NICE’s cancer portfolio

• Improving Outcomes Guidance
  – Cancer services guidance on delivery and organisation of care

• Technology appraisals
  – Assessment of the cost-effectiveness of new technologies, mostly drugs

• Clinical guidelines
  – A set of recommendations on the management of clinical conditions
NICE’s other portfolio for cancer

• Interventional procedures guidance
  – Safety and efficacy of surgical and related procedures

• Diagnostic guidance
  – Cost-effectiveness of new diagnostics

• Medical technologies
  – Application of new technologies to reduce the cost base of treatments
IOG/CSG

• Guidance (for commissioners) on the organisation and delivery of cancer services
• Covers all the main cancer groups
• Focuses on teamwork, specialisation and location
• Started 1995, taken over by NICE in 2001, completed 2006
• Some updating from 2015
• Tired but not obsolete
NICE Technology Appraisals

- Assessment of the cost-effectiveness of ‘new’ cancer drugs
- Catching up list 2000-2002
- Emerging products from 2002/3
- Based on a cost per QALY of £20-30K
  - Increased by factor of 1.7 for last two years of life from 2006
  - Usually achieved by a discount scheme proposed by the manufacturer
Limitations of TAs

• Only covers the marketing authorisation (license)

• Requires company to submit evidence

• Guidance is mandated but reimbursement is not explicit
  – Lack of funding cannot be used as a reason not to offer

• Can become obsolete if license falls behind practice e.g. TA65
NICE Guidelines

• Constitute the majority of NICE guidance on cancer

• Systemic reviews of the evidence, and translation into recommendations for practice for most cancers

• Includes updates of service guidance in some cases

• Can update TAs if appropriate, e.g. if funding direction no longer relevant

• Not mandated but a good defence
Cancer Drugs Fund – Mark 1

• Meant as a bridge to value-based pricing
• VBP never introduced
• Became an unaffordable funding mechanism for the NHS and easy access to the England market for companies
• Discounts not used – initially
• Fund trimmed, criteria introduced later
• Obvious that two systems could not continue
Cancer Drugs Fund – Mark 2

• Now transferred to NICE
• Quantum fixed at £340m
• Drugs on the list previously rejected by NICE now being reviewed
• Drugs on the list not previously reviewed by NICE to be assessed next
• New entrants to the list are ‘maybe’ drugs only
New CDF criteria

• Access to cancer drugs where NICE indicates that there is insufficient evidence to support a recommendation for routine commissioning

• Requires the drug to display plausible potential for satisfying the criteria for routine use

• Entry into the CDF subject to the company agreeing to fund the collection of a pre-determined data set, during a period normally lasting no longer than 24 months, and a commercial access arrangement which makes the drug affordable within the available CDF budget
What does this mean?

• NHS in England no longer a soft touch for cancer drugs
• Existing drugs have to prove value
  – Evidence of benefit and/or reduced price
• NICE decision is ‘Yes’, ‘No’ or ‘maybe’
• Burden of proof is on the manufacturer
• Budget must not be exceeded so either drop prices or suspend use
How can ‘maybe’ become ‘yes’?

• How can Phase 4 data be used to update Phase 3 data?

• What level of uncertainty should be accepted in converting to routine commissioning?

• Is this a delaying tactic to enable companies to make a better offer?
Rare diseases, game changers and the AAR

• All cancer drugs will be appraised
  – Subject to manufacturer submission
• Exciting new products fast-tracked
  – May rely on high gain, low pain (cost)
• Accelerated Access Review may be delayed until after conference season
  – A key framework for delivering new technologies into practice sooner
Tackling obsolescence

• TA204 – obsolete due to change in cost of the comparator
• TA65 – obsolete due to extension of use beyond licence

• Re-evaluation, stand down or update in guidelines? Or all three?
Happy to answer questions (later)

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