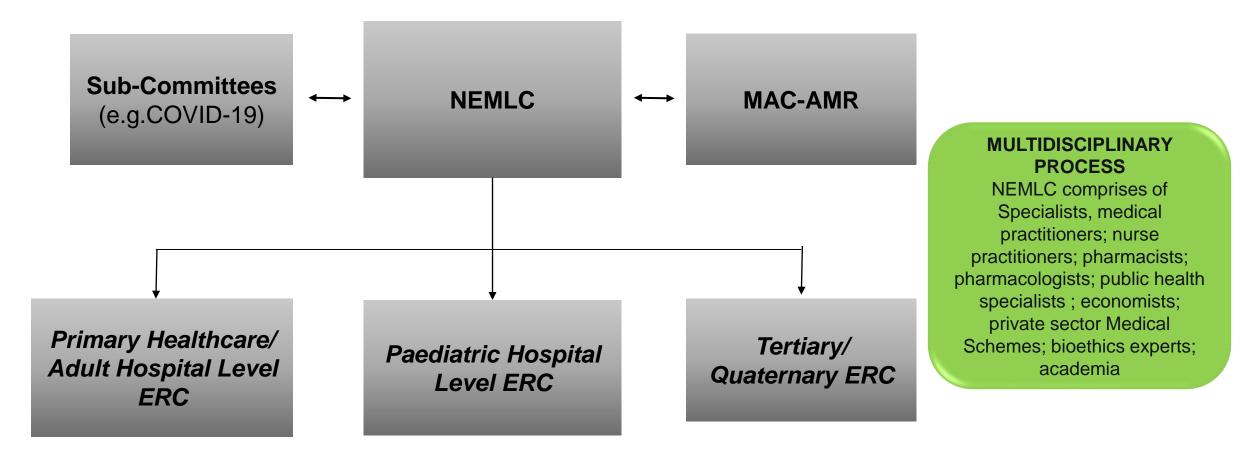
The Medicine Selection Process and NEMLC

Dr Jane Riddin



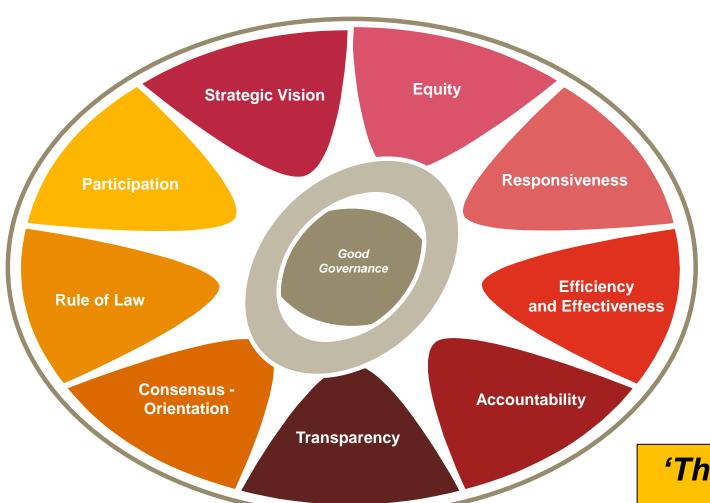
Essential Drugs Programme

EDP aims to ensure that "affordable, good quality essential medicines are available at all times in adequate amounts, in appropriate dosage forms, to all citizens"





Good Governance In Decision Making



Conflict of interest:
Preserving
selection decisions
against undue
influence is of
paramount
importance

'There is no such thing as a free lunch'



Selection Criteria



- Priority health diseases and conditions - burden of illness and injury
- Local epidemiology





Quality, Safety & Efficacy & Effectiveness

- •Product registered in terms of the Medicines Act
- Evidence of efficacy, safety and



- Affordability of medicine, compared to current standard of care
- Within budgets-of providers of health care



- Pragmatic considerations
- •Feasibility (e.g. adherence)
- Acceptability

PICO



• Used to formulate a well-defined question

Р	Patient, population or problem
1	Intervention
С	Comparator (current standard of care)
0	Outcome





Evolution of Decision-making

GOBSAT

EBM(Evidence-based Medicine)

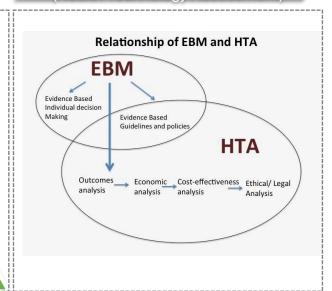
HTA (Health Technology Assessment



Good Old Boys Sat Around a Table

RCTs
Cohort
Studies
Case-Control
Studies
Case Series
GOBSAT

Rigorous process of transparent, multi-layered, evidence-based decision making



Evidence to Decision (EtD) framework

NDoH template for medicine reviews was developed in collaboration with Cochrane SA









A strong existing process: example Evidence To Decision framework



Rapid evidence review – example of factors within the framework

Evidence

Other value judgements

Resource use

What is the quality of the evidence?

- RCTs
- Systematic reviews and metaanalysis
- etc

What is the evidence of benefit?

- Impact on mortality and other health outcomes?
- Impact on hospital length of stay?

Do the benefits outweigh the harms?

Risk of adverse events

Feasibility: can the recommendation be implemented?

- Registration status?
- Global supply?

Values, preferences and acceptability?

 Would the intervention be acceptable to patients and healthcare workers?

Equity and human rights?

Impact on health inequity, access?

How large are the resource requirements?

Direct price of technology?

Affordable?

Additional resources?

Eg laboratory monitoring?

Note:

- The above-mentioned factors influence the direction and strength of the recommendation
- Recommendation (strong/ conditional) is agreed by consensus



Depart Health REPUBLIC OF SOUTH AFRICA

hea

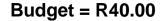
Progress of Pharmacoeconomics in Decision Making

International price comparisons

COST COMPARISON

COST MINIMISATION

CEA, CUA, BIA (modelling)

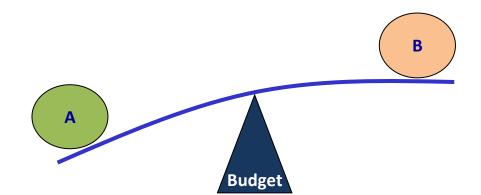




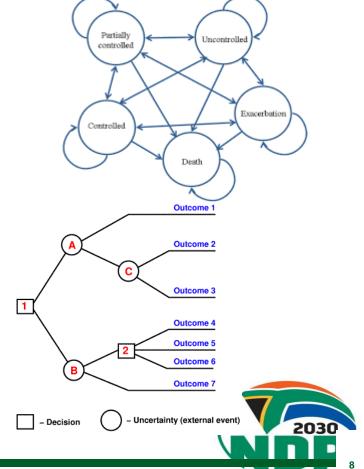
Option 1 = R39.95



Option 2 = R99.95

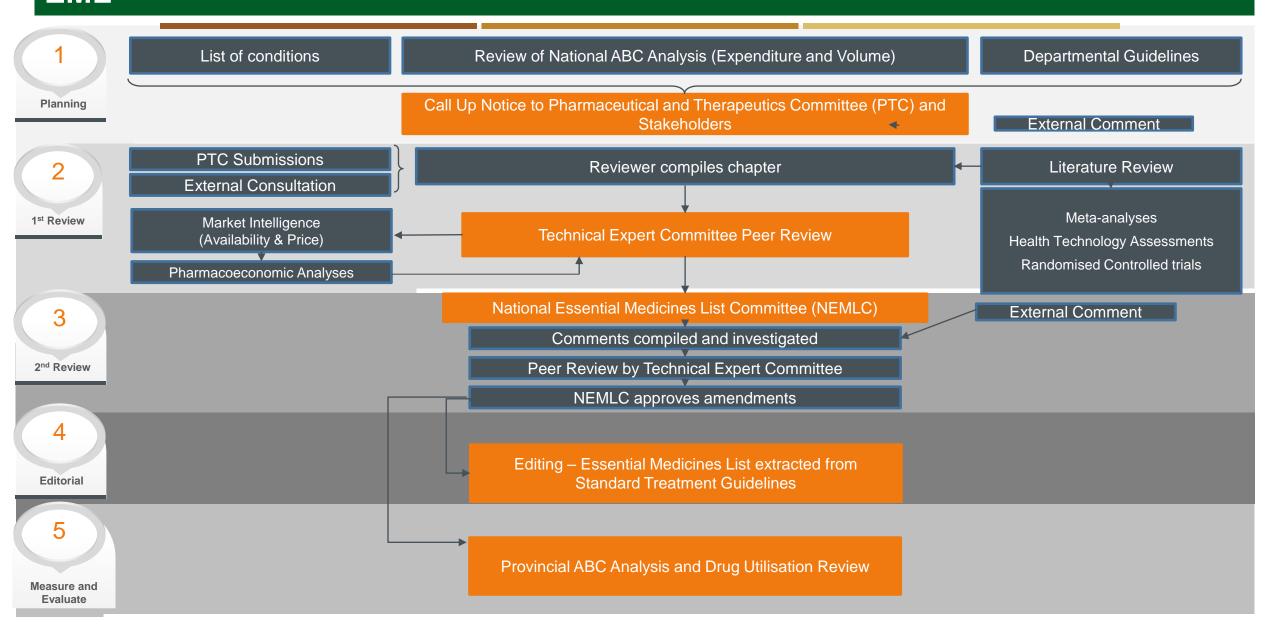


Option A comparable to option B in terms of efficacy (& safety)





Process Map for Revision, Dissemination and Implementation of STGs and EML



Thank you

