The Cancer Drugs Fund in England - Undermining NICE or Efficient and Good Value for Money?


Objectives

Since its inception in 2010, the National Cancer Drugs Fund (NCDF) has become an important market access route for cancer medicines in England and became fully established in April 2011. Currently the NCDF is due to end in April 2016. The objective of this analysis was to review recent decisions made by the NCDF, in the context of National Institute for Health and Care Excellence (NICE) decisions, and identify how recent and proposed changes to the NCDF might impact on future decisions and the evaluation process for oncology products.

Methods

The latest NCDF list1, published in September 2015, was analysed for drugs that are included and those selected for removal and compared against those appraised by NICE taking into consideration the current pathway for access (Figure 1). Metrics included the percentage that are rejected by NICE as well as those that are never assessed by NICE. Trends across indications and the number of drugs represented on the NCDF were also analysed. Policy documents and consultations on proposed process changes to the NCDF were also reviewed including the recent National Audit Office (NAO) report2.

For clarity the definition of indication within the NCDF in this analysis is not limited to the product label as many drugs included in the NCDF list may be for specific sub-groups of patients. For example, off-label use or allowing the drug to be prescribed as a specific line of therapy such as 3rd line use or where other cancer drugs are not tolerated.

Results

As of September 2015 there are 38 drugs covering 67 indications approved on the NCDF list. Of these, 16 drugs (25 indications) will be removed from the list in November. This is in addition to the 12 drugs (18 indications) that were removed in March this year. The drugs that were most affected by their removal were bevacizumab (7 indications); bosutinib (4 indications); bendamustine, bortezomib and cetuximab (3 indications each).

Nearly 50% of drugs included in the current NCDF list have been reviewed but not recommended by NICE, with nearly a third of licensed cancer drugs not having been reviewed by NICE at all (Figure 2). Seventeen percent of cancer medicines included on the list are for off-label use and as such will never be reviewed by NICE as the review of off-label medicines are not within its remit.

There was an insignificant positive correlation (r=0.15) between the NCDF score and the incremental cost-effectiveness ratio (ICER) determined by NICE for drugs included in the NCDF list (Figure 3), such that products with high NCDF scores are deemed less cost-effective by NICE. This suggests that either NICE methods are not appropriate for oncology products, or the NCDF score is not capturing key decision points, which may be leading to inconsistent decisions. Drugs were significantly (p<0.02) more likely to be removed from the NCDF if they had a lower overall NCDF score and a published phase III trial (Figure 4).

Conclusions

The existence of the NCDF suggests that NHS England sees cancer as having more value than other diseases. Evidence suggests that the NCDF has been a success in providing access to medicines for patients but could be undermining the NICE evaluation process. Recently implemented changes to the NCDF have included the appeal process and the definition of rarity when scoring the median drug cost per patient. The NAO report criticised the NCDF for having spent almost £1 billion giving 74,000 cancer patients drugs between October 2010 and March 2015, many of which had been rejected by NICE, but did not collect data to determine if they have extended survival. The 48% overspend against a NCDF budget of £280 million in 2014-15 has led to a number of drugs being re-evaluated and removed from the list.

The NHS England review of the NCDF is likely to propose a new process of managed access in April 2016 for cancer medicines and align closely to NICE in order to close off the ability to secure reimbursement despite a negative recommendation from NICE.

References:

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