EcoPerMed
Health Economics for Personalised Medicine

Value-Based and Affordable Precision Medicine: Recommendations for Health Economic Modelling, Innovative R&D Funding and Provider-Payment

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DISCLOSURES

iMTA is part of Erasmus University and receives funding from public and private payers. All contract research work is conducted independently, and all contracts have a publication clause to guarantee the freedom to publish results

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THE HECOPERMED PROJECT

‘**H**ealth **Eco**nomics for **Personalised Med**icine’ (HEcoPerMed) aims to identify the **best health economic modelling** and **payment strategies** for personalised medicine in order to **recognise valuable interventions** and **stimulate their adoption** across the EU.

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OVERVIEW HECOPERMED PROJECT

The guidance consists of 8 topics and 21 items

- Perspective and discounting
- Test-treatment combinations
- Effectiveness data
- Extrapolating survival
- Additional elements of value
- Incorporating compliance
- Uncertainty analysis
- Managed entry agreements

R9: When a treatment requires the use of a test to stratify patients, include the (downstream) costs and health outcomes of testing for both individuals who test positive and individuals who test negative in the model.

R10. Include the costs and health outcomes of testing relatives of index patients with inheritable genetic mutations in the model.

R11 Where possible, use effectiveness data from trials with two (or more) alternative treatment strategies.

R13 When the comparative effectiveness of a treatment for a patient population with a specific genetic marker is estimated using an external data source for the comparator, account for the prognostic value of the genetic marker and differences in its prevalence across the different data sources.

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R16: Only include elements of value recommended by national HTA guidelines in the base-case analysis. If additional elements of value are included in scenario analyses, ensure possible elements of negative value are equally considered and included for both the intervention and the comparator.

R17. Include parameters reflecting patient and clinician compliance in economic evaluations for decision-makers who require cost-effectiveness results under realistic circumstances.

R20: Identify uncertainties in structural assumptions and decisions and investigate their impact on cost-effectiveness results through sensitivity analysis. Parameterise structural aspects where possible.

R21: If a managed entry agreement is being considered for an intervention, include its conditions in the model evaluating the intervention.

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