**
  - Product-specific details managed through several different appendices
  - English template

- **Main elements**
  - Logistical issues, GDPR issues, quality issues, compensation and reimbursement, confidentiality/transparency

HOW'S THE WORK GOING?

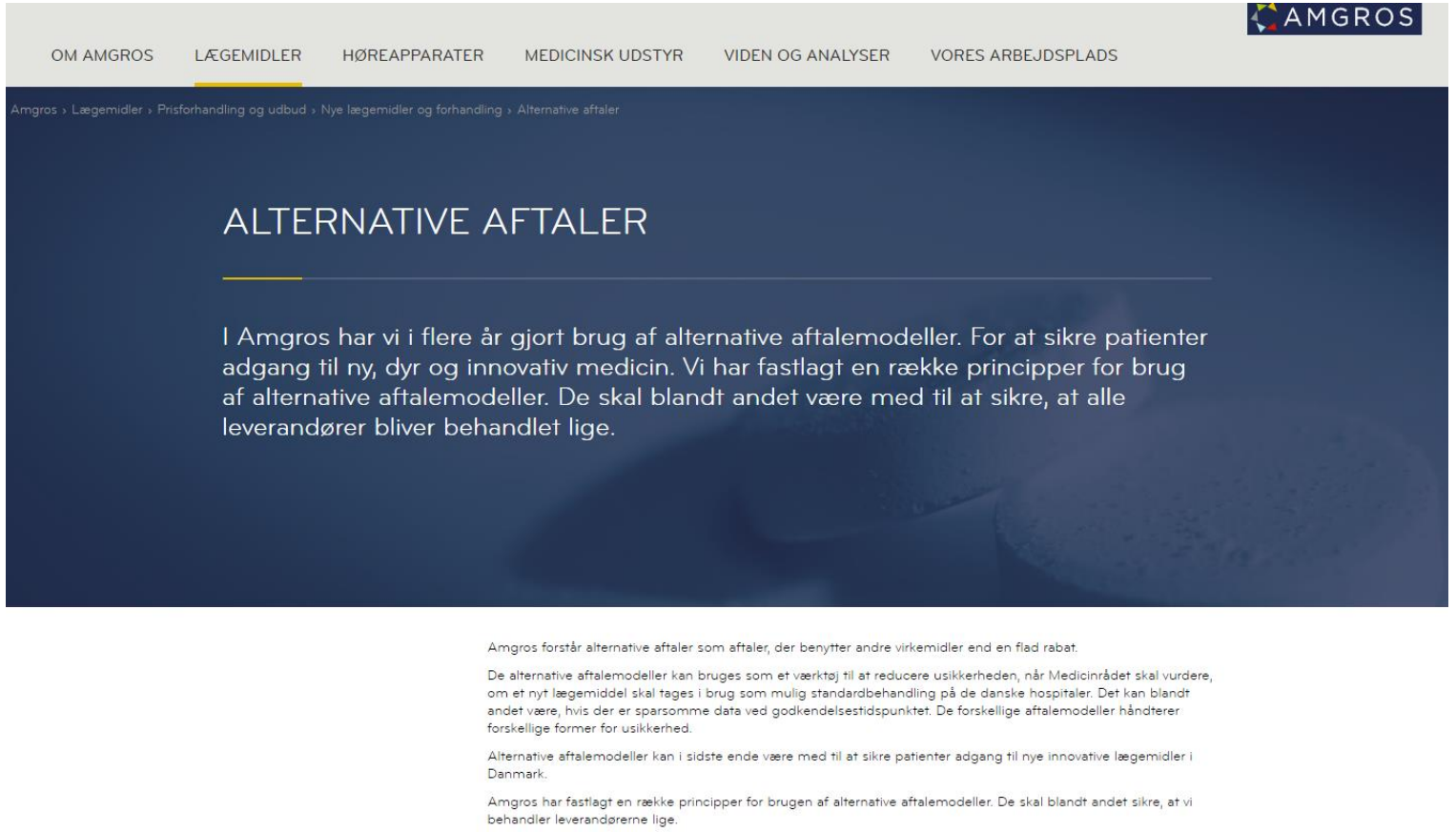
- Many elements have been clarified with respect to preparation of the standard draft and they have been described and accepted by departments, pharmacies and Amgros.
- The proposed agreement has been extremely well received.
- There have been fewer changes, and significantly fewer resources have been used by all parties to complete the elements.
- We have learnt a lot from these first agreements, and this will be carried over to the new standard agreements.
- The new standard agreements are here to stay, and they will be developed along the way, as new types of ATMP come to Denmark.

STATUS AND EXPERIENCE WITH ALTERNATIVE AGREEMENT MODELS

Linda Aagaard Thomsen, Head of Department, Danish Medicines Council Secretariat

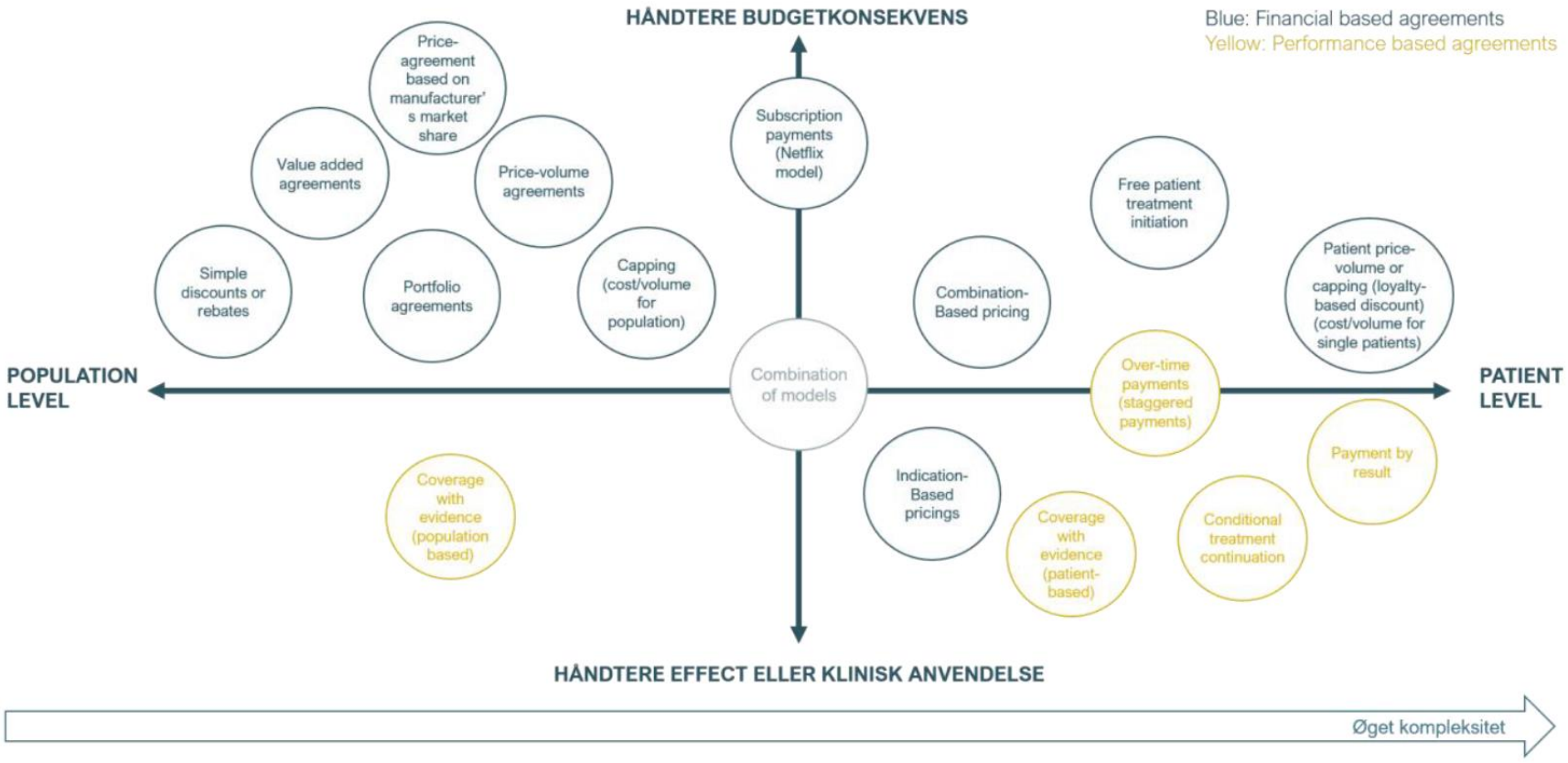
Marie Gerstrøm Kristiansen, Team Leader, Amgros

SINCE LAST TIME



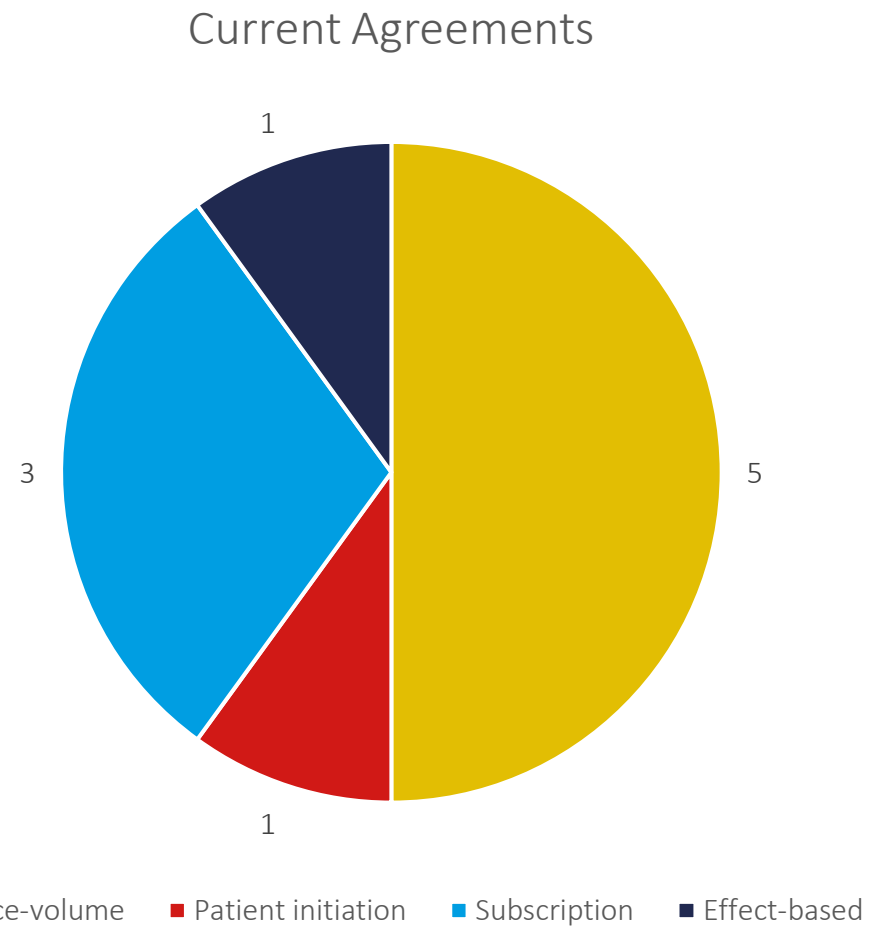
- Principles and dialogue tool published on the Amgros website
- Working group between Amgros and the Danish Medicines Council Secretariat
- Working group between Amgros and suppliers/LIF
- Proposals received from companies

TWO OVERALL TYPES OF ALTERNATIVE AGREEMENT MODEL



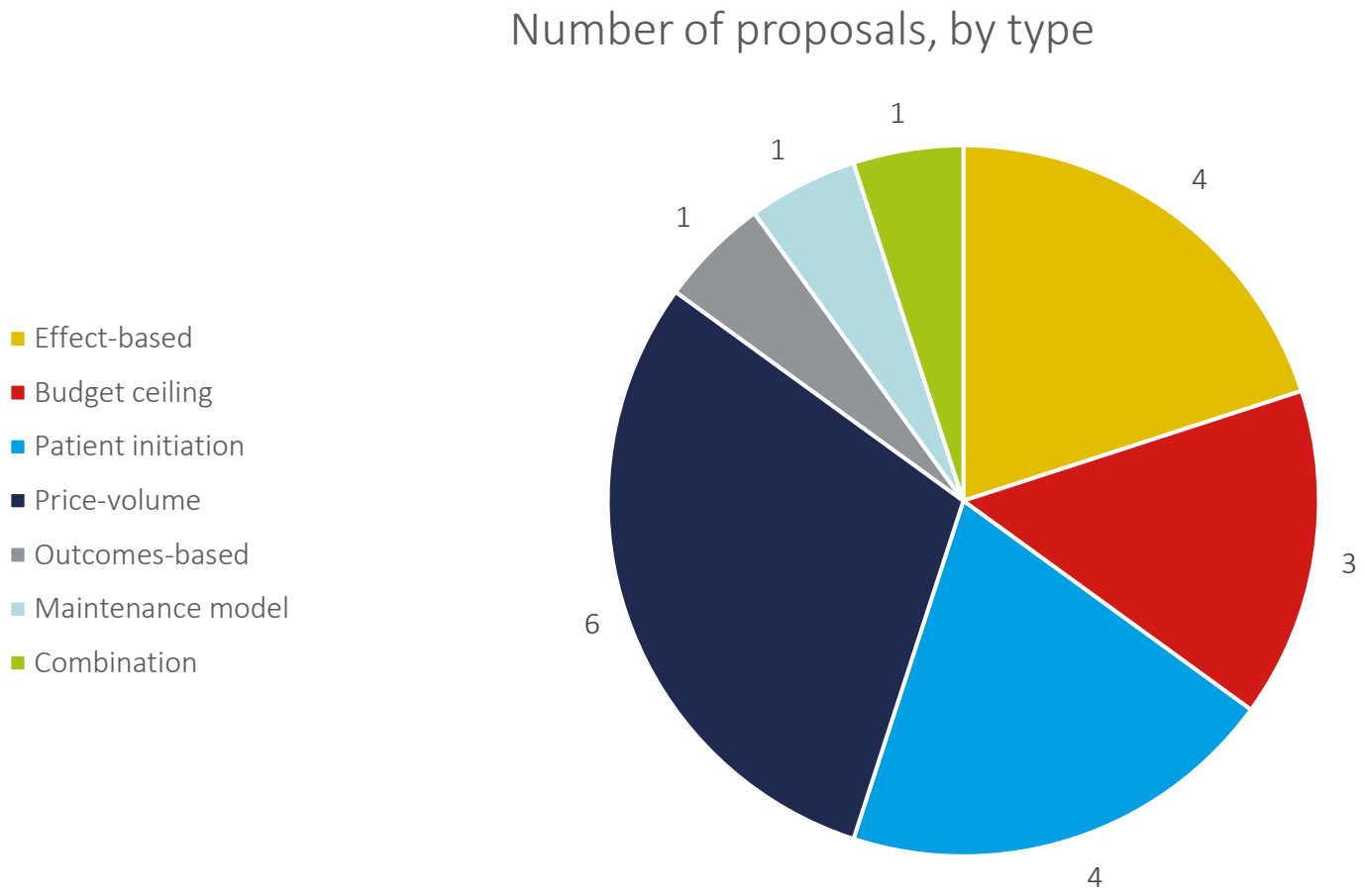
Source: https://www.lifescienceinsights.dk/wp-content/uploads/2020/12/Sundhedsdata-som-fundament-for-effektbaserede-aftaler_07_12_2020.pdf

AGREEMENTS IN PROGRESS



- The first alternative agreement was established in 2015 (price-volume)
- The first effect-based agreement was established in 2020
- 10 agreements in progress
- 9 agreements expired

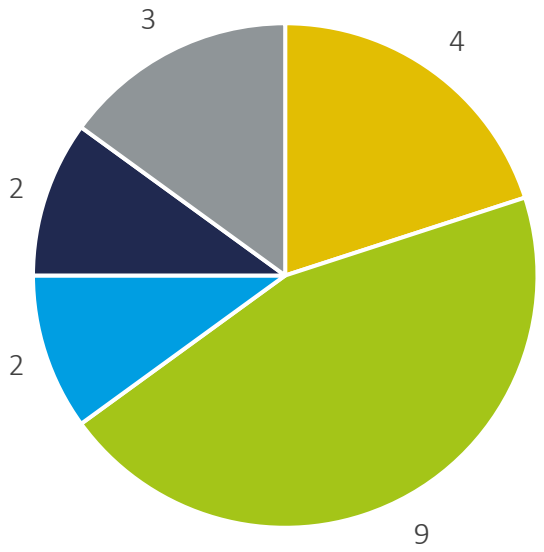
PROPOSED ALTERNATIVE AGREEMENTS SINCE 1 SEPTEMBER 2021



- Since 2021, Amgros has received 20 proposals from 15 companies
- Most were received in 2022 and 2023

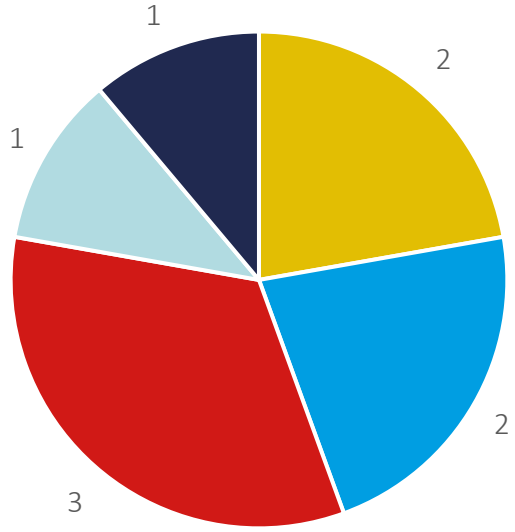
STATUS OF THE PROPOSALS RECEIVED

Status of proposed alternative agreements received



Being assessed
Rejected by Amgros
Rejected by Medicines Council
Withdrawn by company
Agreement established

Rejected by Amgros

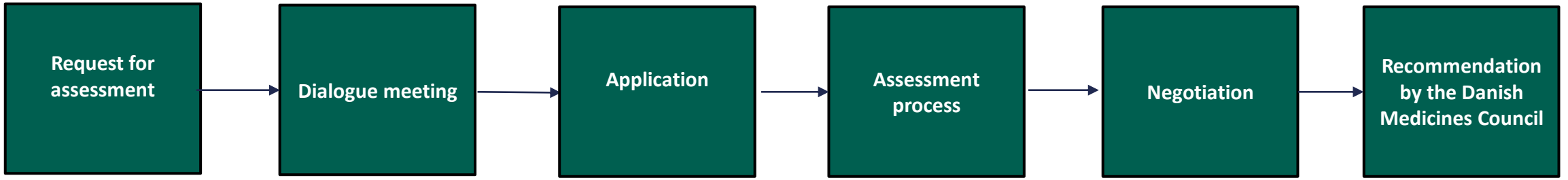


Practical reasons
Model cannot be validated
Included in tendering procedures
Affects competition
Other

HOW THE DANISH MEDICINES COUNCIL CONSIDERS ALTERNATIVE AGREEMENTS

- The Danish Medicines Council is positive about proposals for alternative agreements to meet specific uncertainties in effects/costs to an extent that allows the Danish Medicines Council to recommend the medicine
- Alternative agreements cannot replace good evidence
- In general, the Danish Medicines Council prefers agreements based on a flat discount
- The type of agreement should depend on the uncertainty driving the Council's decision process
- The advantages of an effect-based agreement should outweigh the additional work it imposes on the healthcare sector

APPLICATION TO THE DANISH MEDICINES COUNCIL BASED ON AN ALTERNATIVE AGREEMENT



"Preparation for dialogue on alternative agreement" form sent to
- Amgros
- Medicines Council (annex toapplication form)

At the dialogue meeting with the Medicines Council or Amgros, the applicant receives
- rejection of proposal that cannot be implemented
- proposal for validation of agreement

Applicant sends application with supplementary documentation, see the guidelines for applications with alternative price agreements

Secretariat assesses the alternative price agreement, possibly with the expert committee

Applicant and Amgros negotiate an agreement based on the alternative price agreement and flat discount.

The Danish Medicines Council decides whether the medicine can be recommended, and whether the recommendation can be an alternative agreement or with flat discount

GUIDELINES FOR APPLICATIONS WITH ALTERNATIVE AGREEMENTS

- Specify the type of alternative price agreement with reference to Amgros' list of alternative agreement models
- Application with a health-economic model that includes both a flat discount and an alternative agreement
- Detailed description of the alternative price agreement regarding sources of effect and cost estimates, clinical assumptions and extrapolations, results and uncertainty
- The alternative price agreement must be integrated dynamically in the same Excel file as the model for a flat a discount and the budget impact analyses
- Briefly describe the clinical and health-economic rationales for having the alternative price agreement rather than a flat discount
- Describe the primary uncertainty addressed in the alternative price agreement (e.g. duration of effect, size of effect, response rates, no. of patients or consumption)
- Term of agreement and termination

ADDITIONAL REQUIREMENTS FOR APPLICATIONS WITH AN EFFECT-BASED AGREEMENT

- The effect measurements on which the agreement can be based, advantages and disadvantages of each effect measurement, as well as the reason why the effect measurement chosen is deemed to be the best outset for the agreement
- Whether the effect measurement has been validated by clinical experts pursuant to Danish clinical practice
- Whether the effect measurement is a surrogate measurement for the actual end point (e.g. PFS as a surrogate measurement for OS)
- How the effect measurement can be objectively measured, and limitations in calculation of the effect measurement
- Clinically relevant effect size in absolute figures (e.g. absolute risk reduction, median or average change in OS, no. of points on a scale for continuous effect measurement)
- Difference to be measured for the effect measurement(s) on which the agreement is based
- Who is to collect data, how often and for how long?
- Who is to store and analyse data?

FINOSE AND CRITERIA FOR JOINT NORDIC NEGOTIATIONS

Karen Kleberg Hansen, Head of Department, Danish Medicines Council Secretariat

Cecilie Astrup Frederiksen, Advisor and Negotiator, Amgros

THE DANISH MEDICINES COUNCIL PARTICIPATES IN FINOSE

THE DANISH MEDICINES COUNCIL JOINS THE FINOSE NORDIC COLLABORATION

Stronger transnational cooperation

Quality

Investment in the future

Knowledge

Better utilisation of resources

Experience

CRITERIA FOR JOINT NORDIC NEGOTIATIONS

JOINT NORDIC NEGOTIATIONS FOR TO MEDICINES

- Gene therapy to treat transfusion-dependent β-thalassemia
- Gene therapy to treat metachromatic leukodystrophy

CRITERIA FOR JOINT NORDIC NEGOTIATIONS

- The medicine must be new. A new indication for an existing medicine does not qualify.
- The medicine must be classified as a hospital pharmaceutical or a medicine used in collaboration with hospitals.
- The medicine must be launched in all countries participating in joint Nordic negotiations.
- All participating negotiation countries must have full access to the HTA report, either through FINOSE or an HTA organisation.
- A flat discount is the preferred payment model.

PRACTICAL INFORMATION ABOUT JOINT NORDIC NEGOTIATIONS

- Contact person
- Participants in the negotiation
- National agreements
- Recommendations and date
- Renegotiation
- Basis for negotiation
- Time period

BREAK
WE WILL START AGAIN AT 11:20

PANEL DEBATE

Panel:

- Flemming Sonne, CEO, Amgros
- Linda Aagaard Thomsen, Head of Department, Danish Medicines Council Secretariat
- Maria Falkenberg, Head of Market Access, Roche
- Trine Pilgaard, Market Access Director, Pfizer
- Peter Drøidal, Country Manager, Novartis

Moderator:

Bjarne Mikladal, Senior Strategic Advisor, Amgros

QUESTION FOR THE PANEL

- How can alternative agreement models and international collaboration help ensure access to new medicines for Danish patients?

Contact

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www.amgros.dk

THANK YOU AND GOODBYE