

Is IRP and HTA compatible?

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If **Objective** of HTA is to *Optimise the value for the healthcare system*, then IRP can be misleading

Hypothesis:

- HTA determine prices are not directly transferrable between markets
 - IRP of HTA determined prices do not guarantee maximisation of value and benefit for different healthcare systems
 - Therefore, HTA and pricing needs to be based on the local context
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Value (cost-effectiveness) is a combination of multiple factors that are country or system specific:

- i. QOL or Utility measurements of same disease health state varies by country or population¹
- ii. Differences in Cost base. Including healthcare resources costs, business overheads (tax, wages, rental)
- iii. Differences in Healthcare “base”. Including type and quality of services (eg, treatment comparator)
- iv. Reimbursement coverage (broad vs narrow) & use of Managed Entry Agreements

1. Gerlinger et al. BMC Res Notes (2019) 12:18. Comparing the EQ-5D-5L utility index based on values sets of different countries