

Is the Cancer Drugs Fund Functioning as Anticipated?

Richard Macaulay

Global Pricing and Market Access, PRECISION Advisors, London, UK



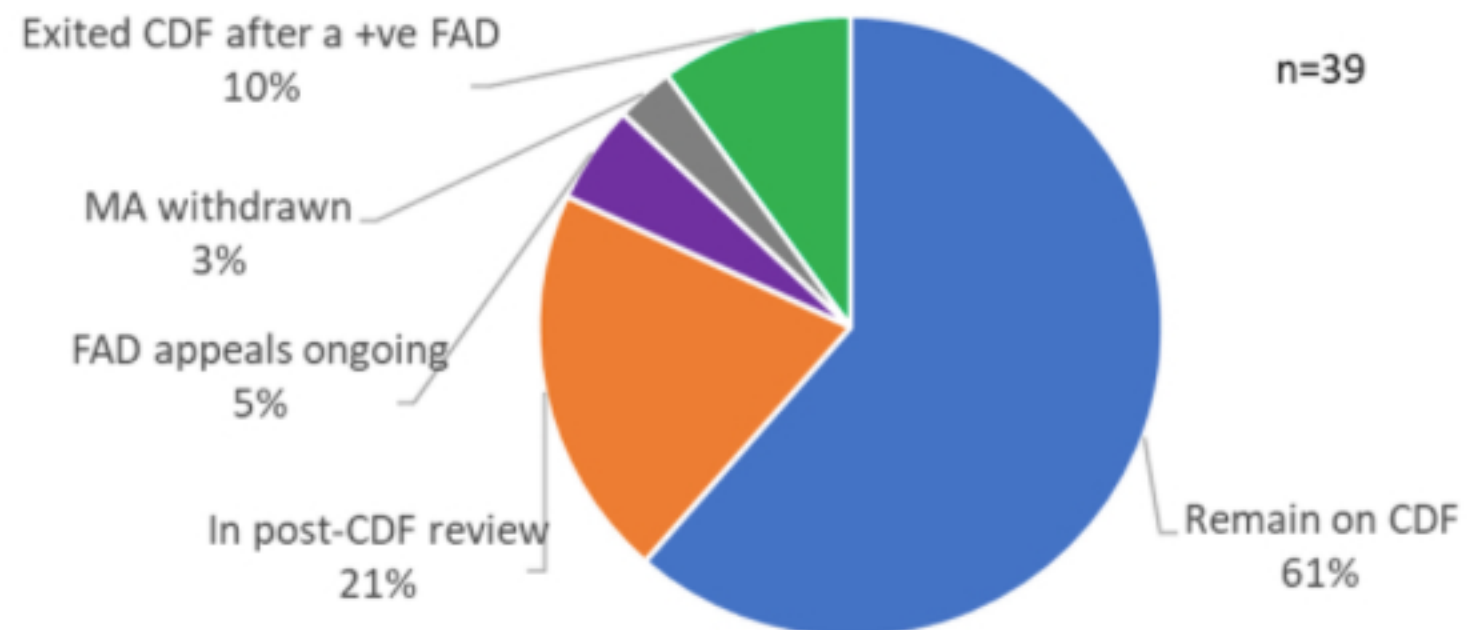
Introduction

NICE	Cancer Drugs Fund	Research aims and methods
<ul style="list-style-type: none"> The National Institute of Health and Care Excellence (NICE) evaluate the clinical and economic impact of new therapies to inform public reimbursement recommendations 	<ul style="list-style-type: none"> Since July 2016, NICE can recommend oncology drugs enter the Cancer Drugs Fund (CDF) during which time they will be made available to patients whilst additional evidence is collected pending a final NICE appraisal 	<ul style="list-style-type: none"> This research evaluates all therapies included in the newly-reformed CDF NICE technology appraisals with CDF outcomes were identified from www.nice.org.uk and key information extracted (to 24-DEC-2020)

Results: Key summary points

- 39 therapies have entered the CDF (1 in 2016, 9 in 2017, 11 in 2018, 13 in 2019, and 5 in 2020). 77% were fully recommended with 23% being optimized
- Only 5 drugs (13%) have exited the CDF (3 'recommended', 1 'optimised' and 1 marketing authorization withdrawn) after a mean of 23.6 months (range: 11.5-47.7 months)
- A further 2 (5%) FADs were published (1 not recommended, 1 restricted) but these have been withdrawn following successful appeals
- Another 8 (21%) are currently in the post-CDF review process, 3 of which have had ACD meetings and with 1 having published draft guidance (outcome: 'not recommended')
- The remaining 24 (62%) therapies are not currently subject to any form of appraisal and have been on the CDF for an average of 22.7 months (range: 3.7-36.9 months)

Results: Status of drugs included in the 'new' Cancer Drugs Fund



Conclusion

- Although few therapies have exited the CDF to date, many more are currently at various stages of the post-CDF review process
- However, perhaps the true test of the CDF is whether drugs can successfully be managed off the CDF if cost-effectiveness is not adequately demonstrated, potentially depriving patients and physicians of therapies for non-clinical reasons
- The ongoing appeals for two therapies which previously had 'not recommended' or 'optimized' FADs post-CDF will be interesting to track in this regard