Nicer in NICE? Impact of Cancer Drugs Fund reform on patient access to drugs

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Background

The former Cancer Drugs Fund (CDF) in England paid for drugs not routinely available on the NHS. When the CDF was reformed in 2016, responsibility for all cancer drug funding decisions was returned to NICE, creating concerns about damage to patient access. Given this view of the CDF as a more permissive route to access, it was perhaps surprising to find examples of drugs that had been rejected by the CDF, but subsequently recommended by NICE. Further, as part of the reforms, NICE introduced a re-evaluation of their previously-rejected drugs had been funded by the CDF, and early indications suggested a high rate of adoption into routine commissioning. These observations provided two complementary approaches to investigate the access concerns.

Aim

Explore the expected impact of CDF reform on access to drugs, by:

- characterising the unexpected group of CDF-rejected drugs later accepted by NICE
- monitoring NICE's current reconsideration of previously-rejected, CDF-funded drugs

Methods

For a cohort of cancer drugs appraised by NICE over 2 years (Jan 2014- Mar 2016), data on funding decisions and their rationale were extracted from NICE's Technology Appraisals, and from CDF Decision Summaries.

Data for NICE's CDF 'Rapid Reconsideration' decisions (2016-Feb 2017) were extracted from NICE Technology Appraisals. All data are public domain.

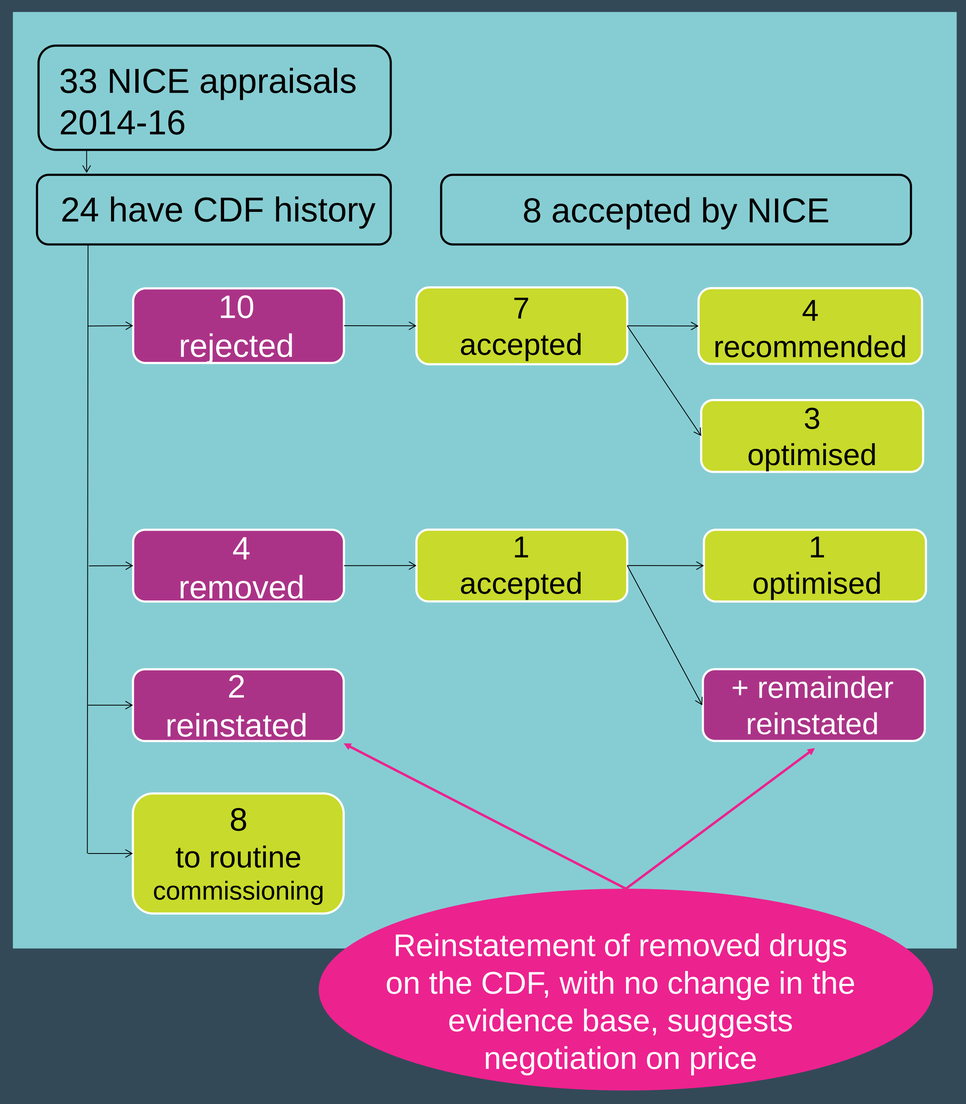
Results

Of the 33 NICE appraisals in this dataset, 24 had prior CDF history. **Eight drugs rejected or removed by the CDF were subsequently accepted by NICE**. One was given an optimised recommendation for one patient sub-group; funding for other patients was reinstated on the CDF.

Reasons for rejection or removal by the CDF included non-significant survival benefits, and uncertainties similar to those noted by NICE:

- Inappropriate comparators for current practice in the English NHS
- Immature survival data
- Data not generalisable to UK patients

Two cases specifically identified the evidence as "too uncertain"



NICE and CDF considered the same core evidence base.

Some examples of additional data going to NICE

- Updated trial data (1 case)
- Additional supportive trials (2 cases)
- Additional subgroup analyses presented at consultation (3 cases)

Re-evaluations of CDF drugs have accepted 8/11 (73%) into routine funding.

CDF Rapid Reconsideration	No. of appraisals
Reviewed	11
Funded	8
Pending: new CDF funding	1
Pending: not recommended	2

Uncertainties in survival, resource use, and length of treatment - despite use by ~1000 patients on the old CDF

The one to watch - Kadcyla

- Acceptance for funding is in line with the 2014-16 dataset (23/29, 79%)
- Few submissions presented major updates to the evidence base
- Little presentation of in-use data from previous CDF funding
- High degree of redaction in the public documents suggests significant price renegotiation

Discussion

- NICE appraisal may not be a tougher hurdle for acceptance of cancer drugs than the CDF, particularly for promising drugs seeking early access with uncertainty in the evidence base.
- Decisions of both the CDF and NICE suggest industry flexibility on pricing in order to maintain access.
- Absence of in-use data from the former CDF is consistent with criticism from the Public Accounts Committee and the NAO, on inadequate outcomes data collection. The new CDF will fix this by requiring a data collection and review plan for each funded drug.

Acknowledgements

This work was funded by the Policy Department, Cancer Research UK. We thank Terry Hogan (Golden Orb Ltd, Surrey) and Howell Fu (University of Oxford) for automating data collection from the NICE and CDF websites.