

Cancer Drugs Fund Activity Update

The Cancer Drugs Fund (CDF) provides:

- An early funding source, via Interim Funding Agreements (IFA), for treatments that receive a provisional positive recommendation from the National Institute for Health and Care Excellence (NICE), without them having to wait for NICE final guidance to be published, and subsequent entry into the routine commissioning system.
- A source of funding, via Managed Access Agreements, for treatments that show clinical promise and where further data collection is needed to resolve uncertainty around their effectiveness.
- A continued source of funding for legacy CDF drugs whilst they await a final guidance from NICE or, in the case of the off-label drug indications from NHS England.

Since the new approach to funding cancer drugs began in July 2016, approximately 25,700 patients have been registered to receive treatment with 67 drugs treating 120 different cancer indications¹. Of these patients, over 6,900 have benefitted from earlier access to treatments through IFA. In addition, over 7,500 patients have been able to access new treatments because of Managed Access Agreements (MAA) we have negotiated with companies at significantly discounted prices to the NHS, whilst further data is collected, which will inform a future NICE technology appraisal. Note: these figures include notifications up to the end of September 2018.

Nineteen MAAs have been agreed between companies and the CDF, since July 2016. Two MAA treatments have been re-appraised by NICE, with additional clinical trial and real-world data from Public Health England, as part of the CDF exit process. Both treatments have been recommended for routine commissioning in the patient population that was referred to the CDF. This demonstrates the benefit of allowing earlier access for patients to promising new drugs while further data is collected to evaluate their effectiveness.

CDF patient notifications² - Quarter 1, 2018-19

During the first quarter of 2018-19, 3,205 patients were newly notified to the CDF. Table 1 provides a summary of monthly notifications for quarter 1, broken down by category.

2018-19	Apr	May	Jun	TOTAL
Interim funding agreements	121	220	166	507
Managed access agreements	627	605	624	1856
Transition drugs ³	266	329	247	842
TOTAL	1,014	1,154	1,037	3,205

Table 1: CDF notifications April to June 2018

¹ Based on all notifications received since the beginning of the 2016-17 financial year.

² The number of patients notified to receive treatment. This may differ from the number of patients who receive treatment. This figure does not include patients previously notified, whose treatment continues.

³ Treatments funded by the old CDF which are either undergoing NICE re-appraisal or review via NHS England's clinical prioritisation process

CDF Spend - Quarter 1, 2018-2019

At the end of the first quarter of the 2018-19 financial year, the CDF was operating within its funding envelope.

Total CDF Budget 2018-19⁴	£340m
	Cumulative YTD Totals⁵
	Quarter 1
	Actual (£000)
Interim funding agreements	15,942
Managed access agreements	31,494
Transition drugs	9,188
Tail end delisted drugs ⁶	501
Total drug cost	57,125
Rebate under ECM	0

Table 2: CDF expenditure April to June 2018

These figures should be treated with caution if used to predict the outcome of future quarters and are non-binding on the part of NHS England.

Please send any queries about the figures in this report to: england.cdfteam@nhs.net.

⁴ Two per cent (2%) of the total CDF budget is reserved for administrative costs.

⁵ Only cumulative figures are available to ensure the confidentiality of spend for individual companies as they enter and leave the CDF.

⁶ Prior to the reforms, several drugs were removed (delisted) from the CDF. Any patients who had already been approved or had started treatment prior to them being removed from the CDF have been able to continue to receive these treatments until such point that they or their clinician deems it appropriate to stop. Prescribing decisions remain the responsibility of a patient's supervising clinician, in discussion with the patient.