## **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 (MAA), for treatments that show clinical promise and where further data collection is needed to resolve uncertainty around their effectiveness.

Since the new approach to funding cancer drugs began in July 2016, approximately 71,500 patients have been registered to receive treatment with 91 drugs treating 204 different cancer indications<sup>1</sup>. Of these patients, over 14,900 have benefitted from earlier access to treatments through IFA. In addition, over 41,400 patients have been able to access new treatments because of MAA we have negotiated with companies, at significantly discounted prices to the NHS, whilst further data is collected. This data informs a future NICE technology appraisal<sup>1</sup>.

46 MAAs have been agreed between companies and the CDF since July 2016. 16 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. 12 (75%) of these 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 cancer drugs while further data is collected to evaluate their effectiveness. Two MAA treatments were not approved for routine use on review. The CDF review for one MAA treatment was terminated as the company did not provide a complete evidence submission for its reappraisal. One MAA was terminated prior to a NICE CDF review as the products license was withdrawn and NICE withdrew its guidance for use in the CDF.

13 MAAs have now completed their data collection arrangements with updated guidance expected to be published in the next 12 months.

## CDF patient notifications<sup>2</sup> - 2020-21

During the 2020-21 financial year, 14,022 patients were newly notified to the CDF. Table 1 provides a summary of monthly notifications for 2020/21, broken down by category.

2020-21	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Interim funding agreements	20	71	215	188	76	158	190	258	277	172	191	465	2,281
Managed access agreements	675	719	917	931	905	1127	1027	1116	1018	1019	1068	1219	11,741
TOTAL	695	790	1,132	1,119	981	1,285	1,217	1,374	1,295	1,191	1,259	1,684	14,022

Table 1: CDF notifications April 2020 to March 2021

<sup>&</sup>lt;sup>1</sup> Based on all notifications received since the beginning of the July 2016 to September 2021.

<sup>&</sup>lt;sup>2</sup> 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.

## CDF Spend -2020-2021

At the end of the 2020-21 financial year, the CDF was operating within its funding envelope.

Total CDF Budget 2020-21	£340m					
	Cumulative YTD Totals <sup>3</sup>					
	Quarter 1-4					
	Actual (£000)					
Interim funding agreements	£7m					
Managed access agreements	£329m					
Tail end delisted drugs <sup>4</sup>	£0					
Total drug cost	£336m					

Table 2: CDF expenditure April 2020 to March 2021

Please send any queries about the figures in this report to: <a href="mailto:england.cdfteam@nhs.net">england.cdfteam@nhs.net</a>.

<sup>&</sup>lt;sup>3</sup> Only cumulative figures are available to ensure the confidentiality of spend for individual companies as they enter and leave the CDF.

<sup>&</sup>lt;sup>4</sup> 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.