PHI106  EXPLORING THE VARIABILITY BETWEEN DISEASE TYPE AND THE PROPORTION OF SUBMISSIONS WITH ICERS HIGHER THAN THE THRESHOLD THAT ARE ACCEPTED BY HTA AGENCIES

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OBJECTIVES: Health technology assessment (HTA) agencies use an incremental cost-effectiveness ratio (ICER) threshold, generally understood to be £30,000 for NICE (England), €30,000 for the SMC (Scotland), CAD$50,000 for CADTH (Canada), and AU$42,000 for PRAC (Australia). To inform future submissions, we explored the proportion of accepted submissions by disease area and examined any variability in the proportion of submissions that were accepted despite the reported ICERs being higher than these thresholds.

METHODS: All HTA appraisals from January 2000 to January 2014 from NICE, SMC, CADTH, and PRAC were included in the analysis. Multiple technology appraisals, vaccination programmes, requests for advice, and submissions where an ICER could not be determined were excluded from analysis. Appraisals were categorized by BNF disease type and the full responses were reviewed; the submitted ICER, recommendation, and reasoning behind the recommendation were extracted.

RESULTS: Across all four agencies, 679 submissions were made for 192 conditions. For ICER, with 62 (28%) of these accepted. The proportion of submissions with ICERs above the threshold that were accepted varied by disease type, ranging from 0% (Cardiovascular System) to 50% (Skin). This variability was largely due to the low number of submissions with ICERs above the threshold in 14/15 disease type categories. The remaining disease type (Malignant Disease and Immunosuppression) accounted for the majority (59%) of all submissions with ICERs higher than the threshold.

CONCLUSIONS: 132 of CDR’s recommendations were negative, of which INESSS agreed in 90% of these recommendations. 132 of INESSS’s recommendations were negative, of which INESSS agreed in 48% of cases.

PHI109  INTERNATIONAL HTA REFERENCING – A REALITY?

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OBJECTIVES: Countries already have a long history of referencing each other on drug prices through International price Referencing. However it is still unclear whether a similar kind of referencing exists for overall market access decisions. The objective of this report is 3 fold: first to identify if decision referencing exists between these stakeholders; secondly to determine whether access or reimbursement recommendations across countries can be influenced that impact different countries in different ways, and thirdly to determine if information from one country might have over another, and thirdly whether this process is formal or informal.

METHODS: The research was conducted through in-depth secondary research and interviews with stakeholders in 14 countries including the Netherlands, Austria, Hungary and Poland. RESULTS: NICE (UK), SMC (Scotland), and AWMSG (Wales) represent the more sophisticated attempts to integrate HTA into the decision-making process and are currently the most influential HTAs in the world with over 60 countries referencing them worldwide. IQWIG (Germany), HAS (France), TLV (Sweden), and HSE (Ireland) form the medium influence HTA agencies. This can be attributed to the fact that these agencies have their own unique approach to HTA. These agencies consider clinical effectiveness and comparator studies over cost effectiveness models. Poland, Spain, Italy, Austria, Hungary, and Portugal form the low influence HTA agencies that capitalize on the lessons learned from more established International HTA systems due to lack of in-house qualified personnel and resources for HTA activities.

PHI110  PHARMACOECONOMIC EDUCATION IN BRAZILIAN SCHOOLS OF PHARMACY

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OBJECTIVES: The Pharmacoeconomics allows economic evaluation of products and services for health and helps a lot the health care decision-making. Therefore, there is a need for training of human resources with solid knowledge in pharmaco economics in Brazil. However, little is known to what extent Pharmacoeconomics is taught in schools of pharmacy in Brazil. The objective of this study was to survey the pharmacy schools in Brazil to determine the extent of education in pharmacoeconomics offered during the school year 2012-2013. METHODS: A questionnaire based on previous studies was developed and distributed to 55 pharmacy schools in Brazil during October and December 2013. The schools were selected from the Ministry of Education website. University schools of public and private nature in the state of São Paulo (60% of the Brazilian population) and the federal states of Brazil were included. In addition, a search was made in the database directories of research groups from National Council for Scientific and Technological Development (CNPq). RESULTS: 24 schools (44%) of the questionnaire were answered, 15, 14 went unanswered. Only 3 schools does not address the teaching of Pharmacoeconomics in no time. Most discuss some concepts within various disciplines (see 8.0). Four schools have formal disciplines that teach only Pharmacoeconomics or health technology assessment (more than 30 hours). All agree that the education of pharmacoeconomics is important. In the search for directories of research groups were found 23 groups that develop research in the area of Pharmacoeconomics in Brazil. CONCLUSIONS: Pharmacoeconomics education in Brazil is still in its infancy and there is a unique opportunity for well-trained instructors and researchers to fill this gap. Provide an education in Pharmacoeconomics to pharmacy and economics students is especially important in the context of evidence-based decisions and when health issues and allocation of scarce resources is a priority for Brazilian Health System.

PHI111  AN ANALYSIS OF REAL WORLD DATA TRENDS IN GLOBAL HTA MARKETS

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OBJECTIVES: The nature and frequency of global stakeholder real world data (RWD)”ask” is growing and there is an impact of not having RW evidence upon major policy decisions and reimbursement recommendations. An unfavourable re-evaluation. We aimed to assess RWD use for market access (MA) decisions in key global markets. METHODS: Search of the HTAWatch database supplemented by an online survey of MA decision makers in 13 countries across the world. RESULTS: In the UK, the National Health Service uses real-world adherence studies to update national treatment guidelines and inform reimbursement. In Australia, the Pharmaceutical Benefits Advisory Committee is willing to delay or make temporary decisions in anticipation of RWD on a product’s economic effectiveness or economic value message. The