

Less Is More?

Understanding the Full Value of Long-Acting Therapies



Conflict of Interest Statement

- Lotte Steuten is an employee of the Office of Health Economics, a registered charity and Independent Research Organisation in the UK, which receives funding from a variety of private and public sector sources.
- The opinions and ideas presented here are my own based on 20+ years of experience in HTA globally, and do not necessarily reflect those of OHE or any of the organisations it receives funding from.

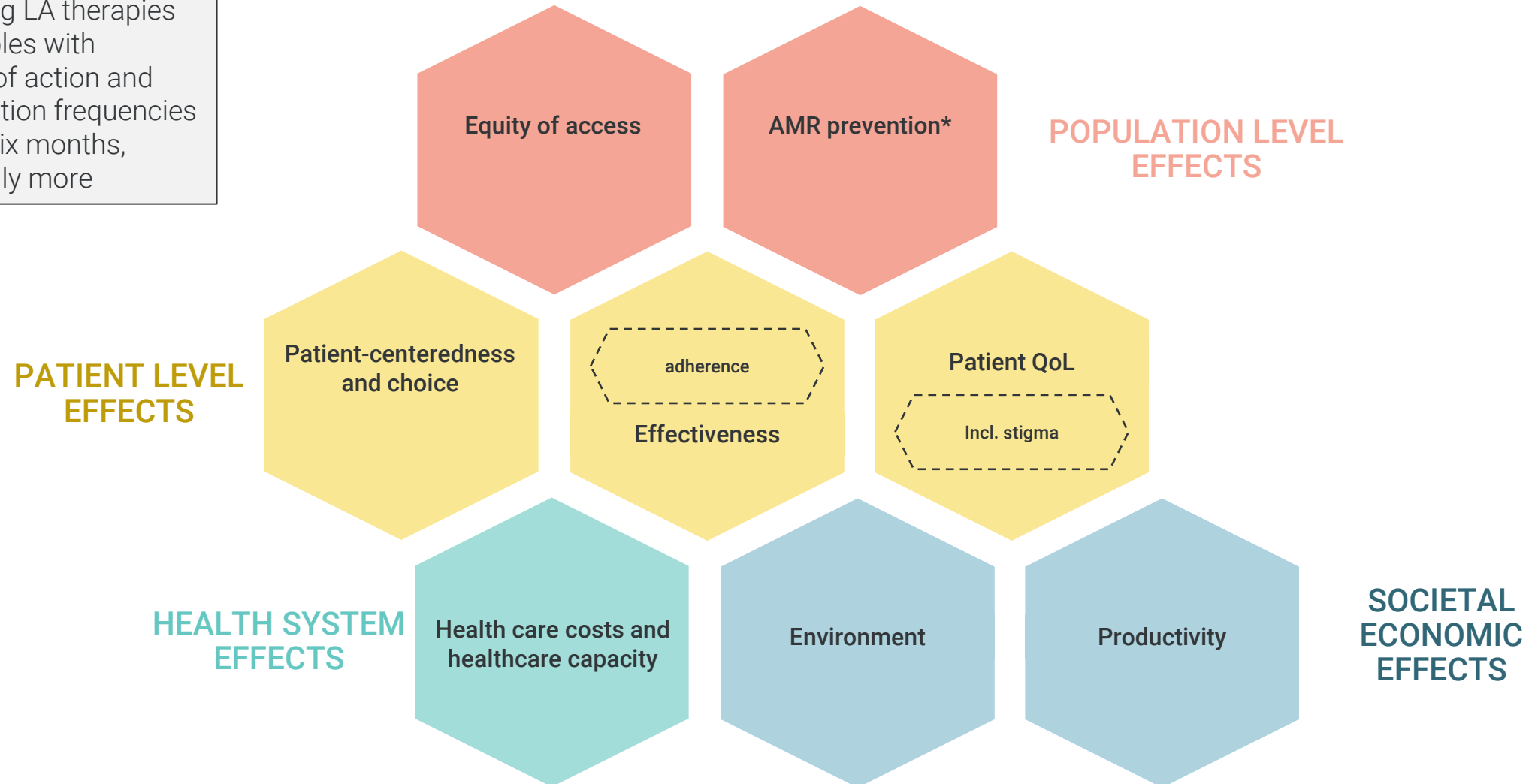
A large, stylized hourglass with a red tint, positioned on the left side of the slide. It is surrounded by several smaller, similar hourglasses, creating a sense of time passing. The background is a solid dark grey.

Why do we need to talk about long-acting (LA) therapies?

- LA therapies are a form of pharmaceutical innovation, allowing for a **more continuous treatment effect** which enables **reduced administration frequency for patients**.
 - Particular interest for people that live with a chronic condition requiring prolonged / lifelong treatment
 - Definition of “long-acting” is not uniformly defined
 - Stakeholders disagree on what counts as added value to be considered in HTA and reimbursement decisions
- **How is/should the potential value of long-acting therapies be considered in HTA and payer decision-making?**

LA therapies can impact elements of value that fall outside the usual purview of HTA

Considering LA therapies as injectables with durations of action and administration frequencies of two to six months, occasionally more













To what extent is the full value of LA therapies appropriately reflected in today's HTA and reimbursement decisions?

- Not at all
- To some extent, but we're missing critically important value elements
- Mostly captured, but some improvements could be made
- Entirely comprehensive as it as

A glass half full?

- **Analysis of four LA therapy case studies** (osteoporosis, hyperlipidaemia, multiple sclerosis, schizophrenia) across eight HTA agencies.
- **HTA decisions were driven by key value elements:** clinical effectiveness, healthcare costs, patient quality of life (QoL) requiring improvements versus standard of care.
- **Broader benefits are less frequently considered** and often using qualitative evidence or deliberative processes.

Country and market archetype	 Australia	 England	 USA	 Scotland	 Canada	 Denmark	 France	 Germany
	Cost-effectiveness	Cost-effectiveness	Multiple payers and prices	Cost-effectiveness	Cost-effectiveness	Cost-effectiveness	Therapeutic benefit	Therapeutic benefit
Effectiveness	CT ITC	CT ITC CUA	CT ITC	CT ITC CUA	CT ITC	CT ITC	CT ITC	CT ITC
Health Care Costs and Capacity	CUA CCA	CUA	CUA CCA	CUA	CUA CCA	CUA CCA		
Patient QoL	CT	CT CUA	CT		PPS		CT	CT
Patient-Centeredness and Choice	QUAL PPS	QUAL		QUAL	QUAL			
Adherence *	QUAL	QUAL	QUAL	QUAL	QUAL			
Productivity	QUAL		CCA		QUAL	CCA		
Equity of Access	QUAL		QUAL					
Environment								

This Issue Panel will explore:

Benefits of LA therapies from different perspectives



Challenges in measuring and valuing innovative LA therapies



What would an **'ideal' HTA environment** look like for LA therapies?



Introducing Our Experts



Lotte Steuten

Moderator



John O'Brien

National
Pharmaceutical
Council



Jody Jollimore

Canada's source for
HIV and hepatitis C
information



Sean Sullivan

University of
Washington

Less Is More?
Q&A

Poll #2 – Follow Up



To what extent is the full value of LA therapies appropriately reflected in today's HTA and reimbursement decisions?

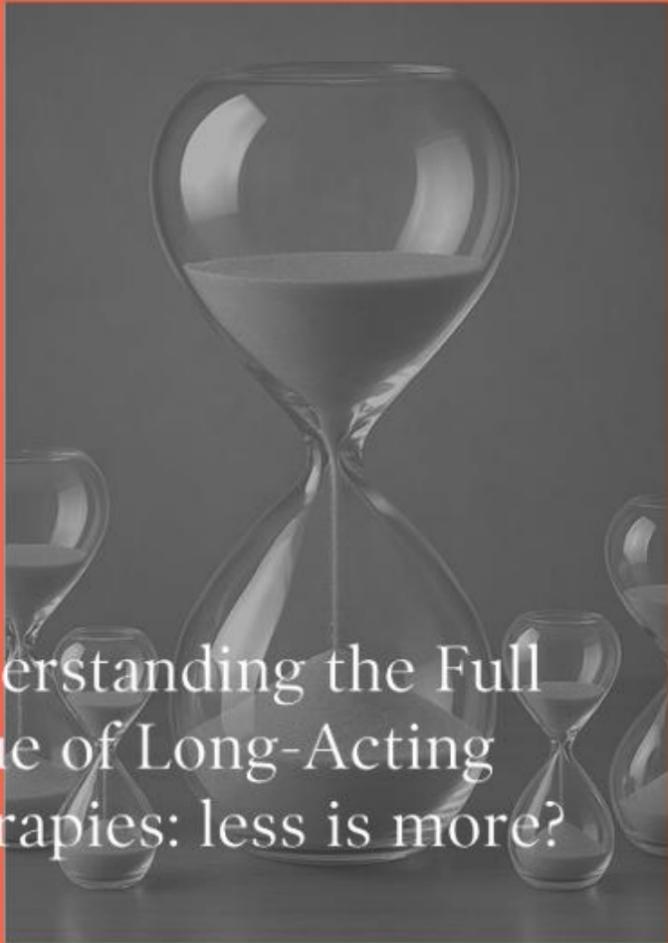
- Not at all
- To some extent, but we're missing critically important value elements
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Poll #3



What is the main missing value element in today's value assessment frameworks?

- Equity of access
- AMR prevention
- Patient centredness and choice
- Health care costs and healthcare capacity
- Environment
- Productivity



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