PP16 Vial Sharing And Wastage Are Familiar Concepts, But What About Pack Sharing And Wastage?

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Introduction: The National Institute for Health and Care Excellence (NICE) conducts health technology assessment to assess cost-effectiveness and budget impact. For treatments provided in vials, NICE often considers how treatments are dispensed and adjusts the economic modeling costs accordingly. Vial sharing and wastage are likely familiar concepts to stakeholders, but the same consideration is not consistently given to tablet packs.
Methods: Using anonymized examples, NICE assessed potential implications for cost-effectiveness and budget impact of different methods for modeling oral treatments. Firstly, the cost-effectiveness and budget impact were calculated based on a cost per milligram (mg) of treatment. The per mg cost was multiplied by the number of mg for each dose and did not account for the number of tablets or packs required. Using the same example, the cost per tablet was calculated by rounding each dose to the nearest whole tablet mg dose. Finally, the example was costed based on whole packs, which included the cost for any wasted tablets.
Results: The anonymized examples showed that costing per mg versus per tablet versus per pack can have a significant impact on cost-effectiveness and budget impact. One example showed that treatment costs per 28 days could increase by over GBP1,000 (USD1,271) when costing per whole pack compared to per mg. This led to a difference in the incremental cost-effectiveness ratio (ICER) of nearly GBP10,000 (USD12,716). Another example demonstrated a potential increase in budget impact of nearly GBP1 million (USD1.27 million) per year. This magnitude of impact on cost-effectiveness and budget has the potential to change health technology assessment decisions and affordability in the United Kingdom.
Conclusions: NICE is assessing an increasing number of oral treatments provided as tablet packs, not vials. This highlights the need to consider how pack sharing and wastage should be consistently considered in economic modeling. Developing standardized methods for modeling oral treatments would help ensure consistency of cost calculations and better reflect how treatments are dispensed in clinical practice.

PP17 Navigating Health Technology Assessment (HTA) Requirements During Development Through Early HTA Scientific Advice: Insights From Companies' Strategies, Challenges, And Priorities

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Introduction: Pharmaceutical companies have been actively taking early scientific advice from health technology assessment (HTA) agencies during development, focusing on study design to understand the HTA evidentiary requirements. The evolving advice landscape, including multistakeholder and international collaborations, highlights proactive engagement's importance. This opinion survey assessed international pharmaceutical companies' current experiences in seeking early HTA and explored strategies for forward-looking actions and considerations.
Methods: An opinion survey was designed and conducted in 2023 as a cross-sectional questionnaire consisting of multiple-choice questions. The questionnaire provided a qualitative assessment of companies' current strategies and experiences in taking early HTA advice as well as future considerations. Eligible survey participants were the senior management of Global HTA/market access departments at 22 top international pharmaceutical companies.
Results: Responses were received from 13 companies. The National Institute for Health and Care Excellence (NICE) or the Federal Joint Committee (Gemeinsamer Bundesausschuss, G-BA) were utilized mostly for early HTA advice (92% respondents). Past European Medicines Agency HTA experience exists (50%), but there is no current engagement in Joint Scientific Consultation (JSC). However, JSC is deemed a top priority (83%) given the Regulation (EU) 2021/2282 on health technology assessment. Challenges in seeking advice include agency availability and internal resource and timing constraint. Advice-seeking actions mostly occurred during phase II trials but were frequently limited by agencies' availability (84% respondents). Divergences were identified regarding eligibility criteria to seek advice and internal practices. Five success indicators were identified with the top-rated being the impact on development plan.
Conclusions: This survey assessed companies' practices in seeking early HTA advice, with most engaging national agencies like NICE and G-BA. The lack of current JSC participation, despite companies' prioritization, highlights the agencies' need to enhance capacity and resources. Survey results underscored the importance of companies' adaptive strategies in the evolving environment, which can be supported by active measures of advice success.

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