

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is entered into by and between:

1. **LÄÄKEALAN TURVALLISUUS- JA KEHITTÄMISKESKUS (FIMEA),**
2. **STATENS LEGEMIDDELVERK (NOMA),**
3. **TANDVÅRDS- OCH LÄKEMEDELSFÖRMÅNSVERKET (TLV),**
4. **MEDICINRÅDET (DMC)**

individually referred to as a “Party” or collectively as the “Parties”,

considering

- The Nordic Council report “Det framtida nordiska hälsosamarbetet”,
- The Mandate for the Nordic Council Working Group on Pricing and Reimbursement of Pharmaceutical Products,
- The European Council conclusions on strengthening the balance in the pharmaceutical systems in the EU and its Member States of the 17 June 2016,
- European Parliament resolution of 2 March 2017 on EU options for improving access to medicines (2016/2057(INI)),
- The European Union Pharmaceutical Strategy for Europe of 25 November 2020,
- The Regulation (EU) 2021/2282 on health technology assessment (HTAR)
- The Memorandum of Understanding between Fimea, NoMA and TLV, 2017, and its updated version from 2020.

THE PARTIES AGREE AS FOLLOWS:

1. AIMS OF THE COLLABORATION

This agreement aims at exploring ways of collaborating between the Parties, notably on the assessment of designated pharmaceutical technologies. The collaboration endeavours to support timely and equal access to medical technologies. Through the collaboration the Parties aim at gaining additional knowledge about the products, increasing quality of the assessment/s, as well as gaining insights in best practice and developing staff capacity. There is also a potential for increased effectiveness through the production of joint assessment reports, in a longer perspective. Also, joint assessment should have the potential to decrease the regulatory burden on participating companies.

2. SCOPE OF THE COLLABORATION

The collaboration will primarily, but not by definition exclusively, consist of information sharing between the authorities and jointly produced health technology assessment reports on both relative efficacy and applicable parts of a health economic analysis. The assessments may later be the basis for national decisions corresponding to each agency's remit. The activities in the collaboration arise from the premise that collaborative research and information sharing will be used to inform, but not mandate the content of national decisions.

A more detailed description of the procedures used in joint assessments is provided in a separate document on the web pages of each party. This description of procedures is kept up to date to reflect current practices in FINOSE collaboration.

3. LEGAL BASIS

The collaboration will operate according to applicable national and EU law.

4. SELECTION OF PRODUCTS

Products for the assessments will be jointly chosen by the Parties based on the products suitability for a collaborative approach. If the scope is a jointly produced assessment report, the products must have suitable comparators for the HTA assessment to be useful for all parties involved in the assessment. Also, products will be chosen to avoid duplication or competition between other initiatives. Companies are encouraged to submit their products for a joint assessment, but their participation is not compulsory. The consent of a company to submit its product to a joint assessment should be done in writing to the coordinator and copies shared with all three parties.

5. EXPECTED OUTCOMES

The intention of joint assessments is to find a common view on methodological choices and interpretation of evidence. This goal is supported by general discussion and agreement on methods used for assessments.

The joint assessment may take the form of a joint report. The final wording of the joint reports will be agreed by the Parties.

6. ROLES

For each assessment, there will be a **coordinator** chosen from one of the Parties. The coordinator will be responsible for communication with the company involved and possible other external communication about the assessment. There will also be a **main author** responsible for editing the assessment report, coordinating the work of the Parties and acting as project leader.

One or several of the other Parties may participate as **co-authors**, responsible for separate parts or participating in a joint assessment and editing with the main author.

One or several of the other Parties may participate as reviewers. A party may also choose not to have any role in a specific assessment.

7. RIGHTS AND OBLIGATIONS OF COLLABORATING PARTIES

Each Party is to actively participate in the activities of the collaboration and undertake all reasonable endeavours to perform and fulfil promptly, actively and on time, all its agreed upon obligations.

Parties are to inform the other Parties of relevant communications they receive from third Parties in relation to the activities of the collaboration.

8. STAKEHOLDER INVOLVEMENT

The activities of the collaboration is to comprise stakeholder collaboration to the extent that the Parties would normally involve stakeholders in their national assessment work. Stakeholders such as patients' and their representatives, health care provider and active clinicians should be considered.

9. ACTING ON BEHALF OF THE COLLABORATION

Each Party will inform the other Parties of any occasion of their representatives acting on behalf of the collaboration (e.g. when giving presentations, writing communication) for prior decision, coordination and documentation purposes.

In cases when a Party is invited to participate in various projects or other activities "on behalf of the collaboration" its role and responsibility as "representative" would be limited to

Informing the other Parties of such involvements

- Providing relevant information to the other Parties on the developments in the new project
- Providing information about the developments within the collaboration

Parties cannot express a view and take positions on issues “on behalf of the collaboration” unless a clear consent of the Parties is sought and received in advance.

10. RIGHT TO USE THE MATERIAL FROM JOINT EVALUATIONS

Each Party can individually use and adapt texts and conclusions from the joint-assessment reports. Joint-assessment reports can be used by external parties with the expressed consent of the collaborating Parties and the company whose product has been assessed.

11. RIGHT TO DISAGREE WITH THE JOINT CONCLUSIONS

Each Party can express a different opinion to that of the other Parties, either motivated in writing in the joint conclusions or orally. The Parties are not bound to follow the conclusions in the joint assessment report, or to use the joint assessment report as a basis for decision making in the respective organisations.

12. CONFIDENTIALITY

The parties will treat information in an application and assessment according to applicable national or EU law, e.g. for Finland: Act on the Openness of Government Activities (621/1999); for Norway: Freedom of information Act of 19 May 2006 No. 16 relating to the right of access to documents held by public authorities and public undertakings'; for Sweden: The Public Access to Information and Secrecy Act (2009/400) and for Denmark: The Public Administration Act (433 2014-04-22) and the Public Access to Information Act (145 2020-02-24), that will have precedence over any other agreement.

For the purposes of the assessment, a company participating with a product can allow for openness of information between the Parties relating to their application/s by agreeing to waive the confidentiality. The confidentiality can either be waived entirely or for specific parts of the application. This should be done in writing.

13. INTELLECTUAL PROPERTY RIGHTS

The Parties acknowledge that nothing in this Memorandum of Understanding will affect ownership of any intellectual property rights.

14. OBLIGATION TO AVOID A CONFLICT OF INTERESTS

The Parties will take all measures to prevent any situation where the impartial and objective implementation of the collaboration is compromised for reasons involving economic interest, political or national affinity, family or emotional ties or any other shared interest ('conflict of interests'). They are to formally notify to the other Parties without delay any situation constituting or likely to lead to a conflict of interests and immediately take all the necessary steps to rectify this situation.

15. PROCESSING OF PERSONAL DATA BY THE PARTIES

The Parties will process personal data in compliance with applicable EU and national law on data protection (including authorisations or notification requirements). The Parties may grant their personnel access only to data that is strictly necessary for implementing, managing and monitoring the collaboration.

16. DURATION

This Memorandum of Understanding will become effective when signed by all parties. The collaboration under this Memorandum of Understanding will continue until 30 June 2026, with a possibility for extension if agreed by the parties. The parties will assess the collaboration at an appropriate time with regards to the outcomes of the collaboration as well as the further developments in the proposed continued collaboration on HTA in the European Union post 2023.

17. OTHER

A Party may at any time withdraw from the collaboration and terminate its involvement in the activities set out in this Memorandum of Understanding and Non-Disclosure Agreement. Such termination shall be done in writing to all other Parties.

Each Party shall cover its own costs related to the collaboration.

IN WITNESS WHEREOF, the Parties hereto have caused this Memorandum of Understanding and Non-Disclosure Agreement to be executed as of the date stated below.

FOR

LÄÄKEALAN TURVALLISUUS- JA KEHITTÄMISKESKUS (Fimea), registered in Kuopio – Finland

Signature

Signature

Electronic signature below

Electronic signature below

Eija Pelkonen, Director General

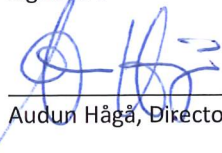
Piia Vuorela, Director

Place and date

Place and date

STATENS LEGEMIDDELVERK (NoMA), based in Oslo – Norway

Signature



Audun Hågå, Director General

Place and date *Stockholm 2023-05-10*

TANDVÅRDS- OCH LÄKEMEDELSFÖRMÅNSVERKET (TLV), based in Stockholm – Sweden

Signature



Agneta Karlsson, Director General

Place and date *Stockholm 20230510*

MEDICINRÅDET (DMC), based in Copenhagen – Denmark

Signature



Steen Werner Hansen, Director

Signature

Electronic signature below

Jørgen Schøler Kristensen, Director

Place and date
Stockholm 14/5-23

Place and date

SIGNATURES**ALLEKIRJOITUKSET****UNDERSKRIFTER****SIGNATURER****UNDERSKRIFTER**

This documents contains 6 pages before this page
Dokumentet inneholder 6 sider før denne siden

Tämä asiakirja sisältää 6 sivua ennen tätä sivua
Dette dokument indeholder 6 sider før denne side

Detta dokument innehåller 6 sidor före denna sida

Jørgen Schøler Kristensen

6c240cd2-1cf7-40db-81b1-af6cec461510 - 2023-05-08 16:17:34 UTC +03:00
NemID / MitID - 7c58b0d8-6fd9-4398-b235-c0278b342f0e - DK

EIJA HANNELE PELKONEN

3d0bd8de-004c-43b4-bd24-00565cecf96 - 2023-05-08 18:01:23 UTC +03:00
BankID / MobileID - 1e16e863-8c40-49fb-bd1c-5a4b9db39aa9 - FI

Piia Kristiina Vuorela

ca0c91ad-be65-492b-978c-699e3d247be7 - 2023-05-09 17:30:33 UTC +03:00
BankID / MobileID - ff3c640d-a3ec-405a-b27e-2b2c4c927530 - FI

authority to sign
representative
custodial

asemavaltuus
nimenkirjoitusoikeus
huoltaja/edunvalvoja

ställningsfullmakt
firmateckningsrätt
förvaltare

autoritet til å signere
representant
foresatte/verge

myndighed til at underskrive
repræsentant
frihedsberøvende

