Potential Decision Drivers for Positive Recommendations of New Cancer Therapies in the Brazilian Private Healthcare System: Analysis of Recent HTA Submissions

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OBJECTIVES

This research aims to analyze potential drivers of coverage decisions for cancer pharmacological interventions submitted to the Brazilian Private Healthcare System under the new submission process, established in October 2021.

METHODS

Inspection of publicly available **critical appraisal reports** of submissions following the criteria:

- Assessment of cancer pharmacological interventions
- Final recommendation available
- Published between October 2021 and December 2022

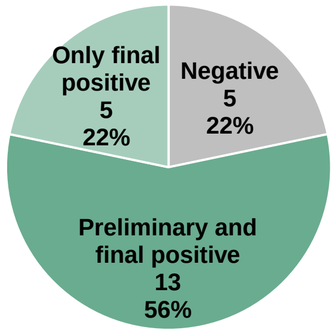
Extracted information for analysis included

- Submissions' characteristics;
- Expected clinical benefits (progression-free survival [PFS], overall survival [OS]);
- Potential safety issues;
- Evidence certainty;
- Cost-effectiveness analysis;
- Budget impact analysis;
- Preliminary and final recommendations;
- Public consultation participation.

RESULTS

23 cancer pharmacological technologies appraisals included

Recommendations



- 17 of 18 incorporated technologies:

- Were based at least on phase III evidence;
- Showed increased PFS versus no intervention or similar benefit to other available technologies.

- **All submissions presenting potential savings or neutral budget impact were incorporated (n=6)**
  - Including one based on phase II, single-arm evidence, with preliminary negative recommendation

- **Other submissions including matching-adjusted indirect comparison (MAIC)** based on phase II (n=2) or phase III (n=1) data **were rejected**.

- **Considering submissions based on phase III data and presenting no savings in the budget impact analysis (n=15):**
  - 11 of 12 favorable recommendations presented favorable recommendations by at least one international agency
  - All negative recommendations (n=3) presented negative recommendations by at least one international agency.

- **Favorable recommendations were not prevented by:**
  - Very low and low evidence certainty (12/18)
  - High incremental cost-effectiveness ratio (11/18 higher than 3 GDP per capita in 2022 [~120,000 BRL])
  - No gain in OS versus relevant comparators (5/18)

- **No substantial safety issues were reported among favorable decisions**

CONCLUSION

Potential savings/neutral budget impact, evidence based on phase III studies, and external positive recommendations were identified as potential drivers of recent favorable recommendations for cancer technologies in the Brazilian Private Healthcare System.