made available to patients. The objective of this abstract is to highlight the difference of the CEESP appraisal in Germany and some of the main HTA bodies, and the subsequent outcomes in terms of access and reimbursement decisions.

METHODS: The list of medicines under CA status was downloaded on March 16th 2015 from the EMA website. For each medicine, advice from the National Institute for Health and Care Excellence (NICE), Scottish Medicines Consortium (SMC), National Authority for Health (HAS) and Federal Joint Committee (GBA) was taken from the agencies’ websites. The HTA outcomes were measured from final recommendation in the UK, the medical impact (SMR) and improvement in medical benefit (AIMB) scores in France and the level of additional benefit in Germany. Medicines approved after March 2014 (n = 3) and vaccines (n = 2) were excluded. RESULTS: 77% of the selected medicines had at least one unfavourable HTA outcome (defined as no or restricted recommendation in the UK, SMR lower than substantial benefit in France, no or unquantifiable additional benefit in Germany). 50% had a majority of unfavourable HTA outcomes. CONCLUSIONS: Although the EMA seems to have access to all the data needed to make all the decisions, its output is very different from NICE recommendations. Our analysis revealed 5 key factors to improve the chance of a positive CEESP review: (1) a proper justification of all model inputs and outputs, which satisfies the HAS guidelines; (2) a proper justification of all model inputs and outputs, which satisfies the HAS guidelines; (3) a proper justification of all model inputs and outputs, which satisfies the HAS guidelines; (4) a proper justification of all model inputs and outputs, which satisfies the HAS guidelines; and (5) a proper justification of all model inputs and outputs, which satisfies the HAS guidelines.

Our analysis suggests that in Germany there may be a disconnection between the EMA’s and the French HTA’s recommendations. The interaction between national or regional HTA organizations and HTA bodies is a complex process, and different factors influence the decision-making process. It is crucial to understand the factors that influence HTA decisions and to identify potential solutions to improve the consistency and transparency of the process. Further research is needed to explore the reasons behind these differences and to develop strategies to improve the quality and reliability of HTA decisions.