A Comparative Review of Pharmacoeconomic (PE) Guidelines in ASIA-Pacific (APAC) with Europe and North America

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Background

- Globally, pharmacoeconomic (PE) guidelines are followed to assist in optimization of costs and effectiveness of new health technologies to maximize the health benefits.

Objectives

- We aimed to compare PE guidelines in APAC countries with that in Europe, Canada, and US region (Group-1).

Methodology

- We searched PE guidelines for 13 selected APAC countries (China, Japan, Malaysia, South Korea [SK], Iran, Israel, Thailand, Indonesia, Australia, Philippines, Singapore, Taiwan, and India), US, Canada, and Europe using PubMed, ISPOR website, EUNetHTA guideline, and country-specific websites.
- The retrieved PE guidelines were analyzed and compared for following major parameters: (P1) economic modeling, (P2) systematic review of evidence, (P3) preference for effectiveness versus efficacy, (P4) total cost versus effectiveness (cost/effectiveness ratio) and (P5) portability of results.

Results

- PE guidelines of most APAC countries are consistent with that of Group-1, with few differences observed.
- P1 and P2 are a requirement for most APAC countries except India and is in alignment with Group-1.
- P3 is not stated in PE guidelines for Japan, Malaysia, SK, Israel, Indonesia, India
- while it is a requirement in Group-1.
- P4 is a requirement for most APAC countries PE guidelines; however, is not stated in Japan, SK, Israel, Singapore and India.
- P5 is not stated as a requirement for Japan, SK, Singapore, and India; in contrast, it is required for Group-1 PE guidelines.
- Except for Australia which has a well-established HTA, most APAC countries have less established systems, while it is in development phase in India.

Conclusion

PE guidelines of APAC countries are fairly in alignment with that of US, Canada, and Europe. The adoption of HTA system in APAC countries has been slow, and its full potential in healthcare decision-making yet to be evaluated.

References

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Conflict of Interest

Shah R, Verma A, Kalsey M, Gautam R, Prasanna R, Rai MK are employees of EVERSANA at the time of conduct of study.

Requirement/recommended

Countries	(P1) Economic modeling	(P2) Systematic review of evidences	(P3) Preference for effectiveness vs efficacy	(P4) Total cost versus effectiveness (cost/effectiveness ratio)	(P5) Portability of results (Generalizability)
China	✓	✓	✓	✓	✓
Japan	✓	✓	Not stated	Not stated	Not stated
Malaysia	✓	✓	Not stated	✓	✓
South Korea	✓	✓	Not stated	Not stated	Not stated
Iran	✓	✓	✓	✓	✓
Israel	✓	✓	Not stated	Not stated	✓
Thailand	✓	✓	✓	✓	✓
Indonesia	✓	✓	Not stated	✓	✓

Countries	(P1) Economic modeling	(P2) Systematic review of evidences	(P3) Preference for effectiveness vs efficacy	(P4) Total cost versus effectiveness (cost/effectiveness ratio)	(P5) Portability of results (Generalizability)
Australia	✓	✓	✓	✓	✓
Philippines	✓	✓	✓	✓	✓
Singapore	✓	✓	✓	Not stated	Not stated
Taiwan	✓	✓	✓	✓	✓
India	Not stated	Not stated	Not stated	Not stated	Not stated
US	✓	✓	✓	✓	✓
Canada	✓	✓	✓	✓	✓
Europe	All guidelines clearly state that the use of decision-analytic models is accepted in health economic analyses. Several guidelines (England, Finland, France, Germany, Ireland, the Netherlands, Norway, Scotland, and Spain) explicitly write that modelling is required, necessary or the preferred approach in	Based on the results of the current review of the guidelines used by EUnetHTA partners, it is regarded as useful to conduct a systematic review of previous economic evaluations of the technology.	It is recommended for most of the European countries. For the reference case, evidence to support the effectiveness of the technology should be derived by systematic review of all high-calibre, relevant data.	Of the 25 countries with guidelines, almost all recommend or require an incremental analysis of costs and health effects. Moreover, 20 of the countries with guidelines explicitly write that they	Yes, it is recommended that The overall generalizability of the evaluation should be discussed in the context of the validity and relevance of the data for most of the countries.

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