Issues in the health technology assessment of treatments for pain- an SMC perspective

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Presentation Aims

- Overview of HTA at SMC
- Acceptance rate for pain treatment by SMC
- Estimated health gain of pain treatments
- Key issues within economic evaluations of pain treatments

Scottish Medicines Consortium

- Established 2001
- Remit to assess clinical and cost-effectiveness of all new medicines
- Gives guidance to NHS decision makers in Scotland
- Have issued over 600 pieces of guidance

Scottish Medicines Consortium

- Committee structure of clinicians, pharmacists, economists, managers, industry and public
- Rapid HTA using critical appraisal of manufacturer-provided data
- Products accepted or not recommended
- Resubmissions accepted

Economic analysis at SMC (1)

- Fundamental requirement to provide evidence of cost-effectiveness
- Burden of proof is with company
- Case critiqued by a trained economist

Economic analysis at SMC (2)

- Preference for cost utility analysis
- Decision rules- NICE thresholds and decision modifiers
- NHS/ public payer perspective

Pain treatments assessed by SMC

- To March 2010, 600 medicines assessed
- Of these 25, were for pain medicines (e.g. cancer pain, arthritis, post-op, chronic pain)
- 18 “full” submissions with cost-minimisation, cost-utility or cost-effectiveness analysis

Acceptance statistics 2002-2009

	Accepted	Accepted restricted	Not recommended
Pain treatments	11%	50%	39%
All full submissions- any drug	29%	45%	26%

QALY gain figures

- Is the lower acceptance rate influenced by small health benefits?
  - Median QALY gain all medicines 0.08
  - Median QALY gain pain medicines 0.03
  - Gains appear smaller, pricing will be important to maintain cost-effectiveness

Key reasons for not recommended decisions (1)

- Utility assessment issues
  - Using utility values from another disease area/ patient group
  - Limitations in mapping from disease-specific measures
  - Failure to consider disutility associated with adverse events

Key reasons for not recommended decisions (2)

- Clinical evidence issues
  - Weak indirect comparison
  - Use of assumptions to estimate effectiveness
  - Use of secondary outcome measures

Key reasons for not recommended decisions (3)

- Inappropriate comparators
  - Trial comparator versus clinical practice in Scotland
  - Difficulties in estimating incremental costs and benefits for our health care system

Key reasons for not recommended decisions (4)

- Resource use issues
  - Failure to consider costs associated with adverse events
  - Estimates of resource savings which are hard to realise or over-estimated

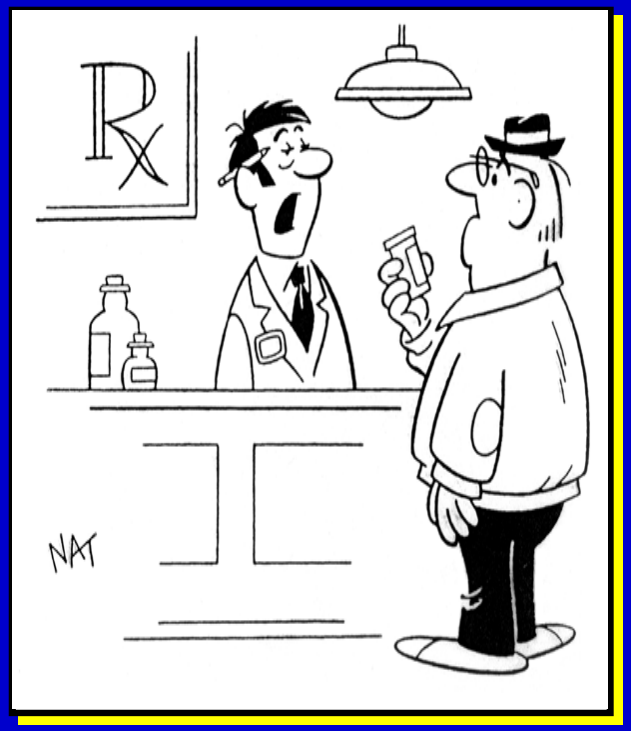
Are these issues atypical?

- Acceptance rates do vary by disease area
- Issues are common to other submissions
- Potentially more issues with outcome measurement

Improving the acceptance rate of pain medicines

- Clear, concise submissions
- Appropriate comparators and direct evidence base or well-conducted indirect analysis
- Realistic positioning (and pricing!)
- Adequate sensitivity analysis to deal with data uncertainties

NHS Quality Improvement Scotland



"The drug itself has no side effects - but the number of health economists needed to prove its value may cause dizziness and nausea"

www.scottishmedicines.org.uk