

ISPOR 16th Annual European Congress

Dublin 2 - 6 November 2013

WORKSHOP IN PHARMACOECONOMICS: AN ITALIAN EXPERIENCE OF MULTI-STAKEHOLDER HTA CONSENSUS

Americo Cicchetti¹, Antonio Gasbarrini², Matteo Ruggeri¹, Dario Sacchini², Elena Paola Lanati³,
on behalf of WEF study group

¹ Faculty of Economics, Catholic University of Sacred Heart, Rome, Italy

² Faculty of Medicine, Catholic University of Sacred Heart, Rome, Italy

³ 3P Solution S.r.l., Milan, Italy

BACKGROUND

HTA is a very challenging issue in many countries, including Italy, where it has been officially mentioned for the first time in the National Healthcare Plan 2006-2008. In Italy only few groups are recognized at international level, some pertaining to central and regional Institutions, some being small independent working groups. The Technology Assessment Unit (UVT), situated at the Policlinico Gemelli – Cattolica University in Rome, was the first HTA group and can be considered a pioneer in Italy.

OBJECTIVES

The objective of the Italian Workshop in Pharmacoeconomics (WEF), born as a practical application of HTA, is to validate an innovative experience that aims at being recognized by Institutions as a national and independent HTA assessor, thus supporting both national and regional healthcare decision-makers. This experience consists of a multi-stakeholder working group that, in the field of new technologies proposed for critical clinical areas, discusses and develops guide-lines and decision rules and comparatively examines local real practice data, directly collected by the members of the Scientific Board.

METHODS

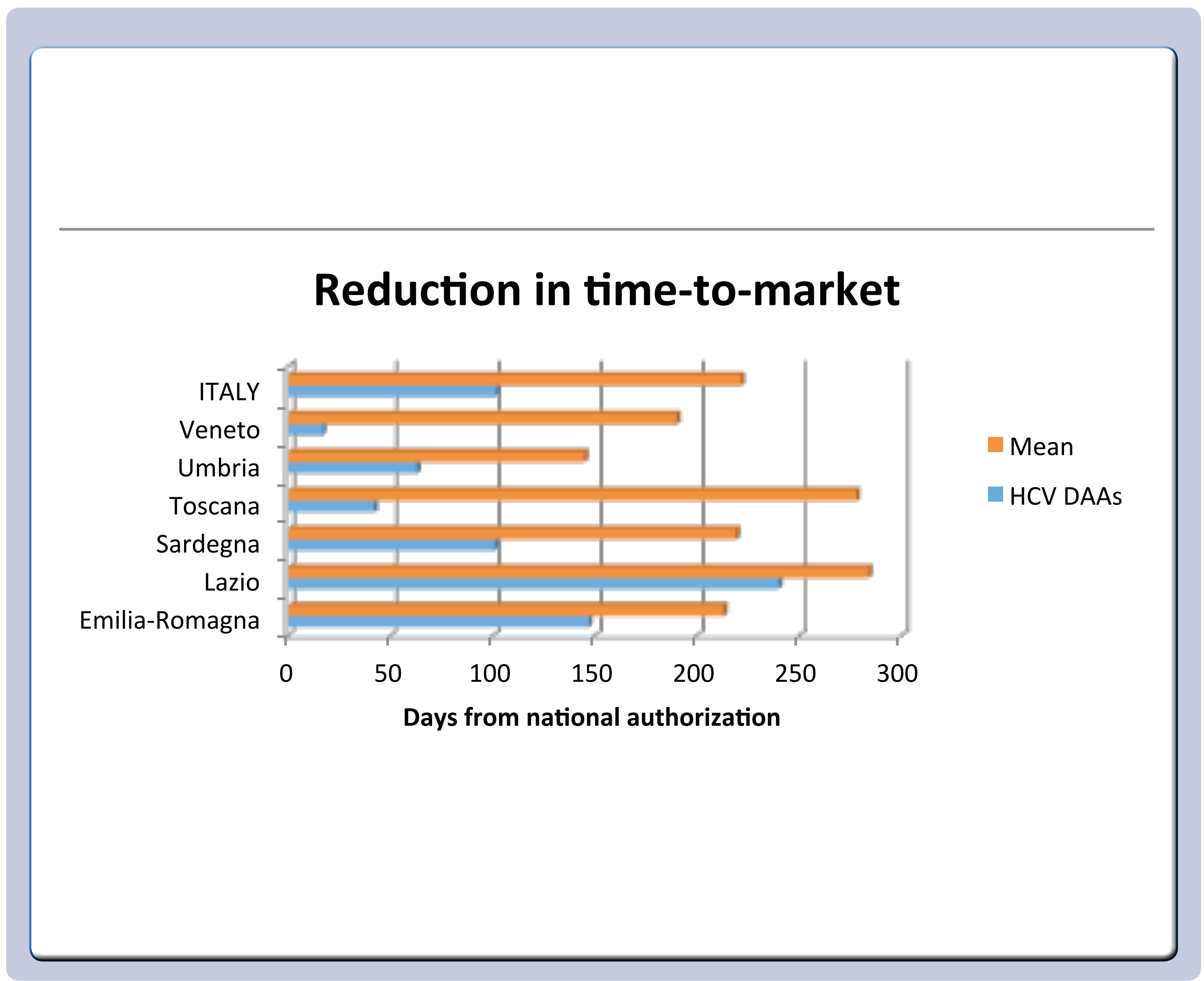
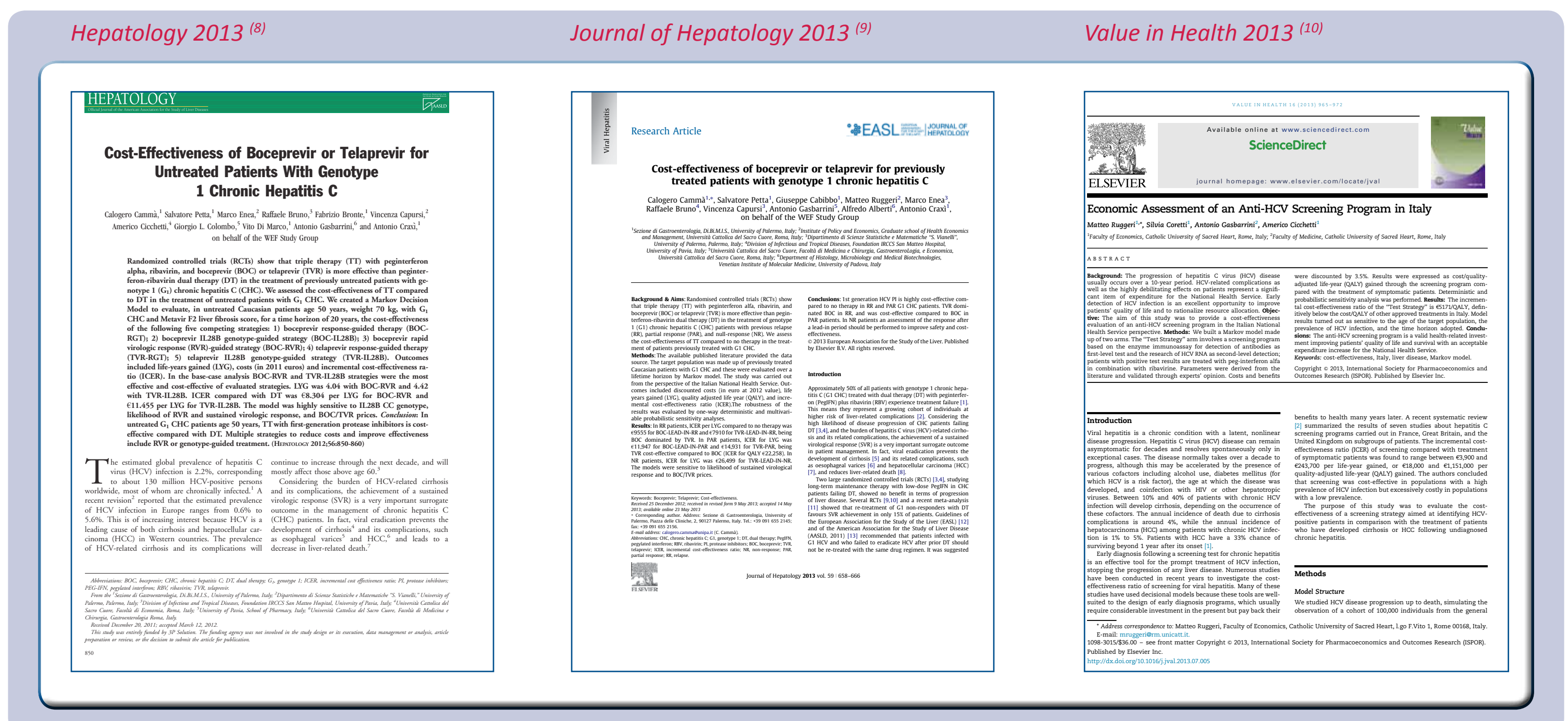
The working method consists of a series of meetings (at least 4 per year) of the Scientific board (composed by high-profile experts covering all HTA domains: clinicians, pharmacoeconomists, experts in organizational aspects, bioethicists, patients, Institutions) that carries out a nationwide analysis of the topic under examination and focuses on the main clinical, economic, organizational, social, and ethical features. Questionnaire-based surveys and Delphi panel are the main operational tools. WEF adopts standard HTA procedures according to the EUnetHTA Core Model and to avoid any conflict of interests, no fee is paid to any member.

RESULTS

Since 2011, three HTA reports have been produced on hepatology, focusing in 2011 and 2012 respectively on HBV/HCV screening strategies and HCV new Direct Antiviral Agents (DAA)-based therapies and extending in 2013 to hepatocellular carcinoma. In 2013 a second therapeutic area was assessed, dealing with gastroenterology and inflammatory bowel diseases (IBDs), in particular with Crohn's disease and its treatment with biological high-cost drugs. For 2014, a fourth edition on hepatology and a second on IBDs are being developed. A first WEF edition on HIV is also coming up next year.



Along with 6 publications in international journals (mean impact factor 7,1), there have also been auditions at the Italian Drug Agency (AIFA) and at the Healthcare Commission in Parliament that have facilitated the approval of new HCV drugs. Furthermore, the analysis of available data about delays in approvals by regional formularies have been reduced by about 55% (from 221 days after national marketing authorization to 101 days; Farmindustria data).



CONCLUSIONS

This new multidisciplinary and multistakeholder approach proved to be well-accepted, and the “WEF method” is already recognized as a milestone in the Italian HTA landscape, by Institutions (e.g. AIFA and Italian MoH), Scientific Societies and pharma industries, thus helping payers in making rational decisions based on HTA methods. This is the proof that HTA, if well built and following a scientific evidence-based process, is a very useful tool that, considering all aspects concerning the healthcare system, may pragmatically improve prescriptive appropriateness of drugs/technologies and facilitate access to cures.

1) Primo Workshop Nazionale di Economia e Farmaci in Epatologia WEF-E 2011 - Roma, 27-28 aprile 2011. I quaderni di medicina Il 24 ore Sanità. Giugno 2011
2) Secondo Workshop Nazionale di Economia e Farmaci in Epatologia WEF-E 2012 - Roma, 2 febbraio 2012. I quaderni di medicina Il 24 ore Sanità. Aprile 2012
3) Terzo Workshop Nazionale di Economia e Farmaci in Epatologia WEF-E 2013 - Roma, 7-8 febbraio 2013. I quaderni di medicina Il 24 ore Sanità. Luglio 2013
4) Primo Workshop Nazionale di Economia e Farmaci per le Malattie Infiammatorie Croniche Intestinali - WEF-IBD 2013 - Roma, 6 febbraio 2013. I quaderni di medicina Il 24 ore Sanità. Giugno 2013
5) Maratea D, Messori A, Fadda V, WEF-E Study Group. Nationwide prediction of future expenditure for protease inhibitors in chronic hepatitis C. Dig Liver Dis. 2012 Jan;44(1):86-7.
6) Messori A, Fadda V, Maratea D, Trippoli S. Effect of discounting on estimation of benefits determined by hepatitis C treatment. World J Gastroenterol. 2012 Jun 21;18(23):3032-4.

7) Cammà C, Petta S, Enea M, Bruno R, Bronte F, Capursi V, Cicchetti A, Colombo GL, Di Marco V, Gasbarrini A, Craxi A; WEF Study Group. Cost-effectiveness of boceprevir or telaprevir for untreated patients with genotype 1 chronic hepatitis C. Hepatology. 2012 Sep;56(3):850-60.
8) Cammà C, Cabibbo G, Petta S, Enea M, Iavarone M, Grieco A, Gasbarrini A, Villa E, Zavaglia C, Bruno R, Colombo M, Craxi A; WEF study group; SOFIA study group. Cost-effectiveness of sofosbuvir treatment in field practice for patients with hepatocellular carcinoma. Hepatology. 2013 Mar;57(3):1046-54.
9) Cammà C, Petta S, Cabibbo G, Ruggeri M, Enea M, Bruno R, Capursi V, Gasbarrini A, Alberti A, Craxi A; WEF Study Group. Cost-effectiveness of boceprevir or telaprevir for previously treated patients with genotype 1 chronic hepatitis C. J Hepatol. 2013 Oct;59(4):658-66.
10) Ruggeri M, Coretti S, Gasbarrini A, Cicchetti A. Economic assessment of an anti-HCV screening program in Italy. Value Health. 2013 Sep-Oct;16(6):965-72.



3P SOLUTION S.r.l. MILAN - ITALY
www.3psolution.it - info@3psolution.it
+390236631574