

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

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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

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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