

on authorization and price and reimbursement and HTA agencies, while both try to maintain an early, transparent and systematic interaction with the healthcare industry.

## VP07 Cost-Effectiveness Of HTA Fees

George Wang ([george.wang@parexel.com](mailto:george.wang@parexel.com)) and Richard Macaulay

**Introduction.** Health technology assessment (HTA) bodies evaluate the clinical and/or economic impact of new therapies to inform public reimbursement decision-making. This research evaluates the value for money of current or proposed fees for HTA in countries with mandatory cost-effectiveness HTA bodies relative to their respective public drug expenditure.

**Methods.** HTA appraisal fees were identified from publicly-available websites: National Institute for Health and Care Excellence (NICE), Canadian Agency for Drugs and Technologies in Health (CADTH), Institut National d'Excellence en Santé et Services Sociaux (INESSS), and Pharmaceutical Benefits Advisory Committee (PBAC). Annual national public drug expenditure (ANPDE) were sourced from the National Health Service England, Canadian Institute for Health Information, and the Pharmaceutical Benefit Scheme.

**Results.** NICE is proposing to charge GBP 126,000 (EUR 142,582) for a single technology or highly specialized technology appraisal, CADTH charges CAD 72,480 (EUR 48,576) for a Schedule A submission, INESSS charges CAD 38,921 (EUR 26,089) for the first evaluation of a new drug or new indication, and PBAC charges AUD 136,716 (EUR 87,576) for a Major Lodgment. The ANPDE in England: GBP 16 billion (EUR 18.1 billion), Canada: CAD 14.5 billion (EUR 9.7 billion), Quebec: CAD 4 billion (EUR 2.7 billion) and Australia: AUD 8.7 billion (EUR 5.6 billion). The appraisal cost to drug expenditure ratio for these countries/regions were: 126,984, 200,055, 102,772, and 63,636, respectively.

**Conclusions.** HTA submissions in the United Kingdom, Canada and Australia require financial contributions from manufacturers. These contributions bear little relation to the market size and cumulatively exceed EUR 300,000 (assuming no resubmissions). By adopting charging/cost recovery models, HTA bodies are aiming to reinvest the proceeds to increase the efficiency and capacity of appraisals, expediting patient access. However, these fees may be burdensome, especially for SMEs with promising therapies for orphan/rare diseases, and they may thus have the potential to deter/delay their submissions.

## VP08 Can Health-Economic Evaluation Provide a Representation of 'Value For Money' For HTA?

Neill Booth ([neill.booth@uta.fi](mailto:neill.booth@uta.fi))

**Introduction.** Health technology assessment (HTA) processes typically combine both evidence and values in order to inform decisions about relative value. Health-economic evaluation and

other economic evidence are thought by many to be important for such processes, but there is typically tension between the information offered by health-economic assessment, and the context-specific interpretation of such information. This study reviews the meaning, and interpretation, of 'health-economic evaluation' aimed at informing HTA processes. One central aim is to answer the question: "Can health-economic evaluation provide a representation of 'value for money' for HTA?"

**Methods.** A seminal article was used as a starting point and then a variety of search techniques, including bi-directional citation searching, were used to obtain evidence relating to the study objective. A critical review is undertaken spanning the last fifty years of health-economic evaluation, which provides perspective on the balance between more context-independent assessments and the context-specific interpretation of those assessments.

**Results.** Although health-economic evaluation can legitimately be undertaken in a variety of ways, we find that processes of 'valuation' are fundamental to all approaches to economic evaluation in practice. Values influence how these economic value frameworks tend to be operationalized, promoted and understood. Our critical review provides those interested in prioritization with a timely reminder that health-economic evaluation should be thought of as largely context- and content -specific.

**Conclusions.** Health-economic evaluation can typically only offer a truncated representation of 'value for money' to HTA processes. In answer to the question posed above, this study finds that health-economic evaluation will typically not provide a full assessment of 'value for money'. Therefore, it should always be accompanied by an assessment of its qualities: what is covered in the analysis, how well what is covered is measured or analysed, and what is left out. Humility about what health-economic evaluation can offer would seem useful, especially given that other elements of value exist, such as the potential harms and benefits of medical-industry profits and environmental sustainability.

## VP11 Use Of Health Technology Assessment Adaptation In Latin America

Magdalena Irisarri, Javier Pintos, Ana Deminco, Daniel Pedrosa ([danielito5@hotmail.com](mailto:danielito5@hotmail.com)), Alicia Aleman and Ana Perez Galán

**Introduction.** The development of health technology assessment (HTA) reports is a time-consuming process that requires highly trained human resources. In many Latin American countries this type of personnel is scarce. The adaptation of HTA could be a time-saving process to get inputs for decision. The objective of this study is to determine the frequency of use of HTA adaptation process and to describe type of tools used in this process in Latin American countries.

**Methods.** The Health Technology Assessment Network of the Americas (REDE TSA) is a non-profit network formed by ministries of health, regulatory authorities and health technology assessment agencies (PAHO/WHO). During the last meeting of REDE TSA in November 2018, we performed an exploration survey to gather information related to the topic in order to promote the creation of an adaptation working group. The question was