

NICE HAS MADE CHANGES TO THE WAY IT EVALUATES HEALTH TECHNOLOGIES

EFFECTIVE FROM FEBRUARY 2022, NICE WILL FOLLOW NEW COMBINED METHODS AND PROCESSES FOR ITS HEALTH TECHNOLOGY EVALUATION PROGRAMMES

CONTEXT

Over the past two years, NICE have been consulting with health system partners, pharmaceutical industry representatives, healthcare professionals, academia and patients seeking feedback on all aspects of their health technology assessment processes. This is the most comprehensive review of NICE methods and processes in recent times. Several changes to NICE methods and processes have now been published.



PROPOSED CHANGES



Increased weighting for health benefits in **severe conditions**

- QALY weights of 1.2 (absolute QALY shortfall of 12-18) translating to a cost effectiveness level of £36,000 per QALY
- QALY weight of 1.7 (absolute QALY shortfall of ≥ 18) translating to an upper limit for cost-effectiveness of £50,000 per QALY gained



Increased access to **cutting edge therapies** and technologies



Fair, robust, transparent and pragmatic evaluation of **new treatments**

Greater consideration for **real world evidence** with flexibility in evaluation of **evidence for rare disease conditions**

- Flexibility in consideration of QoL measures where EQ5D may be unsuitable
- Consideration for recently published RWE framework



More **innovative commercial deals** to pilot promising technologies



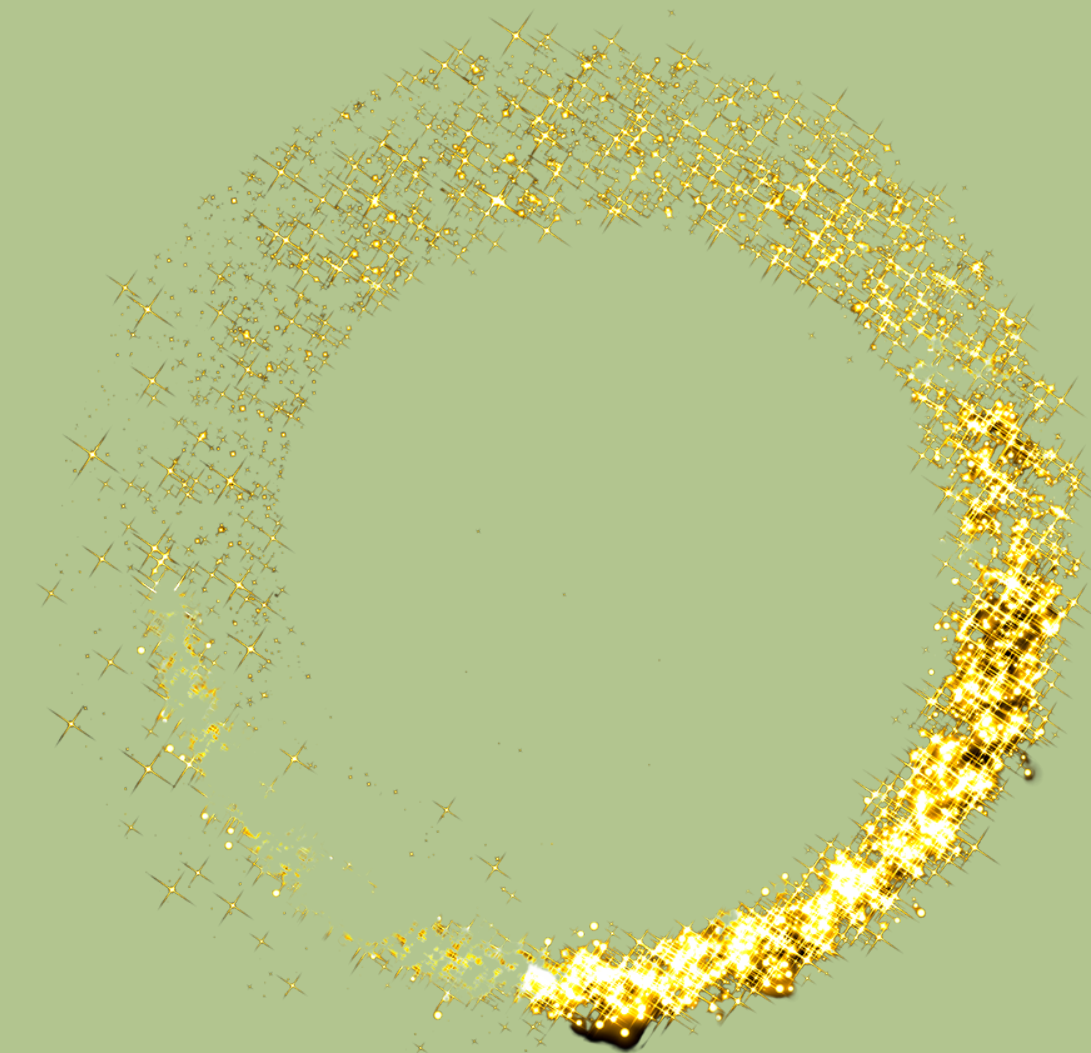
IMPACT

These changes will necessitate early planning for inclusion of RWE, consideration of severity modifiers and early stage engagement through the recently launched Innovative Licensing and Access Pathways (ILAP) of the UK government. Despite extensive discussions, there are no changes to discount rates at this time.



WATCH THIS SPACE!

We will be sharing further insights from NICE and the NHS as major structural and methodological changes progress.



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