Introduction
In February 2022, the National Institute for Health and Care Excellence (NICE) updated their methods for technology assessments (1)-(2). One change made during this update was the removal of the fast-track appraisal (FTA), originally introduced in 2017. Treatments were eligible for FTA via two routes: with an incremental cost per quality-adjusted life year gained of £40,000 or less and a low incremental cost-effectiveness ratio (ICER) route, or with efficacy and safety equivalent to existing, approved treatments, at lower cost (cost comparison route).

FTA has now been replaced by a cost comparison process for treatments with equivalent efficacy and safety, and lower cost compared with an existing recommended treatment.

Methods
In ISPOR 2022, we reviewed 1st April 2017 to 18th June 2022, documentation associated with each technology appraisal was reviewed to identify which were FTAs.

In addition to completed appraisals, appraisals in development were also reviewed to identify any FTA in development for which draft guidance was available.

For each identified FTA, data on FTA route were extracted (low ICER route or cost comparison route) and, if a cost comparison was carried out, the methodology applied.

Results
A total of 289 completed technology appraisals were identified, of which 12 were FTAs (3-14). A further four FTAs in development were identified (15-18), of which three had final draft guidance available (15-17; Figure 1). The three FTAs in development that were reviewed have since been published. All 15 FTAs included a positive recommendation for the appraised therapy, either with or without restrictions. The conditions evaluated by FTA included wet age-related macular degeneration (n=2) and moderate-to-severe plaque psoriasis (n=4).

The focus of NICE committee discussions in the identified FTAs centred on the appropriateness of comparative effectiveness and a cost comparison route (TA734 [9] and the available evidence for short- and long-term equivalence of efficacy and safety (TA735 [8], TA521 [4], ID3898 [16]). The cost comparison analyses themselves were largely well received. The evidence review group (ERG) preferred longer time horizons in three appraisals (TA738 [9], TA671 [11], TA521 [4]) and updated the submitted analysis to include the cost of administration in two appraisals (TA486 [3], ID199 [15]). However, the overall conclusion of these analyses remained unchanged.

Conclusion
A total of 15 FTAs (including three in development) were reviewed, which comprised 4% of all completed technology assessments during the period from 1st April 2017 to 18th June 2022 (ID289). The new cost comparison route aims to increase the speed of assessment of treatments with equivalent efficacy and safety compared with existing therapies, to provide earlier access for patients. The methods of cost comparison identified via this review remain relevant for future assessments, and manufacturers should carefully consider their approach to comparator choice, how both long-term and short-term equivalence of efficacy and safety are established, as well as the chosen methodological approach to the cost comparison.

For cost comparison, while a simple description of annual drug acquisition costs may be appropriate in some circumstances, consideration of a longer time horizon and the inclusion of other relevant costs may be considered appropriate by the ERG and NICE committee.

Abbreviations
FTA, fast-track appraisal; NICE, National Institute for Health and Care Excellence; ICER, incremental cost-effectiveness ratio; N/A, not applicable; NICE, National Institute for Health and Care Excellence.

References
3. NICE. TA455 Mtxech Access, Bicester, United Kingdom
11. NICE. TA803 Risankizumab for treating active psoriatic arthritis after inadequate response to conventional synthetic disease-modifying antirheumatic drugs. 2022.