

## **NDC ECONOMICS CHECKLIST**

### **Product name**

Manufacturer

Date of NDC meeting

Economic reviewer

Pharmacist reviewer

Lead assessor

**Declaration of any conflicting interests on the part of the economics reviewer**

### **Summary of case submitted**

*(brief statement of type of economic evaluation, main data sources, whether model used and key results)*

## **Design of the economic study**

### *Patients*

- 1. What is the licensed indication?**
- 2. Do the patients in the economic evaluation reflect this? If not, was it clear that the manufacturer was seeking a proposed product position?**
- 3. Was the analysis carried out for any sub-groups of patients? Were any obvious sub-groups not considered?**

### *Comparator*

- 4. What comparator was used and what justification was given for its choice?**
- 5. Do clinical experts believe this is the aspect of current Scottish practice most likely to be replaced by the new medicine?**

### *Study parameters*

- 6. Did the perspective reflect SMC guidance on economic submissions? If not, how did it differ?**
- 7. What time horizon was used in the analysis? How was this justified? Is it appropriate?**

### *Model*

- 8. Was a model used? If so, what type was it?**
- 9. Was the choice of model type justified?**
- 10. If a model was used was any obvious bias introduced (e.g. by the choice of structure, health states or cycle length)?**

### *Summary*

- 11. Overall, what were the key strengths and weaknesses of the design of the economic study? If there were weaknesses, what difference is this likely to have made to the results of the economic evaluation?**

## **Clinical evidence and health benefit**

### *Clinical evidence*

- 12. What was the source of clinical evidence for the economic evaluation?**
  
- 13. Was the clinical evidence in the economic evaluation consistent with Sections 3 and 4 of the submission? If there were differences, were these explained?**
  
- 14. What are the key strengths and weaknesses of the clinical evidence as a basis for the economic study?**
  
- 15. If an indirect comparison was made, did this reflect the SMC guidance on economic submissions (e.g. systematic literature search, comparable studies, appropriate meta analysis)?**
  
- 16. If the model goes beyond the clinical trial follow-up period what assumption was used about the longer-term difference in effectiveness between the medicine and its comparator? Was this a reasonable assumption?**
  
- 17. What other key assumptions regarding clinical evidence and health benefits were made? Were these reasonable?**

### *Health effects valued in the economic evaluation*

- 18. How were health benefits measured and valued? Did this capture all health effects (e.g. quality-of-life loss from adverse events)?**
  
- 19. If QALYs were not used, what justification was given?**
  
- 20. What were the key utility values used? What method was used to elicit them and from whom?**
  
- 21. Are there other values for comparable health states in previously published studies that would allow a judgement to be made about whether these values are plausible?**

### *Summary*

- 22. Overall, what were the key strengths and weaknesses in the handling of clinical evidence and health benefits? If there were weaknesses, what difference is this likely to have made to the results of the economic evaluation?**

## **Resource use and costs**

### *Medicine costs*

**23. What medicine costs were included? Is this list comprehensive? (e.g. administration, adverse events, non-compliance, subsequent treatment of "drop-outs")**

**24. What dose and duration was the economic analysis based on?**

**25. Was the dose/duration in the economic evidence consistent with the clinical evidence submitted? If not, are the assumptions / projections reasonable?**

**26. What sources were used for medicine costs and are these consistent with Scottish practice?**

### *Other costs and savings*

**27. What other NHS costs/savings were estimated? Is this list comprehensive?**

**28. In terms of measuring resources used (bed-days, staff time, etc.), what were the data sources and how appropriate were these?**

**29. Did the quantities of resources used seem appropriate?**

**30. What sources were used to value resource use and how appropriate were these?**

### *Time factors*

**31. Were costs and benefits discounted at the rate specified in SMC guidance?**

**32. Were costs indexed to the current year? If not, to what extent is this likely to bias the results?**

### *Summary*

**33. Overall, what were the key strengths and weaknesses in the handling of resource use and costs? If there were weaknesses, what difference is this likely to have made to the results of the economic evaluation?**

## **Analysis of Results**

### *Baseline result*

**34. What were the main economic results (e.g. net cost per QALY gained)?**

**35. Were results reported for different sub-groups of patients? If so, what were these?**

### *Sensitivity analysis*

**36. What type(s) of sensitivity analysis was performed and what were the main findings reported?**

**37. Did it identify all the variables that the results are sensitive to?**

**38. Did it change the variables through an appropriate range?**

**39. Was the sensitivity analysis adequate?**

### *Summary*

**40. Overall what were the strengths and weakness of the way the data were analysed to produce results? If there were weaknesses, what difference is this likely to have made to the results of the economic evaluation?**

## **Budget impact**

- 41. What is the estimated annual budget impact to NHS Scotland?**
  
- 42. What number of patients were assumed to be eligible? Does this assumption seem plausible?**
  
- 43. What assumption was made about market share? Does this assumption seem plausible?**
  
- 44. Were the unit costs in the Budget Impact estimate consistent with the economic evaluation?**
  
- 45. If the analysis includes estimates of resource savings, how appropriate do these seem?**
  
- 46. If the budget impact is thought to be inaccurate then is it possible to make a more realistic estimate?**

## **Summary**

**47. What are the strengths of the analysis?**

**48. What are the main weaknesses of the analysis? What difference are these likely to make to the results?**

**49. Has the manufacturer been invited to explain the shortcomings? What was their response?**

**50. What is your conclusion?**