



**HTA Options Paper - Consultation 2
Brain Foundation | Migraine & Headache Australia Submission**

It is clear that a great amount of work, public consultation, discussion and evaluation of submissions has already taken place. The Brain Foundation and Migraine & Headache Australia applaud this effort and many of the positive suggestions outlined in the HTA Options Paper.

This submission will focus constructive feedback on areas for further improvement. These are summarised as follows:

1. Lowest Cost Comparator Policy is Harmful To Access & Innovation
2. Cost-Minimisation In HTA Processes Is Overemphasized
3. Economic Evaluation Should Not Be Treated As Price Negotiation
4. Consolidating Pathways Risks Disinvesting An Already Under-Resourced Process

1. Lowest Cost Comparator Policy is Harmful To Access & Innovation

The lowest cost comparator' policy is an area of deep concern for the Brain Foundation and Migraine & Headache Australia consumer communities. The implications for treatment access to the consumer is so significant that is it worth reinforcing an Issue statement made in the HTA Options Paper that we support:

- a) The lowest cost comparator' policy does not reflect the true value of the new therapy because it does not allow pricing at parity to the most commonly-used alternative.
- b) It acts as a barrier to accessing innovative treatments, which can compound over time as new therapies are also directly or indirectly price-referenced to an older, increasingly rarely used lowest-cost comparator.

The Brain Foundation agrees with Medicines Australia's statement that "this disincentivises innovation and does not reflect the economic value of introducing the new therapy".

2. Cost-Minimisation In HTA Processes Is Overemphasized

Cost-minimisation in itself isn't a negative thing but there is not one proposal in the HTA Options Paper to unequivocally accelerate funded access to new health technologies. They all have conditions attached. For example the streamlined pathway proposal is contingent on cost reductions. It's been stated previously, and acknowledged publicly by stakeholders, that it is not the purpose of HTA to deliver price savings.

The reference committee themselves have noted this as well "using HTA resubmissions as a tool for price negotiation is inefficient." This issue is explored further in the next section.

3. Economic Evaluation Should Not Be Treated As Price Negotiation

The Brain Foundation echoes concerns raised by other stakeholders (noted in the HTA Options paper) that economic evaluation should not be used as price negotiation - as it currently serves in practice. During the evaluation process, parameters are often adjusted to reflect conservative estimates, resulting in a reduced economically justifiable price for new medicines. As a result, sponsors are incentivised to submit a higher initial price, anticipating negotiation and multiple resubmissions. This can lead to prolonged timelines for PBS listing, limiting patient access to essential medicines and increasing costs for both sponsors and the government.

The HTA Options reference committee stated that "as long as economic evaluations in HTA have a price setting function, they will always be used as the proxy for price negotiation".

Furthermore, they state "We do not think it is realistic to expect that suppliers of health technologies could be compelled to put their best price and most conservative assumptions in their first submission, or that advisory committees should recommend funding irrespective of how optimistic assumptions are or how cost-ineffective initial prices would be."

These negotiation tactics lengthen the timeline to patient access. The Brain Foundation calls for a recalibration towards the value assessment of new medicines when evaluating new innovative health technologies rather than the undercurrent of cost-minimisation and pricing. Costs and pricing concerns can be navigated after a recommendation is made.

4. Consolidating Pathways Risks Disinvesting An Already Under-Resourced Process

Consolidation of HTA pathways makes sense in theory but we know in practice that teams such as the PBAC are already struggling to keep up with the required readings, busy meeting agendas and resources required to fulfil their responsibilities, all in addition to the other work outside their role on the PBAC.

Without appropriate resourcing, expanding the role of the PBAC appears to be a disinvestment which could have perilous implications for the quality review of innovative new health technologies.

There is also concern about how this centralisation of power and those granted with additional remits, will be held accountable.

About the Brain Foundation

Established in 1970 by an eminent group of neurologists and neurosurgeons, the Brain Foundation remains the largest independent, non-government funder of neurological and neuroscientific research in Australia. The Brain Foundation is a nationally registered charity dedicated to funding the highest quality Australian research into neurological disorders, diseases, and injuries, with the ultimate goal of advancing diagnoses, treatments, and patient outcomes.

About Migraine & Headache Australia

Migraine & Headache Australia is the only charitable organisation in Australia that has supported the more than 5 million Australians affected by migraine and headache disorders for over two decades.