Evidence and scoring matrix for the adapted MCDA framework

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Score (quantitative)	Comments
NORMATIVE UNIVERSAL OBJEC	TIVES – QUANTITATIVE APPRAISAL		
OBJECTIVE: ADDRESSING AREAS OF HI	GH THERAPEUTIC NEED		
DISEASE SEVERITY			
Effect of disease on life-expectancy		□ 5 Very severe □ 4 □ 3 □ 2 □ 1 □ 0 No effect	
Effect of disease on morbidity (includes disability and function)		☐ 5 Very severe ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 No effect	
Effect of disease on patients' quality of life		□ 5 Very severe □ 4 □ 3 □ 2 □ 1 □ 0 No effect	
Effect of disease on caregivers' quality of life		☐ 5 Very severe ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 No effect	
SIZE OF POPULATION AFFECTED		X=Prevalence or incidence 5: X > 500/10,000 4: X < 500/10,000 3: X < 100/10,000 2: X < 10/10,000 1: X < 5/10,000 (rare) 0: X < 2 in 100,000 (ultra rare)	

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Score (quantitative)	Comments
UNMET NEEDS		□ 5 Many & serious □ 4 □ 3 □ 2 □ 1 □ 0 No limitations	
OBJECTIVE 2: PROVIDING LARGE IMPR	OVEMENTS IN HEALTH OUTCOMES		
COMPARATIVE EFFECTIVENESS			
Improvement of efficacy outcome 1:		5 Much better than comparator 4 3 2 1 0 No difference -1 -2 -3 -4 -5 Much worse than comparator	
Etc.			
COMPARATIVE SAFETY / TOLERABILITY includes • Adverse events • Serious adverse events • Fatal adverse events • Long-term safety • Tolerability		□ 5 Much better than comparator □ 4 □ 3 □ 2 □ 1 □ 0 No difference □ -1 □ -2 □ -3 □ -4 □ -5 Much worse than comparator □ -5 Much worse than comparator	

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Score (quantitative)	Comments
COMPARATIVE PATIENT PERCEIVED HEALTH/PATIENT- REPORTED OUTCOMES (PRO) includes • Improvement in health-related quality of life • Impact on autonomy • Impact on dignity • Convenience/ ease of use/ mode of administration		5 Much better than comparator 4 3 2 1 0 No difference -1 -2 -3 -4 -5 Much worse than comparator	
OBJECTIVE: DELIVERING IMPORTANT T	YPES OF HEALTH BENEFIT		
TYPE OF PREVENTIVE BENEFIT		5 Elimination of disease 4 3 2 11 0 No reduction in risk of disease	
TYPE OF THERAPEUTIC BENEFIT		5 Cure / life saving 4 3 2 1 0 No impact on existing condition	
OBJECTIVE: PRODUCING FAVORABLE E	CONOMIC CONSEQUENCES		
COMPARATIVE COST CONSEQUENCES – COST OF INTERVENTION Including acquisition, implementation, maintenance costs and replacement of existing treatment		□ 5 Substantial savings □ 4 □ 3 □ 2 □ 1 □ 0 No difference □ -1 □ -2 □ -3 □ -4 □ -5 Substantial additional expenditures	

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COMPARATIVE COST CONSEQUENCES— OTHER MEDICAL COSTS			
Other medical costs to the healthcare system		5 Substantial savings 4 3 2 1 0 No difference -1 -2 -3 -4 -5 Substantial additional expenditures	
Medical costs to patients		☐ 5 Substantial savings ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 No difference ☐ -1 ☐ -2 ☐ -3 ☐ -4 ☐ -5 Substantial additional expenditures	
COMPARATIVE COST CONSEQUENCES— NON- MEDICAL COSTS			
Patients' and caregivers' productivity costs		☐ 5 Substantial savings ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 No difference ☐ -1 ☐ -2 ☐ -3 ☐ -4 ☐ -5 Substantial additional expenditures	

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Score (quantitative)	Comments
Costs to the wider social care system		5 Substantial savings 4 3 2 1 0 No difference -1 -2 -3 -4 -5 Substantial additional expenditures	
Non-medical costs to patients (e.g., transportation expenses, paid caregivers)		5 Substantial savings 4 3 2 1 0 No difference -1 -2 -3 -4 -5 Substantial additional expenditures	
OBJECTIVE: REDUCING UNCERTAINTY 1	THROUGH SOLID KNOWLEDGE		
QUALITY OF EVIDENCE			
Clinical evidence		5 Well reported, highly relevant and valid 4 3 2 1 0 Not relevant and/or invalid	
Epidemiology evidence		5 Well reported, highly relevant and valid 4 3 2 1 0 Not relevant and/or invalid	

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Score (quantitative)	Comments
Economic evidence		5 Well reported, highly relevant and valid 4 3 2 1 0 Not relevant and/or invalid	
EXPERT CONSENSUS / CLINICAL PRACTICE GUIDELINES		 □ 5 Strong first-line recommendation for drug above all other alternatives □ 4 □ 3 □ 2 □ 1 □ 0 No recommendation or not recommended 	
OBJECTIVE: ADDRESSING PRIORITIES TO Is there any value to be derived from pri	O INCREASE FAIRNESS / JUSTICE include in quantitative model if applicable to society / healt orities and fairness considerations?	hcare system / health plan)	
RARE DISEASES		☐ 5 Strong alignment with rare disease priority ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 No alignment with rare disease priority	
OTHER PRIORITIES (e.g., cancer, diabetes, remote population)		☐ 5 Strong alignment with other established priorities ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0 No alignment with other established priorities	

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Impact on value (qualitative)	Comments
NORMATIVE CONTEXTUAL OBJ	ECTIVES – QUALITATIVE APPRAISAL		
OBJECTIVE: ALIGNING WITH THE MAND	ATE AND SCOPE OF HEALTHCARE SYSTEM		
MANDATE AND SCOPE OF HEALTHCARE	Is the intervention aligned with the mandate/scope of healthcare in your country/region? Does the consideration of this criterion have an impact on the value of the intervention? • for example, lifestyle treatments may not fall under the scope of healthcare Evidence: Insights from appraiser:	☐ Positive impact ☐ No impact ☐ Negative impact	
OBJECTIVE: ALIGNING WITH THE COMM	10N GOAL		
COMMON GOAL AND SPECIFIC INTERESTS To consider: Stakeholder pressures Stakeholder barriers Conflict of interest	Are you aware of pressures/barriers from stakeholders regarding this intervention? Does the consideration of this criterion have an impact on the value of the intervention? Evidence: Insights from appraiser:	Positive impact No impact Negative impact	
OBJECTIVE: ENSURING ENVIRONMENTA	AL SUSTAINABILITY		
ENVIRONMENTAL IMPACT To consider: • Environmental impact of production • Environmental impact of use • Environmental impact of implementation	Does the intervention have a potential environmental impact? Does the consideration of this criterion have an impact on the value of the intervention? Evidence: Insights from appraiser:	Positive impact No impact Negative impact	
FEASIBILITY CONTEXTUAL OBJE	CTIVES – QUALITATIVE APPRAISAL		
OBJECTIVE: BEING AFFORDABLE WITH L	OW OPPORTUNITY COSTS		
OPPORTUNITY COSTS & AFFORDABILITY To consider: • Opportunity costs for patient (forgone resources) • Opportunity costs for population	Does the intervention result in significant displacement of resources of the healthcare system in your country/region? Does the consideration of this criterion have an impact on the value of the intervention? Evidence:	Positive impact No impact Negative impact	

OBJECTIVES CRITERIA Sub-criteria	Synthesis of available evidence / Questions to consider	Impact on value (qualitative)	Comments
NORMATIVE CONTEXTUAL OBJE	ECTIVES – QUALITATIVE APPRAISAL		
(forgone resources) • Affordability	Insights from appraiser:		
OBJECTIVE: ENSURING AND PRESERVING	G SYSTEM CAPACITY AND APPROPRIATE USE		
System Capacity & Appropriate Use Of Intervention To consider: Organizational requirements (e.g., process, premises, equipment) Skill requirements Legislative requirements Surveillance requirements Risk of inappropriate use Institutional/personal barriers to uptake Ability to reach the whole target region/population	Does the healthcare system in your country/region have sufficient capacity (e.g., skills, knowledge of intervention, surveillance system) to ensure appropriate use of the intervention? Does the consideration of this criterion have an impact on the value of the intervention? Evidence: Insights from appraiser:	☐ Positive impact ☐ No impact ☐ Negative impact	
OBJECTIVE: HAVING FAVORABLE POLITI	CAL , HISTORICAL AND CULTURAL CONTEXT		
POLITICAL/ HISTORICAL CONTEXT To consider: Political priorities and context Cultural acceptability Precedence (congruence with previous and future decisions) Impact on innovation & research Impact on partnership & collaboration among healthcare stakeholders	Are you aware of any political/historical aspect regarding this intervention (such as precedence, impact on innovation, impact on collaboration within the healthcare system)? Does the consideration of this criterion have an impact on the value of the intervention? Evidence: Insights from appraiser:	☐ Positive impact ☐ No impact ☐ Negative impact	