2. Economical evaluation

Sections 1-19 to be filled out by MAH or local representative.

Application is not valid unless these sections are filled out.

Section 21-to be filled out by Icelandic Health Insurance (IHI).

Sections 22-24 to be filled out by Icelandic Medicine Pricing and Reimbursement committee (IMPRC).

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| 1. Drug(trade name and active ingredient): |

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| 1. ATC: |

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| 1. Manufacturer: |

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| 1. Full licensed indication: |

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| 1. Estimated annual cost per treated patient and justifications.   Identify different cost per indication: |

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| 1. What number of patient are assumed to be treated by the drug, for how long at what dosage and justifications: |

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| 1. Estimated total annual cost of the drug and justifications |

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| 1. Is it estimated that treatment and cost of other drugs will be affected and if so how: |

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| 1. If there are other drugs with same indication(s) what are the assumptions made about market share and justifications: |

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| 1. Is it estimated that introducing the treatment will have direct effect on other interventions/treatments within the health care service and if so what: |

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| 1. Is there other direct health cost/or savings of the treatments such as out-patients clinics, blood sampling e.c.t. : |

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| 1. What is the estimated annual budget impact for the Icelandic Health Insurance and justifications: |

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| 1. Overview of submitted health economical evaluation CEA | | | |
| Name/Country | Type | Indication | Comparator |
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| 1. What are the results of the health economical evaluation/CEA, particularly those conducted in the Nordic countries or UK. |

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| 1. What comparator was used and what justification was given for its choice: |

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| 1. Is it estimated that proposed treatment in Iceland and comparator treatment is similar to settings in the economical evaluation. If not why: |

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| 1. Are the indications in the in CEA analysis similar to the estimated use in Iceland and are the patient groups the same: |

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| 1. Are there sensitivity analysis done, on what parameters and results: |

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| 1. Is it likely that the results can be transferred to Icelandic health care settings based on current clinical practice: |

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| 1. Other issues that have to take in to consideration: |

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| 1. Assessment by Icelandic Health Insurance on sections 4-12: |

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| 1. Assessment by IMPRC on sections 13-20: |

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| 1. Summary of economical evaluation by IMPRC: |

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| 1. Date of summary/by: |