A COMPARISON OF THE NICE HST PROGRAMME WITH HEALTH TECHNOLOGY ASSESSMENTS OF ULTRA-ORPHAN DRUGS FROM FRANCE AND GERMANY

HTA3

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INTRODUCTION

- The evaluation of ultra-orphan medicines for extremely rare conditions presents unique challenges for health technology assessment (HTA) bodies due to limited clinical evidence and high uncertainty around cost-effectiveness.
- Since 2013, NICE (England and Wales) has addressed these challenges through its Highly Specialised Technologies (HST) programme, designed specifically for ultra-orphan indications. HAS (France) and the G-BA (Germany) also apply special criteria to the assessment of drugs for treatment of rare diseases.
- Table 1 summarises key criteria considered in the assessment of ultra-orphan technologies by NICE HST, HAS, and G-BA.

Table 1: Criteria for assessment of ultra-orphan drugs by NICE HST, HAS, and G-BA

Criteria	NICE HST (England and Wales)	HAS (France)	G-BA (Germany)
Clinical benefit	Considered for patients and where relevant, carers	SMR and ASMR considered proven at MA (if BI threshold met)	Additional benefit considered proven at MA (if BI threshold met). Extent of medical benefit assessed
Costs to the health service	CEA, BI and value for money	BI threshold <€30 million per year	BI threshold <€30 million per year
Innovation	Considered	Accelerated procedure	Not mentioned
Follow-up research	May be requested	May be requested	May be requested

OBJECTIVES AND METHODS

- The objective of this research was to compare the outcome of assessments from the NICE HST programme with corresponding assessments by HAS (France) and G-BA (Germany), to understand access to ultra-orphan medicines in major European countries.
- The NICE website[1] was searched to identify HST final evaluations published before June 2025, with corresponding HTAs identified from the HAS[2] and G-BA websites[3].
- Decision outcomes and conditions, including commercial arrangements and requests for additional research, were evaluated.
- Where multiple HTAs were conducted for each medicine, or multiple decisions were reported within a single HTA (i.e., covering multiple indications), each HTA/decision was counted separately in the results.

RESULTS

- Twenty-eight ultra-orphan medicines were assessed by NICE, of which HAS and G-BA assessed 26 and 25, respectively.
- NICE conducted 30 HST assessments across the 28 medicines, of which 93% (n=28) were recommended (Figure 1). Most positive recommendations required a commercial arrangement (86%; n=24), usually in the form of a patient access scheme (PAS).
- Managed access agreements (MAAs) were implemented in 21% (n=6) of ultra-orphan medicines recommended by NICE, including a requirement for further data collection. Five medicines with MAAs have been reassessed, all of which were recommended.
- HAS conducted 27 HTAs covering decisions on 33 indications, of which 81% (n=27) were reimbursed (i.e., received an SMR rating of 'mild' or above; Figure 2). ASMR ranged from II to V, with most achieving 'moderate' (III; 30%, n=9) or 'minor' clinical added value (IV; 37%, n=11).
- HAS requested additional data collection in 81% (n=22) of HTAs, usually in the form of existing registries or ongoing trials as part of existing regulatory requirements, with reassessments planned within 1–5 years.
- G-BA conducted 26 HTAs, reporting decisions for 31 indications (Figure 3). Added benefit is considered proven by the marketing authorisation of orphan drugs; therefore, most indications had a 'non-quantifiable added benefit' (58%; n=18) or higher (26%; n=8). Sixteen percent (n=5) of indications had a 'no/less added benefit' rating following reassessment after the drugs exceeded the BI threshold in the first year.
- Thirty-eight percent (n=26) of HTAs had limits on the period of validity, with reassessment by the G-BA planned within 2–5 years.

Figure 1: NICE HST recommendations of ultra-orphan drugs including commercial arrangements

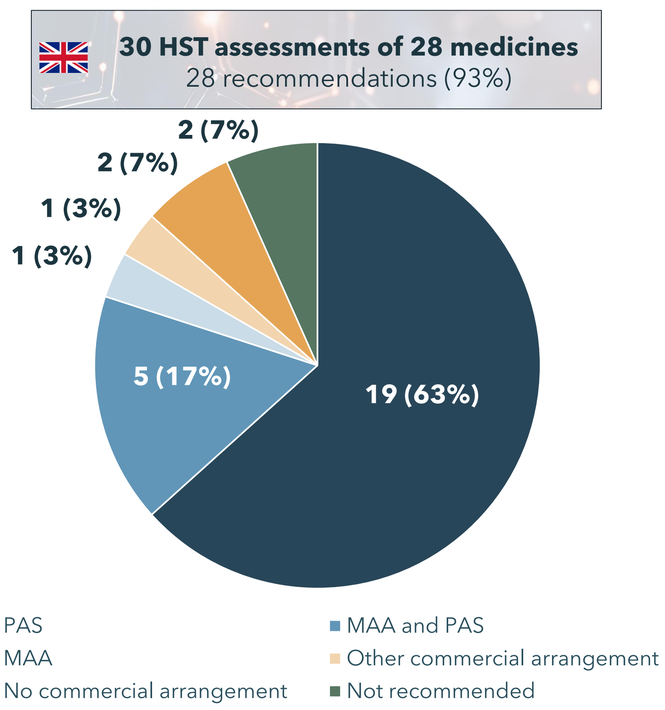


Figure 2: SMR and ASMR ratings of ultra-orphan drugs by HAS

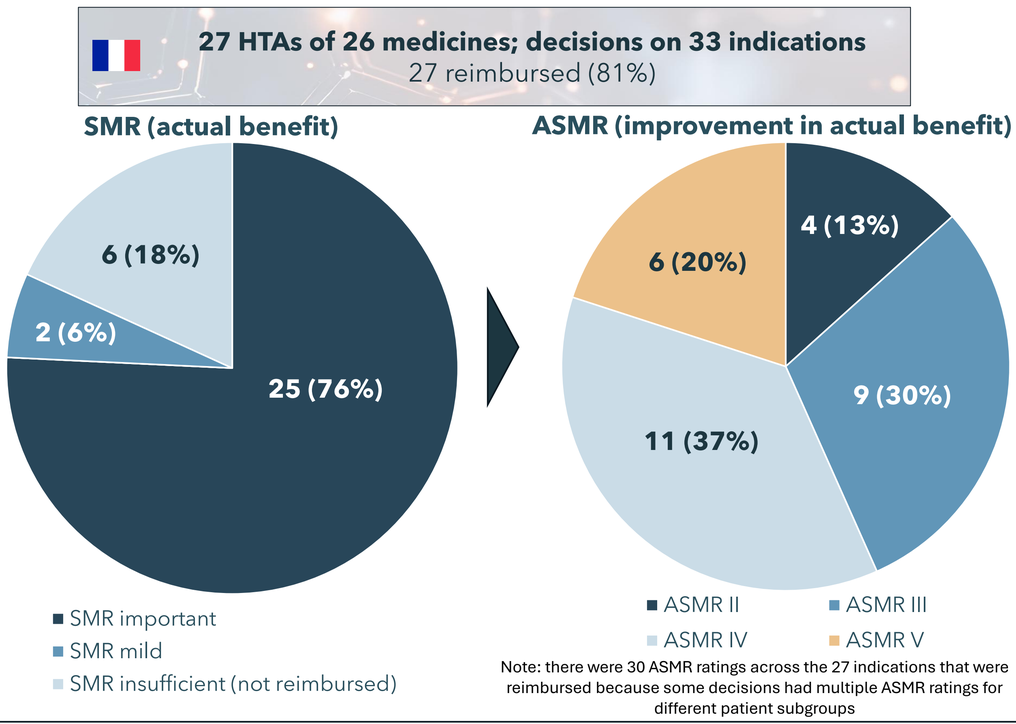
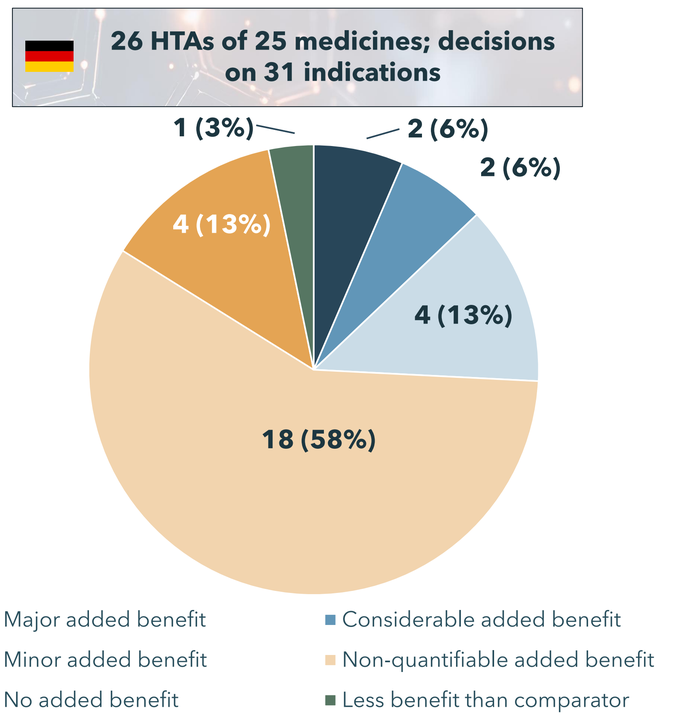


Figure 3: SMR and ASMR ratings of ultra-orphan drugs by G-BA



CONCLUSION

- While decision-making criteria differs, NICE, HAS and G-BA have all developed routes to enable patient access to ultra-orphan medicines.
- Implementation of commercial arrangements with NICE and pricing negotiations based on HAS and G-BA clinical benefit ratings highlights the uncertainty in clinical and cost effectiveness data, as well as the varying price of these HSTs.
- A common mechanism for all three bodies to manage uncertainty in immature/limited clinical evidence and costs to the health service is the data collection and re-evaluations after a set timeframe, although the implementation of MAAs by NICE has reduced in recent years.
- This comparison highlights how these major European HTA agencies balance access, value, and evidence in the assessment of ultra-orphan medicines, largely approving the same medicines despite differing methodologies and decision-making criteria.

Abbreviations: ASMR, Amélioration du Service Médical Rendu (improvement in actual benefit); BI, budget impact; CEA, cost-effectiveness analysis; G-BA, Gemeinsamer Bundesausschuss (Joint Federal Committee); HAS, Haute Autorité de Santé (National Authority for Health); HST, Highly Specialised Technology; HTA, health technology assessment; MA, marketing authorisation; MAA, Managed Access Agreement; NICE, National Institute for Health and Care Excellence; PAS, Patient Access Scheme; SMR, Service Médical Rendu (actual benefit).

References:

1. NICE (2025). Published: Guidance, quality standards and advice. Accessed at: https://www.nice.org.uk/guidance
2. HAS (2025). Haute Autorité de Santé les médicaments. Accessed at: https://www.has-sante.fr/jcms/
3. G-BA (2025). Nutzenbewertung von Arzneimitteln. Accessed at: https://www.g-ba.de/bewertungsverfahren/nutzenbewertung/

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