Is There a Role for Pharmacoeconomics in Decision Making?

Hoomans et al. conclude in their article 'Methodological quality of economic evaluations of new pharmaceuticals in the Netherlands'^[1] that better compliance with pharmacoeconomic guidelines could improve the quality of economic evaluations and the decision-making process for drug reimbursement. The first seems plausible, although the second seems more like wishful thinking. After reading the article, my conclusion is that the requirement of a pharmacoeconomic evaluation at market entry for reimbursement decisions on new medicines seems to be a waste of time and money. The evaluations are not used for the purpose for which they were intended, but they constitute an extra burden on patients *vis-à-vis* their access to new medicines, on the manufacturers who have to conduct these studies, and on the assessors who analyse the results.

Since January 2005, there has been the requirement of a pharmacoeconomic evaluation for new medicines claiming added therapeutic value. Hoomans et al.'s study^[1] shows that, in the period until October 2008, in nearly half of the applications (47%) exemption was granted from conducting an economic analysis. Where submitted, the impact of the pharmacoeconomic evaluation focused on assessing the methodological quality of the evaluation and not on the cost effectiveness of the new medicine. This is not making optimal use of the aim of these evaluations and moreover the criterion 'methodological quality' is not applied consistently.

Eleven of 21 evaluations were on new medicines with an added therapeutic value and additional costs. Precisely for these situations, pharmacoeconomic evaluations form a tool for assessing whether the new medicine adds sufficient value for money to justify the costs. It is therefore important to determine the incremental cost-effectiveness ratio. This was not carried out in the seven evaluations on more costly medicines with an added value and with a sound methodological quality. Burden of disease seems to play a role in

the decision to reimburse these medicines, as the medicines are intended for the treatment of cancer and special patient subgroups with glaucoma and angina pectoris. Despite poor methodological quality, three medicines were probably reimbursed for burden of disease and low additional cost reasons. One medicine was initially not reimbursed, but after a reassessment with an improved evaluation it was included on the reimbursement list. The authors also mentioned human papillomavirus (HPV) vaccine, although this is incorrect because the decision was based on other criteria, linked to financing collective prevention.^[2] Thus, only one evaluation played a role in the decision-making process. Therapeutic value, budget impact and burden of disease seem to be the most important criteria for reimbursement decisions. If cost effectiveness really wants to play a role in decision making on reimbursement, it is high time to demonstrate that pharmacoeconomic evaluations have become much more than merely an interesting theoretical concept and actually make a practical contribution to the process of decision making. Therefore, pharmacoeconomists have to demonstrate the added value of a pharmacoeconomic evaluation above separate evaluations of therapeutic value and budget impact. What is the cost effectiveness of a pharmacoeconomic evaluation? I would have preferred it if the authors had discussed these issues in more depth, as the results are important enough.

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