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INTRODUCTION

The **Spanish Medicines Agency (AEMPS)** publishes **Drug Positioning Reports (IPTs)** on many new drugs/new indications to support drug positioning, pricing and funding decisions (1).

IPTs include a literature review comparing the drug with other alternatives.

Indirect treatment comparisons (ITCs) or **network meta-analyses (NMAs)** are increasingly part of this evidence, as they allow the comparison of treatments not compared in clinical trials.

For ITC/NMA to be useful their methodology must be adequate.

There are a variety of methods such as ITC, NMA, **matched adjusted indirect comparison (MAIC)**, **simulated treatment comparison (SC)**, the use o **propensity score matching (PS)**, **multilevel network meta-regression (ML-NMR)**.

In other countries, such as the UK, Canada or France, published ITCs or NMAs are reviewed or carried out when assessing new drugs. Between 2000 and 2020 NICE used an ITC in 56% of drug appraisal reports (2).

OBJECTIVE

To analyse the extent to which ITCs and NMAs are analysed and considered in IPTs published by the AEMPS to support drug positioning, pricing and funding decisions in Spain

METHOD

- All IPTs published on the AEMPS website (1) from June 2023 to May 2024 were reviewed
- We analysed in each IPT whether ITCs or NMAs were analysed, referenced and considered as evidence.
- Methodological information on these ITC or NMA was also extracted.

RESULTS

152 IPTs were published by AEMPS during that period.

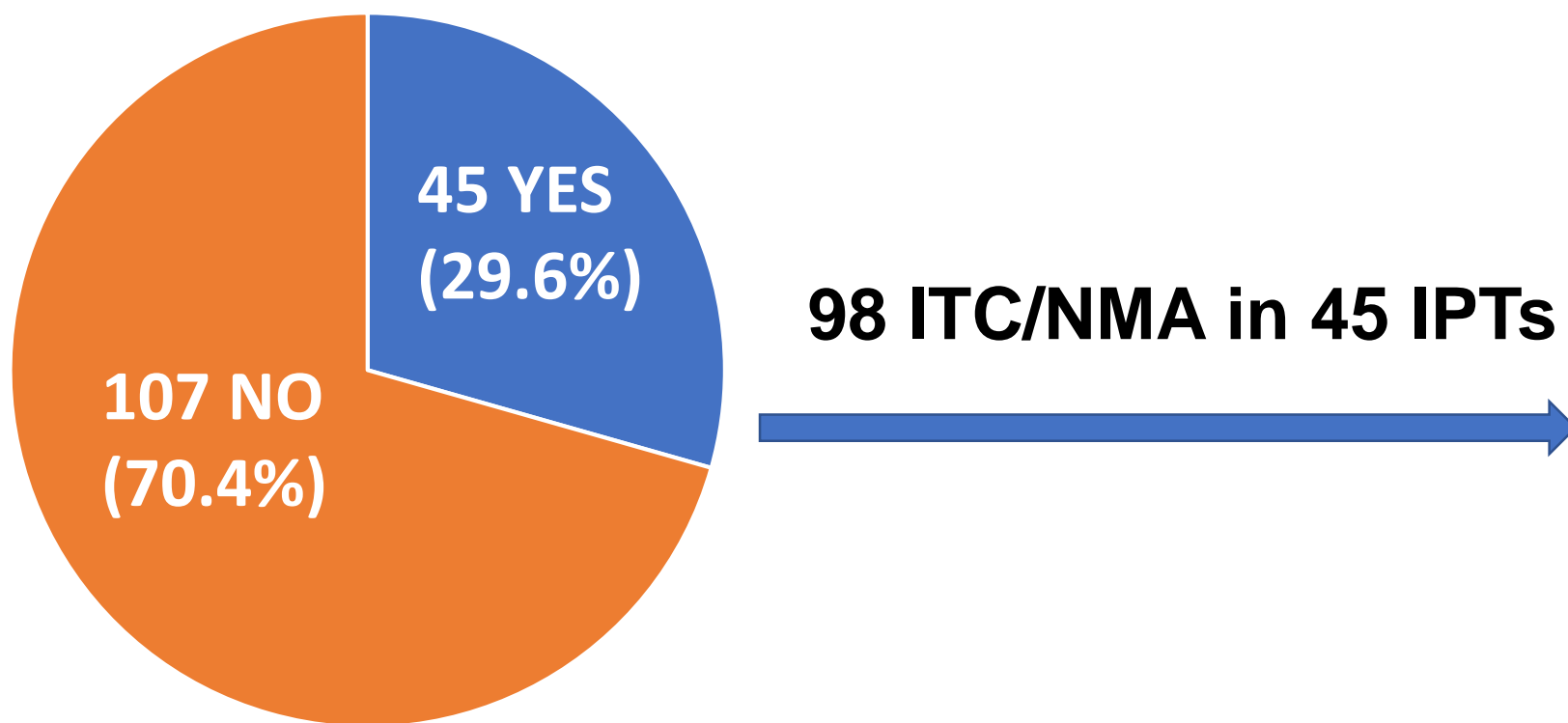


Figure 1. IPTs with ITC/NMA

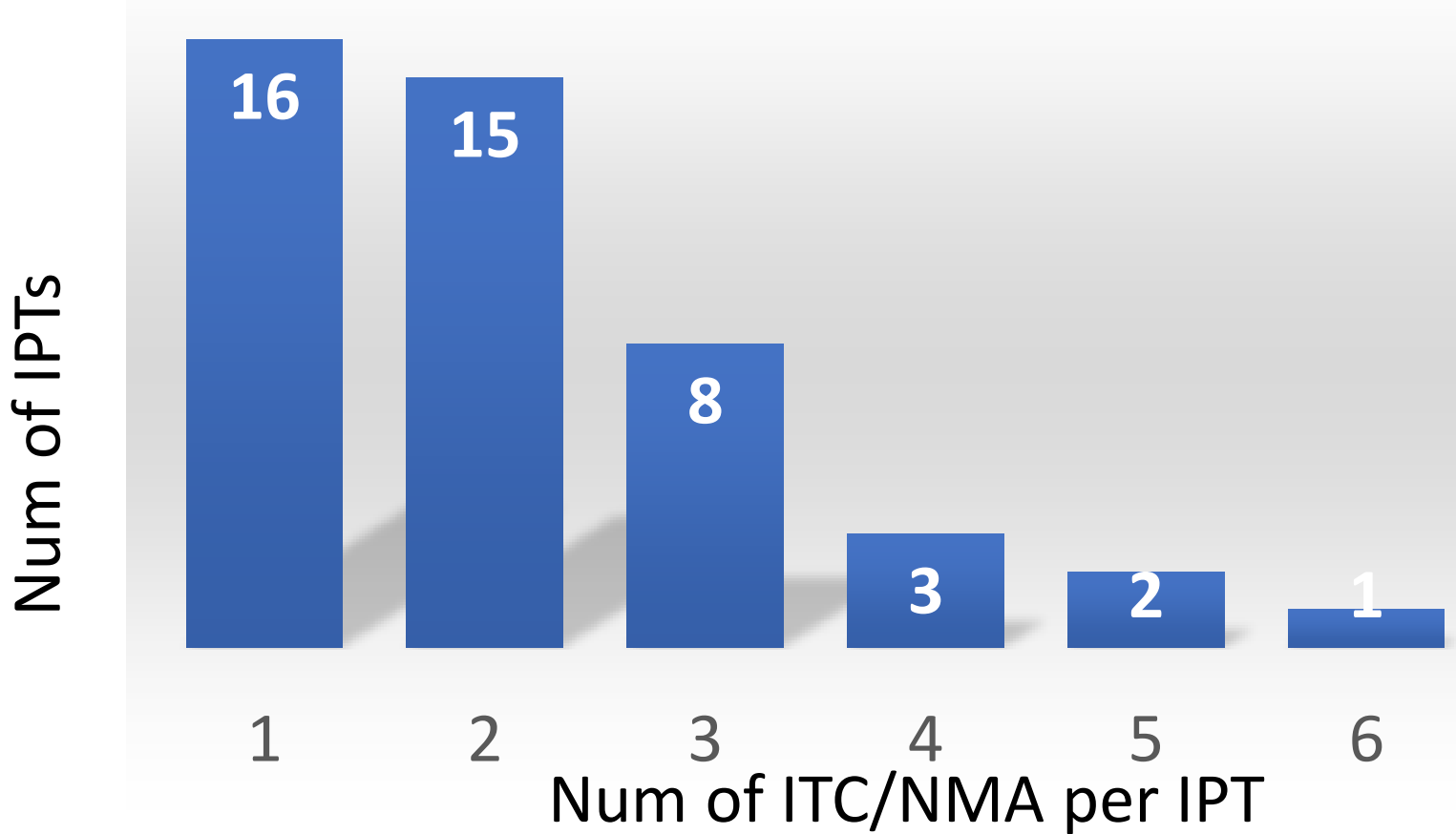


Figure 2. ITC/NMAs per IPT

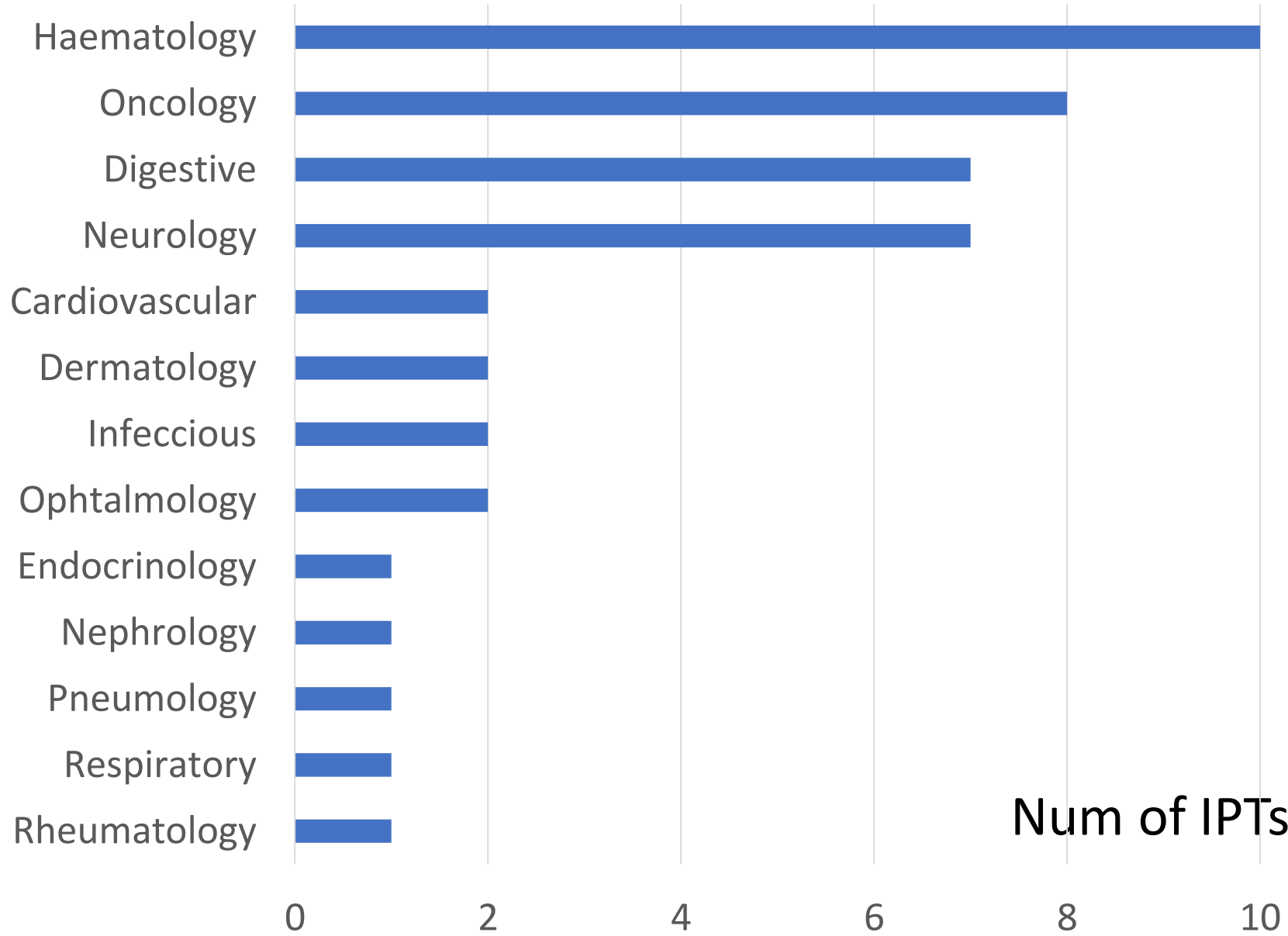


Figure 3. Area of IPTs with ITC/NMA

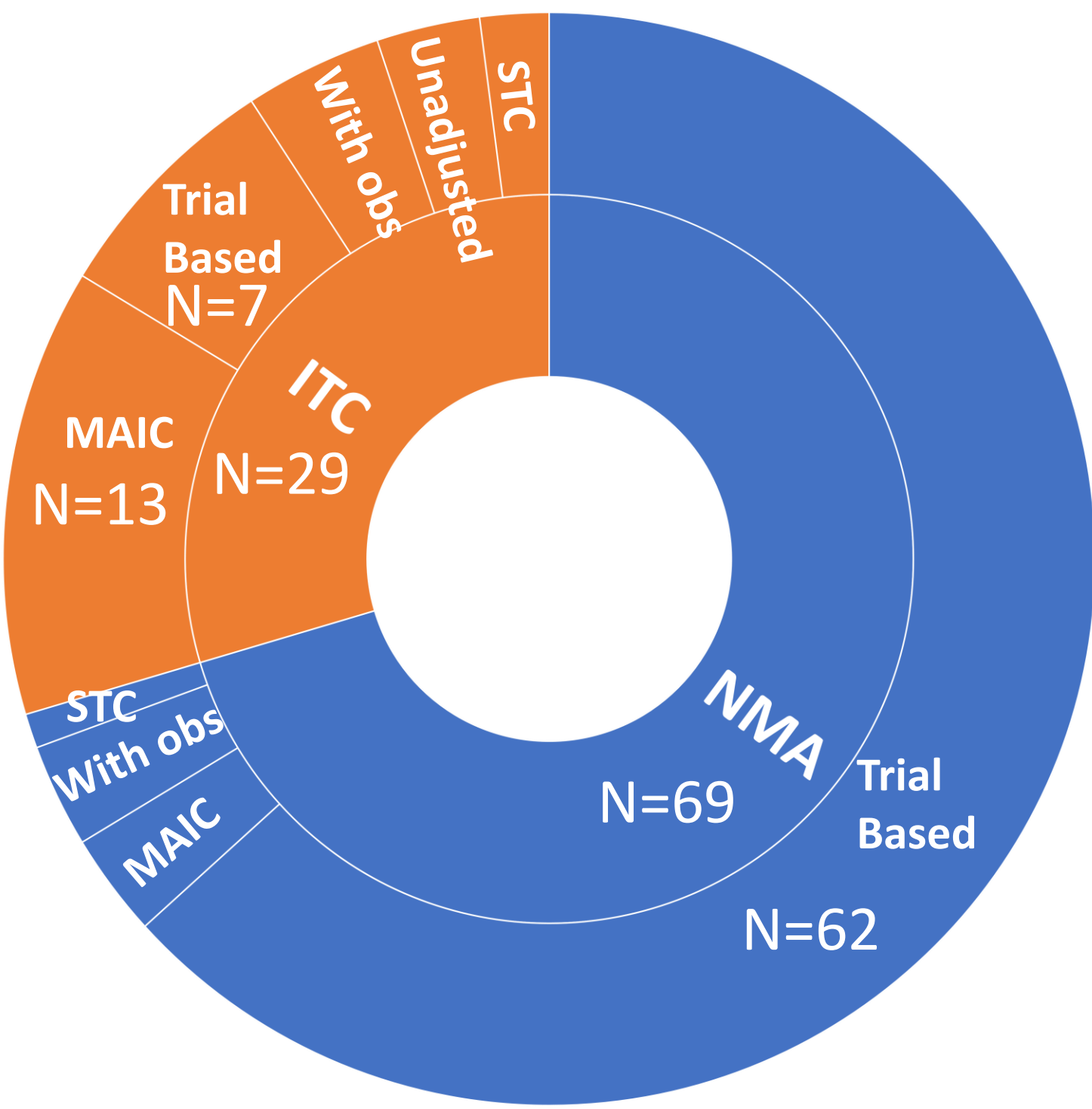


Figure 4. Type of ITC/NMA

With obs= the ITC/NMA includes observational data

1. Low confidence in indirect evidence	3- Concerning methos of included studies
2. Missing data	a) Non-randomised
	b) Limited follow-up
	c) Retrospective control data
	d) Non-comparative studies
	e) Non-relevant patients or variables
	f) High risk of bias
4. With regard to indirect comparison methodology	5. Differences between included studies in;
a) Pronostic factors not taken into account	a) Patient inclusion criteria
b) Confounders not accounted for	b) Co-medication
c) Small sample size after matching	c) Definition of variables
d) Matching based on aggregate data	d) Patient characteristics
e) Missing data for matching	e) Methods
f) Inclusion of a subgroup of patients	f) Study designs
g) Methodological limitations	g) Drug regimen
h) Inability to control for confounders	h) Blinding
i) Few studies	i) Criteria for retreatment
	j) Outcome variables measured at different times
	k) Main outcome variables

Figure 5. Limitations of indirect comparisons highlighted in IPTs

- 94 ITC/NMA were published in journals, 4 were obtained from agency reports.
- Pharmaceutical companies participated in 41 (42%) of the ITC/NMA.
- In general, it was not clear whether ITC/NMA were considered in the conclusions.

CONCLUSIONS

Published ITCs and NMAs are reviewed when preparing drug assessment reports for drug positioning, pricing and funding decisions, and report authors do not perform ITC.

Based on IPT information, in general it was not clear whether ITCs/NMAs were considered in the conclusions.

Tools for critical appraisal of ITC, NMA, MAIC, STC and indirect evidence based on observational data, with guidance on how to incorporate them into decision making, can be useful.

REFERENCES

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2. Gonçalves-Bradley DC et al. Indirect Comparisons of Clinical Effectiveness in NICE HTA Submissions: Software Use Trends, 2000-2022. Presented at ISPOR 2022 Vienna Annual Meeting. https://www.ispor.org/docs/default-source/euro2022/isporeu22langfordhta240-pdf.pdf?sfvrsn=ca49ecb6_0

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