

## Supplementary Online Content 2

Michaeli DT, Mills M, Kanavos P (2022). Value and Price of Multi-Indication Cancer Drugs in the USA, Germany, France, England, Canada, Australia, and Scotland. *Applied Health Economics and Health Policy*. <https://doi.org/10.1007/s40258-022-00737-w>

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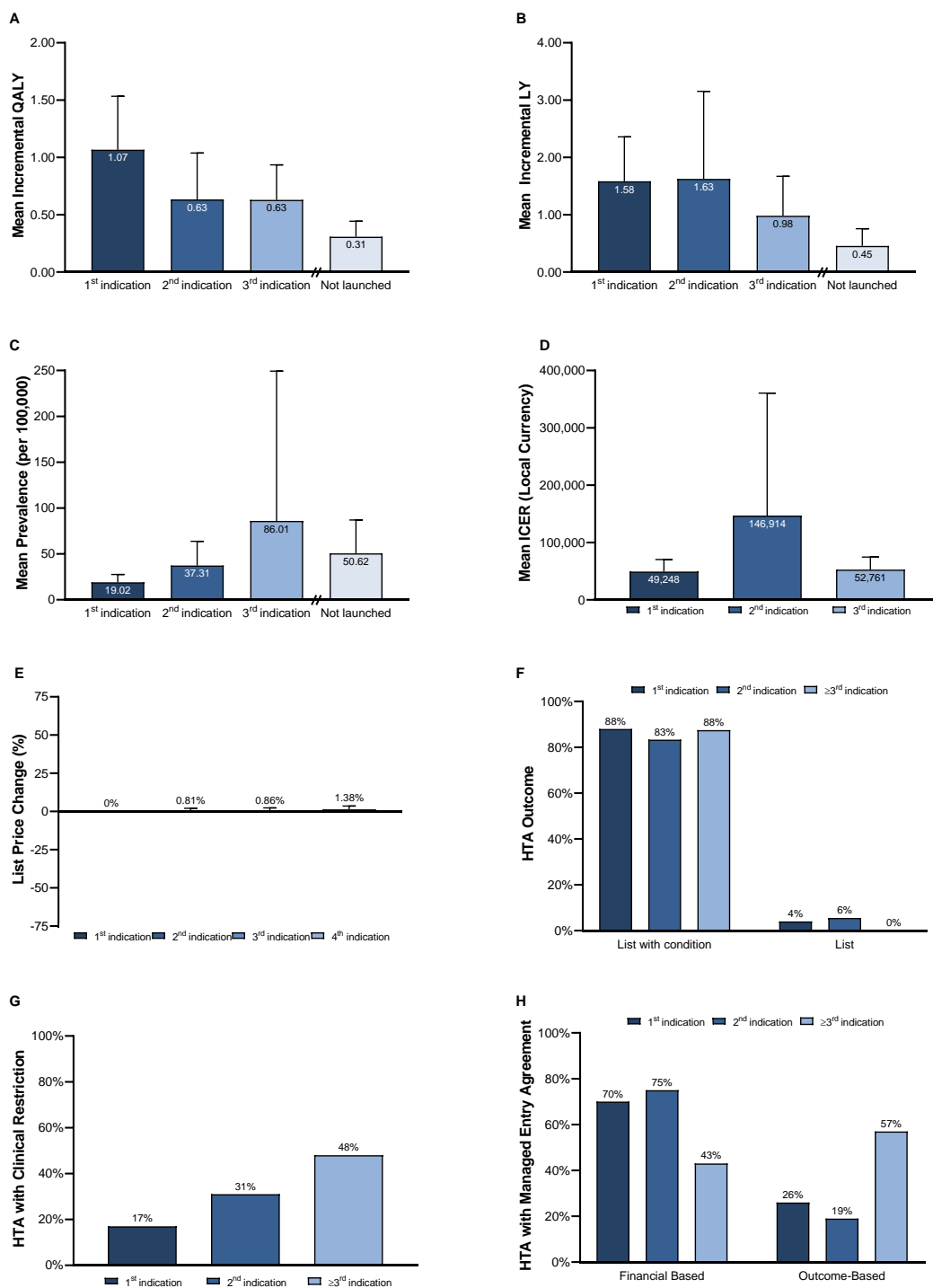
This supplementary material has been provided by the authors to give readers additional information about their work.

### Declarations

**Funding:** Novartis Pharmaceuticals Corporation, an affiliate of Novartis AG, provided access to the IQVIA sales database.

**Conflict of interest:** The authors declare no conflict of interest.

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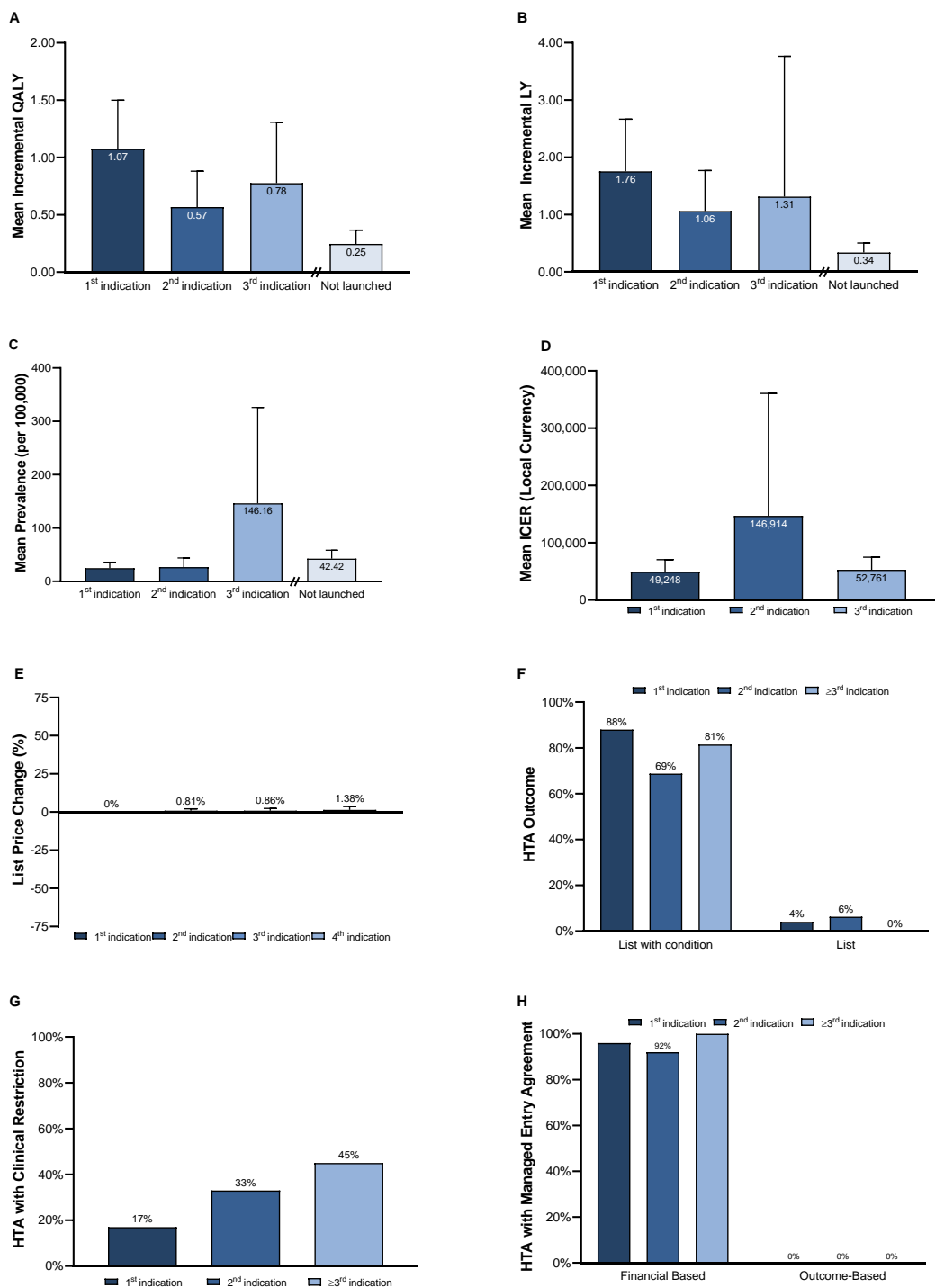


**Figure e1** Country overview: England

**Legend:** Incremental QALYs gained (panel **A**); incremental LYs gained (panel **B**); disease prevalence (panel **C**); ICERs (panel **D**); list prices (panel **E**); HTA outcomes (panel **F**); clinical restrictions (panel **G**); and managed entry agreements (panel **H**) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. List prices are common for England and Scotland.

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.

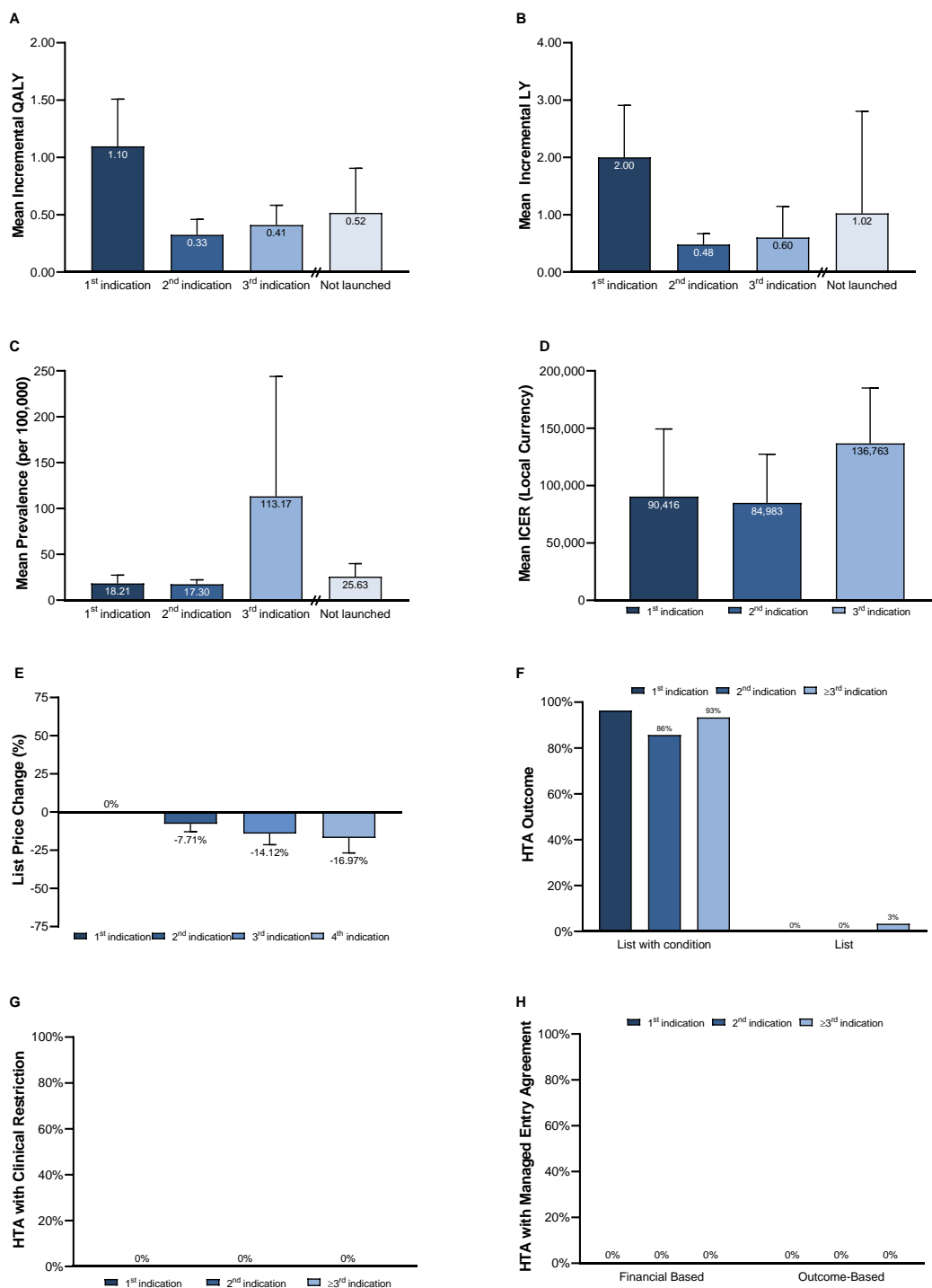


**Figure e2** Country overview: Scotland

**Legend:** Incremental QALYs gained (panel A); incremental LYs gained (panel B); disease prevalence (panel C); ICERs (panel D); list prices (panel E); HTA outcomes (panel F); clinical restrictions (panel G); and managed entry agreements (panel H) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. List prices are common for England and Scotland.

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.

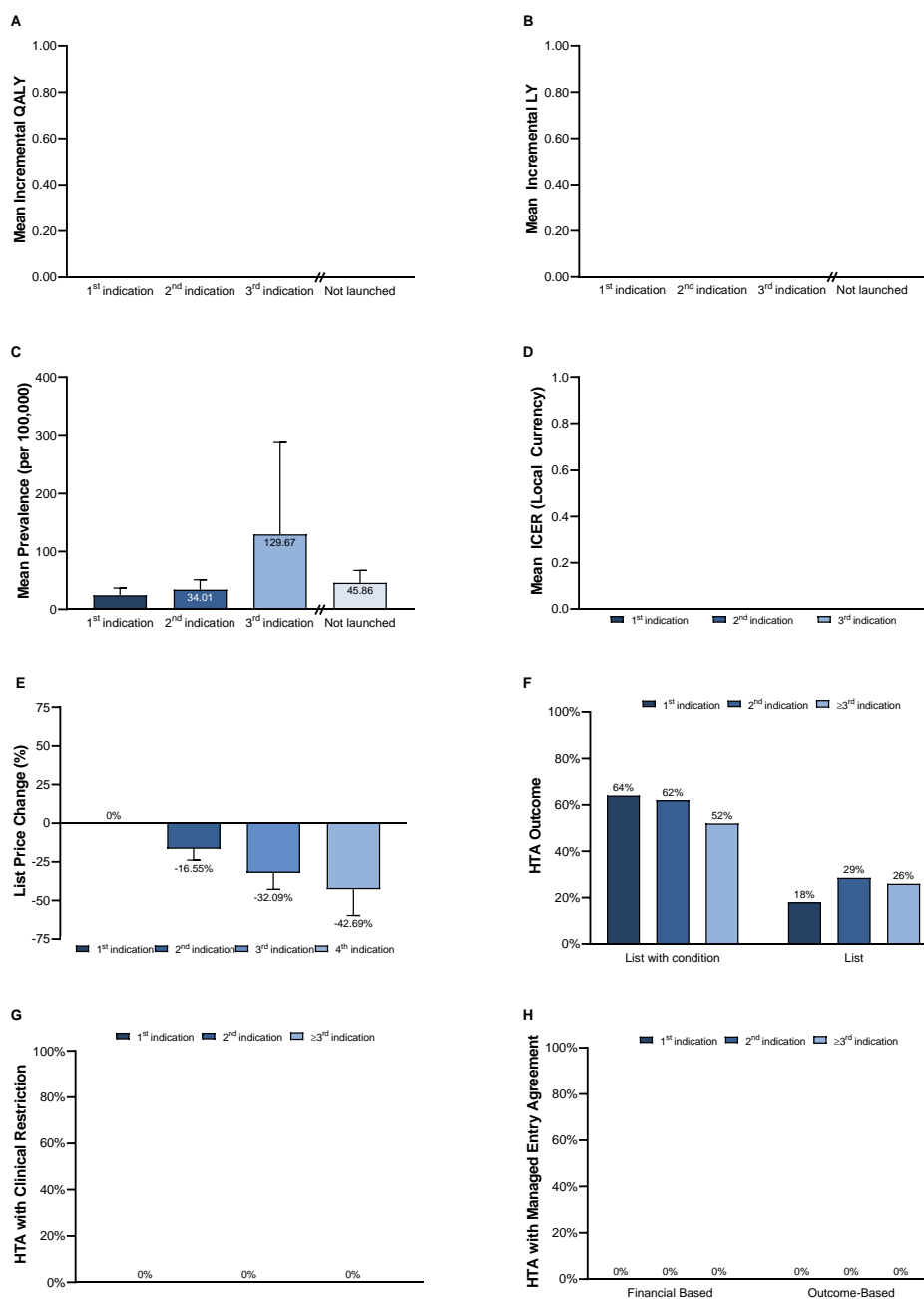


**Figure e3** Country overview: France

**Legend:** Incremental QALYs gained (panel A); incremental LYs gained (panel B); disease prevalence (panel C); ICERs (panel D); list prices (panel E); HTA outcomes (panel F); clinical restrictions (panel G); and managed entry agreements (panel H) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. France data on MEAs are not accessible due to confidentiality.

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.

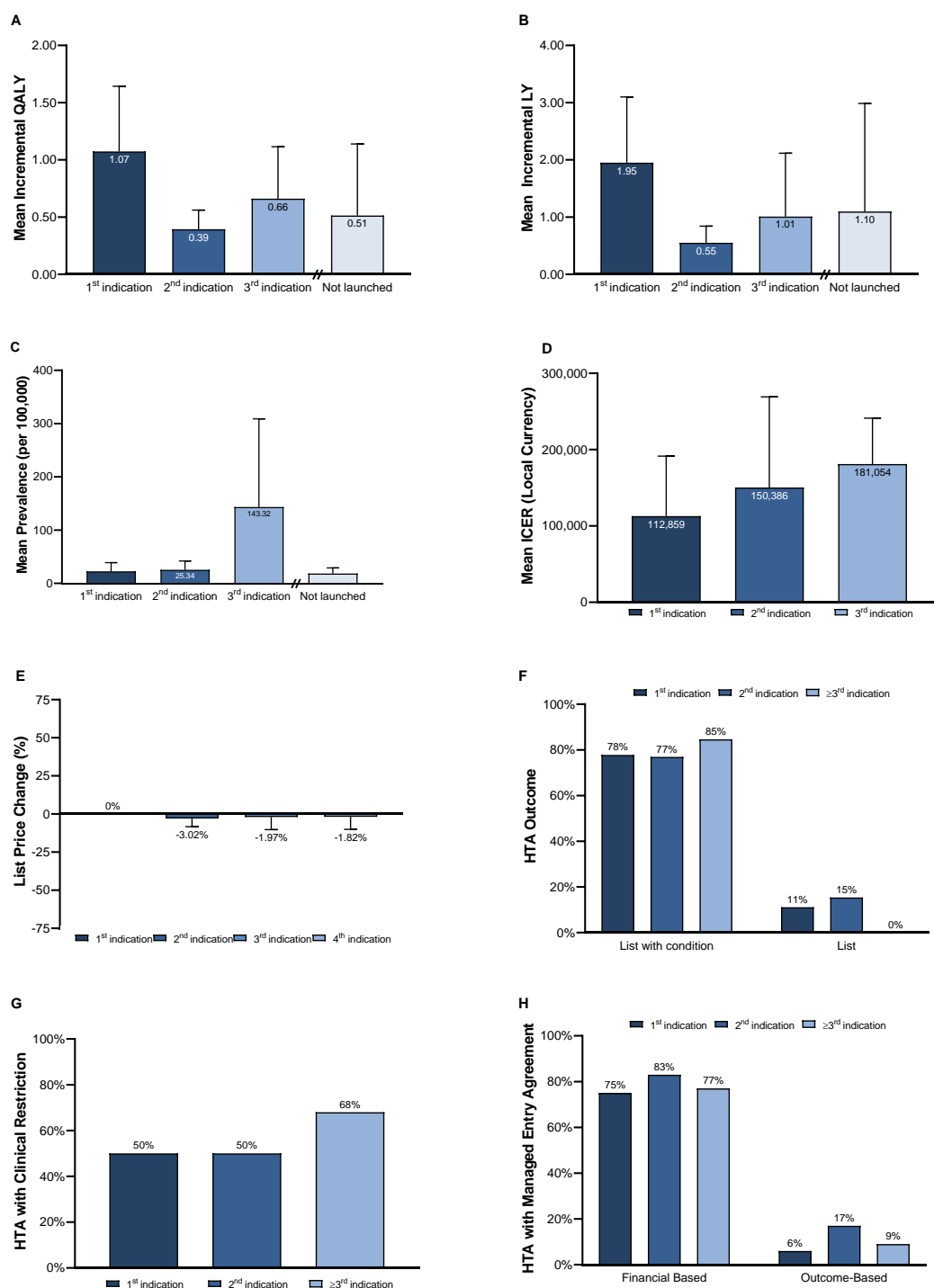


**Figure e4** Country overview: Germany

**Legend:** Incremental QALYs gained (panel A); incremental LYs gained (panel B); disease prevalence (panel C); ICERs (panel D); list prices (panel E); HTA outcomes (panel F); clinical restrictions (panel G); and managed entry agreements (panel H) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. The German HTA agencies do not report QALYs, LYs, or ICERs (panels A, B and D, respectively). The agency does not report clinical restrictions and managed entry agreements are not issued as part of their assessment (panels G and H, respectively). However, they do evaluate each subpopulation separately, and certain subpopulations may get no-added benefit ratings, while others have proof of benefit within an indication. Managed entry agreements are also possible, but these would be negotiated with individual insurers rather than with the Federal Joint Committee.

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.

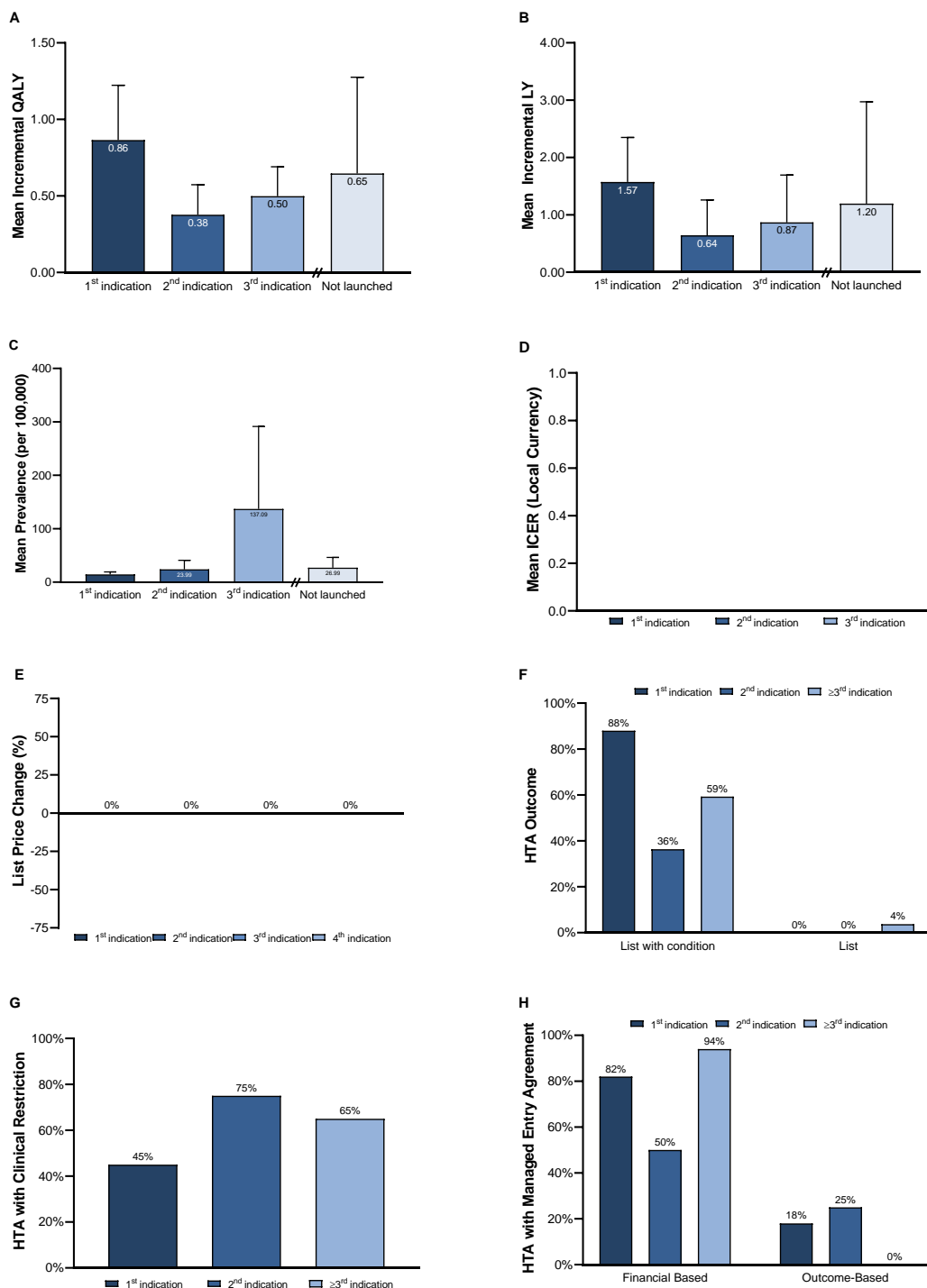


**Figure e5** Country overview: Canada

**Legend:** Incremental QALYs gained (panel **A**); incremental LYs gained (panel **B**); disease prevalence (panel **C**); ICERs (panel **D**); list prices (panel **E**); HTA outcomes (panel **F**); clinical restrictions (panel **G**); and managed entry agreements (panel **H**) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. In Canada, managed entry agreements are negotiated with individual provinces. Representative data is presented for the province of Ontario.

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.

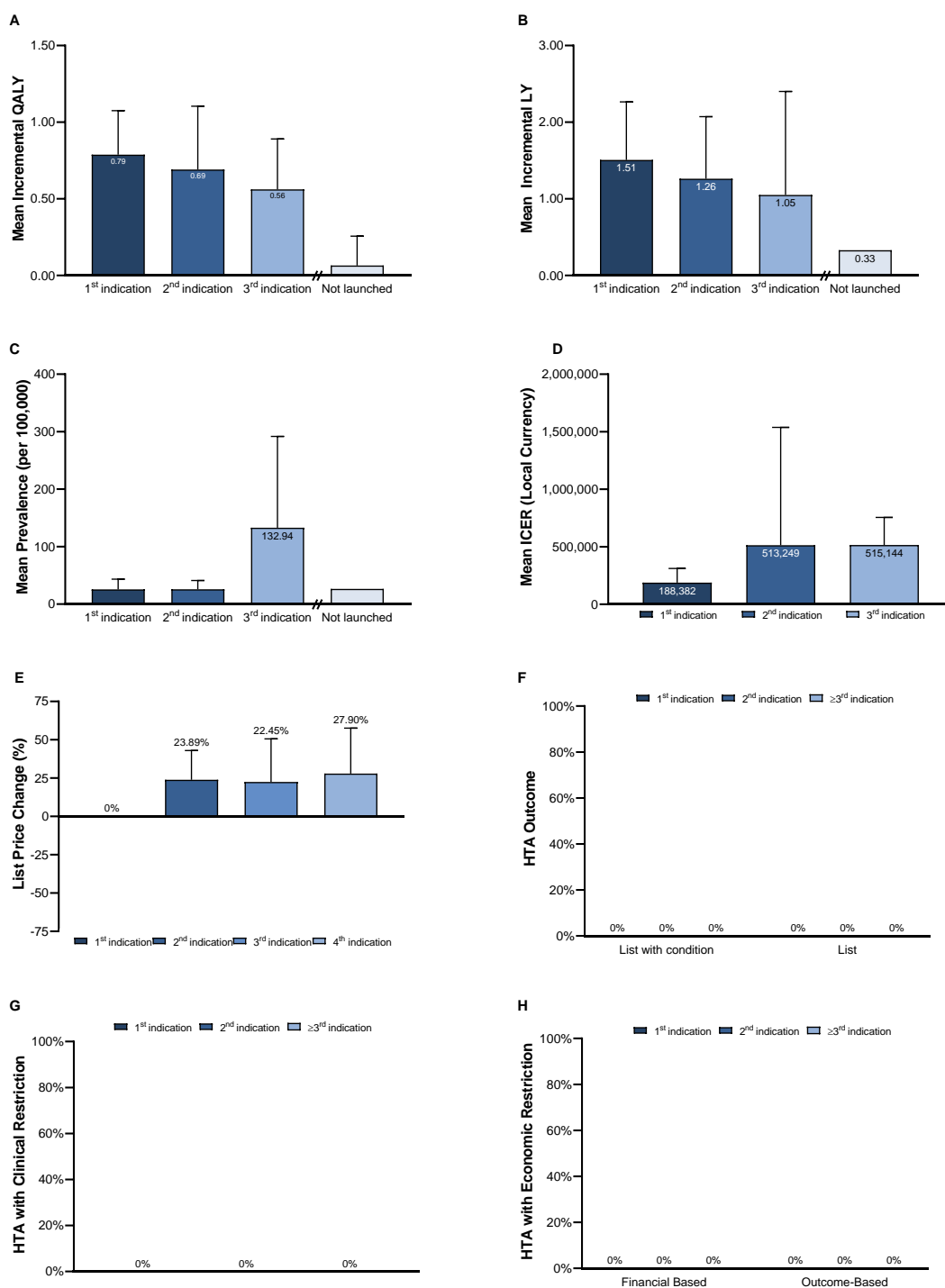


**Figure e6** Country overview: Australia

**Legend:** Incremental QALYs gained (panel **A**); incremental LYs gained (panel **B**); disease prevalence (panel **C**); ICERs (panel **D**); list prices (panel **E**); HTA outcomes (panel **F**); clinical restrictions (panel **G**); and managed entry agreements (panel **H**) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. No list prices or ICERs were available for Australia (panels **D** and **E**, respectively).

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.



**Figure e7** Country overview: United States

**Legend:** Incremental QALYs gained (panel **A**); incremental LYs gained (panel **B**); disease prevalence (panel **C**); ICERs (panel **D**); list prices (panel **E**); HTA outcomes (panel **F**); clinical restrictions (panel **G**); and managed entry agreements (panel **H**) are compared across indication launch sequence.

**Notes:** Bars show 95% confidence intervals. No formal HTA process exists in the USA. Therefore, HTA outcomes, clinical restrictions, and managed entry agreements could not be obtained for the USA (panels **F**, **G** and **H**, respectively).

**Abbreviations:** HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; LY: life year; QALY: quality-adjusted life year.