

# Health Technology Assessment Standards and Practices: How Does Canada Compare with Other Countries?

## Description

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## Health Technology Assessment Standards and Practices: How Does Canada Compare with Other Countries?

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### ABSTRACT

Over the past 30 years, many countries including Canada have established agencies and developed policies and programs for health technology assessment (HTA) to inform decision-making regarding public reimbursement coverage of new medicines. Differences exist between agencies in terms of their philosophies, policies, practices and methods in the application of HTA. This study compares the Canadian Agency for Drugs and Technologies in Health (CADTH) with HTA agencies in comparable countries – the Pharmaceutical Benefits Advisory Committee in Australia, the National Institute for Health and Care Excellence in England and Wales, and the Scottish Medicines Consortium in Scotland. The clinical and economic recommendations from the four HTA agencies for 9 new biologic therapies for plaque psoriasis were reviewed. The HTA recommendations demonstrate a distinct difference between CADTH and the other agencies. The agencies in the United Kingdom and Australia found that the majority of the biologics were cost-effective, especially when the manufacturer supported a patient access scheme. In contrast, most of CADTH's recommendations for the biologics had a requirement that the price should not exceed the least costly biologic already covered or the price should result in savings, even though CADTH's role does not include price setting or price negotiation. The oversight of the National Institute for Health and Care Excellence, the Scottish Medicines Consortium and the Australian Pharmaceutical Benefits Advisory Committee is much better than CADTH's. All the agencies made some improvements in transparency over the past decade based on this case study, but CADTH and the Pharmaceutical Benefits Advisory Committee should do more. The participation of all stakeholders, especially patients, must be improved in Canada if CADTH is to put its commitment to inclusivity into practice. The National Institute for Health and Care Excellence and the Scottish Medicines Consortium are closer to complying with the principles of accountability/impartiality, transparency, participation/inclusivity and responsiveness than the Pharmaceutical Benefits Advisory Committee and are decidedly better than CADTH. CADTH needs to demonstrate its independence, rather than being a complicit partner in the federal, provincial and territorial governments' processes to drastically reduce new drug prices.

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