VP39 The Alphabet Lottery? How NICE Outcomes Vary By Appraisal Committee

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Introduction. NICE (National Institute for Health and Care Excellence) makes recommendations on the public reimbursement of medicines based on their clinical- and cost-effectiveness. The recommendation is made by an Appraisal Committee (comprising a multi-disciplinary group of independent experts) as part of a technology appraisal. There are four Appraisal Committees (A,B,C,D); this research investigates whether appraisal outcomes vary by committee.

Methods. All publicly-available Final Appraisal Determinations from NICE Single Technology Appraisals (STA) were screened (01/10/2009-14/11/2018) and key data were extracted. Homogeneity in rates of acceptance or rejection across the committees was assessed using Chi-squared tests.

Results. The Appraisal Committee was identified for 298 technologies, 56% (168/298) of which were 'recommended'. The number of technologies assessed by each committee was similar (A:79, B:62, C:91, D:66). However, STAs conducted by Committee D were significantly less likely to receive 'recommended' outcomes (A:68% [54/79], B:65% [40/62], C:53% [48/91], D:39% [26/66]; $p < 0.01$). STAs for oncology indications had higher 'not recommended' outcomes than those for non-oncology indications (25% vs. 9%). The lower 'recommendation' rates for committee D persisted across oncology (A:60%, B:83%, C:50%, D:38%; $p = 0.01$) and non-oncology indications (A:73%, B:53%, C:55%, D:40%; $p < 0.01$). However, STAs conducted by Committee D were significantly more likely to receive 'optimized' recommendations (A:16%, B:21%, C:33%, D: 36%; $p < 0.01$) and when considering the rates of 'recommended' and 'optimized' outcomes compared to 'only in research' and 'not recommended' outcomes, no significant differences were found (A:85%, B: 85%, C:86%, D:76%; $p = 0.27$).

Conclusions. STAs undertaken by NICE Appraisal Committee D was associated with a significantly lower rate of 'recommended' outcomes but tended to an 'optimized' recommendation significantly more than the other committees. Further research is needed to determine if this reflects any deviation in uniform implementation of NICE methodology between Committees.

VP40 Increasing Divergence Of IQWiG & G-BA Benefit Assessments Over Time?

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Introduction. Since 2011, new pharmacological therapies in Germany are subject to an early benefit assessment (EBA) upon launch. The Institute for Quality and Efficiency in Health Care (IQWiG) usually conducts an initial assessment, followed by the Federal Joint Committee (G-BA) issuing a final resolution. If the G-BA deem a new therapy offers no additional benefit over relevant comparators, it cannot attain premium-pricing through price negotiations. This research compares G-BA and IQWiG assessment outcomes over time.

Methods. All EBA resolutions were extracted from the G-BA website alongside corresponding IQWiG assessments (01/01/2011-19/09/2018) and key information compared. For extracted outcome data, the focus was the subgroup of greatest additional benefit.

Results. Of 261 identified EBAs with both G-BA and IQWiG assessment outcomes published, 59% (155/261) did not differ in their additional benefit. The G-BA concluded on an additional benefit where IQWiG deemed none in 13% (34/261) of cases, which was consistent pre-2015: 13% (11/87) and 2015-onwards: 13% (23/174). Conversely, IQWiG deemed an additional benefit where the G-BA concluded on none in 3% (8/261) of cases, none of which were pre-2015 (0/87) vs. 5% (8/261) for 2015-onwards. G-BA and IQWiG both agreed that additional benefit was offered but differed in its extent in 14% (37/261; in 23 cases: G-BA's rating was lower, 14 cases: G-BA's was higher) with 19% (17/87) pre-2015 vs. 8% (14/174) 2015-onwards.

Conclusions. The G-BA has deviated from IQWiG's initial assessment in around one-third of resolutions, with potential significant rebate negotiation consequences. The divergence in extent of additional benefit (where both agree on additional benefit) appears to be becoming less common over time. However, a slight converse time-trend appears regarding divergence on whether any additional benefit is offered, driven by increased incidence of G-BA deeming no additional benefit contrary to IQWiG. This emphasizes that companies should fully engage with the EBA consultation process post-IQWiG appraisal.

VP41 NICE Interventional Procedures Advisory Committee Recommendations

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Introduction. This study explores the factors (principally evidential) that predict guidance recommendations by this NICE committee. There are three main types of recommendations: Standard/normal arrangements (can be done without restriction in the NHS); Special arrangements (can be done under certain conditions); and Research only.

Methods. The following data were extracted from all published pieces of Interventional Procedure Guidance (IPGs) produced by this committee: year, IPG number, recommendations, evidence base (numbers and types of included studies, numbers of included patients etc.). All data were extracted independently by two researchers, and any disagreements clarified by consensus. Data were tabulated and descriptive statistics produced. Regression analyses will be performed using these data to identify any statistically significant predictors of recommendations.

Results. IPG recommendations (n = 496); year range: 2003-2018. Proportion of IPGs by each recommendation: 50% Standard; 38% Special; 11% Research Only; 2% Do Not Do. Proportion of IPGs with highest level evidence (i.e. systematic review and/or RCT) by recommendation type: Standard = 64% (152/239); Special = 43% (77/180); Research Only = 48% (26/54); Do Not Do = 75% (6/8).

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