OP138 Navigating High-Cost Medicines: Promoting Consistent, Evidence-based Use Of High-Cost Medicines In A Fiscally And Equitable Responsible Manner

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Introduction: Hospitals play a significant and important role in funding high-cost medicines so patients can access treatments they need. High-cost medicines are often specialty medicines, which contribute to a significant and increasing portion of the hospital budget. It is imperative that these expensive medicines are governed and managed with a fair, standardized evidence-based process. We aim to provide a framework for Drugs and Therapeutics Committees (DTCs).
Methods: During 2021, Guiding Principles were developed following a literature review and survey of current practices by DTCs in Australia. An Expert Advisory Group (EAG) was convened, comprising individuals with expertise in quality use of medicines, evidence-based medicine and medicines governance. The guiding principles were drafted by the EAG, in consultation with a range of stakeholders and relevant external organizations. All feedback was collated, reviewed and discussed to refine the content of the final Guiding Principles released in January 2022.
Results: Seven overarching principles provide key recommendations for the governance of high-cost medicines:

(i) A definition of high-cost medicines should be determined and clearly articulated for use by each medicines governance committee.
(ii) Review of high-cost medicines requires members with relevant expertize to facilitate good and effective decision-making.
(iii) The committee should engage directly with the applicant prior to review to ensure a full understanding of the rationale for the request.
(iv) consistent, robust and transparent procedure for the assessment of high-cost medicine applications should be defined and implemented for use by each medicines governance committee to ensure fair process.
(v) Ethical considerations fundamentally underpin deliberations around high-cost medicines.
(vi) The decisions and outcomes of the decision making should be transparent and appropriately communicated to the various audiences.
(vii) The high-quality assessment of high-cost medicines requires appropriate training and resourcing.

Conclusions: These national Guiding Principles promote consistent, evidence-based use of high-cost medicines and provide a framework for DTCs to assess and achieve effective governance for the quality use of high-cost medicines.

OP141 Expert Knowledge Elicitation in Health Technology Assessment: Our Experience Using the Sheffield Elicitation Framework

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Introduction: Expert judgement has an important role in health technology assessment (HTA), including as a source of evidence to inform economic modeling when published data are lacking. Quantitative information may be elicited from experts to inform model inputs and associated uncertainty using one of many expert elicitation methodologies. Here, the feasibility and potential benefits of one expert elicitation method, the Sheffield Elicitation Framework (SHELF), to the HTA process is examined.
Methods: The SHELF method seeks to express the knowledge of multiple experts in the form of a subjective probability distribution. Eliciting a subjective probability distribution allows the uncertainty of experts to be included in probabilistic sensitivity analysis, which is becoming an increasingly prominent feature of HTAs. The individual knowledge of participating experts is combined through behavioral aggregation, where experts participate in a discussion before being asked to provide judgments from the perspective of a rational impartial observer. The whole process is led by a facilitator who ensures all participants contribute and confirm that the final distribution is a product of consensus, not compromise.
Results: We recently conducted two SHELF elicitations as part of an ongoing project aiming to streamline the assessment of positron emission tomography (PET) in Australia. These elicitations provided insight into the usefulness of SHELF within the HTA setting. Given the constraints imposed by the COVID-19 pandemic, the elicitation sessions were conducted online rather than in the ideal face-to-face manner. In collaboration with one of the developers, we successfully adapted the method by making use of video conferencing technology to provide an online environment that mimicked the face-to-face setup as much as possible.
Conclusions: SHELF provides a rigorous and scientific method by which to elicit the knowledge of multiple experts in the form of a probability distribution. However, the method is resource intensive and may be best reserved for when data on key drivers are lacking.

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