IS MARKET ACCESS FOR ONCOLOGY TREATMENTS EASIER IN ENGLAND THAN FOR NON-ONCOLOGY TREATMENTS?

An analysis of NICE single technology appraisals from 2017-2019

ISPOR Europe 2019, Copenhagen, Denmark
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The aim of this study was to assess whether the access route for oncology drugs is more favourable compared to non-oncology drugs

To assess whether market access is more favourable for oncology drugs compared to non-oncology drugs in England, through analysis of:

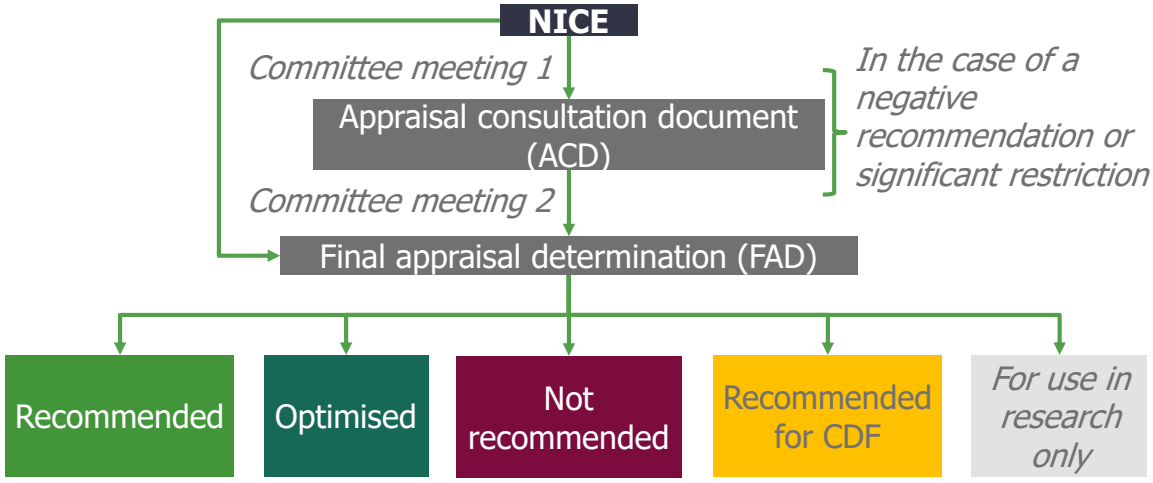
Outcomes of draft and final NICE recommendations

Conditions of access:

- Restrictions on labelled indications
- Use of financial agreements

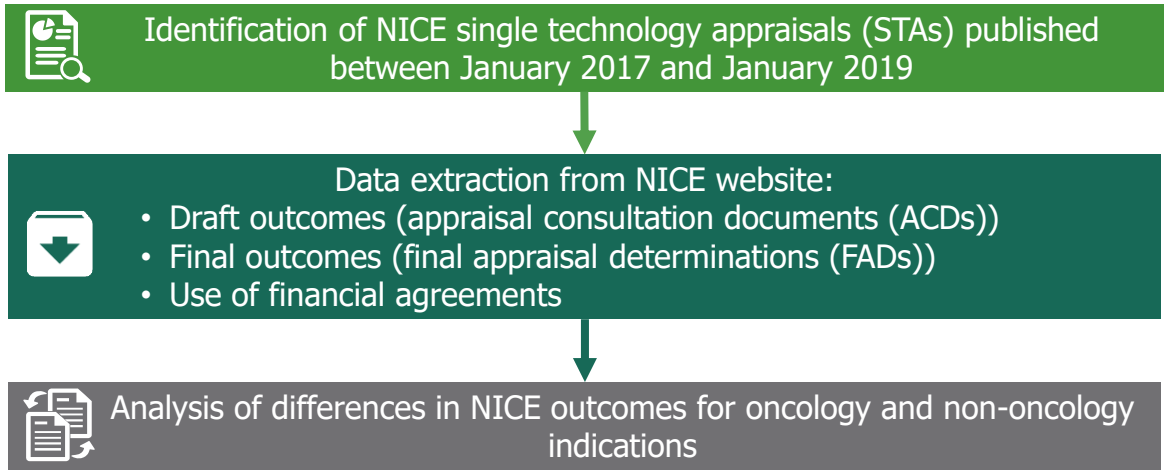
NICE=National Institute of Health and Care Excellence

If the initial review suggests a negative or restricted outcome, NICE will publish a draft (ACD) outcome report prior to the final decision



ACD=Appraisal Consultation Document; CDF=Cancer Drugs Fund; FAD=Final Appraisal Determination; NICE=National Institute of Health and Care Excellence

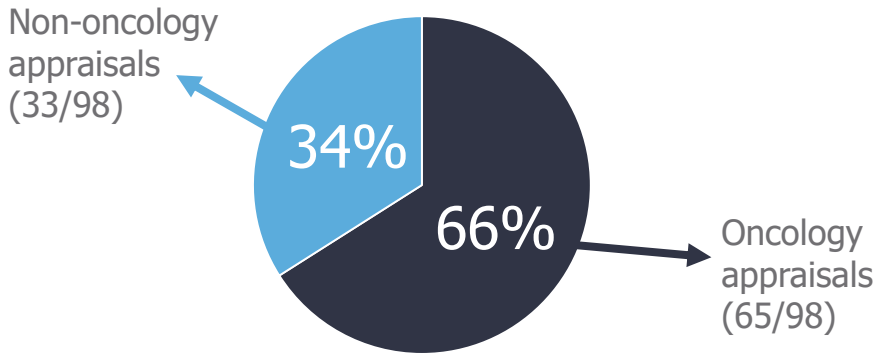
NICE STAs published between January 2017 and January 2019 were identified from the NICE website, with relevant data extracted



ACD=Appraisal Consultation Document; CDF=Cancer Drugs Fund; FAD=Final Appraisal Determination; MA=Market Authorisation; NICE=National Institute of Health and Care Excellence; PAS=Patient Access Scheme; STA=Single Technology Appraisal

NICE appraised twice as many oncology vs. non-oncology drugs, potentially due to appraisals for oncology drugs being mandatory

Proportion of oncology and non-oncology appraisals published by NICE between January 2017 and January 2019

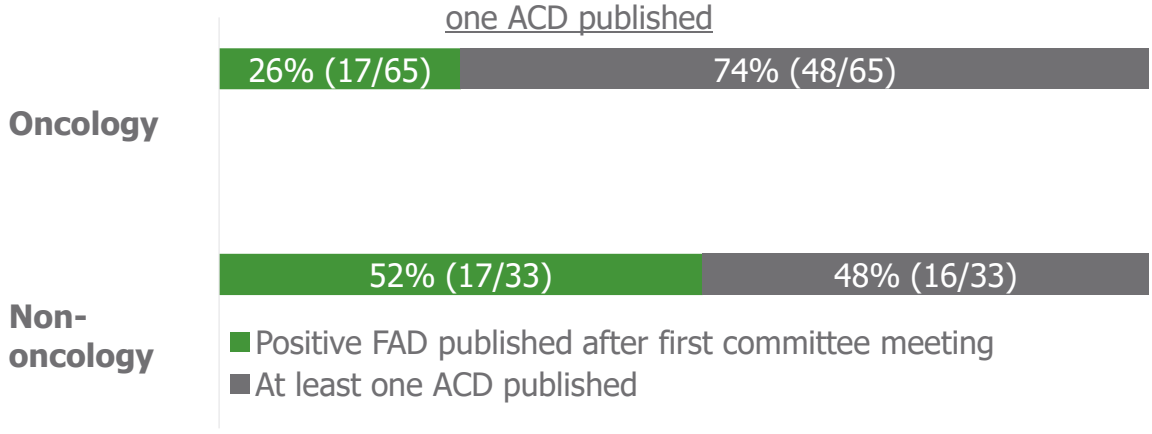


NICE=National Institute of Health and Care Excellence; STA=Single technology appraisal

Objectives Methods Results Conclusion

A greater proportion of oncology drugs received negative outcomes after the first committee meeting, compared to non-oncology drugs

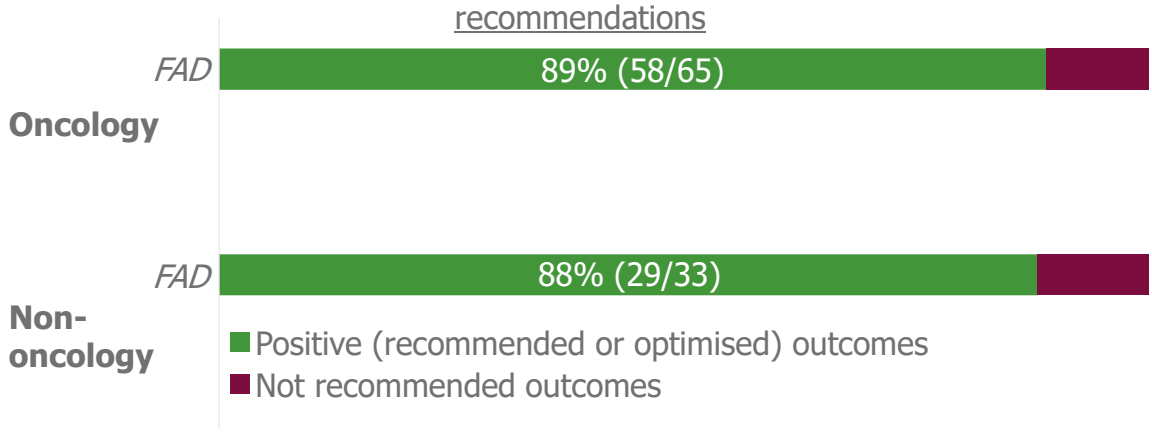
Proportion of oncology and non-oncology products with and without at least one ACD published



ACD=Appraisal Consultation Document; FAD=Final Appraisal Determination

However, overall a similar proportion of oncology and non-oncology drugs received positive NICE outcomes, demonstrating a lack of bias

Proportion of oncology and non-oncology drugs receiving positive final recommendations



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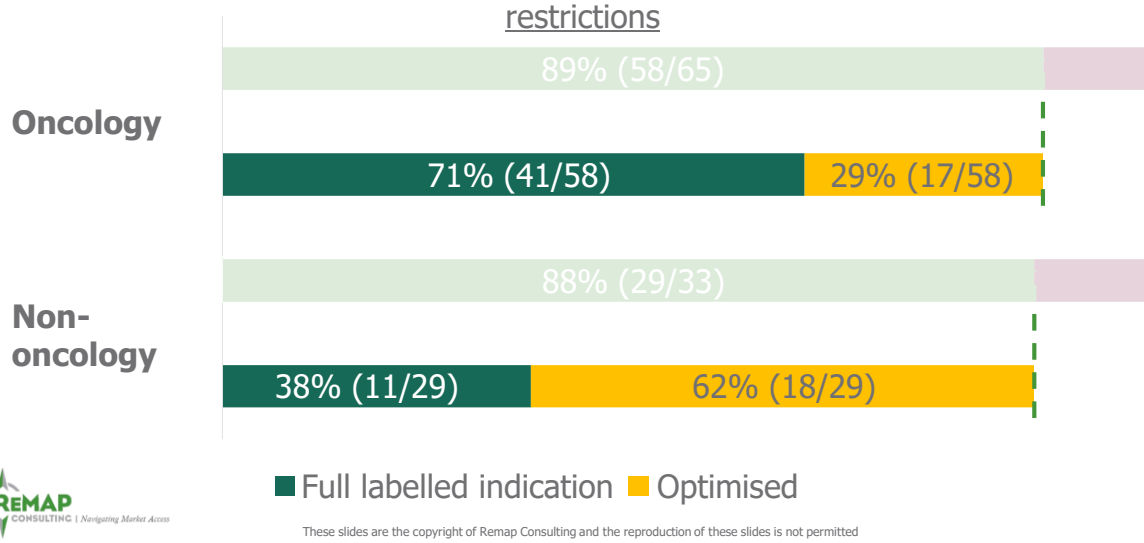
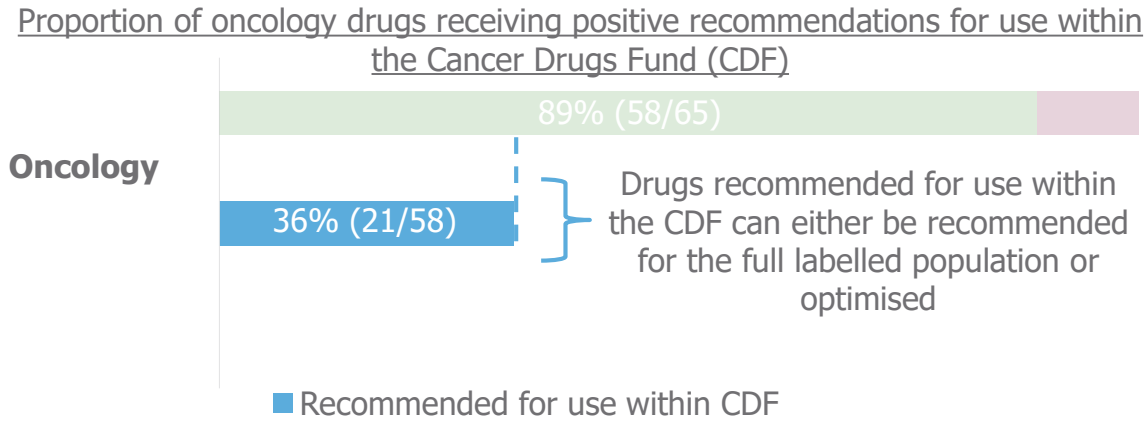
Objectives Methods Results Conclusion

Non-oncology drugs were more likely to be recommended only for use in a restricted patient population, compared to oncology drugs

Proportion of oncology and non-oncology drugs recommended with and without restrictions

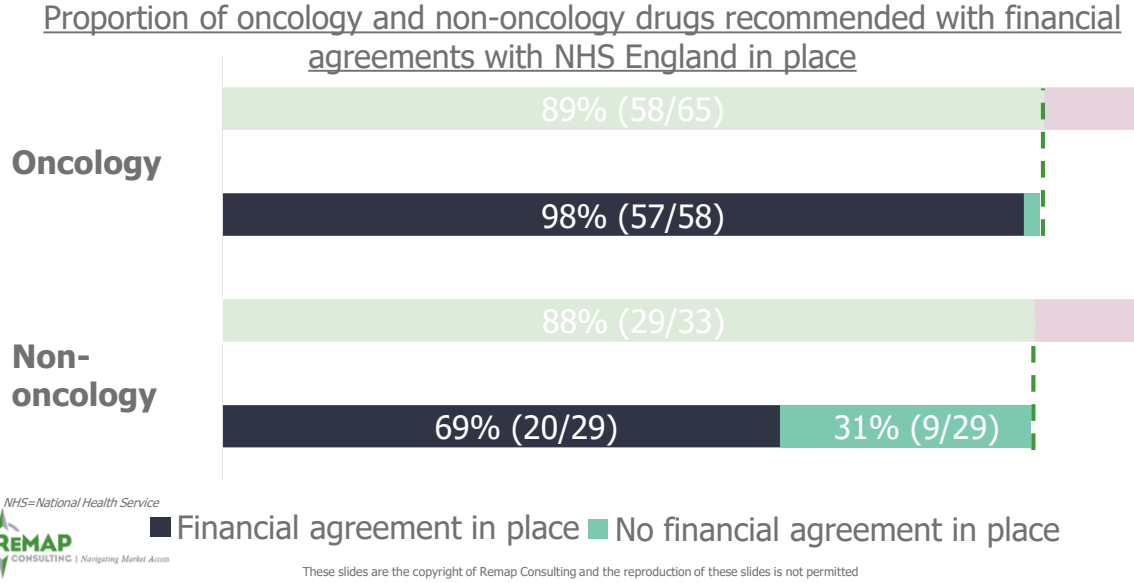


Only 36% of recommended oncology drugs were included in the CDF, suggesting most oncology drugs had sufficient clinical certainty



CDF=Cancer Drugs Fund

Financial agreements appear essential for oncology drugs to gain access and are also required for the majority of non-oncology drugs



NHS=National Health Service

Overall, approval rates for oncology and non-oncology drugs are similar, however there are differences in use of population restrictions

- NICE review nearly twice as many oncology vs. non-oncology drugs
- Oncology drugs are more likely to receive negative or restricted draft outcomes than non-oncology drugs (74% vs. 48%)
- However, similar proportions of oncology and non-oncology drugs receive positive final outcomes (89% vs. 88%)
- Positive outcomes for non-oncology drugs are more likely to be associated with label restrictions (62% vs. 29%)
- The majority of oncology (98%) and non-oncology (69%) drugs require financial arrangements to gain positive outcomes

NICE=National Institute for Health and Care Excellence

Although most drugs gain positive outcomes from NICE, this is likely to require label restrictions and the use of financial arrangements

- Overall, there appears to be a lack of bias towards oncology or non-oncology drugs by NICE
- NICE are currently rolling out a new STA process aiming to streamline the appraisal process and reduce the number of ACD publications
- Most drugs assessed by NICE are likely to gain access, however manufacturers must be prepared to:
  - Proactively engage with NHS England and propose financial agreements as early as possible
  - Refine the patient population for the subgroups in which the highest value can be demonstrated

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THANK YOU

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