Does One Size Fit All? Utility Measurement Guidance Across HTAs in the era of Joint Clinical Assessment and International Reference Pricing

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Background

- Value assessment policies and collaborations, such as EUnetHTA, JCA and MFN, highlight opportunities for methods alignment across geographies.
- We examined cross-jurisdictional consistency in health utility measurement recommendations across 9 HTA agencies: ICER (US), CADTH (Canada), NICE (UK), HAS (France), IQWiG (Germany), AIFA/AGENAS (Italy), AEMPS (Spain), CONITEC (Brazil), and C2H (Japan).

Methodology

- Utility-relevant guidance documents were identified via HTA websites and literature searches (2015–2025).
- Final English or translated guidance covering utility measurement for economic evaluations were included.
- Extracted data included required or preferred utility measures, acceptance of alternatives, country-specific value sets, mapping policies, pediatric/caregiver guidance, and references to other HTA frameworks.
- Descriptive analyses were conducted.

Results

- Fourteen guidance documents were identified across the 9 agencies, with 57% published or updated after 2022.[1-14]
- Only HAS mandates use of a specific adult utility instrument (EQ-5D-5L); All other agencies prefer EQ-5D but do not mandate a version, with stated preferences varying (UK: EQ-5D-3L; France/Japan: EQ-5D-5L). (Fig. 1)
- All agencies accept alternative measures, including HUI, SF-6D, and disease-specific preference-based measures, when appropriately justified.
- Mapping from disease-specific or non-preference-based instruments to generic preference-based measures is permitted by 8/9 agencies, while IQWiG discourages mapping. (Fig. 2)
- Caregiver and pediatric-specific utilities were recommended when relevant by 8/9 HTAs (caregiver 8/9; pediatric 3/9); IQWiG did not recommend either. (Fig 3).
- Among pediatric guidance, EQ-5D-Y was most commonly recommended (Brazil specifies EQ-5D-Y-3L with local value sets).
- Country-specific value sets are required across all agencies. ICER and CADTH reference international HTA methods (including NICE) while maintaining internal guidance.

Conclusions

- Utility measurement guidance is increasingly available across HTAs, but cross-jurisdiction usability remains uneven.
- Broad preference for EQ-5D and acceptance of alternatives supports partial harmonization, while variation in instrument versions, mapping acceptability, and pediatric/caregiver recommendations highlight opportunities to strengthen methodological alignment.

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Utility measurement guidance is increasingly aligned across HTAs, yet key differences persist in methods and application.

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Figure 2:
Instrument Mapping Policy Across 9 HTA Agencies

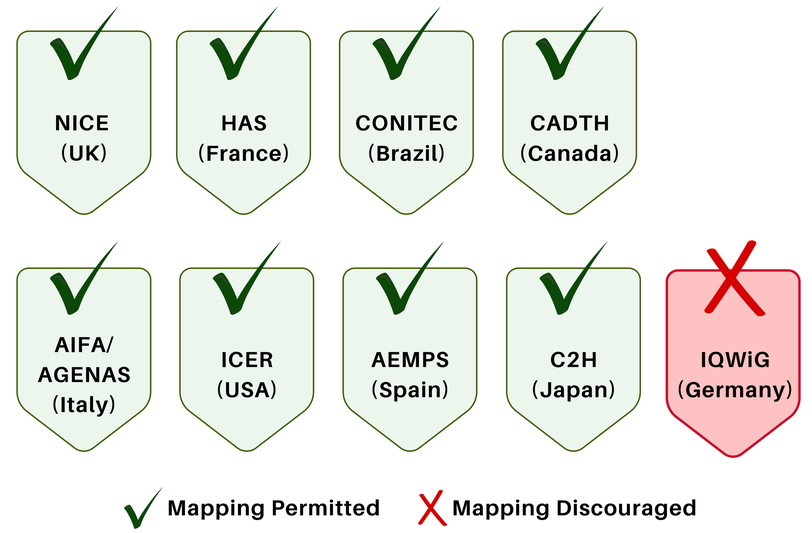

Figure 3:
Population-Specific Utility Recommendations Across HTAs

Figure 1:
Global HTA Preferences for Utility Measurement