

OBJECTIVES

The purpose of health technology assessment (HTA) agencies globally is to make evidence-based evaluations of the value of new health interventions. Increasingly, HTA agencies ask manufacturers to include reference to health equity in their submissions. Following an earlier pilot study, this study aims to understand whether and how three cost effectiveness-based HTA agencies (NICE [United Kingdom], CDA [Canada] and PBS [Australia]) ask manufacturers to provide evidence relating to health equity, and how frequently they refer to that evidence in their assessment reports

METHODS

A comparison of the most recent HTA agency guidance (including submission templates) was undertaken to assess the nature of agency requests for health equity data or insight. Analysis was performed to assess the presence and role of health equity-related drivers and detractors of value in HTA assessments by NICE, CDA and PBS in 2024. All 68 pharmaceuticals assessed in non-terminated single technology appraisals (STAs), multi-technology appraisals (MTAs), or highly specialized technology (HST) appraisals by NICE in 2024 served as the index list for review of assessments by all three agencies. We considered elements of value in two broad categories; therapy area-related value (e.g. investment in indications that disproportionately impact vulnerable or underserved populations) and intervention-related value (features of the intervention that may impact equitable access)

RESULTS

Figure 1 | Health Equity Mentions in HTA Outcomes

	NICE ¹	CDA-AMC ²	PBAC ³
Assessments Examined	68	45	30
Health Equity Mentioned	42	14	4
No Impact	36	3	3
Unclear Impact	3	9	1
Positive Impact	3	2	0

- Non-terminated NICE technology appraisals published in 2024 served as the index list of products searched within published CDA and PBAC assessments.
- NICE and the CDA are the most consistent with regards to examining health equity, often including sections dedicated to equality / ethics where health equity issues are discussed and noted to have been taken into consideration by the HTA committee
 - In contrast, most health equity mentions in PBAC reports originate from third-party input, with no indication of how the equity concern was considered by the HTA committee

Table 1 | Distribution of Health Equity Factors and Impact on Assessment

Impact on assessment	Type of Health Equity-Related Factors Addressed or Mentioned					
	Therapy Area-Related (e.g., disproportionate prevalence or impact of disease based on ethnicity, age, gender, etc)			Intervention related (e.g., geographical barriers in relation to treatment accessibility)		
	NICE	CDA	PBAC	NICE	CDA	PBAC
No impact	30	-	2	9	3	1
Unclear Impact	2	4	-	1	6	1
Positive Impact	3	-	-	1	2	-
Total	35	4	2	11	11	2

- Note: Assessments that mentioned more than one type of health equity factor are listed in this table separately for each health equity type (i.e., an assessment mentioning both indication-related factors and intervention related accessibility is counted in both).
- The majority of NICE assessments that mentioned health equity referred to therapy area-related health equity. Most of these assessments acknowledged how the indication may be more prevalent in certain populations (e.g., minority ethnic groups) but note that because the final recommendation does not restrict access to treatment for some people over others, the committee agreed that this was not a potential equalities issue. Similar results were noted in the case of intervention-related equity factors (e.g., geographical barriers to access)
 - In cases where CDA assessment reports mentioned health equity, the most frequent factor referenced was the impact of geographic barriers to treatment on equitable access
 - While PBAC reports referred to health equity considerations raised by **physician or patient advocacy groups**, these **considerations were rarely mentioned** in the discussion points for the committee’s decision making

Table 2 | Instances of Positive impact of Health Equity Factors on Assessment

Drug + Indication	HTA Agency	Health Equity Considered	Impact on Outcome	Quotes from HTA Decisions Regarding Impact of Health Equity on Outcome
Veklury [®] remdesivir 200 mg FOR INJECTION COVID-19	NICE	Discrimination relating to a protected characteristic (age)	To prevent potential inequality of access due to age , a positive recommendation was awarded despite being not cost-effective in that population	“The committee noted... that the issues raised could affect [children] disproportionately.... The committee... was willing to accept an ICER slightly more than what is usually acceptable... because there are no licensed treatments available for children.” ⁴
Evkeeza [®] (evinacumab-dgnb) Injection Homozygous familial hypercholesterolemia				“The committee concluded that... a negative recommendation in young people could be discriminatory... recommend[ed] [EVKEEZA] for the full population in its market authorization. ” ⁵
casgevy [®] (exagamglogene autotemcel) Transfusion dependent β-thalassaemia		Disproportionate prevalence and impact among specific ethnic groups	A higher cost-effectiveness estimate was accepted due to the disproportionate impact	“The committee concluded that it was willing to take health inequality into account in its decision making by accepting a higher cost-effectiveness estimate than it otherwise would have done.” ⁶
FABHALTA [®] (iptacopan) 200 mg capsules Paroxysmal nocturnal haemoglobinuria	CDA-AMC	Increased accessibility for patients in remote locations (reduced geographical barriers)	The ability of the product to meet identified unmet needs regarding more convenient routes of administration (for patients in remote communities) was noted in the rationale for recommending reimbursement	“There is an unmet need for effective therapies that... provide a more convenient route of administration... [important] for patients living in remote communities that may lack access to an infusion center. [The committee] concluded that [FABHALTA] met some of the needs... and provide[s] an oral treatment option that can be administered in a patient’s home. ” ⁷
ORGOVYX [®] (relugolix) 120mg tablets Hormone-sensitive prostate cancer				“Patient-identified needs included availability of treatment that can... be administered orally rather than by injection, and potentially more easily accessed. [The committee] concluded that [ORGOVYX] met some of the needs identified by patients, such as... being convenient to take. ” ⁸ Clinician Input: “[F]or patients in remote areas of Canada... it may be particularly beneficial. ” ⁸

- In the UK, **NICE assessments clearly indicate the impact of equity** on HTA outcomes: in three positive examples identified, NICE was **willing to accept higher cost-effectiveness estimates** than usually considered acceptable. Of note, for the CASGEVY assessment, the company accounted for health inequalities in its submission using a **distributional cost-effectiveness analysis (DCEA)** to create an equity-weighted ICER (the only 2024 assessment identified to do so)
- In Canada, while the **CDA assessments do not clearly indicate** how health equity may have impacted the outcomes, **equity considerations are noted in the rationale** for the final recommendation

DISCUSSION & CONCLUSION

- Suggest: NICE, CDA and PBAC are already referencing or considering health equity in their decision making, with varying frequency; other agencies are likely to follow
- Currently there is no widely accepted quantitative methodology for measuring health equity (outside of ICER)
- NICE and the CDA most consistently referenced health equity, with clear evidence of health equity considerations impacting NICE assessment outcomes, while health equity considerations are cited in CDA assessments without clear decision impact
- While health equity considerations are referenced in PBAC reports, they are primarily acknowledged as input from clinician or patient advocacy groups; the health equity considerations were acknowledged in the decision-making for only one out of four assessments that mentioned health equity considerations
- Direct evidence of health equity considerations impacting the outcome of assessments is still relatively unusual and often unclear
- At the time of writing, medical benefit-focused markets (such as DEU and FRA) do not mention health equity in their evaluations

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ABBREVIATIONS

CDA: Canada Drug Agency; **DCEA:** Distributional Cost-Effectiveness Analysis; **HTA:** Health Technology Assessment; **ICER:** Incremental Cost-Effectiveness Ratio; **NICE:** National Institute for Health and Care Excellence; **PBAC:** Pharmaceutical Benefits Advisory Committee; **PBS:** Pharmaceutical Benefits Scheme