

**PRICE SPECTIVE**  
VALUE STRATEGY CONSULTANTS

**HTA Level of influence: to what extent do HTAs influence market access decisions across geographies**

ISPOR November 9<sup>th</sup> 2010

**Presenter: Keiron Sparrowhawk – PriceSpective**  
**Panellists: Daniel Hodyc – ADVANCE Healthcare Management Institute**  
**Finn Børlum Kristensen – EUnetHTA**  
**Iga Lipska – Polish HTA Department**

**Agenda**

Agenda Item	Responsible	Time
<b>Introduction</b> Top line explanatory overview of HTAs and drug evaluation in Europe, and introduction to potential cross geographic influences for market access decisions	Keiron Sparrowhawk	5 mins
<b>Panel Presentation and HTAs Overview</b> Introduction of the panel and overview of HTAs in Czech Republic and Poland	Panel	5-10 mins
<b>Round Table Discussion</b> Discussion amongst the panellists regarding the extent to which HTAs influence each other across Europe, and particularly, from the most "established" HTAs to the CEE markets	Panel & Keiron Sparrowhawk	20 mins
<b>Audience Discussion</b> Q&A session with the public	Panel & Public	15-20 mins
<b>Conclusions</b> Conclusions and thoughts about the what does the future hold for EUnetHTA	Keiron Sparrowhawk	5 mins

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**With raising budgetary pressures, payers increasingly rely on HTAs to assist decision making and budget allocation**

**Some health care providers concerns include:**

- Increasing health care burden & distribution of scarce resources
- Quality
- Affordability
- Value for money

**HTAs**

- Is it worth it? (Value for money)  
- Can the system afford it? (Budget impact)

*Across Europe, many health care providers have turned to health technology assessment as a means to allocate funding and ensure value for money*

**Access decisions are increasingly based on robust data requirements and thorough evaluations**

**Access Score Definitions EU5**

5	Reimbursed per regulatory label
4	Reimbursed for majority of label population
3	Restrictions excluding several groups from reimbursement
2	Severe restrictions; reimbursement limited to high need
1	Not reimbursed

- Obtaining full market access in Europe has become increasingly challenging
- HTAs often ask:
  - In which patient population was the drug tested?
  - What are the health outcomes?
  - What comparator was tested?

*Countries have set up their own independent HTA bodies, which assess new drugs in different ways according to local circumstances and context*

**Therefore, HTA agencies across Europe differ in their approach and complexity in terms of drug evaluation**

Example: in the EU5

**There are evident differences in approach to drug evaluation across the main EU markets, mainly due to differences in the accountability of the economic perspective**

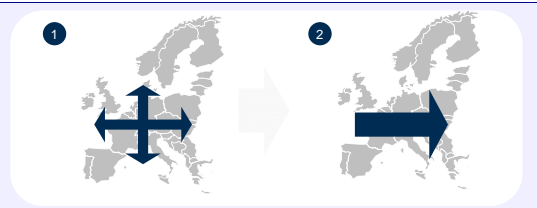
**As a result, we also observe different outcomes from drug evaluations across HTAs**

Brand name	Glivec	Tasigna	Avastin	Revlimid	Tyverb	Lucentis	Rasilez	Byetta
Molecule	Imatinib	Nilotinib	Bevacizumab	Lenalidomide	Lapatinib	Ranibizumab	Alikren	Exenatide
Therapy area	Oncology	Oncology	Oncology	Oncology	Oncology	Ophthalmology	CV	Diabetes
UK	●	✘	✘	●	✘	●	✘	●
FR	●	●	●	NA	●	●	●	●
IT	●	●	●	●	●	●	●	●
ES	●	●	●	●	●	●	●	●
CZ	●	●	●	●	●	●	●	●
POL	●	●	●	●	●	●	✘	✘

Key: Approved for reimbursement as per indication ● Moderately restricted ● Severely restricted ● Not approved ✘

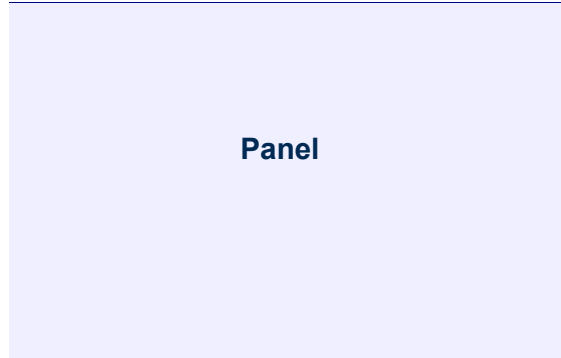
*NICE is known for being one of the most, if not the most restrictive HTA in Europe due to the emphasis allocated to cost-effectiveness, with half of these drugs being blocked from funding and 25% being severely restricted*

To what extent do we believe that HTAs may influence one another?



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| <p><b>Intra- EU</b></p> <ul style="list-style-type: none"> <li>• Established evaluation processes</li> <li>• Different approaches</li> <li>• Experience</li> </ul> | <p><b>West -&gt; CEE</b></p> <ul style="list-style-type: none"> <li>• Lack of resources</li> <li>• Affordability</li> <li>• Negative evaluations (NICE)</li> </ul> |
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*Different approaches to drug evaluation may be a limiting factor for cross-geographic influences amongst the most 'established' HTAs. However, such influence is perhaps more evident towards the 'evolving' countries in the HTA domain like the CEE markets*



Presentation of the panel

**Panel**

<p><b><u>Daniel Hodyc</u></b>  <i>Ex-Consultant for Ministry of Health in Czech Republic</i></p> <p>Responsibilities focused on reimbursement mechanisms and contracting</p> <ul style="list-style-type: none"> <li>- Cooperated on the preparation of Reimbursement Directives and introduction of DRG</li> <li>- Prepared the HTA development project in the Czech Republic</li> </ul>	<p><b><u>Iga Lipska</u></b>  <i>Director of Polish HTA Department</i></p> <p>Responsible for HTA process management in Poland</p> <ul style="list-style-type: none"> <li>- Management of research analysts</li> <li>- Establishment of the institutional framework for HTA reports</li> <li>- Decision making and implementation for drug reimbursement lists in Polish health care system</li> </ul>	<p><b><u>Finn Boerlum Kristensen</u></b>  <i>Chairman of the Executive Committee, EUnetHTA, and Director of its Coordinating Secretariat, National Board of Health, Denmark</i></p> <ul style="list-style-type: none"> <li>- Chair, Scientific Council, Ludwig Boltzmann Institute of HTA, Austria since 2007</li> <li>- Member, UK NHS HTA Programme Advisory Group since 2005</li> <li>- Editor of HTA Handbook, 2007 and chief editor of three peer-reviewed publication series from DACEHTA</li> </ul>
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**Audience**