Regional versus centralised HTA: implications for the assessment of cancer drugs

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Background
- Different jurisdictions organize their health technology assessment (HTA) capacity in different ways.
- In theory, a centralised approach offers the potential to pool the scarce resources devoted to HTA and national recommendations can be issued to encourage a uniform development of services across the whole country. On the other hand, a regional approach could help in tailoring recommendations to local needs.

Objectives
- This study aimed to compare assessment procedures in England (centralised HTA approach) with Spain (regional HTA approach) and discuss key challenges and opportunities that arise from both approaches.

Methods
(A) ANALYSIS of HTA reports:
- We conducted a comparative analysis of the assessments of the same cancer drugs in the two jurisdictions from 2000 to 2014.
- Data were extracted from NICE appraisals (in England) and GENESIS and IPT reports in Spain for the period January 2008 to December 2016. Details were obtained of the drugs and indications studied, the methods used, the assessment (of clinical or cost-effectiveness) made and the resulting recommendations, classified into 'recommended', 'restricted' or 'not recommended'.
- The recommendations made by NICE and the Spanish bodies were compared and within Spain comparisons were made between Andalucia (GFTDA) and Catalunya (CAMDA)

(B) ANALYSIS of drug sales:
- Drug usage data were obtained from IMS for the period January 2011 to December 2016. 13 drugs were selected for this part of the analysis based on the following criteria (i) that the drug was for a single indication or one prominent indication (ii) the drugs represented the whole range of possible recommendations (eg recommended in both countries, not recommended in both countries, mixed recommendations across the two countries)
- Usage was converted into milligrams using number of packs used and details of pack. In order to compare total usage per drug across both settings we estimated milligrams per 100,000 population and milligrams per incidence rate.

Results (A)
53 drug/pairing indications common in both settings: NICE (67), IPT reports (17)
Genesis reports (79)
- NICE appraisals: Recommended (13%), restricted (45%), Non-Recommended (42%)
- Central IPT: Recommended (13%); restricted (45%), Non-Recommended (42%)

Duplicated reports by Catalonia (CAMDA) and Andalucia (GFTDA) (n=13)

Common HTA assessments (January 2008 - July 2015)

Conclusions
- The complex organisation of HTA system at the national and regional level in Spain made assessments difficult to compare.
- Most of the Spanish assessments were accepted either as recommended or on a restricted basis. In contrast, for NICE 45% were not recommended
- Despite the efforts to coordinate HTA assessments for new drugs there is still over-lapping of functions between the central and regional levels in Spain.
- The UK HTA approach is more consistent and organised, and prescribing might be limited by the guidance given by NICE. The Spanish decentralised HTA approach is complex but it might be more efficient to take into account local practice. The trend of usage data (analysis on going) is important to explore the potential impact the assessments had on the access to cancer drugs in the two countries.