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SUMMARY

OBJECTIVES

- In 2023, NICE, CADTH, and ICER issued A Joint Position Statement aimed at fostering greater transparency and collaboration in the context of reimbursement decisions. Our objective was to evaluate whether this statement prompted convergence or divergence in recent reimbursement decisions.

METHODS

- A targeted review was conducted of reimbursement decisions published between 2021 and 2023 on the CADTH and ICER websites, with these decisions cross-referenced with recommendations on the NICE website.
- Each assessment was thoroughly reviewed, with recommendation decision dates, rationales for these decisions, and key findings all gathered.

FINDINGS

- 164 recommendations were documented for NICE, CADTH and ICER combined. NICE had the highest number of positive recommendations, with 93 assessments and 81 (87%) positive recommendations. ICER had the fewest recommendations, with only 7 published, 5 (71%) of which were positive. CADTH had fewer assessments (64) than NICE but a similar positive recommendation rate (86%).
- Three therapies were assessed by all three HTA bodies in the selected date range of 2021 to 2023:
 - Mavacamten received positive recommendations by CADTH, NICE, and ICER for hypertrophic cardiomyopathy based on clinical, price, and cost-effectiveness considerations.
 - Paxlovid was recommended for COVID-19 by CADTH, NICE, and ICER, based on its clinical and cost-effectiveness.
 - Semaglutide was recommend by NICE and ICER due to clinical superiority. CADTH gave a negative recommendation due to insufficient trial data and concerns surrounding cost-effectiveness.

RECOMMENDATIONS

- Despite efforts to boost collaboration, NICE, ICER, and CADTH have different criteria for positive recommendations, leading to diverse reimbursement decisions. These variations stem from differing cost-effectiveness thresholds and the perceived strength of clinical evidence. Continued assessment and monitoring are needed to gauge the effectiveness of the Joint Position Statement.

BACKGROUND & AIMS

- In April 2023, the National Institute for Health and Care Excellence (NICE) in the UK, the Canadian Agency for Drugs and Technologies in Health (CADTH) in Canada, and the Institute for Clinical and Economic Review (ICER) in the US published a Joint Position Statement¹ regarding increased transparency and collaboration in reimbursement decisions.
- The statement describes how the three HTA bodies are changing their approach to handling confidential clinical information submitted, in an effort to streamline processes.
- From April 2023, NICE and CADTH appraisals no longer routinely redact clinical data that is awaiting publication. ICER allows redaction of data formally planned for public release for 12 months (instead of 18 months, previously).
- Our objective was to examine whether the statement's aim of increased collaboration and transparency between NICE, CADTH and ICER has been reflected in convergence or divergence in recent reimbursement decisions.

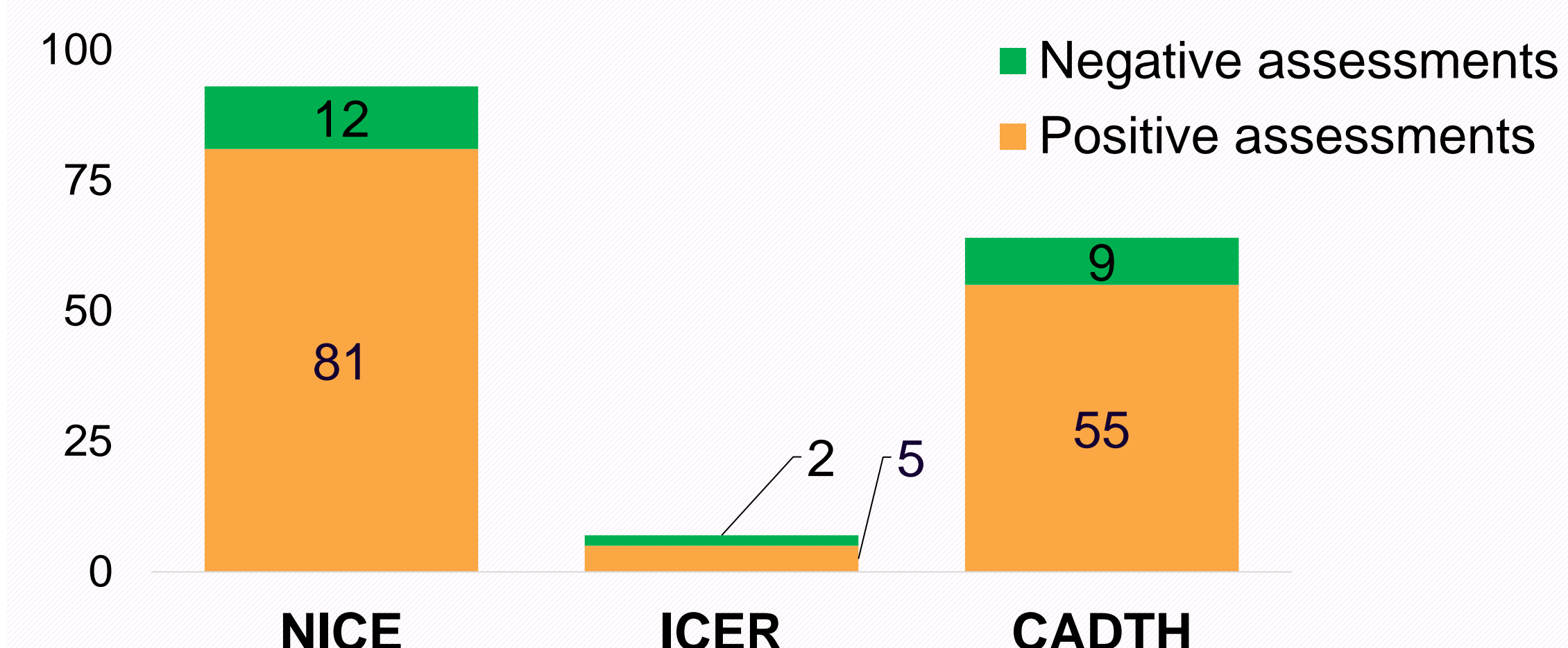
METHODS

- We performed a targeted review of existing recommendations on the CADTH² and ICER websites³ and cross-referenced these findings with the NICE website⁴ to find recommendations for identical therapies.
- The searches were performed in January 2024 on assessments published between 2021 and 2023.
- Each selected assessment was reviewed, and the following information collected: date of published decision, recommendation decision, rationale for decision, and key clinical and economic findings.

RESULTS

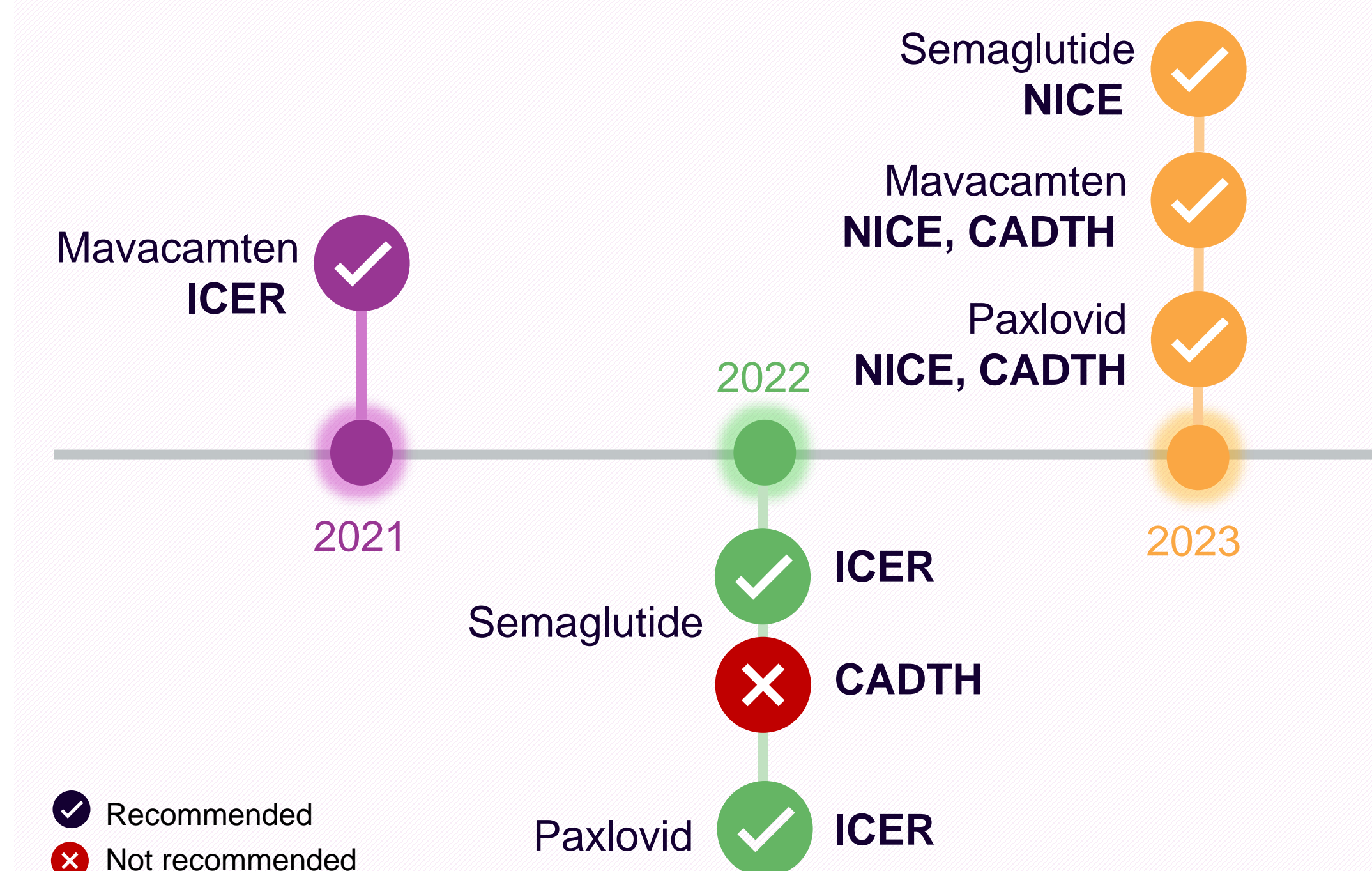
- A total of 164 recommendations were recorded for NICE, CADTH, and ICER between 2021 and 2023 (see Figure 1).
- NICE had the largest number of assessments and positive recommendations, with 93 total assessments and 81 positive recommendations (87%).
- ICER had the least number of recommendations: only 7, of which 5 were positive (71%).
- CADTH had fewer assessments overall than NICE (64) but a similar positive recommendation rate (86%).

Figure 1. Recommendations by country



- Only three therapies were assessed by all three bodies in the selected date range of 2021 to 2023: semaglutide in weight management, mavacamten in hypertrophic cardiomyopathy and paxlovid in COVID-19.
- All NICE recommendations were made in 2023, whereas recommendations for ICER tended to be earlier (2021 to 2022), overlapping with recommendations from CADTH (2022 to 2023).
- Only mavacamten and paxlovid had identical outcomes in all three countries (positive recommendation), whereas semaglutide had a divergent outcome (negative recommendation) by CADTH, compared with ICER and NICE (positive recommendation) (see Figure 2).

Figure 2. Timeline of reimbursement



- Figure 3 summarises the rationale for each recommendations.
- Mavacamten** in hypertrophic cardiomyopathy was recommended by CADTH conditional upon certain clinical and price conditions, and was recommended without conditions by NICE based on its sufficient clinical and cost-effectiveness. ICER's recommendation was more nuanced: the committee voted that despite the positive benefits of treatment, safety data was inadequate and the price would need to be lowered to achieve cost-effectiveness.
- Paxlovid** was recommended for the treatment of mild to moderate COVID-19 by NICE and ICER, primarily on the basis of cost-effectiveness despite high uncertainty in the clinical evidence presented. CADTH's recommendation for paxlovid is not final, but the draft guidance suggests a positive recommendation despite a 62% price reduction.

References

- Joint Position Statement, Confidentiality of clinical evidence informing health technology assessment decision making. April 2023. <https://www.cadth.ca/news/cadth-icer-and-nice-release-joint-position-statement-redacting-clinical-data-awaiting>.
- CADTH reimbursement reviews. Last accessed January 2024. <https://www.cadth.ca/reimbursement-review-reports>
- ICER assessments. Last accessed January 2024. <https://icer.org/explore-our-research/assessments/>
- NICE technology appraisal guidance. Last accessed January 2024. <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance>

Figure 3. Recommendations by country

| CADTH | NICE | ICER |
|--|---|---|
| Mavacamten | | |
| Clinical evidence sufficient and recommended for reimbursement under certain clinical conditions (including price reduction) | Trial evidence sufficient to support efficacy and cost-effectiveness estimate within acceptable range | Committee indicated that long-term safety data is inadequate. Price would need to be < \$15,000/year to be cost-effective |
| Paxlovid | | |
| Draft positive recommendation as of April 2024, conditional on 62% price reduction | High uncertainty of trial data but recommended based on cost-effectiveness | Trial data show improved clinical outcomes; cost-effective |
| Semaglutide | | |
| Insufficient trial evidence on comorbidities and a 71% discount needed for cost-effectiveness | Trial data sufficient and cost-effective | Trial data show improved clinical outcomes, although not cost-effective |

Key: ■ Not recommended ■ Partially recommended ■ Recommended

- Semaglutide** was recommended by NICE and ICER for managing overweight and obesity. Both bodies considered semaglutide to be clinically superior to comparators, despite ICER not considering it cost-effective. CADTH gave it a negative recommendation based on insufficient trial data and indicated a 71% price reduction was required for cost-effectiveness.
- Each HTA body considered the robustness of both clinical evidence and cost-effectiveness, but applied varying criteria for decision-making, meaning final outcomes differed for all three therapies.

CONCLUSIONS

- Despite the objective to increase collaboration between countries, criteria for positive recommendations differ between NICE, ICER and CADTH. This resulted in varying reimbursement decisions between 2021 and 2023.
- Recommendations varied based on cost-effectiveness thresholds (£20,000 to £30,000 for NICE, \$50,000 for CADTH, and \$100,000 to \$150,000 for ICER) and the perceived robustness of the clinical evidence presented. ICER was more likely to give a positive recommendation in the absence of cost-effectiveness, whereas CADTH and NICE were stricter on cost-effectiveness grounds.
- Further assessment and monitoring of this collaboration is required to fully evaluate the success of the Joint Position Statement.