

NICE’s Proportionate Approach: Is it Working?

Time to Access for Cost Comparison vs Single Technology Appraisals

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BACKGROUND

- In 2022, NICE developed a new proportionate approach to HTA, aiming to apply a lighter touch, faster evaluation where appraisals are deemed as *low risk*, via a cost comparison route.¹
- Historically, every new medicine (or new indication) had to go through a full cost-effectiveness assessment — even when it was clinically similar to an existing treatment recommended by NICE.
- This process could be lengthy and resource-intensive, delaying patient access and duplicating analysis. To address this, NICE created the cost comparison pathway.
- Cost comparisons allow NICE to recommend a treatment more quickly if:
 1. The new treatment’s clinical effectiveness is expected to be similar to an existing NICE-recommended option, and
 2. Its costs (including acquisition and administration) are similar or lower.

OBJECTIVE

- The aim of this study was to determine whether NICE achieved their objective, by assessing the time taken from final scope to technology appraisal guidance via the cost comparison route compared to the standard single technology appraisal (STA) route.

METHODS

- All 208 NICE appraisals published since the first cost comparison was published were analysed (TA861 to TA1068).
 - Cut-off date for publication of technology appraisal guidance was 4th June 2025
- Of the 208 appraisals reviewed, 48 were excluded from our final analysis for the following reasons:
 - Terminated appraisal (n=41)
 - No reported final scope (n=4)
 - Multiple technology appraisal (n=3)
- Time to access was calculated based on time from the issuance of final scope to publication of the technology appraisal guidance.

DISCUSSION

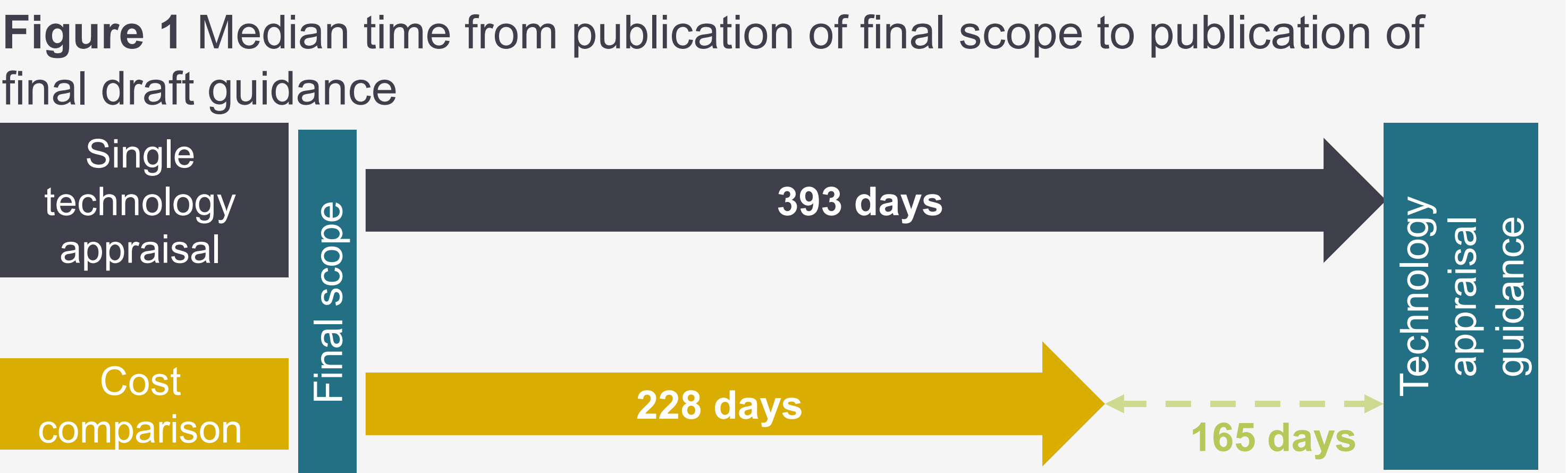
- Our analysis has shown that once a new medicine has been routed via a cost comparison the time to completion of the NICE review process is likely to be significantly quicker - 165 days quicker - than those routed via STA.
- These findings are compounded by the fact that the variability in the timings of an STA are far larger compared to a cost comparison. Due to this, not only are submissions via the STA route likely to be slower, but there is also greater uncertainty in the process, most likely as a result of the additional complexities and hurdles involved when demonstrating cost-effectiveness versus cost-minimisation.
- Additionally, our analysis highlights the impact these added complexities can have on overall success rates of medicines routed via cost comparison instead of STA with all cost comparisons resulting in a positive recommendation from NICE.

REFERENCES

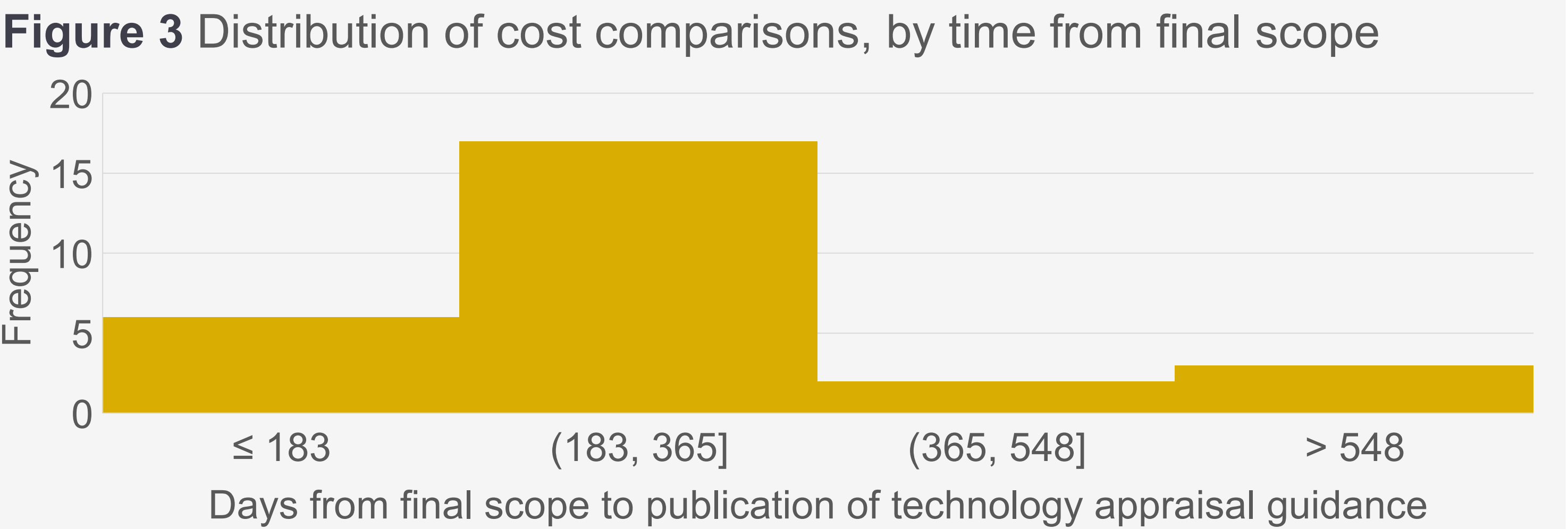
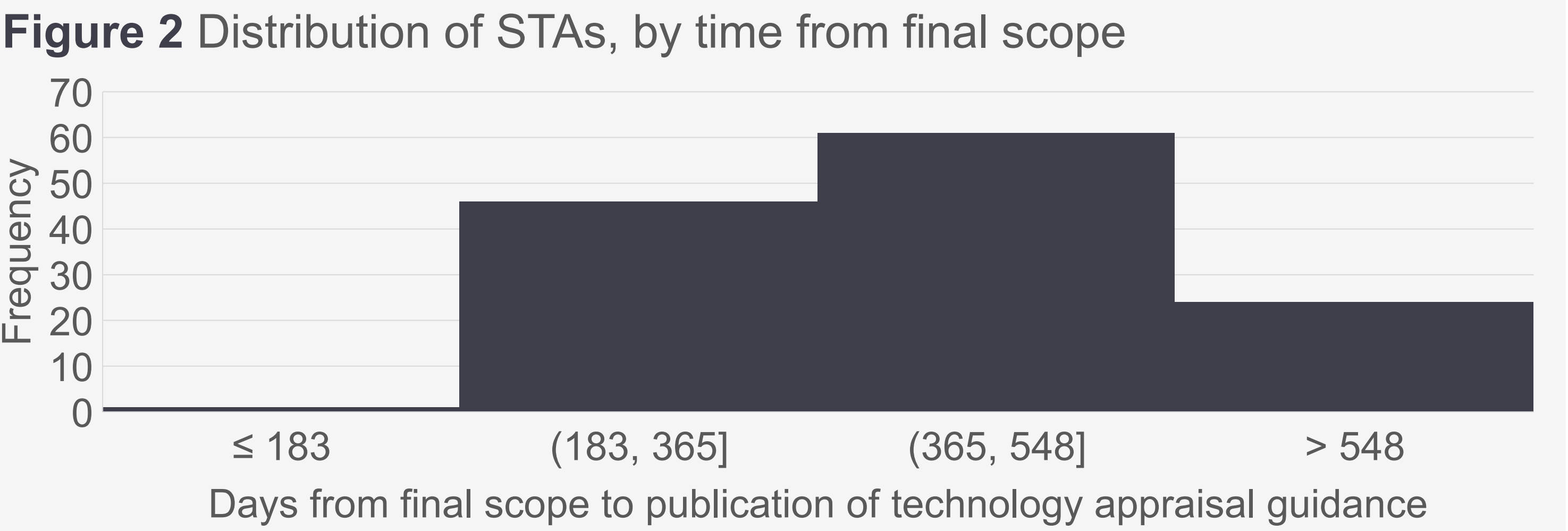
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RESULTS

- Our final analysis set included 132 STAs and 28 cost comparisons.
- The mean time to access via cost comparison was 294 days, compared to 439 days for STA. When accounting for outliers and the skew of the data using the median, estimated time from final scope to technology appraisal guidance was 228 days and 393 days, respectively.
- Submissions to NICE that went via the cost-comparison route were completed, on average, 165 days (mean of 145 days) quicker than those routed via an STA.



- The range for STAs (139 – 1,227 days) was also far wider than that observed for cost comparisons (154 – 747 days).
- Notably, only four cost comparison appraisals took longer than the median time for an STA, supporting the consistent efficiency delivered by the cost comparison process.



- A higher rate of success with cost comparison submissions (100%) was also observed compared to the STA route (92%).

CONCLUSIONS

- Based on a comprehensive analysis, technologies appraised via cost comparison are recommended 165 days quicker than those appraised via STA.
- Additionally, our analysis indicates that the cost comparison route provides confidence in achieving a faster appraisal decision given the variability in the durations of appraisals was considerably smaller (range of 593 days) than for STAs (range of 1,088 days).
- NICE’s proportionate approach is therefore delivering on its stated aim of offering more opportunities to take faster decisions, spending less time developing appraisals so access to new medicines can be granted earlier.¹
- Given the high recommendation rate of cost comparison submissions, NICE’s topic selection also appears to be appropriately determining eligibility for cost comparison.