COMPARISON OF ONCOLOGY THERAPY REIMBURSEMENT RECOMMENDATIONS MADE BY HEALTH TECHNOLOGY ASSESSMENT AGENCIES IN AUSTRALIA, CANADA, SWEDEN, AND UNITED KINGDOM

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ABSTRACT
BACKGROUND: Health technology assessment (HTA) agencies summarize information about the medical, social, economic and ethical issues related to the use of health technologies in a systematic, transparent, unbiased, and robust manner. Several global organizations exist to provide guidance based on clinical effectiveness, safety, and cost-effectiveness relative to alternative technologies. OBJECTIVES: We compared recommendations made by the pan-Canadian Oncology Drug Review (pCODR) to other HTA agencies. METHODS: Publicly accessible recommendations were reviewed: Australia (Pharmaceutical Benefits Advisory Committee (PBAC), www.pbs.gov.au), Canada (pCODR, www.pcodr.ca), Sweden (Dental and Pharmaceutical Benefits Agency (TLV), www.tlv.se) and United Kingdom (National Institute for Health and Care Excellence (NICE), www.nice.org.uk). Additional information was obtained from the www.reimbursementdecisions.com database. RESULTS: pCODR had thirteen product reviews in common with PBAC, six with TLV, and thirteen with NICE. Overall, pCODR unlike the other agencies, was most likely to provide a positive recommendation, albeit, conditional on improvement of cost-effectiveness. In general, negative recommendations made by pCODR based on clinical concerns were often mirrored by the other agencies. Similarly, findings by pCODR of positive clinical benefit but with concerns over cost-effectiveness were often reciprocated by the other agencies in conditional positive recommendations (i.e., price reductions or risk sharing) or by negative recommendations due to cost-effectiveness. CONCLUSIONS: The recommendations by these agencies reflected significant agreement regarding overall clinical and economic benefit. Although discordance in recommendation wording between agencies was noted, these likely reflected process and funding differences rather than a difference in the perceived product value. pCODR differs from other agencies in its clear distinction between evidence review and funding negotiations. As such, pCODR can positively recommend a product with acceptable clinical value conditional on improved cost-effectiveness without specifying the degree of price reduction needed or negotiating such discounts. This creates an environment that favours early global launch in Canada without delays for price negotiation.