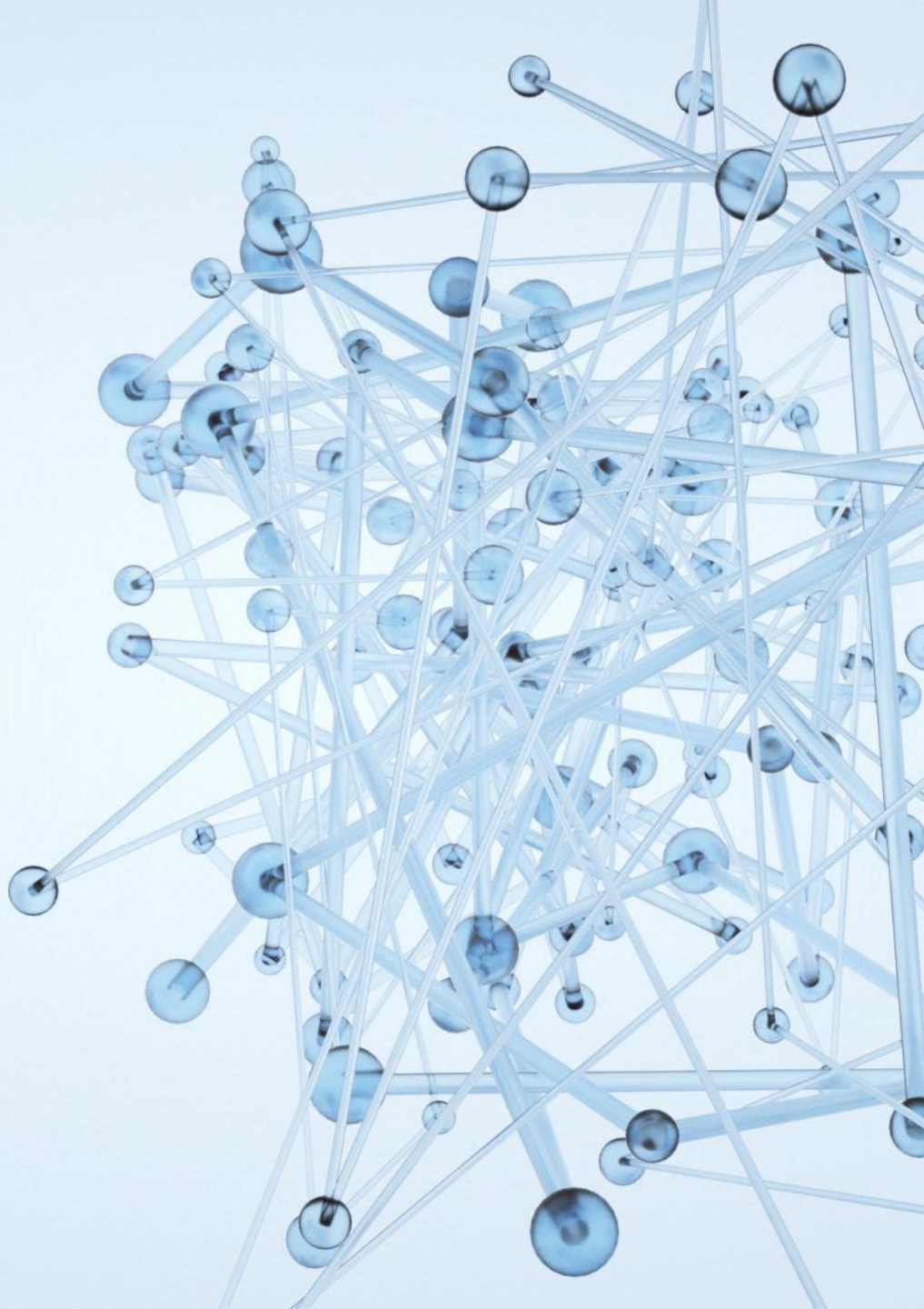
EMA
EUROPEAN MEDICINES AGENCY

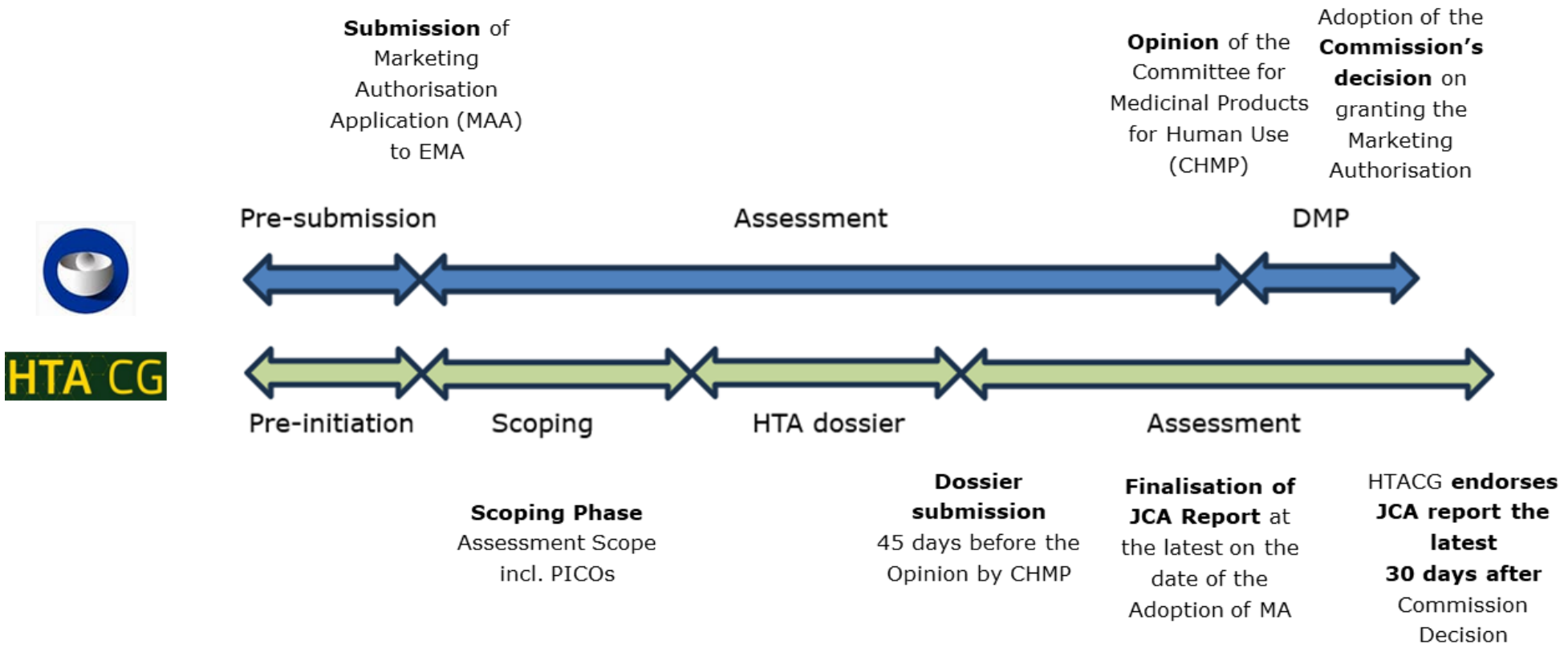
EU HTA – Procedural Insights from EMA Perspective

EAA Fall Convention, 6 November 2025

Presented by Michael Berntgen, Head of Scientific Evidence Generation Department



Reminder: Marketing Authorisation Application and Joint Clinical Assessment are in parallel



Requirements in the context of Joint Clinical Assessment

Exchange of information with EMA

- Notification of HTA secretariat about MAA / EoI submission in scope of JCA
- Information about positive validation and timelines
- During the assessment, information about changes to timelines and substantial questions / outstanding issues impacting the therapeutic indication
- Provision of CHMP Opinion (AR and SmPC)

MAA – Marketing Authorisation Application; EoI = Extension of Indications; AR = Assessment Report; SmPC = Summary of Products Characteristics

As of 13 January 2025, all medicinal products falling under the scope of Article 7 of Regulation (EU) 2021/2282, for which the applicant declares in its application for marketing authorisation that it contains a new active substance and the therapeutic indication is the treatment of cancer and those that concern ATMPs are subject to JCA.

Parallel EC/EMA communication

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Digital, EU4Health and Health systems modernisation
State of Health, European Semester, Health technology assessment

Joint clinical assessment of medicinal products: Submission of early information by health technology developers

After 12 January 2025, medicinal products falling under the scope of Article 7(2), point (a) of Regulation (EU) 2021/2282 (the HTA Regulation) will be subject to a Joint Clinical Assessment (JCA). Initially, the JCA will concern medicinal products with new active substances for which the therapeutic indication is the treatment of cancer as well as advanced therapy medicinal products. As of 13 January 2028, all medicinal products designated as orphan medicinal products and, as of 13 January 2030, all other medicinal products falling under the scope of Article 7 of Regulation 2021/2282 are also subject to JCA.

The EMA published guidance on 21 June 2024 to applicants/health technology developers on how to declare in the EMA Letter of Intent (via the Pre-submission request form) whether their application falls under the scope of the Health Technology Assessment Regulation ((EU) 2021/2282 Article 7) and, therefore, is subject to JCA. The Member State Coordination Group on Health Technology Assessment published a document entitled "*Scientific specifications of medicinal products subject to joint clinical assessments*" to support identification of products subject to JCA from 2025.

Pre-authorisation guidance

2.4.1.2 Declaring a product in scope of Joint Clinical Assessment (JCA) under the HTA Regulation (Regulation (EU) 2021/2282) in the Letter of Intent NEW June 2024

As of 13 January 2025, all medicinal products falling under the scope of Article 7 of Regulation (EU) 2021/2282, for which the applicant declares in its application for marketing authorisation that it contains a new active substance and the therapeutic indication is the treatment of cancer and those that concern ATMPs are subject to JCA. As of 14 January 2028, all medicinal products designated as orphan medicinal products and, as of 14 January 2030, all other medicinal products falling under the scope of Article 7 of Regulation (EU) 2021/2282 are also subject to JCA.

To facilitate and prepare the respective assessments, EMA and the secretariat of the Member State Coordination Group on HTA (HTACG) have agreed to use the same form for respective notifications. Therefore, on the basis of the type of submission for a marketing authorisation application and the planned submission time, applicants should declare in the Pre-submission request form whether their application falls under the scope of Article 7 of Regulation (EU) 2021/2282 and therefore is subject to JCA. This declaration shall be made alongside the request under section 1.1.1 (when selecting the indent "Intent to submit MA").

See Joint clinical assessment of medicinal products: Submission of early information by health technology developers - European Commission and Pre-authorisation guidance | European Medicines Agency

Identification of upcoming MAAs in scope of JCA production

Compliance rate (as of 15 September 2025):

- By now almost all "positive" notifications **correctly identified** by the applicant
    - In 2025 only four notification incorrectly identified as being in scope (e.g. biosimilars)
- Continued issue that correctly identified applications **are not sent** to the HTA secretariat
    - Reminders had to be sent to applicants for 51% of notifications in 2025
    - Currently still not followed up by applicants for around 43% of these unsatisfactory notifications
        - *Applicants continue to show limited responsiveness to reminders to submit to HTA secretariat*

Important to cascade standard process:

- Parallel guidance for applicants on declaring products in the scope of Joint Clinical Assessment (JCA) under the HTAR released on 21 June 2024
- Harmonised notification process: EMA and HTA secretariat agreed to use the same form (i.e. Letter of Intent) to notify the intention to submit an application.
- Important for applicant (HTD) to provide the information to EMA and HTA secretariat in parallel, also for change of submission dates
- Responsiveness by applicants to reminders to be increased; if not enhanced need to identify alternatives

First MAAs with JCA production in parallel hence requiring exchange of information

Based on the list of ongoing Joint Clinical Assessments published by the HTA secretariat (status: 2 September 2025)

International non-proprietary name (INN) / Common Name	Indication - Summary	Substance type (classification)
Autologous melanoma-derived tumor infiltrating lymphocytes, ex vivo-expanded	Treatment of melanoma	ATMP
Tovorafenib	Treatment of paediatric low-grade glioma (LGG)	Chemicals
Sasanlimab	Treatment of bladder cancer	Biologicals
Onasemnogene abeparvovec	Treatment of 5q spinal muscular atrophy (SMA)	ATMP
Lurbinectedin	Maintenance treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)	Chemicals
Camizestrant	Treatment of adults with locally advanced or metastatic breast cancer	Chemicals
Tarlatamab	Treatment of extensive-stage small cell lung cancer	Biologicals
Catequentinib	Treatment of synovial sarcoma or leiomyosarcoma	Chemicals
Senaparib	Maintenance treatment of advanced epithelial high-grade ovarian, fallopian tube or primary peritoneal cancer	Chemicals

Provision of information from the Centralised Procedure to inform Joint Clinical Assessment

Principles: 1/ respect of separate remits; 2/ exchange through secretariats only; 3/ information to be appropriate and relevant

After CHMP adoption of questions, EMA to provide to the HTA secretariat:

- Clinical major objections or clinical other concerns that might impact the therapeutic indication(s) of the medicinal product proposed by the applicant
- Clinical major objections related to non-full marketing authorisation (e.g conditional marketing authorization or marketing authorisation under exceptional circumstances)

Identification of such questions is without prejudice to the final outcome of the regulatory assessment as well as of the HTA assessment.

Updates on timelines based on the adopted timetables.

Review: after 12 months of experience (including usefulness and efficiency)

First experience in July 2025:

Provision of information from two adopted List of Questions

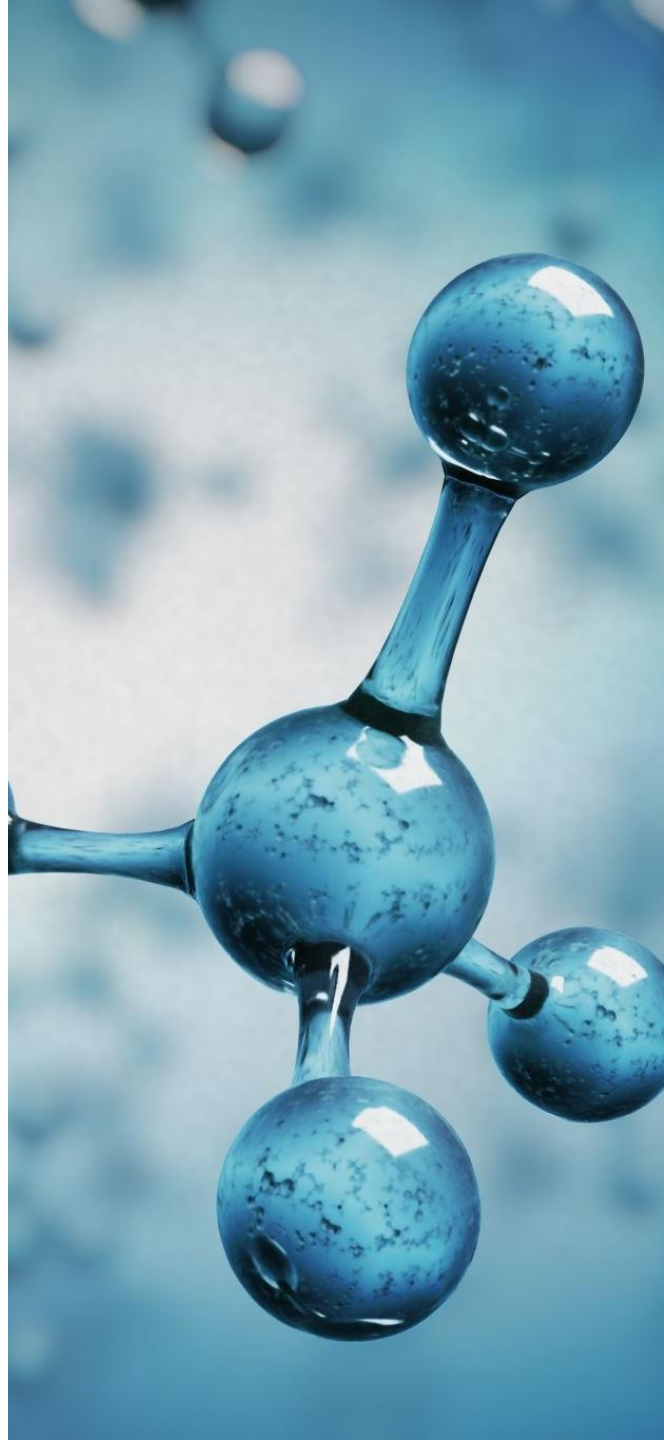
- Information selected acc to principles
- Outlook of next procedural timelines

Implementation of parallel JSC process

- Following the two open calls for JSC requests in 2025, the JSCSG has selected **4 requests for parallel JSC** (aka parallel EMA/HTA scientific advice) out of the total of 7 JSCs accepted for 2025
    - Two parallel JSCs concern oncologic conditions, and the other two non-oncologic rare diseases.
    - The first parallel JSC is progressing well with the joint SAWP/JSCSG discussion meeting in 4Q25.

<u>To note for applicants:</u>

- In case of parallel JSC the applicant is advised to immediately contact EMA and register the consultation on the IRIS platform to ensure EMA participation.
- The HTA Secretariat and the EMA should receive the briefing package simultaneously by the stated deadline. For submission to EMA, please use the IRIS platform.



Joint HTAb/regulatory position paper on evidence and uncertainties

- Strong preference for randomised evidence
- Opportunities to complement pre-licensing data
- Estimand framework as valuable, shared language
- Improving outcome collection / analysis / reporting
- Availability of individual participant data
- Effect estimation by indirect comparisons
- Complement clinical trial data with real-world data
- Decision making under uncertainty

Position paper

Collaboratively progressing the operations of the regulatory/HTA interface

- SANTE/EMA workshop on the operations on 24 September 2025
- Focus on the support provided through collaboration between the respective secretariats for regulatory and HTA work
- Discussions on first experiences at the interface, including the parallel work of the regulatory Centralised Procedure and the Joint Clinical Assessment, the start of the first parallel Joint Scientific Consultations, exchanges for the identification of experts as well as transparency measures relevant for both constituencies.

Post