



Health Technology Assessment Policy and Methods Review Reference Committee

Communique – 22 September 2023 meeting

The Health Technology Assessment (HTA) Policy and Methods Review (Review) Reference Committee (Committee) met by video conference on 22 September 2023.

The Committee held discussions with the Chair of the Australian Technical Advisory Group on Immunisation (ATAGI) and its Secretariat team, the Director of the National Centre for Immunisation Research and Surveillance (NCIRS), the Department of Health and Aged Care's (Department's) Immunisation Policy Section, the Centre for Health Economics Research and Evaluation (CHERE), Medicines Australia pharmaceutical industry representatives and representatives from the French Ministry of Health. Support staff from the Review Secretariat in the Department attended.

What did the Committee discuss?

Discounting under the PBAC guidelines

The CHERE presented the outcomes of its research into whether the Pharmaceutical Benefits Advisory Committee's (PBAC) current 5% base case- discount rate for costs and health benefits is consistent with practices internationally and within the Government. The Chair of the PBAC, Professor Wilson, and Medicines Australia pharmaceutical industry representatives also presented separately the perspectives of the discount rate from PBAC and Industry, respectively. The Committee noted that comparable countries considered by CHERE used discount rates of between 1.5% and 5%. The Committee noted that CHERE's review on the discount rate indicated that there was no theoretical or empirical basis for the use of 5% but that any change should be based on empirical analysis of impact on product prices, cost to Government and other policies impacts of the change (including equity impacts). The Committee discussed a range of potential approaches to influencing the setting of the discount rate but noted that the discount rate is a policy-driven parameter rather than a methodological decision. The Committee noted that the discount rate is one of many parameters in HTA, and that it should be considered in conjunction with other parameters and considerations within HTA methodology (including the level of uncertainty about long term- clinical benefits of a therapy). The Committee confirmed that making a recommendation to Government regarding setting the discount rate was an intended part of the HTA Review.

Deep Dive into vaccines

The Committee heard presentations on observations on the approach to HTA of vaccines, including how it compares to other countries. The opportunity for streamlining of the various inter-dependent roles of ATAGI, PBAC and the State/Territory tendering process to procure

the supply of vaccines through the National Immunisation Program was explicitly noted as designed to reduce timing from HTA decision-making and funded public access to vaccines. It was also noted that consideration of streamlining might be relevant in the context of urgent public health emergencies and the seasonality of specific disease outbreaks. The Committee heard observations on the evolving definition of vaccines and immunisation (with some emerging technologies on the Pharmaceutical Benefits Scheme and others on the NIP – noting that this is a program management matter, rather than an HTA matter), and whether HTA needs to be applied differently for preventative pharmaceuticals (including how real-world evidence should be considered). The Committee observed that most suggestions raised in these areas were practical and reasonable.

The Committee discussed with the Chair of ATAGI, changes that have been made to improve streamlining between ATAGI and PBAC, as well as additional opportunities for further streamlining. Different approaches to vaccines that elicit similar responses across similar diseases were discussed.

Representatives of the Department provided the Committee with advice on the important controls and outcomes included in the approval of vaccines that need to be retained in any streamlined process, but noted programmatic improvements that may be possible. It was also noted that in some countries, there is a single body that considers both the clinical and economic aspects of vaccines (such as the UK), as opposed to two separate bodies, such as the ATAGI and PBAC.

The Director of NCIRS noted the current arrangements for access to vaccines, including the reliance on sponsors to bring vaccines to the Australian market, and the need for better early (strategic) planning and early engagement with relevant stakeholders for access to emerging vaccines. It was also reinforced that ATAGI's advice was important in PBAC's consideration in relation to vaccines. The Committee discussed structures in connection with various bodies being involved in the assessment of vaccines (ATAGI, PBAC, external evaluators).

HTA Review publishing and options paper update

The Committee discussed the publishing, consultation, and administration work to be undertaken in the Review including the scheduled consultation with stakeholders, and the schedule surrounding the release of the draft options paper.

Discussion with representatives from the French Ministry of Health

The Committee discussed with representatives from the French Ministry of Health responsible for medicine pricing to understand the processes and decisions involved in finalising prices for medicines in France. Matters discussed included the interaction of cost-effectiveness and clinical effectiveness in price setting, the process for price negotiations and their associated timeframes, publication of prices and discounts, weighted pricing, and application of rebates.

Meeting close and next meeting

The Committee noted that the next meeting will be held on 6 October 2023.