

Indirect Comparisons – Payer Perspective

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Payer Motivations

- ◆ Many payers require an economic assessment to approve reimbursement of services or medications
 - Demonstrating greater value for money for new medications in comparison to existing ones
 - Value for money varies across payers
 - Incorporating clinical comparison to standard of care (SOC)
 - 1st reimbursement decision may be within 12 months of regulatory approval
 - Active comparator for regulatory approval not likely SOC
- ◆ Reimbursement decisions may be revisited as
 - New treatments become available
 - Decrease in cost of comparator treatments
 - Real world effectiveness data becomes available

Varying Requirements

Reviewer	Country	Acceptable Evidence	Comparator	Studies to include	References
National Institute for Health and Clinical Excellence (NICE)	UK, Wales	IC viewed as important to evidence synthesis	All medications used in clinical practice	<u>All</u> studies in the target population with at least 2 meds in the synthesis comparator set	Evidence Synthesis Series
Institute for Quality and Efficiency in Health Care (IQWiG)	Germany	IC accepted if a) no H2H trial available b) H2H do not allow drawing conclusions regarding the added value	Medications that are on-label	Focus on studies with high certainty	IQWiG General Methods

Varying Requirements

Reviewer	Country	Acceptable Evidence	Comparator	Studies to include	References
Haute Autorite de Sante (HAS)	France	IC if direct H2H unavailable or insufficient	All medications used in clinical practice	Those that are clinically homogeneous and have stability of effect (no effect modifiers)	Choices in Methods for Economic Evaluation Indirect Comparisons - Methods and Validity 2009
Pharmaceutical Benefits Advisory Committee (PBAC)	Australia	Strong preference for direct H2H	Appropriate comparator	All trials with new medication or comparator that are sufficiently similar	Guidance for Indirect Comparison
Common Drug Review (CDR)	Canada	IC if no direct H2H with comparator(s)	Include available alternative of lowest cost	All that inform efficacy or effectiveness of treatment being assessed	Guideline for Economic Eval of HA 2006* Indirect Comparisons in Meta Analysis 2009

CNS Drug-Different Decisions

Reviewer	Indirect Comparisons Considered	Evidence Base	Comparators	Outcome
CDR	No	1 RCT vs. placebo	None	Rejected
NICE	Yes	Direct: 3 RCTs vs. placebo IC: 5 comparator RCTs vs. placebo	Beta-interferon Glatiramer acetate	Recommended with restrictions
PBAC	Yes	Direct: 1 RCT vs. placebo IC: 4 comparator RCTs vs. placebo	Beta-interferon Glatiramer acetate	Recommended with restrictions

From article comparing drug reimbursement decisions for the same indication between 2007 and 2010

- 9 reviews compared – 5 had the same outcome, 4 had different
- CDR and NICE excluded trials where the new or comparator drug was used in an off-label manner