



F5: Advancing Patient Access to Innovative Health Technologies In Asia – The Role of Real-world Data in the Value Framework

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Agenda

- Introduction
- Project 1: Landscape Evaluation of Real World Data in Asia
- **Project 2**: New Trends of HTA Development and Value Evidence Requirement for Access and Reimbursement in Asia
- · New Development and updates from Japan and Korea
- Summary





Project 2 New Trends of HTA Development and Value Evidence Requirement for Access and Reimbursement in Asia

- Project Leaders: Larry Liu, Hong Li, Boxiong Tang
- Team Members:
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Project 2: Objectives and Approaches

Objectives:

- Collect information on HTA value evidence requirements for selected countries in Asia-Pacific.
- Assess current HTA status in selected countries in Asia-Pacific and the trend in five years.

Approaches:

- Conduct a literature review and baseline evaluation
- Collaborate with ISPOR regional chapters for researching countryspecific HTA status and trend
- Partner with organizations such as HTAi Asia Policy Forum and HTAsiaLink.





Project 2: Methods, Deliverables and Timeline

Methods

- · Define the scope of the work: HTA definition and aspects to be included
- Focus on selected countries group by cluster: countries implemented HTA already, in process (HTA as optional tools), or within five years
- · To interview and get inputs from some KOLs, government agencies if possible

Deliverables

- Summary report, with a brief summary of HTA status in Asia (see Table 1)
- · One-page summary of HTA in each of the selected countries (See Table 2)
- ISPOR Asia Consortium newsletter update, an abstract for a workshop, forum, or a manuscript.

Timeline

- Initial literature review completed by May 18, ahead of ISPOR Baltimore
- Summary report on detailed findings completed by August 2018, ahead of ISPOR Asia
 Pacific 2018
- Abstract drafted by October 2018
- Paper completed by December 2018





Project 2: Table 1

Country	Current HTA			HTA trend	Value evidence
	Clinical effectiveness	Cost- effectiveness	Budget impact	(included in reimbursement decision)	requirement- RCT, RWE, ICER
Australia	Y	Y	Y	Y	RCT, RWE, ICER
South Korea	Y	Y	Y	Y	RCT, RWE, ICER
Taiwan	Y	Y	Y	Y	RCT, RWE, ICER
Japan*	Y	Y	N	Ν	RCT, ICER
China	Y	Y/N	Ν	Y/N	RCT
Malaysia					
Philippines			Y		
Thailand					
New Zealand					
Vietnam					





Project 2: Table 2 (Australia as example)

Government Agency	Pharmaceutical Benefits Advisory Committee (PBAC)
Assessment process	PBPA pricing based on comparative cost-effectiveness Cost-plus methodology for drugs with incremental benefit Reference pricing for drugs considered "therapeutically similar"
Value Evidence requirements	 Safety, quality, and efficacy by the Australian Drug Evaluation Committee (ADEC) of the Therapeutic Goods Administration (TGA). Cost and cost-effectiveness evidence
Review committee	PBAC funding recommendation based on input from Economic Sub-Committee (ESC) and Drug Utilization Sub-Committee (DUSC)
Decision process	Pharmaceutical Benefits Scheme (PBS), and the Pharmaceutical Benefits Advisory Committee (PBAC) advisory panel based on cost-effectiveness and budget effects. PBAC also evaluates new vaccines to be included in the National Immunisation Programme. Drugs listed on the PBS fall into three broad categories: unrestricted, restricted, and authority required benefit products
Timeline	Minimal 5 months. Average time to decision 182 days (SD 367 days)
ISPOR contact	