Compared with appraisals for non-oncology products, oncology products were almost twice as likely to result in a terminated appraisal (11% vs 21%) (Figure 4).

Figure 5: Proportion of terminated appraisals for monotherapies and combination drugs

Discussion and Conclusion

- High acquisition cost coupled with high levels of uncertainty in the clinical data may reduce the likelihood of a product being deemed cost-effective, especially in oncology. Manufacturers may therefore be choosing not to commit the necessary resources to develop a submission, where the chance of success at the desired price point is low.
- In addition, oncology products are often approved for multiple indications. It is possible that manufacturers are choosing not to submit indications that would pull down the cost-effective price of higher-value indications. It would be interesting to determine what proportion of non-submissions are for products that already have NICE approval in a different indication.
- Given the need to include both the price of the new product and the price of the existing ‘backbone’ treatment there are significant challenges in demonstrating cost-effectiveness for combination treatments. It is therefore highly likely that combination products are less likely to be cost-effective than monotherapies and companies may be choosing not to submit to NICE when the clinical benefit of adding their therapy to existing therapy cannot justify the additional cost.