Are Evidence Review Requirements Similar Across Health Technology Assessment (HTA) Agencies?

A Cross-Sectional Study of NICE, CDA, IQWiG and EU JCA

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KEY MESSAGE

While NICE, CDA-AMC, IQWiG, and EU JCA share a common foundation of systematic evidence review, critical differences exist in comparator selection, real-world evidence acceptance, literature search scope, and evidentiary thresholds, which necessitate tailored evidence generation plans and adaptive submission strategies to enable early reimbursement and market access across HTA agencies.

BACKGROUND

- ✓ Health technology assessment (HTA) submissions depend heavily on robust evidence reviews. However, the requirements differ across major HTA agencies, creating challenges for global evidence planning.[1]
- ✓ HTA recommendations are considered in coverage decisions in practice. Thus, a transparency and the clear understanding of similarities and differences across different HTA bodies have become necessary.
- ✓ With the recent introduction of the European Union Joint Clinical Assessment (EU JCA), alongside established bodies such as NICE (UK), CDA-AMC (Canada), and IQWiG (Germany), there is increasing necessity to understand convergences and divergences in evidence requirements across these agencies.[2]
- ✓ It is also essential for optimizing evidence generation, minimizing duplication, and developing streamlined, efficient submission strategies across multiple HTA jurisdictions.

NICE
United Kingdom

CDA-AMC
Canada

IQWiG
Germany

EU JCA
European Union

OBJECTIVES

1. To compare the requirements of evidence reviews of major HTA bodies, including NICE, CDA-AMC, IQWiG, and the EU JCA
2. To identify the key similarities and differences in requirements of review methodologies.

METHODS

Study Design

- ✓ A targeted literature review was conducted to identify and analyze publicly available methodological guidelines from major HTA agencies. The review focused on comparing evidence requirements, literature search expectations, assessment frameworks, and approaches to clinical and economic evaluation across agencies.

Data Sources

- ✓ Updated Publicly available methodological guidelines from NICE 2025 (UK), CDA-AMC 2021 (Canada), IQWiG 2023 (Germany), and EU JCA 2024 were used to provide the basis for evaluating similarities and differences in evidence generation, study selection criteria, database requirements, and approaches to clinical and economic assessment among the agencies.

Data Extraction

Key information extracted across domains:

- Search Strategies → Study Selection Criteria
- Appraisal Methods → Reporting Standards

RESULTS

Figure 1: Key Commonalities Across All Four Agencies

1. Prioritize RCTs as the gold standard for evidence generation
2. A Systematic search and a clear comparator framework
3. Require clearly defined PICO/PICOS frameworks
4. A transparent rationale for study selection and synthesis
5. Comprehensive searches of key biomedical databases and registries
6. Strong focus on patient-relevant outcomes (mortality, morbidity, HRQoL, safety)
7. Transparency: detailed documentation of search strategies and rigorous critical appraisal.

- Major HTA agencies demonstrate considerable alignment in their overall approach to evidence assessment and healthcare evaluation.
- The shared principles help promote consistency, transparency, and evidence-based decision-making across HTA agencies.

Figure 2: Key Differences Between Agencies

NICE	Combines clinical and cost-effectiveness to inform economic models; broadest evidence scope including grey literature and abstracts
IQWiG	Stringent approach centered on demonstrating "added benefit" vs. appropriate comparator. Requires full unpublished CSRs
CDA-AMC	Focuses on comparative effectiveness within Canadian context; greater flexibility in accepting real-world evidence; applies GRADE framework
EU JCA	Clinical-only assessment of relative effectiveness; PICO relevant to all EU countries; strictest timelines (3 months); excludes conference abstracts; mandates MEDLINE and CENTRAL only

- Although HTA agencies follow similar overall principles, their evidence requirements and assessment priorities differ based on regional healthcare needs and decision-making frameworks.
- These variations influence how evidence is evaluated, interpreted, and applied in reimbursement and policy decisions.

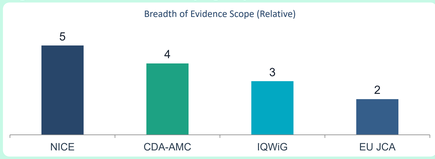
Table 1: Comparison of Evidence Requirements Across HTA Agencies

Domain	NICE	CDA-AMC	IQWiG	EU JCA
Assessment focus	Broader, Clinical + Economic	Broader, Clinical + Economic + Patient	Strictest on patient-relevant endpoints and surrogate validation	Clinical only (Relative effectiveness)
Databases	MEDLINE, Embase, Cochrane	MEDLINE, Embase, Cochrane	MEDLINE, Embase, Cochrane	MEDLINE, CENTRAL only
Conference abstracts	Included	Included	Case-by-case	Excluded
Grey literature	Included	May include	Requires full CSRs	Not specified
Search timelines	Flexible	Flexible	Flexible	Within 3 months
RWE acceptance	Supplementary	Greater flexibility	Limited	Not primary focus
Certainty framework	GRADE considered	GRADE applied	Own framework	Not mandated

- This table highlights the major similarities and differences in evidence requirements across key HTA agencies, including NICE, CDA-AMC, IQWiG, and EU JCA.
- While all agencies emphasize evidence-based assessment, they differ in assessment focus, evidence acceptance, database requirements, and the use of real-world evidence and certainty frameworks.

RESULTS (CONTINUED)

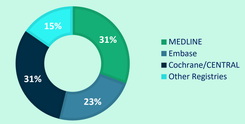
Figure 3: Assessment Focus by Agency



5 = Broadest scope (clinical + cost-effectiveness + grey literature + abstracts)
2 = Narrowest scope (clinical only, MEDLINE + CENTRAL, no abstracts)

The above figure compares the relative breadth of evidence considered by different HTA agencies during assessment. NICE demonstrates the broadest evidence scope, while EU JCA has a more focused clinical assessment approach with comparatively narrower evidence inclusion criteria.

Figure 3: Key Databases Utilized by Major HTA Agencies



- The most recommended databases and evidence sources across major HTA agencies are shown in Figure 3.
- MEDLINE and Cochrane/CENTRAL are the most frequently referenced sources, highlighting their central role in evidence identification and SLRs.

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HTA Agencies Compared

3mo
EU JCA Search Timeline Limit

RCTs
Gold Standard Across All

PICO
Framework Required by All

CONCLUSIONS

- ✓ While NICE, CDA-AMC, IQWiG, and EU JCA share a common methodological foundation centered on systematic, transparent, and evidence-based evaluation processes, important differences exist in their assessment priorities, evidence expectations, and decision-making frameworks. These variations are shaped by each agency's healthcare policies, reimbursement objectives, and regional clinical needs.
- ✓ Overall, the comparison highlights an increasing global alignment toward rigorous and patient-focused HTA practices, whereas also emphasizing the need for tailored evidence generation strategies to meet agency-specific requirements. Understanding these similarities and differences can support more efficient evidence planning, stronger submissions, and improved market access across multiple HTA jurisdictions.
- ✓ These variations influence how evidence is generated, assessed, and interpreted, particularly in areas such as:

Comparator selection | **Acceptance of real-world evidence** | **Evidentiary thresholds**

Manufacturers need tailored evidence generation plans and adaptive submission strategies to meet diverse HTA requirements across jurisdictions.

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