Access to and availability of innovative medicines in Norway

Prepared for LMI

SFDC 2873428

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IQVIA – Real World & Analytics Solutions, Nordics

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LMI has asked IQVIA for an update of the analysis of access to innovative medicines in Norway

The Situation

LMI has asked IQVIA to update the 2021 analysis of access to innovative medicines

Key Research Objectives

LMI has asked IQVIA to update the below research questions that were part of the 2021 analysis:

1. Examine the **availability** of new innovative medicines with a central EU marketing authorisation date between 2015 – 2020 *(previous analysis: 2015-2019)*
2. Examine the **level of usage** of new hospital funded products launched (i.e. with observed sales) in Norway between 2017 – 2021, in comparison to International Reference Price (IRP) countries. *(previous analysis: 2017-2020)*
3. Identify the **time** it has taken the hospital funded products' indications that has submitted HTA proposals during 2013 – 2022, to go through the full evaluation process Nye Metoder: from central EU approval to their latest decision by Decision Forum. This analysis includes a short analysis of pharmaceuticals that submitted proposals during 2013 – 2022 and are pending documentation

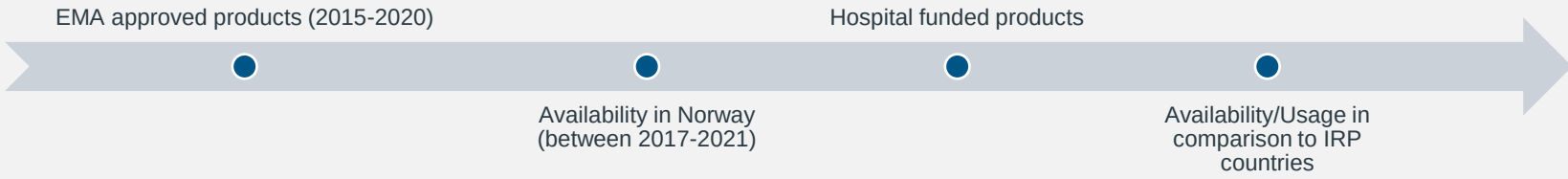
Results are presented in one PowerPoint report to LMI, in English, in the same format and structure as the reports provided in 2021 for these research questions

Scope definitions on next page

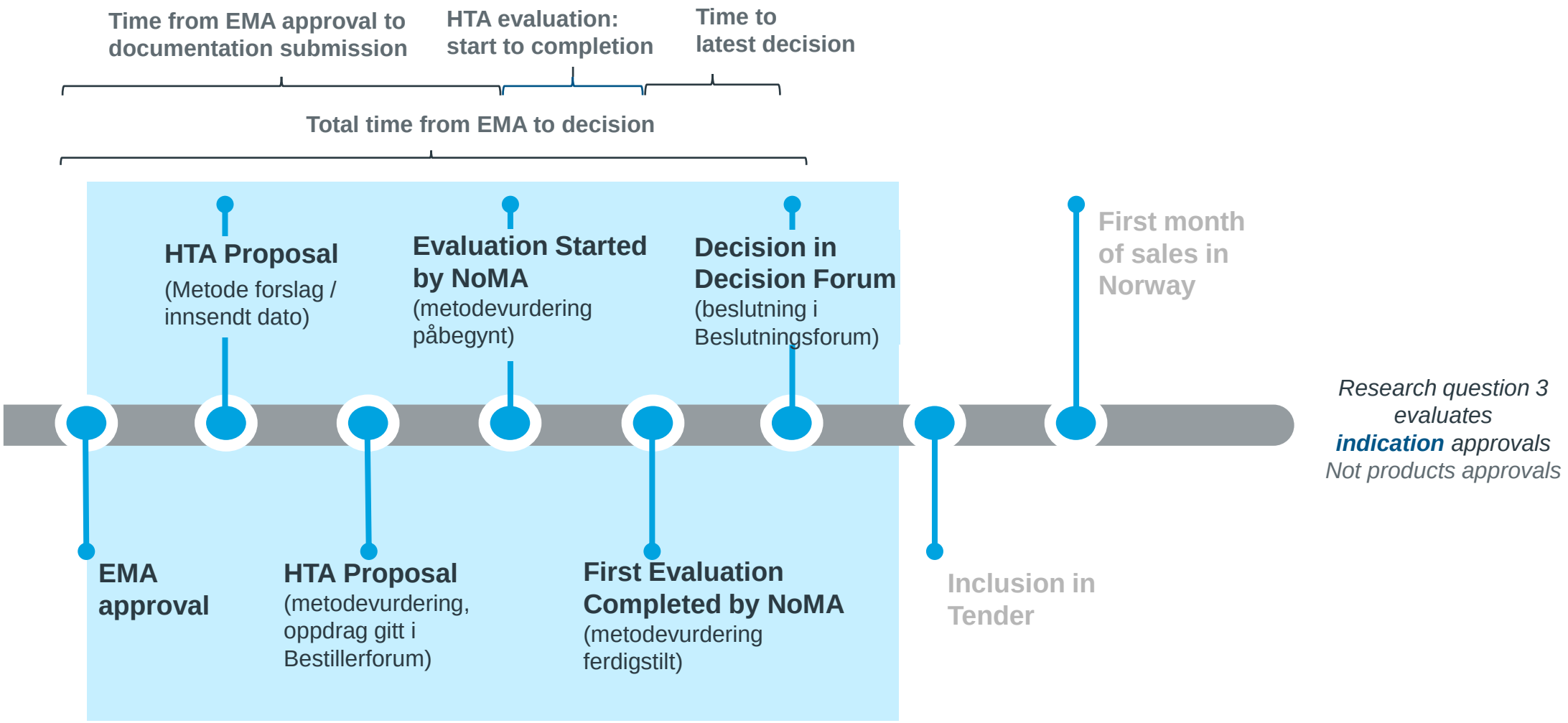
Research question 1 & 2: Definitions

Products included in the analysis and hospital funded classification

- ✓ Research question 1 and 2 are related to **new products**, not separate indications per product
- ✓ Availability is defined by identifiable sales in Norway and IRP countries using IQVIA MIDAS® database, and validated by IQVIA FlexView®
- ✓ International reference price countries (IRP) = Sweden, Finland, Denmark, Germany, UK, Netherlands, Austria, Belgium, and Ireland are used as these are the countries that Norway has chosen as reference countries for pricing.
- ✓ Q2: Definition of a hospital product, where either :
  - ✓ Product is mainly distributed through the hospital channel
  - ✓ A metodevarsel has been filed (or metodevurdering is found on nyemetoder.no)
  - ✓ Listed on Legemiddellisten updated H-resept list per 1 February 2022
- ✓ Sales measure used are Standard Units (SU): The lowest dose that is available in a package either being a tablet, capsule, syringe etc. Reason for not using Defined Daily Dose (DDD) is because most hospital products do not have a defined DDD
- ✓ The analysis does not take in consideration prevalence of diseases or restrictions of usage of the countries in scope



Research question 3: Definitions



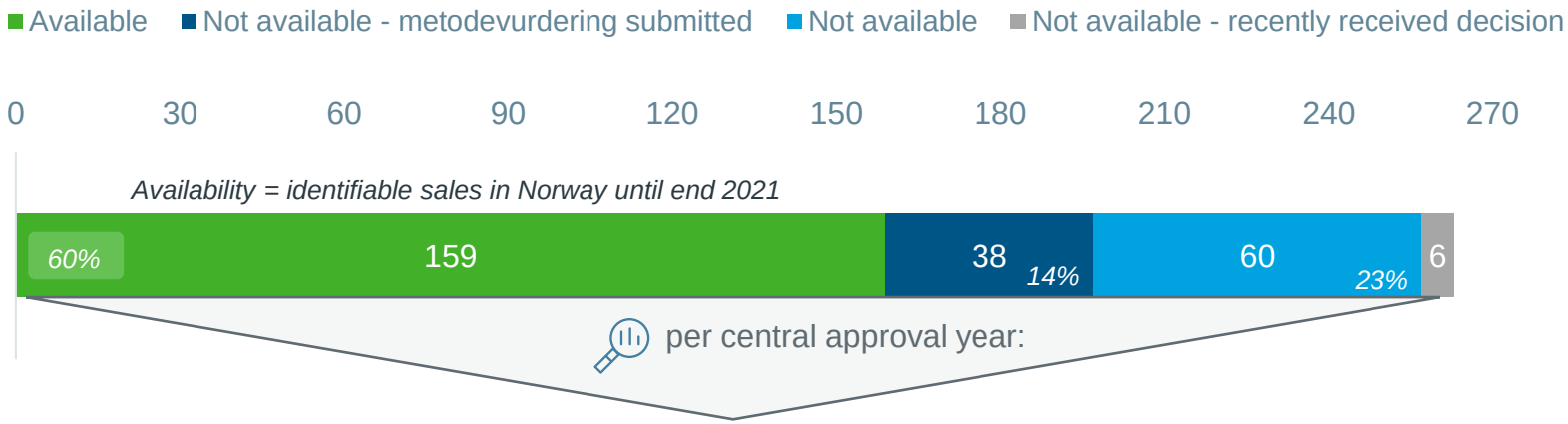
Research question 3 evaluates ***indication*** *approvals*
Not products approvals

Research question 1 & 2

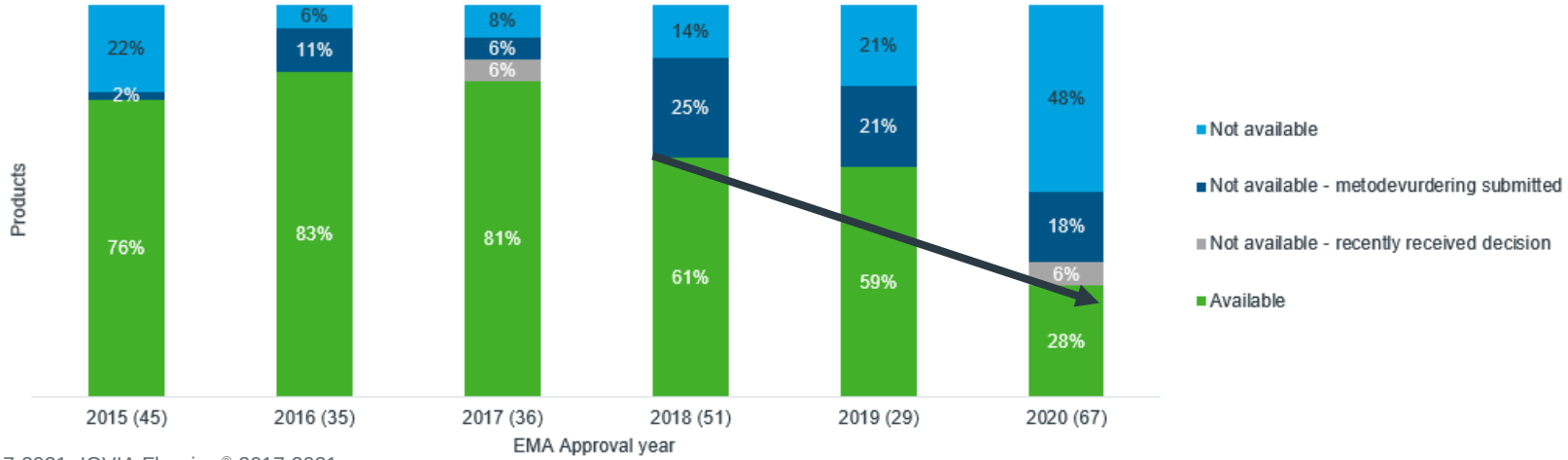
Availability and usage of new innovative medicines

40% (104) of all 263 innovative medicines with central approval during 2015 - 2020 are NOT available in Norway

All new innovative medicines with central European marketing authorization between 2015-2020 (263 products)



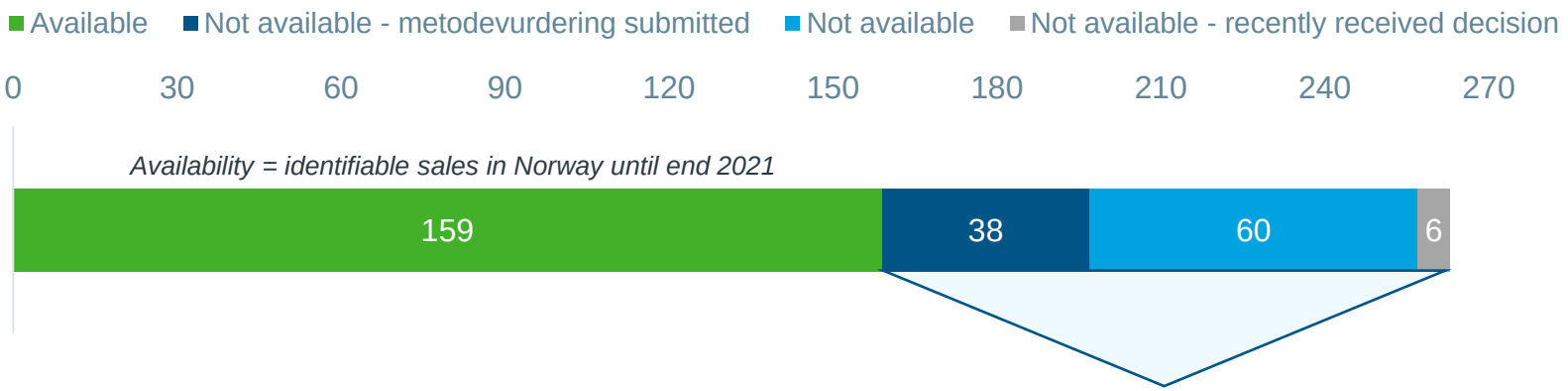
For 2018-'20 centrally approved innovative medicines, 40% to 60% of innovative medicines are NOT available yet in Norway



Sources: Availability = identifiable sales in IQVIA MIDAS® 2017-2021, IQVIA Flexview® 2017-2021
"Metodevurdering submitted" data collected from nyemetoder.no Date: 23.05.2022

50% of unavailable products are Oncology and Orphan drugs

All new innovative medicines with central European marketing authorization between 2015-2020 (263 products)



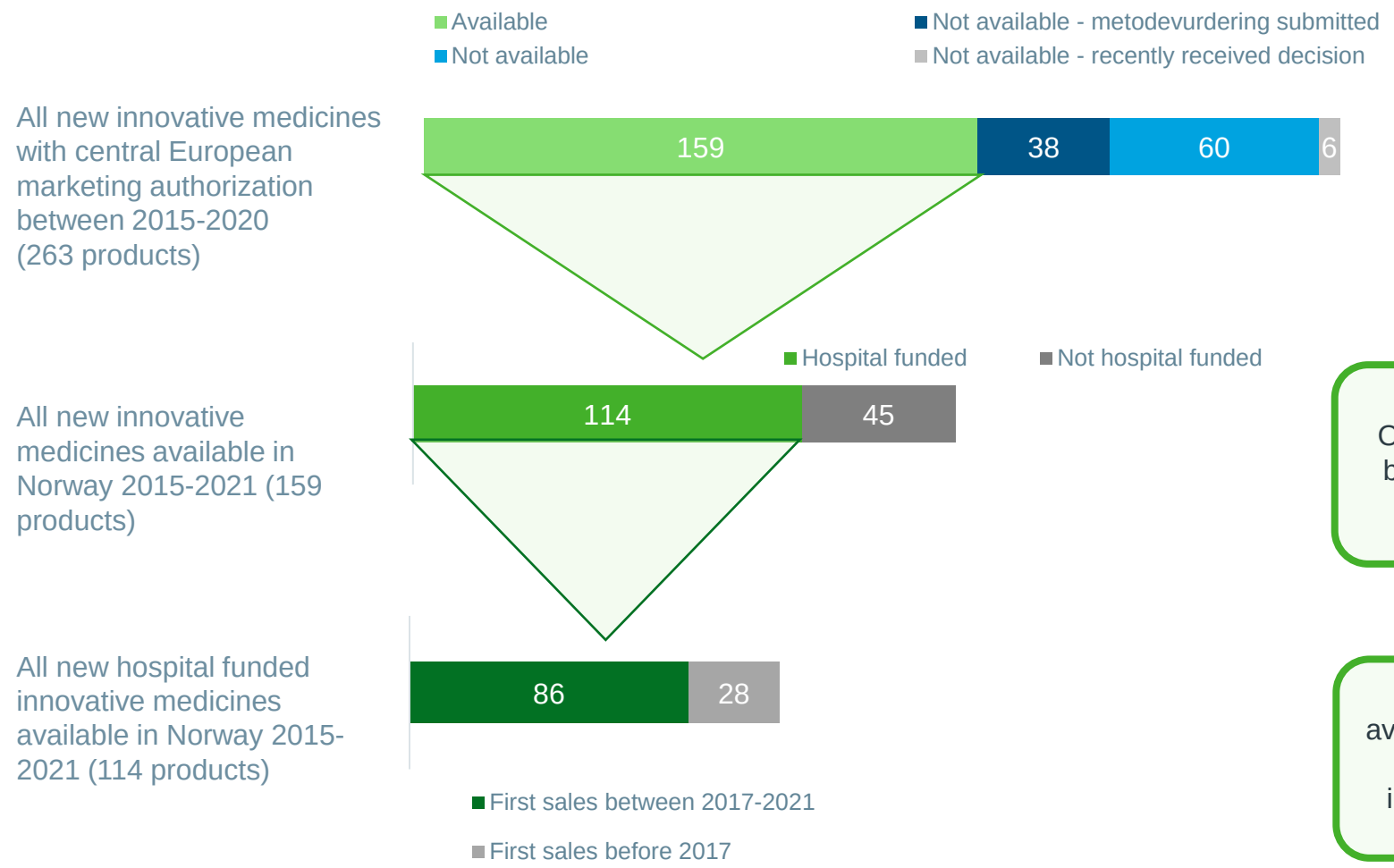
Out of NOT available innovative medicines centrally approved between 2015-'20 (104):

The biggest proportion of innovative medicines that are not available are **Orphan products** (38; 36,5%), followed by innovative medicines with an indication in **Oncology** (15; 14%)

67% of the not available Oncology products have a metodevurdering submitted

Sources: Availability = identifiable sales in IQVIA MIDAS® 2017-2021, IQVIA Flexview® 2017-2021
"Metodevurdering submitted" data collected from nyemetoder.no Date: 23.05.2022

Further in-depth analysis focuses on the 86 hospital funded products with first sales in Norway during 2017-2021

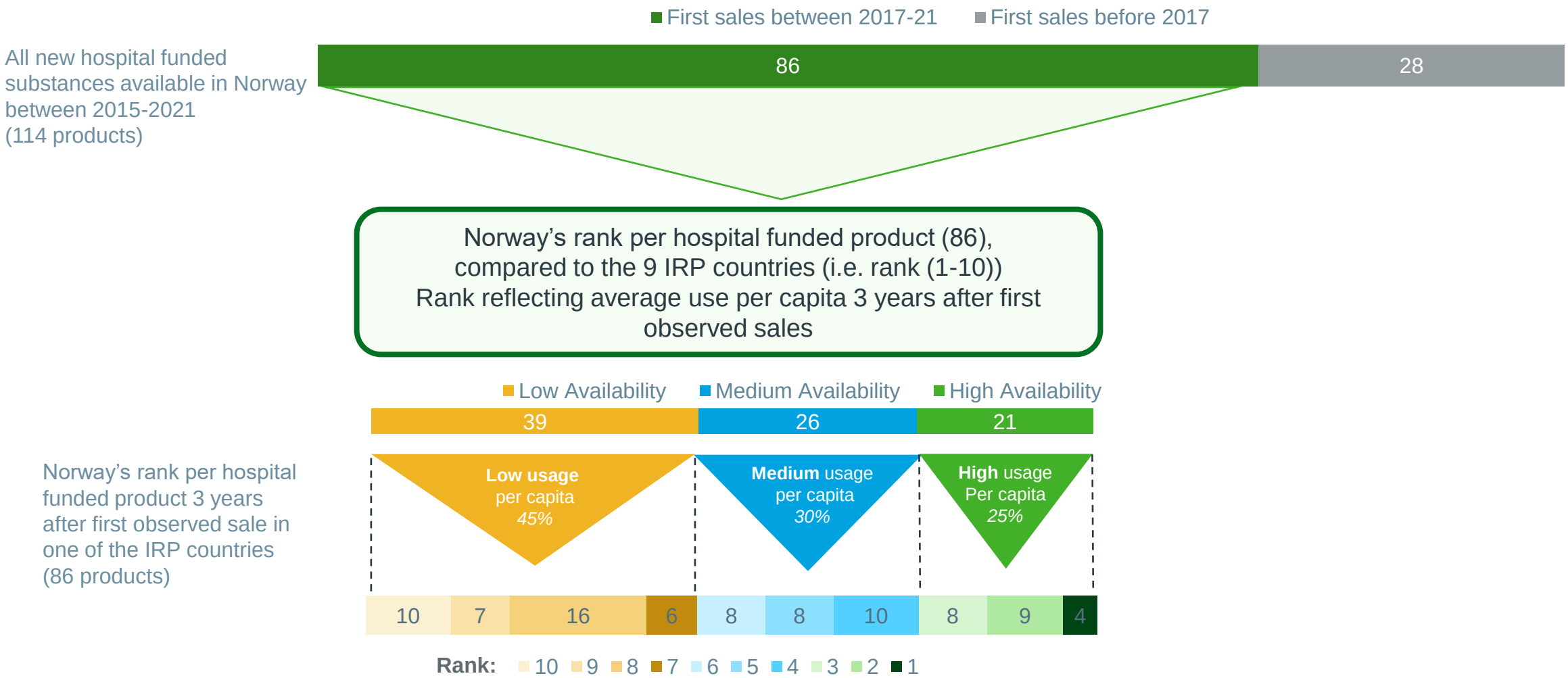


Definition of hospital funded product in this analysis:
Observed sales in the hospital channel, and/or reimbursed by H-resept, and/or Nye metoder HTA proposal submitted
6 products were removed since they were initially reimbursed through blå resept

Definition of timeframe: For the usage analysis, only the available hospital products with first observed sales between 2017 and 2021 are included, i.e. after termination of individual exemptions ("Paragraf 5-22 Bidragsordningen", and "Paragraf 3a) individuell refusjon")

Sources: Availability = identifiable sales in IQVIA MIDAS® 2017-2021, IQVIA Flexview® 2017-2021
"Metodevurdering submitted" data collected from nyemetoder.no Date: 23.05.2022

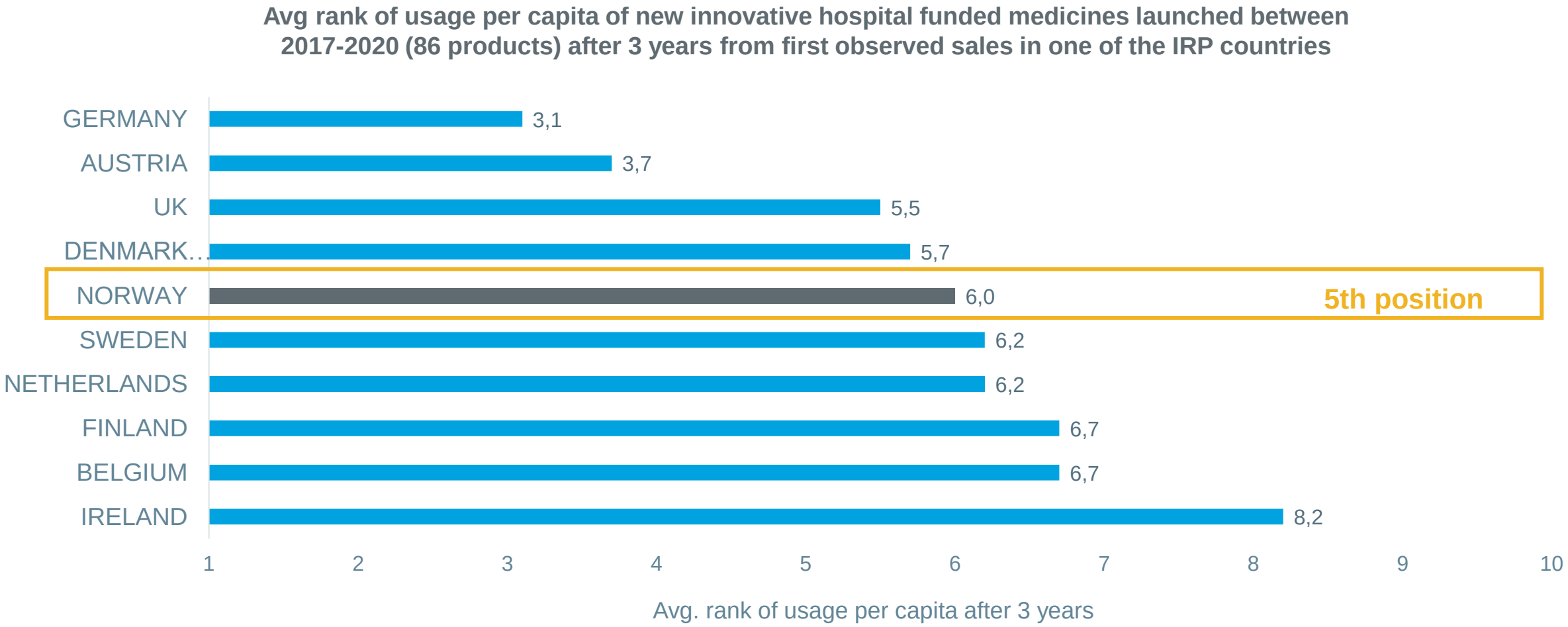
45% of hospital funded innovative medicines in Norway have low usage in comparison to IRP countries



IRP = International Reference Price – Reference countries in Norway = Sweden, Finland, Denmark, Germany, UK, Netherlands, Austria, Belgium, and Ireland

Source: IQVIA MIDAS® 2017-2021, IQVIA Flexview® 2017-2021

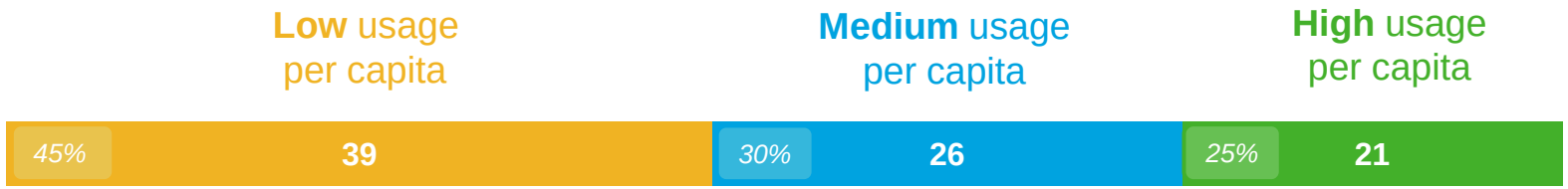
Norway ranks 5th position in comparison to the IRP countries after 3 years of usage of innovative medicine



Source: IQVIA MIDAS® 2017-2021, IQVIA Flexview ® 2017-2021

Little correlation was found between usage and indication, administration form, market size or being part of a tender

Norway's rank per hospital funded product 3 years after first observed sale in one of the IRP countries (86 products)



There is **some difference in the level of usage per therapeutic area**

Orphan (12), Blood coagulation products (7), Respiratory Diseases (3), Women Specific Diseases (1) showing medium to high usage compared to IRP

There is **little difference in usage per administration form:**

Tablet (46), Injection (22), Infusion (15) and Mikstur (3) all show a mix of products with low to high usage

There is **little difference in usage** between products with smaller vs larger total sales volumes across IRP countries

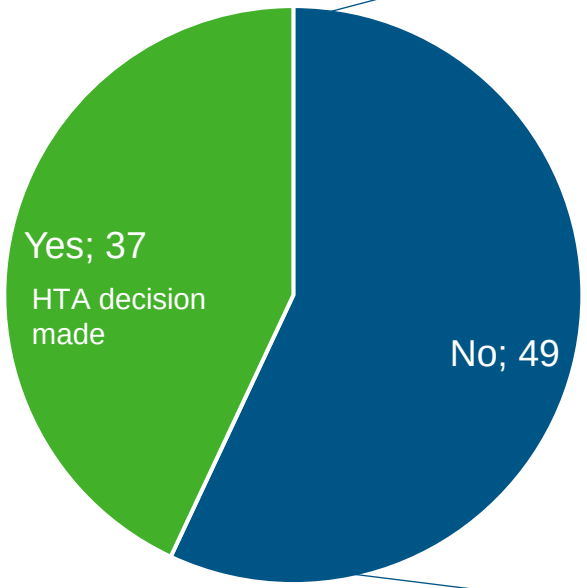
There is **little difference in usage** between products that were **part of a tender or not**

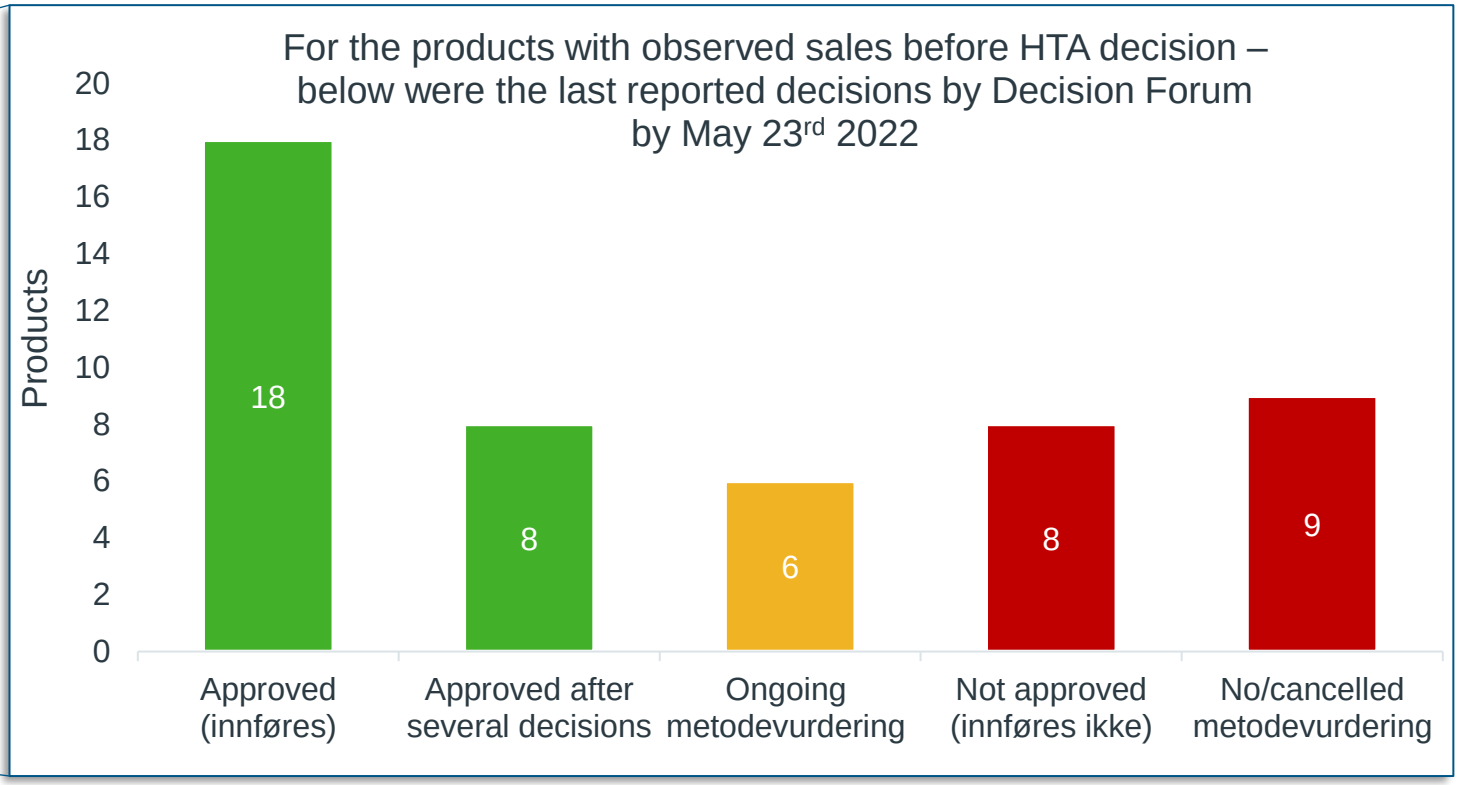
IRP = International Reference Price – Reference countries in Norway = Sweden, Finland, Denmark, Germany, UK, Netherlands, Austria, Belgium, and Ireland
Source: IQVIA MIDAS® 2017-2021, IQVIA Flexview® 2017-2021

57 % of the hospital-funded products hadn’t received a reimbursement decision in Decision Forum at the time of first sale

Comparison of first observed sales in Norway versus Decision Forum reimbursement decision

Innovative hospital-funded products (86)
decision-status by Decision Forum
at the time of first observed sales





Decision Forum is the final instance of the HTA evaluation process. See Appendix for detailed overview of the HTA evaluation process in Norway

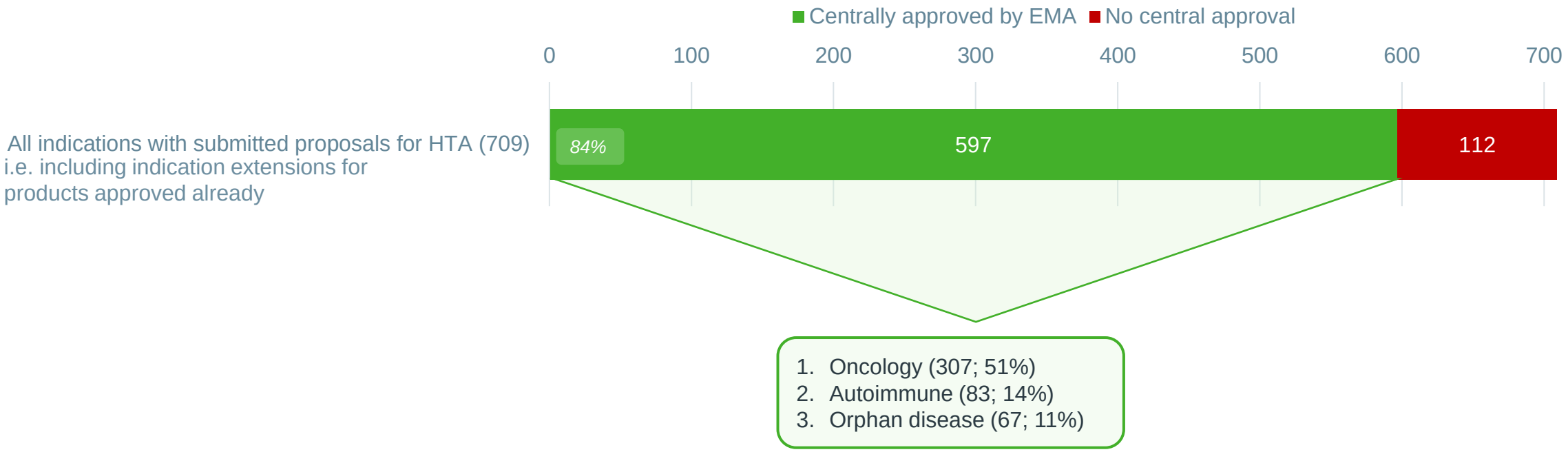
Source: IQVIA MIDAS® 2017-2021, IQVIA Flexview ® 2017-2021. Verdict from DF was collected from nyemetoder.no: Date for data collection: 23.05.2022

Research question 3

Time from EU Central approval to latest decision in Decision Forum

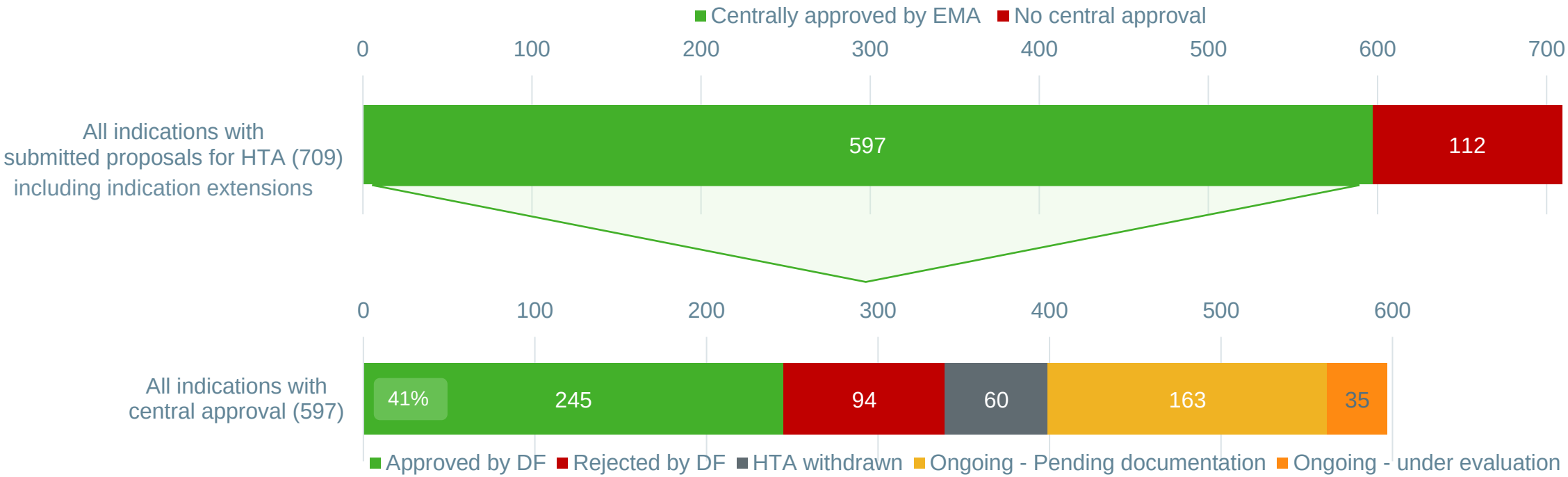
Out of all indications with a submitted proposal for HTA in Norway, 84% were centrally approved

Scope: All indications with submitted proposals for HTA in Norway 2013-2021



Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022

Out of all indications with a submitted proposal for HTA in Norway and central approval, 41% have been approved by DF

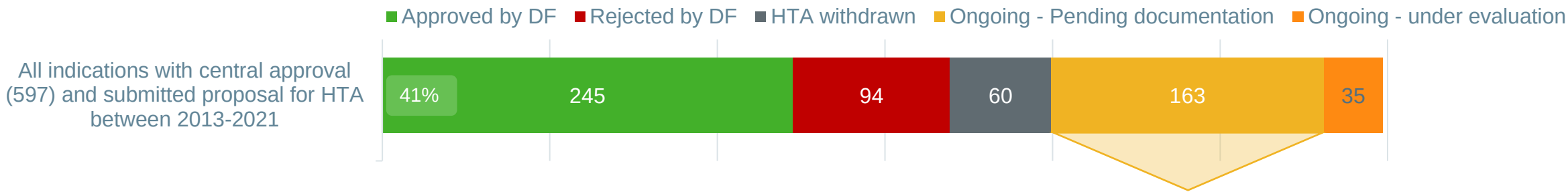


Out of all indications (597) with central approval & HTA proposal in Norway,
57% have received a decision, while
33% are under evaluation/pending documentation, and
10% has withdrawn their HTA proposal

Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022. HTA proposal is defined by the suggestion of HTA evaluation. More detailed information about the HTA evaluation timeline can be found in the Appendix

Latest data collection date: 08.06.2022

Half of the HTA evaluations that are awaiting documentation are at least 2 years past their central approval



Out of all indications with pending documentation (163):

The majority have an indication in **Oncology** (82; 50%), followed by **Orphan drugs** (17; 10%)

Within **Oncology**, it is split even between **indication extensions**(43; 52%) and new substances (39; 47%)

Half of the HTA proposals for which documentation is pending, **are at least 2 years past central approval** date

35,6% received central approval less than one year ago

The companies with the most approved indications also have a high proportion of cancelled / withdrawn or indications that are still waiting for documentation

Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022

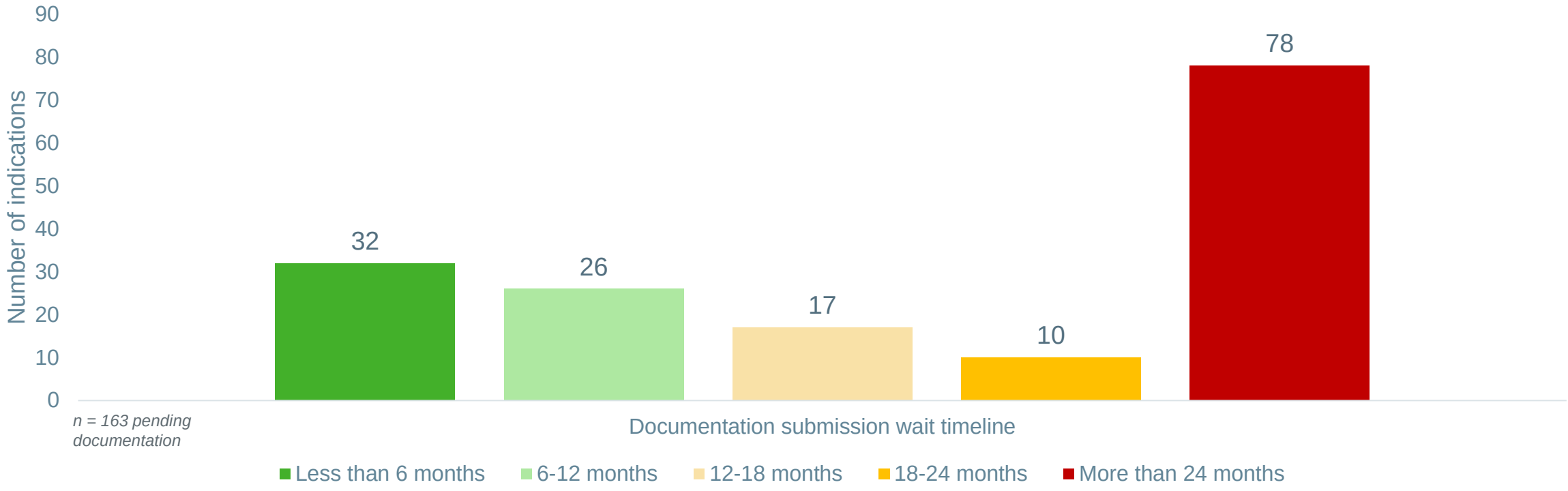
Latest data collection date: 08.06.2022

Half of the HTA proposals for which documentation is pending, are 2 years past central approval

Timelines for "Pending documentation submission"

Median wait time for indications pending documentation = 645 days

Out of all indications (163), 78 are still pending documentation submission 24 months after central approval

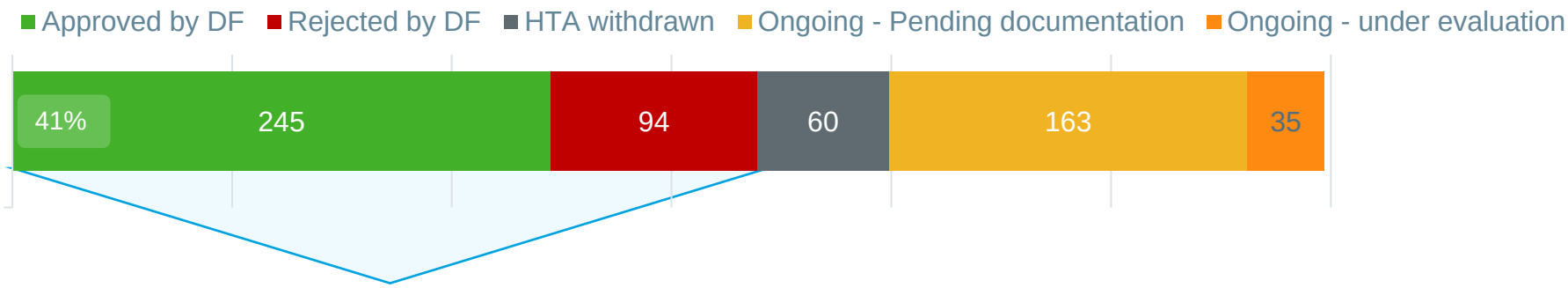


Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022. HTA proposal is defined by the suggestion of HTA evaluation. More detailed information about the HTA evaluation timeline can be found in the Appendix

Note: median wait time for documentation submission phase for *indications with decision* = 118 days (~4 months)

Out of all indications (294) with a completed HTA evaluation, the median time from central approval to latest decision is 445 days

All indications with central approval (597) and submitted proposals between 2013-2021



Out of all indications with a completed HTA evaluation AND all dates available* (294):

Median time from central approval to latest decision **= 445 days**

Of which median time from document submission to latest decision = 288 days (~9 months)

The average HTA evaluation time has been relatively stable over time, while the average time in the other phases has fluctuated.

The indications that are not approved spent longer time in HTA evaluation processing

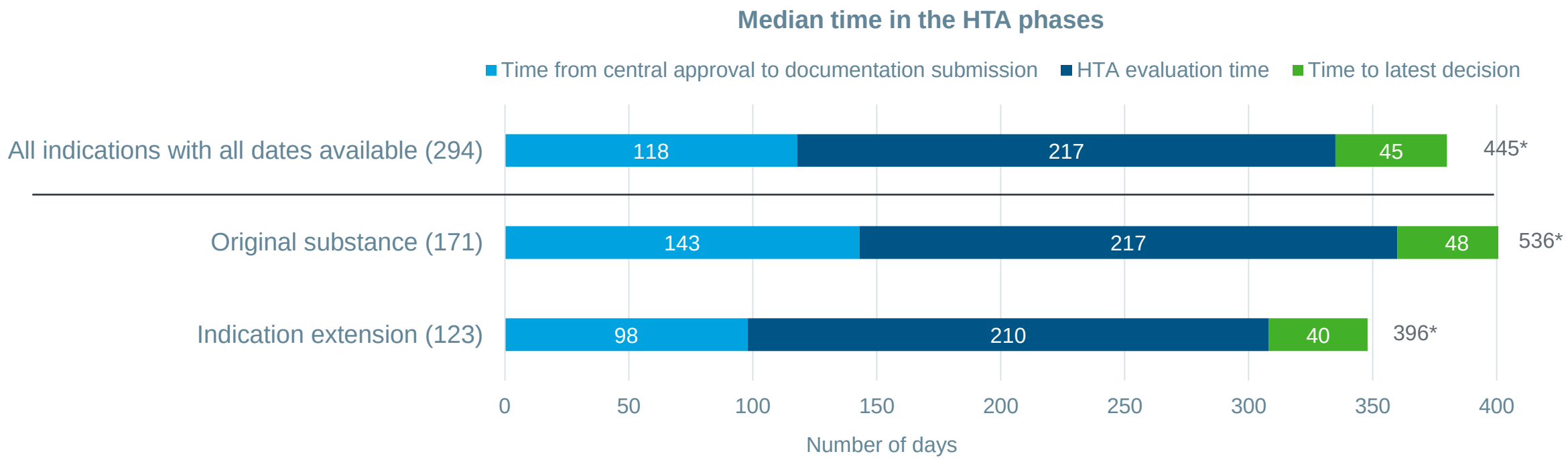
The median timelines for all three phases are slightly longer **for original substances compared to indication extensions**

**45 indications are missing one or more dates related to the three phases in scope.*

Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022

HTA evaluation time is taking most time – small difference in median time between originals and indication extensions

HTA evaluation is one month longer than the deadline of using less than 180 days



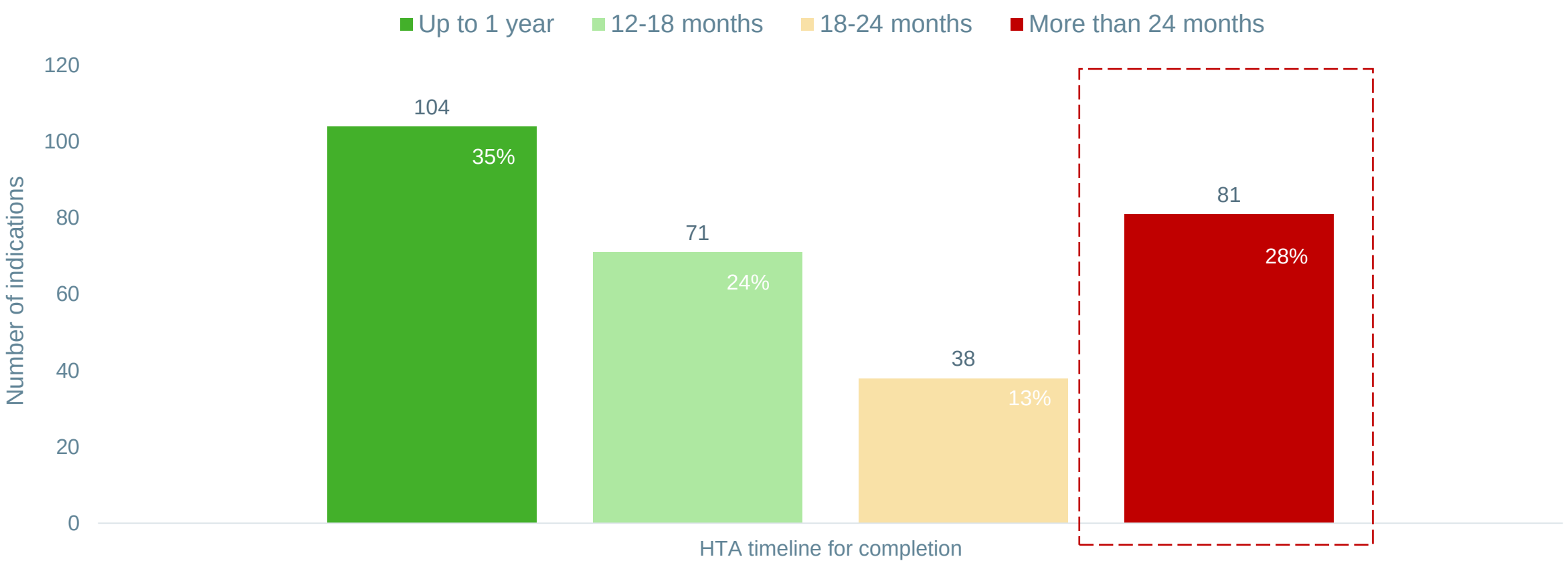
The median is less affected by the presence of outliers in the data than the average. Time from central approval to documentation submission and Time to latest decision have the biggest difference between values for the average and median, which indicates that they contain more large outliers than the HTA evaluation time.
*Note: “Total median” is the median of total time in Nye metoder, not the total of the three medians per phase

Source: Timelines are defined in the detailed methodology slide in the appendix, ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022.

Out of the 294 indications with a completed HTA evaluation, 81 took more than 2 years until a final decision

Time from central approval to latest decision of the 294 indications in scope

Overall median time from central approval to latest decision = 445 days

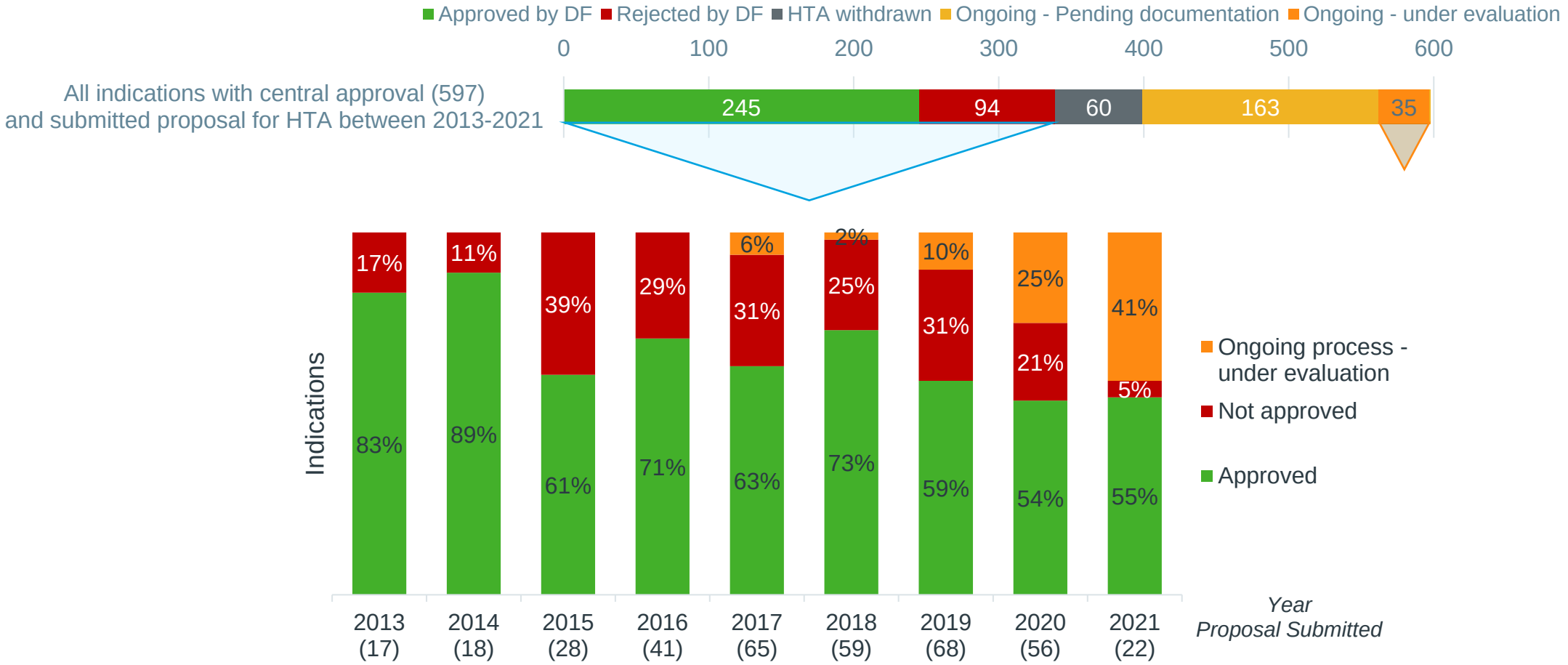


n = 294 with a completed HTA evaluation AND all dates available

Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022

25% of the HTA submissions in 2020 are lacking a final decision

The distribution of status by year of submission



n = 374: all 339 indications with a decision in DF + 35 ongoing evaluation and pending price

Source: ema.europa.eu, nyemetoder.no. Data collection: 08.06.2022

Appendix:
Details on methodology Research Question 3

Research question 3: Methodology overview

Time from EU Central approval to latest decision in Decision Forum

1) Categorization of evaluation status

709 indications with a **submitted HTA proposal / metodevarsel** have been evaluated based on public sources and were categorized by submission status:

- "submitted";
- "under evaluation" and
- "decision given"

2) Evaluation of process timelines

Timelines for **294 indications** with a **completed evaluation / metodevurdering** - from EMA approval to latest decision in Decision Forum – were evaluated based on three periods during the process:

1. Time from EMA approval to documentation submission,
2. Time from first documentation submission to SLV / NoMA* up to completed evaluation,
3. Time from NoMa completed evaluation to latest decision in Decision Forum

**SLV = Statens Legemiddelverk = NoMa = Norwegian Medicines Agency*

Methodology: Categorization of evaluation status

Time from EU Central approval to latest decision in Decision Forum

Latest data collection date: 24.05.2022

Data sources:

Nye Metoder & Statens Legemiddelverk (SLV)

- A complete list of all metodevarsel / HTA proposals registered in Nye Metoder's system between 2013-2020 was received directly from Nye Metoder as an excel workbook April last year. This year new proposals since 2021 were added from Statens legemiddelverk excel file online "Saksbehandlingsstatus for metodevurderinger" were added - combined to a total of **709** substances and extensions of indications

- Each proposal has been looked up on nyemetoder.no, and examined to collect the status of the application and the dates relating to the different evaluation steps

Identified status categories of indications and definitions in Norwegian:

Nye Metoder splits the evaluation in three steps, IQVIA has analysed further status based on the application details:

- **Forslag** – *Venter på dokumentasjon / Metodevurdering trukket eller avbestilt / LIS utarbeider prisnotat / Oppdrag gitt i Bestillerforum*
- **Metodevurdering** – *oppdrag gitt / påbegynt / ferdigstilt*
- **Beslutning i Beslutningsforum** – *innføres / innføres ikke / ny beslutning etter flere runder*

Methodology: Evaluation of process timelines

Time from EU Central approval to latest decision in Decision Forum

Latest data collection date: 08.06.2022

Sources of data:

European Medicine Agency
- EMA approval dates and status collected from ema.europa.eu, and used as a starting point in the calculation of time between the EMA approval and submission of required documentation for the metodevurdering/HTA application

Nye Metoder
- The dates relevant to the different evaluation steps were collected to calculate the time spent on each part of the process

Identified process timelines of indications:

1. Time from EMA approval to documentation submission:
   - Submission is complete when documentation has been delivered. This is then the date that NoMA evaluation starts
   - Note that documentation submission may occur before EMA approval – it is still EMA approval date that is the starting point in this evaluation
2. Evaluation time from first documentation submission to NoMA completed evaluation
   - The analysis has not further investigated the time that evaluations were put “on hold” (clock-stop) due to requests for additional information to be provided by pharma companies
3. Time from NoMA completed evaluation to latest decision in Decision Forum

Clarification of scope and possible limitations

Time from EU Central approval to latest decision in Decision Forum

Scope:

- The process times were categorized into three process steps from Nye Metoder. The analysis has not further investigated the time that evaluations were put “on hold” (clock-stop) due to requests for additional information to be provided by pharma companies. It does not include a further analysis of situations where Decision Forum took multiple decisions: the latest decision is counted only
- The project does not include an evaluation of situations where companies choose to NOT submit an HTA proposal or choose NOT to submit documentation.

Notes on timeframes used:

- Dates of EMA approval, Norwegian HTA proposal, evaluation and latest decision are based on publicly available information, available per the latest collection date, most often June 8, 2022. Updated decisions or other information have not been taken into account. The dates are taken from the general overview of indications and timelines, not from the more detailed version in HTA log per indication where additional evaluation times are listed
- Published dates have been assumed correct
- EMA dates for substances with multiple indication extensions can be complicated to identify correctly. In some cases the “Positive opinion” had to be used or online press releases for oncology indication extensions

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