MCDA in JAPANESE HTA: MULTIPLE steps for Multiple-CDA

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11 Sep. 2018 ISPOR Asia-Pacific Conference, Tokyo, Japan
IP13 MCDA in HTA: Would MCDA Be a Valuable Addition to the Current Japanese HTA System?

Japan-specific way how to reflect results into price revision rate

The ICER value is directly reflected to the price revision rate
Lack of opportunity after the assessment process (After initial HE evaluation of both side)

- Few opportunity and short time period for SUFFICIENT discussion between manufactures and governments
- Lack of engagement of the SATELLITE stakeholders, while everyone argue that the importance of it

Room for MCDA??

How the “other factors” could be taken into account at Appraisal phase?

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>Public health matter</td>
<td>&quot;External usefulness” like herd effects for communicable diseases</td>
</tr>
<tr>
<td>Costs other than HC payers’ perspective</td>
<td>Caregiving costs and productivity losses should be taken into account in some particular cases</td>
</tr>
<tr>
<td>Disease severity</td>
<td>&quot;End-of-Life&quot; like issues?</td>
</tr>
<tr>
<td>Availability of alternative treatment</td>
<td>In order not to prevent the development of treatment for diseases which no alternatives are available</td>
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Very little impact for decision making (5% reduction of ICER value per each...)

No additional factor needs to be considered in the appraisal process???

• What is the key role of the appraisal?

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<thead>
<tr>
<th>Viewpoint</th>
<th>Role</th>
<th>Importance</th>
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<tbody>
<tr>
<td>Practical</td>
<td>Simply minimize price reduction rate</td>
<td>Less important Additional factor should only be considered if HTA is used to coverage decision</td>
</tr>
<tr>
<td>Conceptual</td>
<td>To compensate the limitation of CEA/ICER</td>
<td>More important Other factors should be seriously considered, as no flexibility is allowed for CEA/ICER part</td>
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</table>

“Extra value” other than CEA/ICER is difficult to be incorporated to one-dimensional scale (so-called MCDA)

What I have learned from examples from Thailand and others?

• MCDA system is used for prioritization around the “queue” for assessment, NOT to prioritization within the assessment process
• Each step of MCDA need to carefully be considered
  • Choose the criteria
  • Give weight for each CRITERIA
  • Give score for particular INTERVENTION
  • Ranking
How can we make “sufficient” opportunity for fruitful discussion?

• To facilitate more smooth introduction into actual practice

<table>
<thead>
<tr>
<th>Internal concept</th>
<th>MUST be modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>External appearance</td>
<td>More similar (to current system), more better</td>
</tr>
</tbody>
</table>

MULTIPLE step introduction for MCDA

• Crucial goal: opening (securing) doors for various factors other than simple cost-effectiveness

• MCDA is now in the “cultivation” process
  • Easily be criticised???
  • ”LOOKS ideal, not yet implement” vs. “So many LIMITATION but already exist”
Future desirable role of HTA

• HTA is introduced to maintain (upgrade) the transparency, while it contains so many uncertainty

• We have to do something BEFORE next march, which is too short for preparing MCDA

• April 2018 is not the finishing but starting point for further discussion