



ISPOR Member Comments Requested - ISPOR Task Force on Good Research Practices—Use of Drug Costs for Cost Effectiveness Analysis (DCTF)

Managed Care Subgroup Leader: Norman V. Carroll PhD, Professor of Pharmacy Administration, School of Pharmacy, Virginia Commonwealth University, Richmond, VA, USA

The following are comments received from the ISPOR Membership on the Task Force Report, *Good Research Practices for Measuring Drug Costs in Cost Effectiveness Analyses: A Managed Care Perspective: A Report of the ISPOR Drug Cost Task Force – Part III*

COMMENT 1

The narratives contained in the industry and managed care perspectives were somewhat duplicative.

Which concept of value should be used: value over time, value in use or value in exchange?

COMMENT 2

There is a lack of proper referencing at several places in all the sections. Also, there are several facts and stats as well as values mentioned in the managed care part that need referencing. If I were to use these values, there is no source provided for me to refer to for my work. Referencing is a very important issue in my opinion because it helps other researchers replicate the work and also verify the information in case of discrepancies etc...

COMMENT 3

In the Medicare and Medicaid Report, Page 10, first paragraph
“Perspectives for pharmacoeconomic evaluations to inform analyses from a Medicare or Medicaid perspective are summarized in Table 2. A more detailed list of recommendations follows in this section. Our recommendations also may apply to budget impact models, which are increasingly used to support decision-making for prescription drug coverage and benefit design.”

This is a good point and I would think could be added to the managed care perspective report.

COMMENT 4

Overall comment for all the reports:

The guidelines could benefit from consistency. In particular, guidance on the use of AWP in pharmacoeconomic analysis was different in the managed care perspective paper versus that from the industry perspective report.