PP70 Health Technology Assessment Evaluations Of Combination Drugs: The Italian Case Study

AUTHORS:

Dilani Angela Solaman (angelasolaman@phmr.com), Claudio Jommi, Andrew Walker, Hanim Edoo, Mark Ratcliffe

INTRODUCTION:

Health technology assessment (HTA) must adapt to support the changing health system landscapes and improve access to valuable innovation under budgetary constraints. This is exemplified by the pricing and reimbursement of high-cost combination therapies increasingly used in oncology. Variability exists in current HTA practices across different countries, resulting in discrepancies in reimbursement outcomes and patient access. Using Italy as a case study, the objective was to assess the challenges faced by HTA agencies in the negotiation of pricing and reimbursement of combination therapies.

METHODS:

A targeted literature review of Italian HTA agency websites was undertaken to identify any literature/guidance relating to HTA decision-making for combination oncology therapies.

RESULTS:

In Italy, there is no fixed cost-effectiveness threshold and decisions are based on multiple criteria. Managed market entry agreements are extensively used; price-volume agreements and drug registries are common. While this framework allows flexibility and avoids the rigidity of incremental cost-effectiveness ratio thresholds, it has raised concerns about transparency and budget impact. Combination therapies are not given specific concessions; however, market access for a combination of a new high-cost drug with an existing one is complex, particularly if the drugs are manufactured by different companies. The added value provided by the new drug in the combination should be rewarded while the older product benefits from the increased volume of use. The price of the older drug cannot be lowered unless the pricing and reimbursement contract is expiring or a new indication/formulation is pending, presenting a challenge to both pharmaceutical companies and HTA agencies.

CONCLUSIONS:

Combination therapies pose a challenge for HTA agencies. In the Italian system this is partially mitigated by the use of multiple criteria for decision-making and managed access agreements. However, these approaches have also led to concerns about a lack of transparency in decision-making.

PP71 Long-Term Evaluation Of Broad Mental Health Interventions: A Review

AUTHORS:

Alastair Canaway, Christopher Sampson (csampson@ohe.org), Rachel Meacock

INTRODUCTION:

Interventions and services for people with mental health problems can have broad remits: they are often designed to treat people with a variety of diagnoses. Furthermore, addressing mental health problems can have long-term implications for economic, social, and health outcomes. This represents a challenge for health technology assessment, for which long-term trial data can be lacking. In this review, we sought to identify how analysts have tackled this problem. We reviewed the methods used to extrapolate costs and outcomes for the purpose of economic evaluation where long-term trial data are not available.

METHODS:

We conducted a systematic review of the medical and economic literature evaluating long-term costs and outcomes for mental health interventions and services designed to treat or prevent more than two mental health conditions. We searched key databases including MEDLINE, Embase, PsycINFO, CINAHL, and EconLit. Two authors independently screened citations. Articles were excluded if they reported within-trial analyses or employed a time horizon of less than 5 years.

RESULTS:

The search identified 829 unique records. No papers could be included in the review.

CONCLUSIONS:

This review highlights the lack of research and understanding available to inform the appraisal of

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broad mental health interventions. In light of our findings, we consider the reasons for this lack of information and review relevant literature on the subject. Potential barriers to research in this context include: (i) challenges in understanding the value of broad mental health services, such as the mental and physical health nexus, intersectoral costs and benefits, and interpersonal impacts, (ii) methodological difficulties, such as data availability, patient heterogeneity, and the challenge of extrapolation, and (iii) parity of esteem. We make recommendations for resolving this problem with regard to funding, data collection, modelling methods, and outcome measurement.

PP75 Genetic Testing For Bladder And Kidney Cancer: An Interactive Evidence Map

AUTHORS:

Jonathan Treadwell (jtreadwe@ecri.org), Amy Tsou

INTRODUCTION:

Recently, voluminous research and commentary have touted genetic and molecular testing to improve the management of urologic cancer. The purposes of such testing include screening, risk assessment, diagnosis, prognosis, pharmacogenetics, and monitoring (for example, recurrence, predicting treatment response). An interactive graphical tool ("evidence map") would help policy makers examine the current state of research, identify prevailing trends, and prioritize research efforts.

METHODS:

A professional information specialist searched MEDLINE/EMBASE for articles published in 2010 or later that primarily focused on genetic/molecular testing and either kidney or bladder/urothelial cancer. Two research analysts classified all relevant abstracts regarding to cancer type, genetic marker(s), clinical purpose(s), assay methods, publication type, and author country/region. We created an interactive map using HTML5 and JavaScript.

RESULTS:

We identified 4,731 articles, 828 (18 percent) of which met our inclusion criteria. Our map has interactive filters which allow flexible selection of articles and automatic updating of the counts. For example, one can quickly redraw the map to focus only on U.S./European systematic reviews and meta-analyses. Research on bladder/urothelial cancer focuses on both diagnosis and prognosis, with some interest in monitoring. In kidney cancer, research on prognosis outweighs research on diagnosis. Overall, research on genetic/molecular markers is in an exploratory phase, e.g. for kidney cancer prognosis alone, 173 empirical studies considered hundreds of different markers.

CONCLUSIONS:

Assessing prognosis is a common purpose of genetic tests for both bladder/urothelial and kidney cancer. Increased research on the monitoring of bladder/urothelial cancer may be due to its high recurrence rates, whereas lower interest in genetic tests to diagnose kidney cancer may be due to effective imaging tests. For policy makers, evidence maps can inform decisions about the scope of commissioned systematic reviews as well as the targets for recommendation statements. Interactive features allow maps to be redrawn to align with users' specific interests.

PP76 Providing Information About Rheumatoid Arthritis Guideline In Brazil

AUTHORS:

Carolina Dias (carolinazd@ufmg.br), Marcus Borin, Juliana Alvares, Augusto Guerra, Francisco Acurcio

INTRODUCTION:

Specialized Component of Pharmaceutical Service (SCPS) is a strategy to access high cost medicines in the National Health System (NHS) of Brazil, ensuring the completeness of medical treatment in which lines of care are defined in the Clinical Protocols and Therapeutic Guidelines (CPTG). To access the SCPS, the physician has to give to the patient a filled form, following some requirements and the CPTGs. In order to improve rational prescription and to facilitate patients' access to medicines, we visited physicians and presented key information regarding the CPTGs of rheumatoid arthritis (RA) and the SCPS medicines request process; then, we sought to know their perceptions.

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