Health Technology Assessment in Pharmaceutical Reimbursement Policy in Kazakhstan

Alexander Kostyuk¹, Alima Almadiyeva², Amangali Akanov³, Aygul Shoranova¹

¹National Center for Expertise of Medicines, Medical Devices and Medical Equipment, Kazakhstan, ²Kazakh Agency for Health Technology Assessment, Kazakhstan, ³Astana Medical University, Kazakhstan

According to National Health Data (2015), spending on pharmaceuticals in Kazakhstan (US$ 34 per capita in PPP). The pharmaceutical expenditure in Kazakhstan is 1.04% of GDP compared to 1.5% GDP in the OECD, or 14% of total health care spending versus 16% in the OECD. The Ministry of Health is responsible for determining which pharmaceuticals are reimbursed. Decisions regarding the reimbursement level are made once the maximum price has been established. The submission for reimbursement from the side of pharmaceutical companies has to include pharmacoeconomic analysis for all new molecules and new indications. There is no doubt that economic evaluations of drugs should aid the decision-making process in terms of enhancing the information on which decisions are based, allows decision-makers to make informed choices based on evidence, and contributes to an efficient resource allocation. When the more effective therapy has higher costs than the alternative intervention, the incremental cost-effectiveness ratio must be calculated. In these cases the Ministry of Health considers whether the unit of additional health improvement is 'worth' its additional cost. The recommended threshold of a cost-effective new technology was set in the Kazakhstan $12 000 - $16 000/ per a quality-adjusted life year (QALY). Our decision-making approaches suggest that no single threshold value should apply to all interventions but cost per QALY results should be judged together with overall budgetary impact of a treatment in question. However, there is significant room for improvement because the use of relevant health technology assessment (HTA) in the decision-making process is inaccurate within the Kazakhstan. Evidence suggests that Kazakhstani pharmaceutical expenditures do not result in the most cost-effective outcomes. The price level of new drugs is adjusted to wealthier countries with greater willingness to pay for a quality adjusted life year gain. It can be concluded that economic evaluations of drugs and medical devices are mandatory in the Kazakhstan but the quality of evaluations and critical appraisals are rather poor. Approved changes in the legislation within the Kazakhstan from 2018 emphasize the role of HTA for the reimbursement policy.