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药品临床综合评价体系建设研究

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摘要: 目的 综述药品临床综合评价体系建设的研究进展, 探讨适合我国国情的药品临床综合评价体系, 为我国药品临床综合评价工作的开展提供参考。方法 检索国内外关于药品综合评价体系建设的相关文献, 梳理有关药品综合评价体系建设流程的最新进展。结果 英国和美国等国家的药品评价主要是以药品目录的制定和决策为目的, 体系建设已有一定基础, 药品遴选方式、评价指标和审校方法相对规范; 我国基于医院药品遴选为目的的评价工作正在逐渐开展和完善, 但评价体系的建设仍处在探索阶段。结论 药品综合评价体系的建设可包括几个方面, 如建设专业的评价主体、规范的评价流程、适宜的评价指标体系、科学的评价方法、严格的审校体系等。

关键词: 药品评价; 药品临床综合评价; 综合评价体系

Research in the construction of comprehensive evaluation systems of drugs in China

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Abstract: Objective To summarize the research progress of clinical evaluation system construction, discuss the clinical evaluation system suitable for Chinese conditions, and provide reference for the development of clinical evaluation of drugs. **Methods** Domestic and foreign literature on the construction of comprehensive evaluation system was searched and the latest progress of the construction process of comprehensive evaluation system was reviewed. **Results** Such as the UK and the US, drug evaluation was mainly aimed at the formulation and decision of drug list. The system construction had a certain foundation, and drug selection methods, evaluation indexes and proofreading methods were relatively standardized. In our country, the evaluation based on hospital drugs selection is gradually developed and improved, but the evaluation system is still in the exploratory stage. **Conclusion** The construction of comprehensive drug evaluation system can include several aspects, such as the construction of professional evaluation subject, standardized evaluation process, appropriate evaluation index system, scientific evaluation method, strict review system.

Keywords: drug evaluation; comprehensive drug evaluation; comprehensive evaluation system

在我国深化医药卫生体制改革的背景下, 国家卫生决策及药品目录决策工作对于高质量决策证据提出了新的需求^[1]。2019年4月9日, 国家卫生健康委员会发布的《关于开展药品使用监测和临床综合评价工作的通知》^[2]指出: 实施药品临床综合评价的机构要根据实际需要, 充分运用卫生技术评估方法及药品常规监测工具, 融合循证医学、流行病学、临床医学、临床药学、循证药学、药物经济学、卫生技术评估等知识体系, 综合利用药品上市准入、大规模多中心临床试验结果、不良反应监测、医疗卫生机构药品使用监测、药品临床实践真实世界数据以及国内外文献等

资料, 围绕药品的安全性、有效性、经济性、创新性、适宜性、可及性等进行定性、定量数据整合分析。鼓励各级医疗卫生机构充分利用药品使用监测数据开展药品临床综合评价, 并将评价结果作为本单位药品采购目录制定、药品临床合理使用、提供药学服务、控制不合理药品费用支出等的重要依据^[3]。

药品临床综合评价是指全面、系统收集药物临床研究与使用的证据, 综合分析药物用于疾病预防、治疗过程中的安全性、有效性、经济性和顺应性等信息的过程^[4], 是药品供应保障决策的重要技术工具。科学完善的药品临床综合评价体系, 可以有效地支撑国家卫生政策制定、辅助医疗机构开展精细化药事管理和临床药学服务, 有助于优化药品使用结构, 使医疗资源得到更合理的配置和使用, 最终能更好地满足人民的健康需求^[5]。本文参考国内外相关研究, 对药品临床综合评价工作的开展现状进行综述, 并探讨适合我国国情的药品临床综合评价体系。

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1 国外药品临床综合评价的发展及现状

1.1 美国

美国于2003年在俄勒冈州首选药物列表(preference drug list, PDL)的基础上建立了药品效果评审计划(drug effectiveness review project, DERP)，由西北太平洋循证实践中心(Pacific Northwest EPC)和北卡罗来纳州循证实践中心负责对各州PDL中的药品进行综合价值评估，为美国多个州药品目录的制定提供了依据^[1]。DERP设立了会员制度，即对DERP提供资金帮助的医疗机构或救助中心可成为DERP的会员单位，获得参与评价工作和专家咨询的权力。在评价流程方面，首先DERP根据会员单位的需求来确定待评价药品，根据拟评价的药品组织相关领域的专家构建关键问题，指派信息学专家进行资料检索与选择、风险偏倚评价和数据分析；然后根据卫生保健研究与质量局(Agency for Health-care Research and Quality, AHRQ)循证实践中心的指南进行评价结果的分析^[6-7]。此外，DERP还定期与会员单位协商研究结果的更新和新方法或新标准的建立等相关事宜，以便评价结果随时能够被决策者认知和利用，最终转化为卫生决策证据^[8-9]。

1.2 英国

英国在1999年成立了国家健康与临床优化研究所(The National Institute For Health And Care Excellence, NICE)，指导国民卫生服务系统(National Health Service, NHS)对药品上市后的安全性、有效性等进行评价，判断药品的临床效果和成本效益^[10-11]。第三方卫生技术评估委员会及生产厂家等其他技术评估者严格按照卫生技术评估方法学指南^[12](Guide to the Methods of Technology Appraisals)对关键问题构建、资料检索、结果审校等内容^[13]的规范进行药品评估和报告。

1.3 加拿大

加拿大1989年在首都渥太华成立了加拿大卫生技术评价协调办公室(Canadian Coordinating Office for Health Technology Assessment, CCOHTA)，2006年更名为加拿大药物和卫生技术局，工作范围包括卫生技术评估、公共药物评价等^[14]。评价项目需要由联邦和各省卫生部有关领导组成的委员会审议、批准后方可执行，对于评价方案的制订和评价报告的书写也要遵循加拿大药物和卫生技术局的指南要求，评估报告需进行外部专家的独立评审，修改后呈报。此外，设有专门人员研究和开展卫生技术评估结果

的传播和转化工作，并针对政府部门的需要对卫生技术评估服务进行了延伸，比如提供快速信息检索服务、快速卫生技术评估服务等^[15]。

1.4 澳大利亚

澳大利亚属于政府主导型卫生体制，由其卫生部(Australian Government Department of Health, DOH)行使医疗、保险和药品的3大管理职能，药品注册管理机构与药物管理局(Therapeutic Goods Administration, TGA)负责药品注册、评估和审核^[16-17]。TGA下设药物咨询委员会(Advisory Committee on Medicines, ACM)，综合评价药品的安全性、有效性和质量，对药品是否可以纳入澳大利亚医疗用品登记表(Australian Register of Therapeutic Goods, ARTG)或是否需要从登记表上删除等提供建议^[18]。

2 我国药品临床综合评价的发展及现状

我国药品临床综合评价项目的实施主体主要是医疗机构、科研院所和相关学协会，政府部门主要通过制定相关政策对评价行为进行引导和规范。2011年，国家药品审评中心根据国家食品药品监督管理局的批复对自己的主要职责和内设机构进行了调整，为建立科学、合理的审评通道和评审机构奠定了基础^[19]。2017年7月，中国循证医学中心牵头建立了中国真实世界数据与研究联盟(China REAL)，希望通过高质量的真实世界数据和研究来推动医疗产品的进步、提高药品评价与决策的证据质量^[20]。2021年7月28日，国家卫生健康委员会办公厅印发了《关于规范开展药品临床综合评价工作的通知》(简称“《通知》”)，以药品临床价值为导向，推动以基本药物为重点的国家药品临床综合评价体系建设，指导相关机构开展国家重大疾病防治基本用药综合评价，协调推动评价结果运用、转化。

在药品评价方法方面，我国在20世纪80年代引入卫生技术评估(health technology assessment, HTA)的方法，评价新技术、新方法和新药物^[21]，打开了药品评价的大门。1996年起，相关研究探索了临床药物的安全性、有效性和经济性评价，研究方法主要以实证研究为主，基本参考了我国《药品临床试验管理规范》的相关要求^[22-23]。如针对药品安全性评价，我国探索了药品研发、生产、经营和使用方面的3级指标体系^[24]，基于多指标综合评价的方法构建药品安全评估指标和药品安全指数，但未明确标明权重^[25]。针对经济学指标的探索也逐渐起步^[26]。2011年，中国药学会、中国科学技术协会和中国医师协会等相

关机构,在借鉴国际指南优点的基础上,结合中国药物经济学学术发展现状制定了《中国药物经济学评价指南》^[27]。2018年,中华中医药学会发布了《药物经济学评价报告质量评估指南》,进一步规范了药物经济学评价研究过程,解决了“药物经济学评价报告”质量评估的问题^[28]。药品有效性评价方面,LIU等^[29-31]在新药临床试验中疗效评价指标和疗效评价方法的基础上进行了总结和发展。这些单个维度评价方法的探索为药品临床综合评价方法的发展奠定了基础。

2011年,我国发布了《中国药品综合评价指南参考大纲》(简称“《大纲》”)并于2015年更新^[4],基于《大纲》对达托霉素和利比等药品进行了综合评价,对《大纲》的适用性进行了验证,揭开了我国药品临床综合评价的序幕^[32-35]。2020年,《中国医疗机构药品评价与遴选快速指南》发布^[36-37],通过客观评价(system of objectified judgement analysis, SOJA)法和卫生技术评估的方法将药品安全性、有效性、经济性等维度的指标进行评分赋值,为医疗机构药品遴选提供指导,该指南为医院药品遴选方法提供了参考,也为药品临床综合评价指标体系建设探索了思路。2021年,国家卫生健康委员会发布了《药品临床综合评价管理指南(试行)》(2021年版),明确了药品临床综合评价具体流程、内容与维度,聚焦技术评价与政策评价两条主线^[38],要求从安全性、有效性、经济性、创新性、适宜性和可及性6个维度开展科学规范的整合分析与综合研判,并发布了儿童、心血管病和抗肿瘤药物临床评价技术指南试行版,在技术层面为药品临床综合评价做了示范^[39-41]。但对各维度评价的具体指标及赋值方法未进行规范。

3 中国药品临床综合评价体系建设的建议

为进一步推动药品临床综合评价工作标准化、规范化、科学化、同质化,需要建立药品临床综合评价主题遴选流程、专家咨询论证制度、评估标准、评估质量控制指标体系。药品临床综合评价体系至少应该包括以下5个关键环节:①专业的评价主体;②规范的评价流程;③适宜的评价指标体系;④科学的评价方法;⑤严格的审校体系^[42-45]。

3.1 评价主体

各省可积极建立省级药品临床综合评价中心(简称“中心”)。中心应包括专家委员会、评价工作组和外审组^[46-50]。专家委员会由临床经验丰富的临床医学专家、具有药品评价经验的临床药学专家以

及循证医学、药物经济学和药事管理等领域专家组成,负责待评价药品的遴选和指导、各维度及指标权重的确立;评价工作组可由专家委员会委托组建,负责资料收集、证据分级和系统评价的工作;外审组由评价结果应用后的利益相关者构成,应包括一线医务人员(临床医师、临床药师及护师)、国家政策决策者、药事管理专家、患者代表等,负责药品评价结果的实用性和适宜性评价。所有涉及到的专家应签署保密协议,涉及专家的环节应建立专家咨询论证制度。

3.2 评价流程

参考国际药品综合评价经验并结合我国医疗特点,规范的药品临床综合评价流程至少应包含几个关键步骤:①拟评价药品遴选,除了政府委托的评价任务外,药品临床综合评价专家委员会基于疾病负担、是否有同类替代药品、适应证、临床地位、医保、证据情况、药品销售情况以及福利和卫生政策等方面考虑,负责自主评价药品的选择,并保证所有药品都有均等的机会进入备选^[27];②构建药品综合评价关键问题,按照评价工作组制定的检索策略,基于研究人群、干预措施、对照措施、结局指标及研究类型(population, intervention, comparison, outcome and study, PICOS)要素进行关键问题的构建;③构建评价相关指标,评价工作组根据证据情况和评价的目的制定评价指标和各维度权重,并通过德尔菲法向外审组进行咨询以形成系列指标^[51];④证据整合,评价工作组进行证据的整合,根据证据情况进行描述性的系统评价或Meta分析等^[52],最终形成药品临床综合评价报告;⑤外审,由外审专家对研究质量、评价结果进行科学性和真实性等审核,并形成评价结果应用的推荐意见;⑥结果的备案和转化应用。

3.3 评价指标体系

根据药品说明书、药品注册资料、药品适应证对应的指南、共识,和《中华人民共和国药典》《马丁代尔药物大典》《新编药物学》等权威出版物以及相关中英文数据库检索到的高质量研究构建评价指标体系,对药品进行综合评价^[36]。针对综合评价各维度评价指标的赋值,可参考SOJA法对药品的安全性、有效性、经济性等维度进行评分^[53-54],如药品安全性可以从药品上市前和上市后不良反应的严重程度、特殊人群用药安全性、药物临床相互作用、与同类药品的安全性等方面构建安全性指标;有效性指标应重点参考药品与同类药或对照药的临床效果比

较,包括药品在诊疗规范、临床指南、专家共识等权威专业资料中给出的推荐程度和临床研究中的效果差异方面;经济性指标应考虑药品被国家医保收录的情况、以及与同类药品的经济性优势。可参考李克特5分量表法(很重要5分、重要4分、一般3分、不重要2分、非常不重要1分)对各项指标进行赋值^[48]。

3.4 评价方法

药品临床综合评价的方法包括原始研究(试验性研究、观察性研究)和循证研究(系统评价)^[55-56]。有相关RCT等研究报道的药品,可采用系统评价和Meta分析等方法,评价药品的临床使用效果(诊断、治疗和预后)、不良(危害)影响、经济性等方面^[57-58]。对于循证证据不充分或证据质量较低的药品,可通过原始研究进行主要维度的评价。其中,试验性研究包括随机对照试验(nRCT)和非随机对照试验^[59],观察性研究遵循非随机化、不干预和开放性的原则,根据有无对照组分为分析性和描述性研究^[60],其中病例对照研究和队列研究经常用于药品的疗效和安全性评价,队列研究还可用于药品的经济性评价^[61]。大样本的真实世界研究也被逐渐应用于药物上市后疗效和安全性评价,以及药物警戒、医疗质量改进等方面^[62]。近年来,专家咨询法(delphi method)和SOJA法也被应用于药品评价指标体系的建设和药品的遴选^[63]。

3.5 审校

药品临床综合评价的审校工作不仅可以依赖同行评议或者国家机构,还可以通过最终获益方来进行评价结果的审校^[64]。可以通过通讯评审、会议评审以及两者相结合的方式,由资深的临床医生、统计学专家等对药品临床综合评价的结果进行同行评议,根据专家意见进行修改和补充,可增加评价结果的可靠性和研究的质量^[65-66]。

3.6 评价结果的应用

根据评价结果最终应用场景的不同、评价目的的不同,决定了药品临床综合评价的每个维度会有不同的权重。权重的赋值应进行至少2轮专家咨询,根据专家意见集中程度(均值大于4)确定各项目的比重^[67]。如医疗机构药品遴选应重视有效性、安全性;对于医保目录药品遴选,还应给予经济性较高的权重;对于罕见病、恶性肿瘤等疾病的治疗药物选择中创新性的权重可以适当提高。

4 小结与展望

综上所述,国外药品综合评价主要以药品目录的制定为立足点,设立专门的组织、流程和审校体系来保证评价工作的顺利开展,以确定目录的合理性。我国药品临床综合评价的需求十分明确,方法学研究已具雏形,但工作流程中的多个关键环节还需要进一步完善和规范。目前,我国药品临床综合评价机构相对独立,没有对评价结果进行审校和评议,评价结果的可靠性和应用不足。未来药品临床综合评价在卫生决策、药事管理、合理用药等层面都将发挥重要作用。在今后的药品临床综合评价工作中,还要加强数据安全管理,确保药品临床综合评价数据信息不被非法获取、泄露、使用或发布;还应注重统筹各地、各级、各类医疗卫生机构药品临床综合评价工作的协同,避免重复工作。

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