



Economic evaluation submitted for reimbursement in the Brazilian Unified Health System: A meta-epidemiological study

Poster Code
HTA26

Dorneles G¹, de Araujo CLP¹, Stein C¹, Parahiba S¹, Falavigna M^{1,2}

¹Hospital Moinhos de Vento, Porto Alegre, Brazil.

²HTA Unit, Inova Medical, Porto Alegre, Brazil.

BACKGROUND

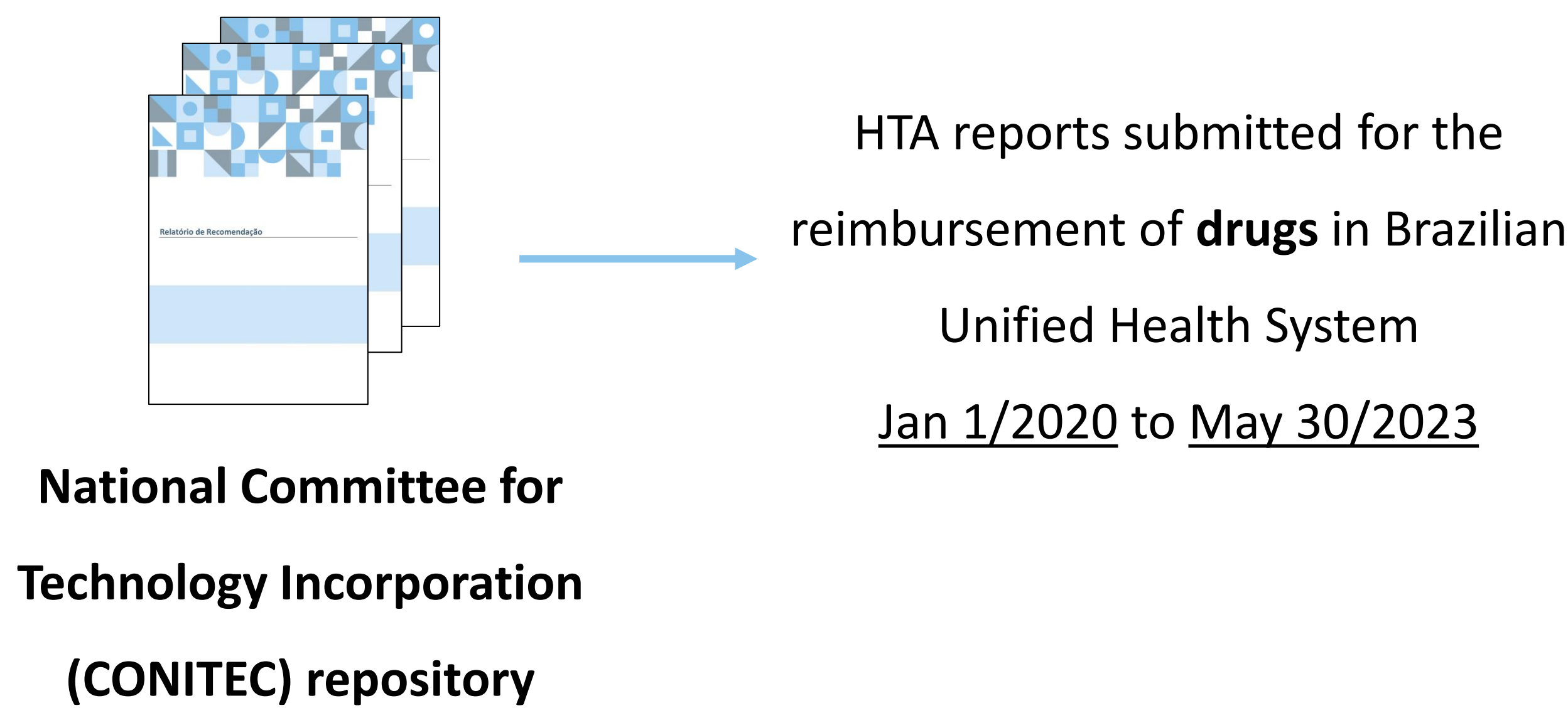
Allocating financial resources efficiently poses a significant challenge for health systems worldwide.

In this context, **Economic Evaluations (EE)** are **crucial** for the Health Technology Assessment (**HTA**) process, particularly in standardizing approaches **to enhance decision-making accuracy**.

OBJECTIVE

This study focuses on **delineating methodological nuances** of **EE submissions** within **Brazilian Unified Health System (SUS)**.

METHODS

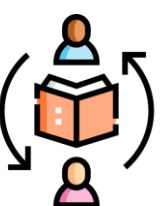


Data acquisition regarding

- Case base characteristics
- Type of economic analysis
- Modeling
- Health utilities acquisition
- Sensitivity analysis

Quality reporting

- CHEERS 2022



Data presented as relative frequency.



Study protocol
10.17605/OSF.IO/JVYEC

RESULTS

Characteristics of HTA reports submitted to CONITEC between 2020 and 2023

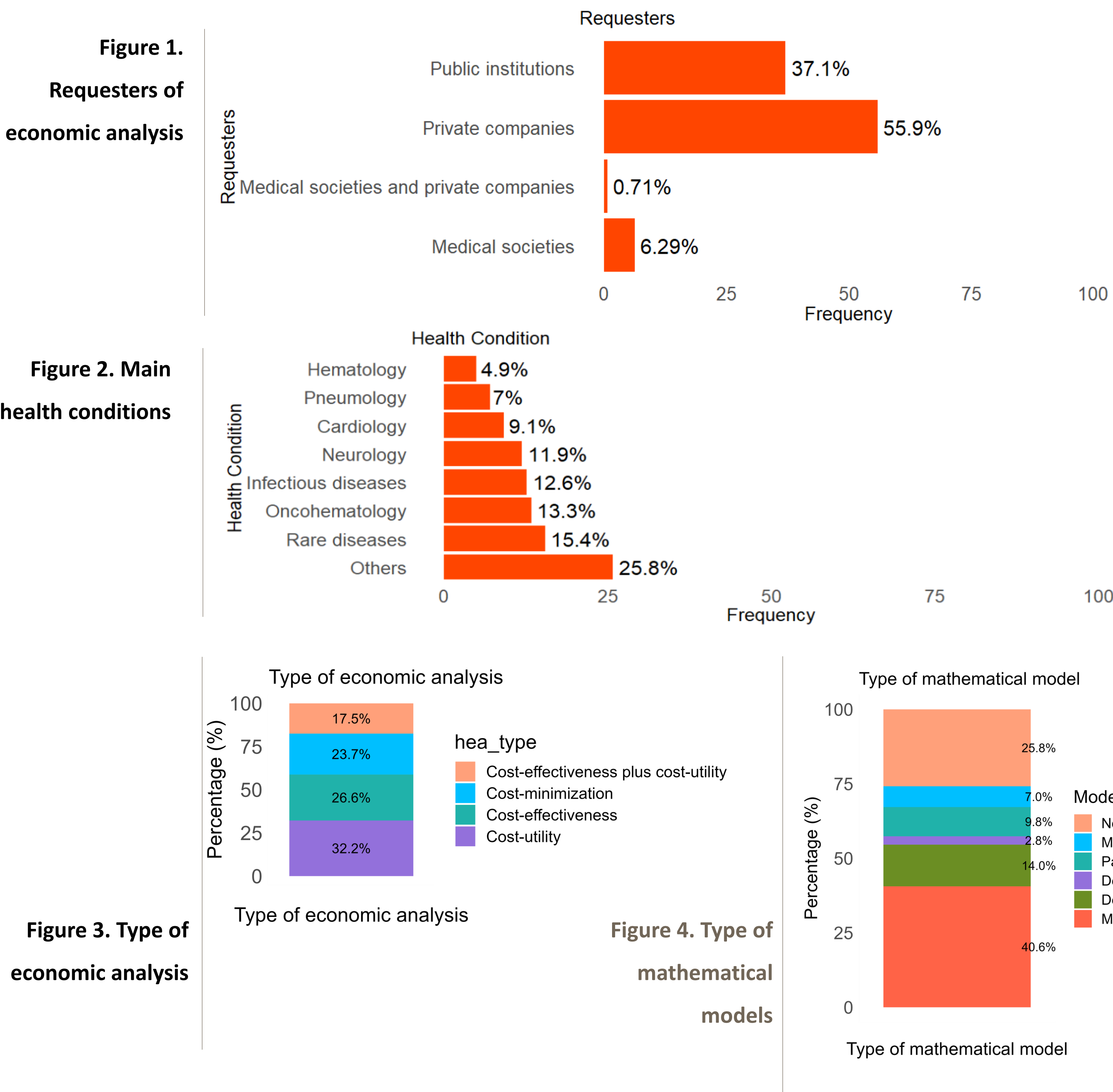


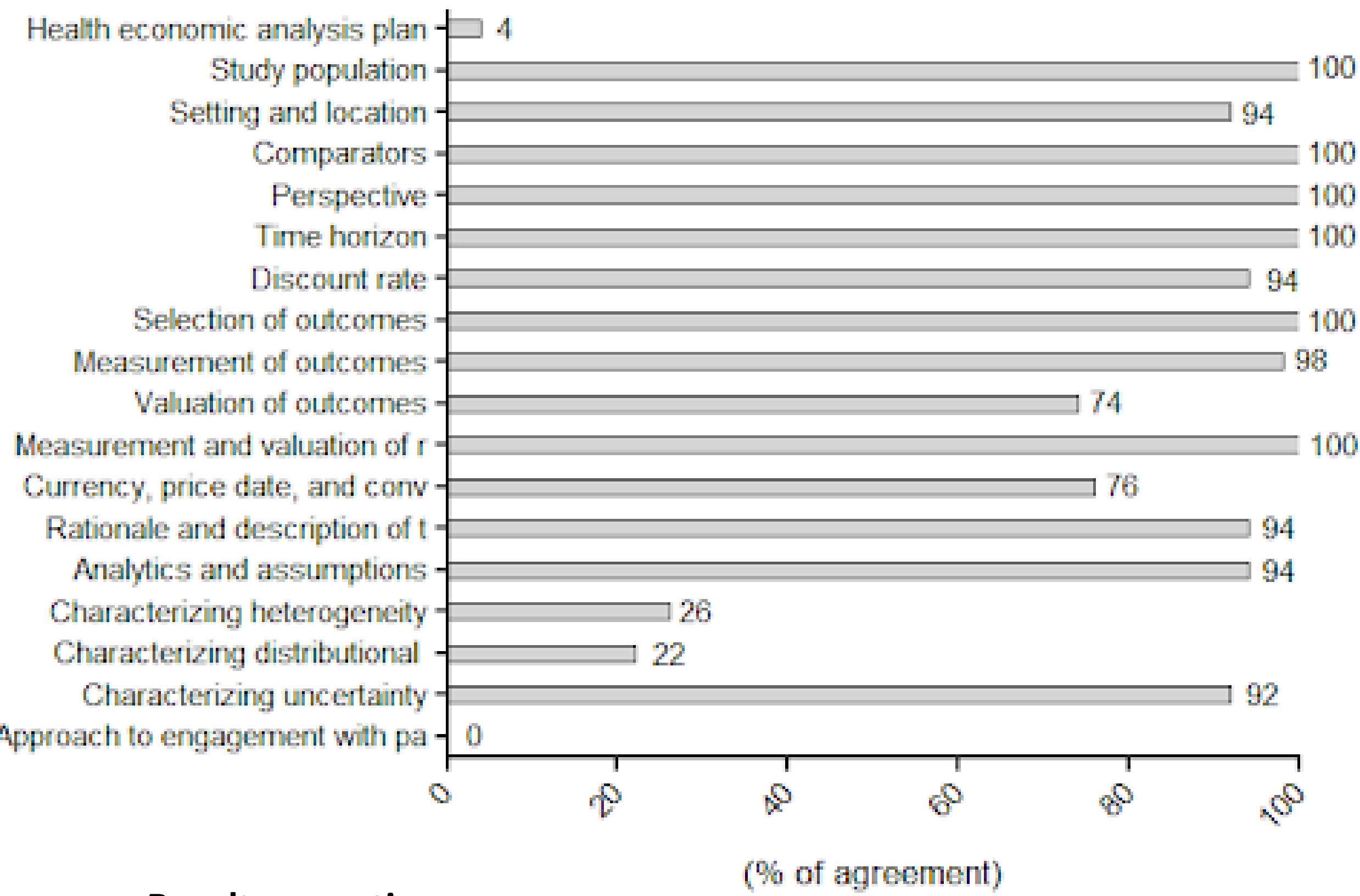
Table 1. Health outcome data in cost-effectiveness/utility analysis in HTA reports of drugs submitted to CONITEC

Main health outcomes	37
• QALY	34
• QALY and life-years gained	6
• Life-years gained	
Utilities for the main states of health	86.2
Disutility for adverse events	19.7
Disutility for caregiver	4.6
Adoption of national data for utilities	10.4
Correction of utility data by the mean age of base case population	12.8
Systematic review to identify utilities	18.6
Certainty of evidence assessment	0

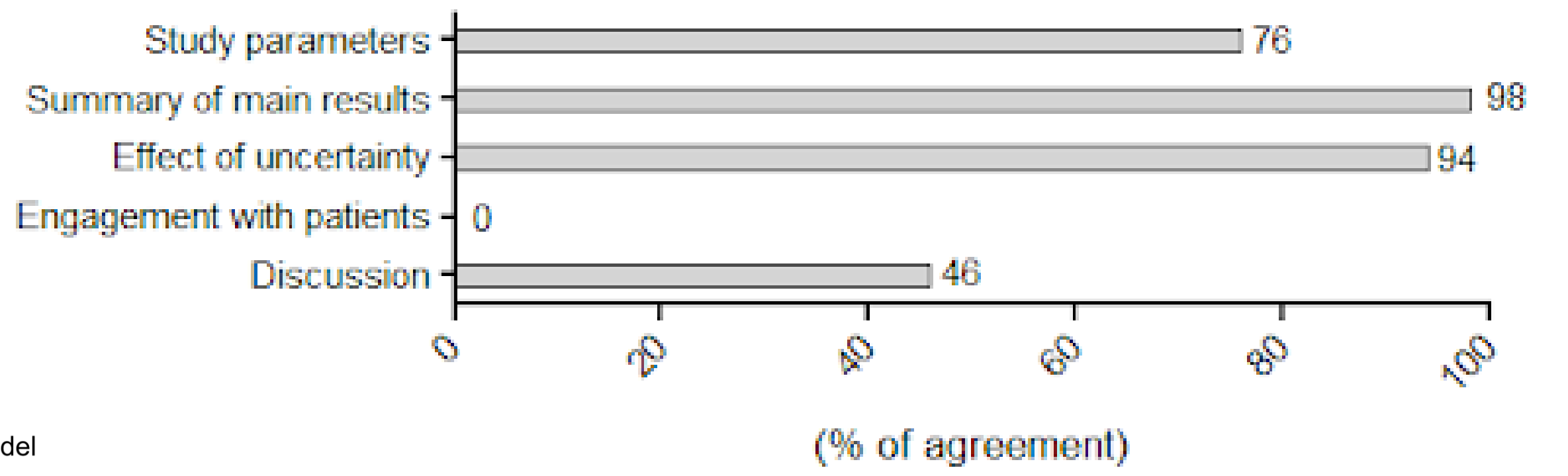
Data presented as relative frequency (%).

Figure 5. Quality reporting by CHEERS 2022

Methods reporting



Results reporting



CONCLUSION

This study highlights **the need** for **more standardized** and **refined methods** in the EE submitted to CONITEC. The existing EE methodological guidelines, dating from 2014, are currently under revision. This update is crucial to integrate recent advancements in health technology assessment and to better address contemporary requirements, particularly in light of the newly defined willingness-to-pay threshold.

FUNDING

This study was supported by the Programa de Apoio ao Desenvolvimento Institucional do Sistema único de Saúde (PROADI-SUS).