# Comparing Key European HTA Body Methodological Standards for Systematic Reviews of Economic and Utility Evidence

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## Background

With the growing number of innovative therapies entering the market, health technology assessment (HTA) submissions increasingly require robust evidence to support reimbursement decisions

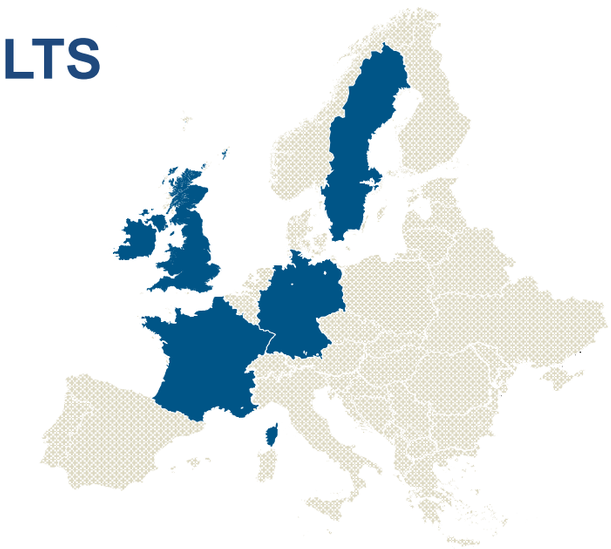
## Objective

This critical review compares methodological guidance issued by key European HTA bodies on systematic literature reviews (SLRs) of economic evaluations, cost and healthcare resource utilisation (HCRU) data and utility data to inform best practices for future submissions

## Methodology

Guidance documents outlining methodological recommendations for economic and utility SLRs were reviewed from the following HTA agencies: **NICE** for England and Wales, **HAS** for France, **SMC** for Scotland, **NCPE** for Ireland, **IQWiG** & **G-BA** for Germany and **TLV** for Sweden.

## RESULTS



An SLR of **economic evaluations** is explicitly recommended by NICE, HAS and SMC, with NICE being the only agency providing detailed guidance on search strategies and eligibility criteria. NICE and HAS recommend using the Drummond and Jefferson checklist for the quality assessment of studies.

An SLR of **cost and HCRU** data is explicitly recommended by NICE and SMC. NCPE does not mandate a formal SLR but emphasise the need for systematic, transparent, and justified approaches to identifying cost and HCRU data

An SLR of **utility** data is explicitly recommended by NICE, HAS and NCPE. HAS is the only agency requiring a formal quality assessment of the included studies

**Table 1. Requirements for Economic and Utility SLRs by key European HTA agencies**

| HTA body | Economic evaluations SLR | Cost and HCRU SLR | Utility SLR |
|---|---|---|---|
| **NICE[1,2]** | **Yes**<br>• Describe **strategies** used to retrieve relevant cost-effectiveness studies<br>• Provide **sufficient detail** for reproducible methodology and **rationale** for any eligibility criteria<br>• **Critically assess** economic evaluations using an appropriate, validated instrument, e.g., **Drummond and Jefferson 1996** or **Philips et al. 2004**<br>• **Clearly state** and **rationalise** if no relevant economic evaluations are found | **Yes**<br>• Include the **search strategy** and **key eligibility criteria**, and consider published and unpublished studies<br>• If the systematic search yields limited data for England, the **search strategy** may be **extended** to capture data from other countries<br>• Provide a clear **rationale** for the **selection** of **outcomes**, resource use and costs | **Yes**<br>• Describe how systematic searches for relevant health-related quality-of-life data were done<br>• Consider published and unpublished studies, including any original research commissioned for the technology<br>• Provide the **rationale** for terms used in the **search strategy** and the **eligibility criteria** used |
| **HAS[3,4]** | **Yes**<br>• The values associated with **health outcome parameters and cost parameters** should stem from a systematic and exhaustive research process that can **cover numerous sources of data**<br>• **Clear, reproducible search strategy**, using **explicit selection criteria**<br>• The **timespan of search** should be appropriate<br>• Use **Drummond and Jefferson 1996 checklist** | **No**<br>• The amounts of resources consumed should be measured using high-quality data stemming from **appropriate methodology**, along with clearly referenced and validated sources | **Yes**<br>• The utility scores used to adjust life years should be derived from an ad-hoc study specifically designed for the collection of the required quality-of-life data or drawn from an **SLR**<br>• For the collection and processing of quality-of-life data for the estimation of a utility score, a **systematic**, reproducible methodology should be used |
| **SMC[5]** | **Yes**<br>• Evidence should be presented to demonstrate that the data have been identified **systematically** | **Yes**<br>• Evidence should be presented to demonstrate that the data have been identified **systematically** | **Optional**<br>• If utility values are taken from the literature, the literature selection process should be reported |
| **NCPE[6,7]** | **No**<br>• Economic evaluations may be run alongside a clinical trial rather than data from multiple trials or gathered in a systematic review | **No**<br>• The method used to generate resource use and cost data should be **systematic, clearly described** and **justified**<br>• Resource use data can be obtained from the literature or by primary data collection | **Yes**<br>• A **transparent**, **systematic** search should be used to gather health utility values from the literature |
| **G-BA[8,9]** | **No**<br>• The chosen modelling technique should be compared with previously conducted models or closely related decision problems and, if deviations from existing models are identified, discussed | **No**<br>• **Exploratory** searches can be conducted to determine costs to derive further input parameters relevant to the model or budget impact analysis (BIA) | **No**<br>• **Focused** searches are optional |
| **TLV[10]** | **No**<br>• No information provided | **No**<br>• No information provided | **No**<br>• No information provided |

**CONCLUSION: The methodological requirements for economic and utility SLRs vary across European HTA bodies, reflecting a lack of standardised guidance. This inconsistency may lead to divergent approaches in collating and synthesising evidence submitted to HTA agencies**

**Abbreviations**: BIA, Budget impact analysis; G-BA, The Federal Joint Committee (Gemeinsamer Bundesausschuss); HAS, Haute Autorité de Santé; HCRU, Healthcare resource utilisation; HTA, Health technology assessment; NCPE, National Centre for Pharmacoeconomics; NICE, National Institute for Health and Care Excellence; SLR, Systematic literature review; SMC, Scottish Medicines Consortium; TLV, The Swedish Dental and Pharmaceutical Benefits Agency (Tandvårds- och läkemedelsförmånsverket). **References**: 1. NICE (2015). Single technology appraisal and highly specialised technologies evaluation: User guide for company evidence submission template (PMG24). 3 December 2024. 2. NICE (2022). Health technology evaluations: the manual. 14 July 2025. 3. HAS (2021). Real-world studies for the assessment of medicinal products and medical devices. 4. HAS (2020). Choices in methods for economic evaluation. 6 April 2020. 5. SMC (2022). Guidance to submitting companies for completion of New Product Assessment Form (NPAF). December 2022. 6. NCPE (2025). National Guidelines for the Budget Impact Analysis of Health Technologies in Ireland. 26 March 2025. 7. NCPE (2025). National Guidelines for the Economic Evaluation of Health Technologies in Ireland. 26 March 2025. 8. G-BA [Online]. Formulare und Vorgaben zum Download–Anlagen zum 5. Kapitel der Verfahrensordnung. Modul 3, Modul 4. 9. IQWiG. General Methods. Version 7.0. 19 September 2023. 11. TLV [Online]. Pricing and reimbursement of medicines. 1 August 2022

**International Society for Pharmacoeconomics and Outcomes Research Europe 2025, 9-12 November, Glasgow, UK.**