The funding or reimbursement of a health technology or service that is conditional on specific criteria.

Note 1: The funding is often provided by a health care agency or payer, such as: the government, health maintenance organization or health insurance organization.

Note 2: The criteria could be:

- *imposed* by the payer (for example, a restriction on the population eligible for the technology, a price-volume agreement or funding tied to the achievement of clinical outcomes), or
- *agreed* between the payer and the technology provider as an interim measure during evidence development (for example, managed entry or coverage with evidence development arrangements).

Note 3: Related terms include "monitored use".