Update on adaptive pathways pilot project

Aim of Adaptive Pathways

Support the definition of pathway of product development and (potential) earlier access to medicines through early dialogue involving all stakeholders (regulators, HTAs, payers, patients…)

Criteria for candidate selection

1. An **iterative** development plan (start in a well-defined subpopulation and **expand**, or have a Conditional Marketing Authorisation, maybe surrogate endpoints and **confirm**)

2. **Real World Data** (safety and efficacy) can be acquired to supplement Clinical Trials

3. Input of all **stakeholders**, particularly HTAs, is fundamental

Unmet medical need is an important feature that allows full use of regulatory tools

Initial experience

- 58 products submitted as candidates
- 17 selected for in-depth discussion with company (Stage I)
- 10 Stage I discussions have taken place

Of the 17 selected products:

- 3 SMEs
- 5 are Orphan drugs
- 3 are ATMP (Advanced Therapy Medicinal Products)
- 5 Anticancer

- 9 proposals selected for Stage II (in-depth meeting after Stage I) (1 ATMP, 4 Orphan, 3 SME; 1 anticancer)
- Main reasons for rejection were:
  - Development too advanced (too late to change anything)
  - Limited learning potential for a pilot (no developed proposal for use of RWD, limited iteration)

28 February 2015: pilot continues with Stage II proposals

Well developed proposals in terms of

- Iteration (expansion of the indication; confirmation/refinement of B/R profile)
- RWD use (PAES, PASS, registries, observational trials) argument in which way and to which extent RWD would supplement RCT data. What is the rationale? What advantages would the approach have?
- HTA involvement (and patients -if input relevant) suitability of endpoints, value demonstration, reimbursement models)

HTAs should be involved in the selection of Stage II cases.

Stage II offers wider scope for discussion than an SA/HTA presubmission (What-if scenarios, time flexibility)– involve "unusual" stakeholders - shorten the duration of the SA/HTA procedure (no presubmission)

Lessons learned

- Incorporation in Scientific Advice provides optimisation of resource use and facilitates high quality input.
- AP is a lifespan approach, involve PRAC, PDCO, COMP.
- Companies should be well prepared to involve other stakeholders, particularly HTA, for a meaningful discussion
- Earlier HTA involvement is useful (choice of candidates, prioritisation, involvement of appropriate partners)
- Content of requests so far allows EMA to understand need and scope for this type of procedure.

Next steps

- Evaluation of impact and need after 6 procedures have gone through parallel SA/HTA advice
- Synergies with other ongoing initiatives (SEED, EUNetHTA, PASS, PAES, registries strategy, IMI RWD..)
- Increase efforts to communicate appropriately (both to HTAs and companies)
- Unusual approaches to reimbursement (pay per performance). Involve appropriate parties in discussions
- Can companies be bolder? Reassure them it's a brainstorming! (Communication)
- Can further flexibilities be found in applying the regulatory and HTA frameworks?