

Seven Years of HTA in Singapore: Practices and Key Drivers

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Background

- Year 2022 marks the seventh anniversary of the national HTA service commencement in Singapore, embodied by the Agency for Care Effectiveness (ACE) with the mission to issue credible guidance and inform sound reimbursement decisions.¹
- The Singapore Ministry of Health (MOH) provides subsidies for drugs up to 75% of their retail price under the Standard Drug List (SDL) and the Medication Assistance Fund (MAF) frameworks.²⁻⁴

Objective

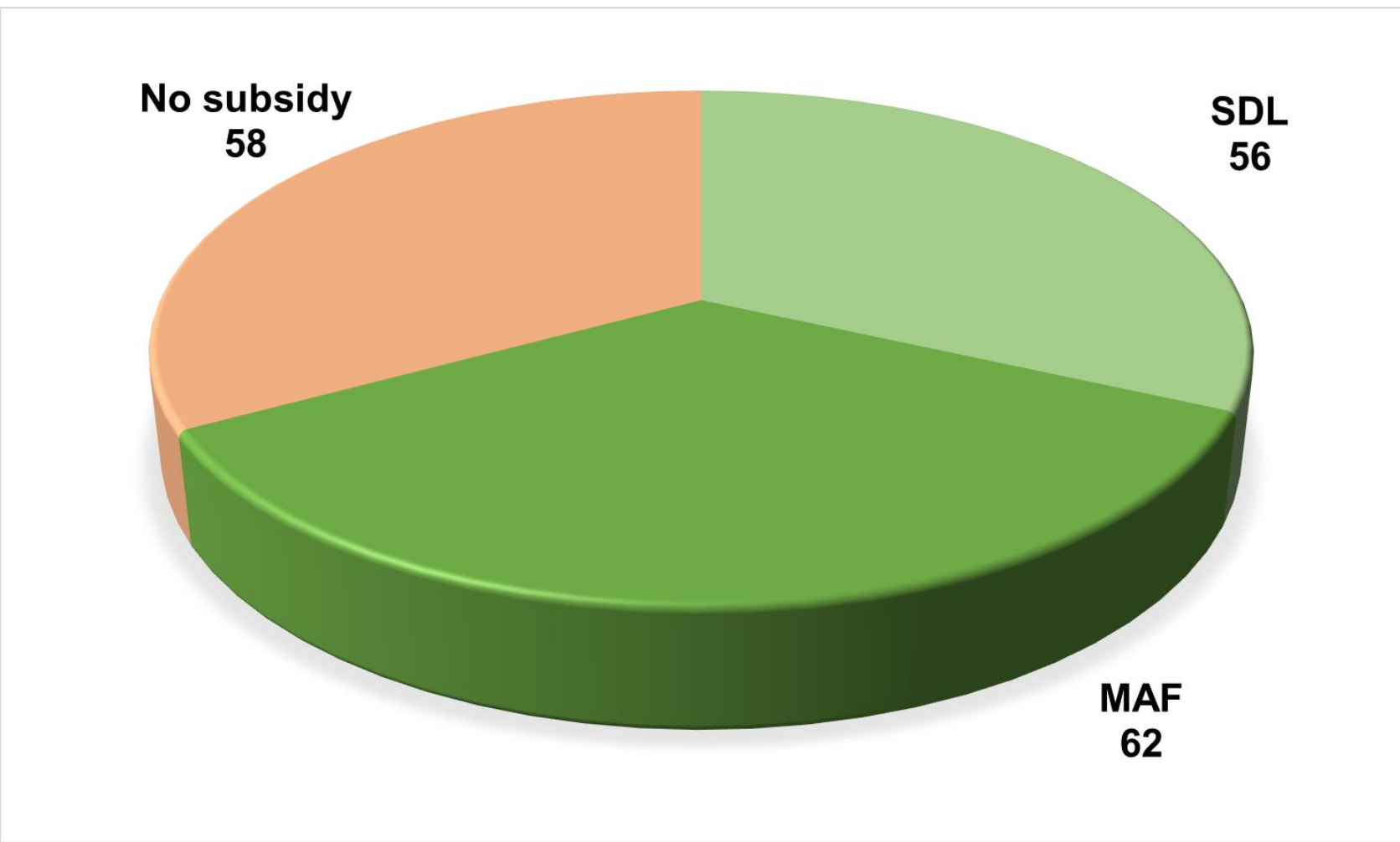
- The purpose of this review was to identify methodological patterns and key areas of consideration driving HTA decisions in Singapore.

Methods

- Assessments published by the ACE were critically reviewed.⁵
- Each appraisal was analyzed and pivotal clinical and economic evidence parameters informing the subsidy recommendation were extracted and recorded.

Results

- Overall, 86 appraisals for 176 medications have been undertaken by the ACE resulting in inclusion of 56 drugs in the SDL and 62 in the MAF; 9 of the drugs were subsidized following revised price proposals.
- A negative recommendation was issued for 58 drugs on the ground of low clinical need or unacceptable cost-effectiveness.
- In all published assessments, available clinical evidence on effectiveness, safety and unmet need were scrutinized and one medication (daptomycin) was assessed for off-label use in view of local clinical practice.
- In the absence of local cost-effectiveness analyses, overseas assessments - primarily from NICE (UK) and PBAC (Australia) - were used as benchmarks to explore their generalizability to the Singaporean setting.
- Cost-minimization analyses were used in 43 assessments to determine cost-effectiveness where scope medications exhibited comparable efficacy and safety; of note, no official willingness-to-pay (WTP) threshold was identified.
- Thorough budget impact estimates were fundamental component in all assessments and value-based pricing negotiations played a significant role in subsidy discussions.
- None of the assessments accounted for patient commentary or insights.



Conclusions

- Technology costs comprise the key driver in HTA decisions in Singapore.
- Although clinical attributes and therapeutic need are considered, drug prices and budget impact are of core significance in the ACE HTA procedures.
- Price discounts by the manufacturers seem to provide an extra edge for positive recommendations.
- Going forward, Singapore would benefit from endorsing patient voice in guidance development, as this will enhance the legitimacy and credibility of the decision-making process.

References

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