Critical reading of HTA reports – an industry perspective

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Three elements of HTA

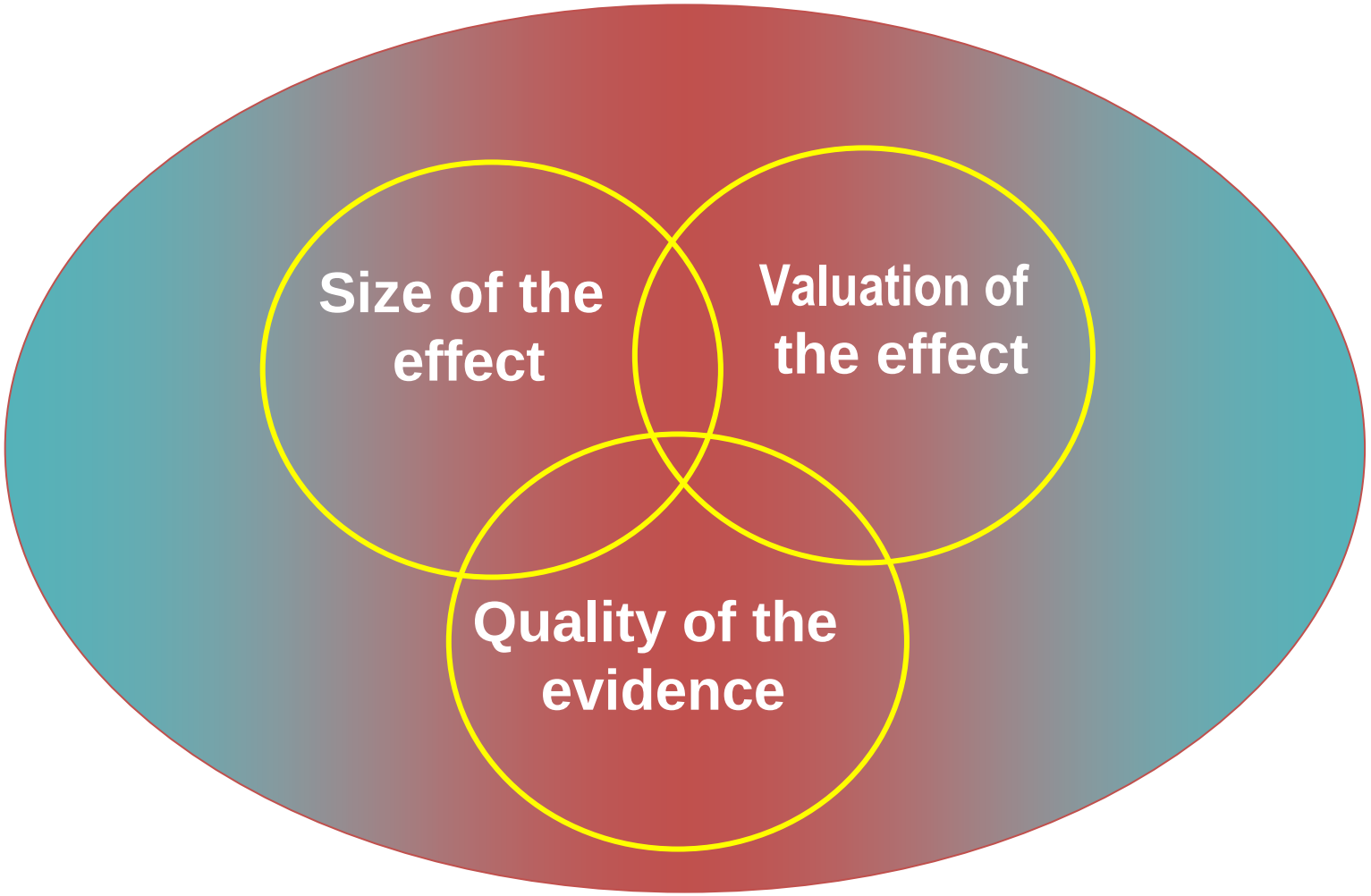

Figure taken from A. Dillon, with permission

The general rules of the game are clear…

… but:

•their application or interpretation may vary according to interests or mandate of own organisation.

•“the devil is in the detail“!

Comparator issues

- **Comparator molecule** chosen (in the HTA report)
  - really representative of standard of care (SoC)?
  - selected “strategically“ to preclude the innovation from fetching a price premium?
  - If SoC includes off-label use: allowed for HTA?

- **Strength & regimen** of comparator chosen
  - reflective of indication under study?

Costing issues

- **Service costs** around comparator (e.g. blood monitoring, on-site preparation, return visits for dose adjustments, etc.) duly considered?
  - relevant if partially displaced by innovation
  - (any role of informal payments?)

- **Costing perspective** = a “fair“ one?
  - Payor vs. societal perspective

- **Unit costing** performed consistently?
  - Levels (ex-MNF, ex-wholesaler, ex-pharmacy with/without VAT)
  - Pack-size selection & singling-out practices

Endpoint issues (1)
cost outcomes

- Considered cost savings?, e.g. due to
  - Reduced length of stay in hospital
  - Reduced doctor consultations for co-morbid conditions
  - Reduced co-medication
  - Reduced indirect cost

Endpoint issues (2)
patient-relevant outcomes

- are HRQoL benefits adequately captured and reflected?

- Are/were not strictly *health*-related QoL benefits also considered (e.g. “life spontaneity“ in short-acting insulin analogues)

- Are QoL benefits inciding not on patient but **family members/carer** also included? (e.g. Parkinson‘s, dementia, …)

Methodological issues (1)
Modelling

- Is/was modelling allowed?
  - e.g. compliance: no a health outcome *per se*, but outcome-enhancing. Problem: compliance effects not observed in clinical trials, but rather in reality! (Example: *tid* → *bid* regimes)

- Are/were mixed treatment comparisons (MTCs) allowed?
  - Early evidence delivered by HQs may not reflect reality in particular (“own“) setting

Methodological issues (2)
Quality of underlying evidence

- **Evidence synthesis/lit. review:** are quality requirements (re. study quality) for HTA of innovation same as those for HTA of comparator (if ever done)?
  - Blinding
  - Randomisation
  - Endpoints (real or surrogate)

- **Selection of "comparator evidence":**
  - Systematic & unbiased search or with 'political goal' in mind?

Methodological issues (3)
post hoc subgroup analyses

- Exploratory, not confirmatory character

- SA reduces sample size, hence widens confidence intervals
  - Do not accept split of overall sample into “n“ subgroups, re-test of study hypothesis within each, and subsequent rejection of previously proven effect

Beyond the written HTA report: Procedural issues (1): Affiliate vis-à-vis HQ

- **Internal share of voice**
  - Membership in development/launch teams
  - Set up regional clusters

- **Retrieve local HTA requirements, inform and discuss with HQ**
  - Early engagement *both ways* (HTA and HQ)

- **Mutual expectation management**
  - Price corridor, launch sequence, pricing with multiple indications

Beyond the written HTA report: Procedural issues (2): Affiliate vis-à-vis HTA body

- **Upfront clarity on purpose of HTA process**
  - Pricing? (Pricing with multiple indications?)
  - Reimbursement/Formulary listing?
  - Funding?
  - Inclusion in cost-sensitive guidelines?

- **Procedural rules**
  - Consultation/stakeholder meetings
  - Right to “bring in“ non-industry stakeholders
  - Fair “reaction time“ to draft assessments
  - “hearing“ option
  - Appeals procedure and arbitration body

Beyond the written HTA report: Procedural issues (2): Affiliate vis-à-vis HTA body, *cont'd.*

- **Early engagement and advice**
  - Which endpoints?
  - Which comparator?
  - Any categories (see DE, FR) of added benefit? Cutoffs?

- **Provisional reimbursement/"coverage with evidence development"**
  - Time horizon allowed for delivery of real-world data = a fair one?
  - Pooling of data from similar countries?

Summary

- HTA = half science, half art
- Not void of room for interpretation
- Clear rules = definite must
- Early engagement can help with more complex issues impossible to rule
- Iterative process, no “winner takes it all“