Success rate of The Cancer Drugs Fund reappraisals

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Liu X, Pannett S, Wallis J, Bertram J. MAP Patient Access Limited, Cambridge, UK

Background

The Cancer Drugs Fund (CDF) was established in England in 2011 to provide early access to cancer drugs. The CDF was reformed in 2016 to provide interim funding for treatments that demonstrate a plausible potential for meeting the criteria of routine commissioning but face significant continuing clinical uncertainty.

The CDF operates through a managed access arrangement whilst further evidence is collected to address clinical uncertainty. At the end of the managed access period, the treatment is reassessed by the National Institute for Health and Care Excellence (NICE) to decide whether it meets the clinical and cost-effectiveness criteria for routine use in the NHS.

Objectives

The aim of this study was to investigate the outcomes of treatments that were recommended by NICE for use within the CDF and to provide pharmaceutical companies with insight into the success rate of NICE reappraisal after the CDF exit.

Methods

A retrospective data analysis from the NICE website was conducted. 56 CDF recommendations and 28 CDF reappraisals were identified between 1 October 2016 and 14 July 2023.

The status of each CDF recommendation was investigated in line with the guidance on NICE website and each reappraisal was linked to the original appraisal to investigate the outcome of the CDF exit.

Results

Between 1 October 2016 and 14 July 2023, 56 products were recommended for use within the CDF, of which 27 (48%) are are still utilised in the CDF, 28 (51%) have been reviewed and one (1%) has been withdrawn because the product no longer has marketing authorisation (see Figure 1).

Of the 28 products that have been reappraised after exiting the CDF, 9 (32%) were recommended for routine commissioning, 16 (57%) were recommended with restrictions for routine commissioning, two (7%) were not recommended, and one (4%) was terminated because the company did not provide an evidence submission (see Figure 2).

Figure 1: Overview of CDF Recommendation Outcomes

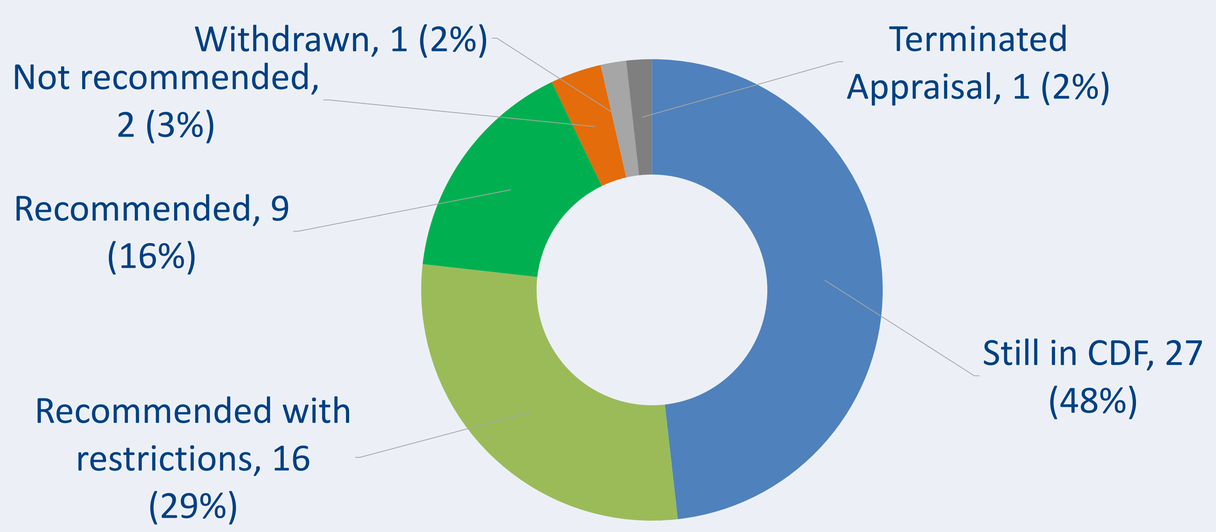
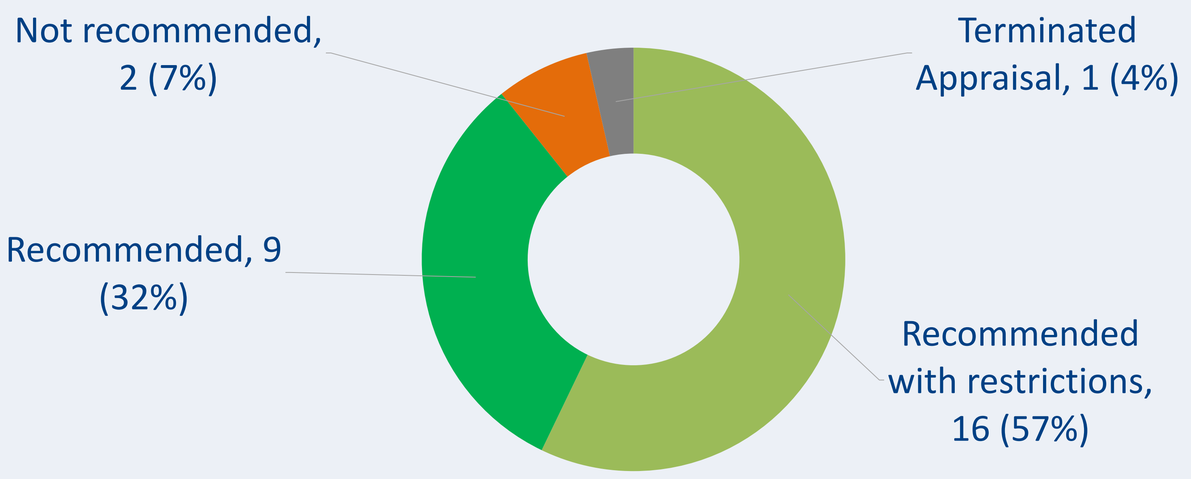


Figure 2: Overview of CDF Reappraisal Outcomes



Conclusions

Following the exit of CDF, 89% reappraisals received a positive recommendation for routine use in the NHS. This indicates that additional data collection and commercial re-negotiations have reduced uncertainty, allowing NICE to make a positive recommendation. If there are data uncertainties in the appraisal process, early engagement with NICE can provide opportunities for medicines to be made accessible despite these uncertainties.

The CDF provides an early access route and allows for the generation of data to address uncertainties, ensuring optimised access for patients and reimbursement for companies, instead of postponing the appraisal process to allow for additional clinical data generation.

References:

1. MAP Patient Access HTA database and trends analysis. Selected charts available at: https://www.mappatientaccess.com

2. Data on NICE technology appraisals and recommendations drawn from NICE at: https://www.nice.org.uk/guidance

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