Patient access to ibrutinib for previously treated chronic lymphocytic leukaemia in England

Key points

The assertion that the NHS is denying patients access to the cancer drug, ibrutinib, is incorrect. In fact, the NHS is funding the cancer drug in line with NICE recommendations

NICE itself has confirmed that given the evidence it considered, it is reasonable for their guidance to be read as referring to those patients considered unsuitable for retreatment with chemo-immunotherapy and therefore appropriate for NHS England to take clinical advice to define this group of patients.

NHS England's cancer experts did so and set treatment criteria in line with the NICE guidance. These criteria are also consistent with European clinical consensus guidelines.

In its appraisal, NICE anticipated that 700 adults a year would get this drug. Latest figures show that nearly 1,000 patients have had this drug approved over 15 months, which is in line with NICE's expectations.

NHS England's cancer experts who considered this medical evidence are open to receiving further evidence from patients and clinicians, should they wish to make this available. The experts will review any submitted evidence by the end of July.

Detail

Ibrutinib first entered the Cancer Drugs Fund (CDF) for patients with previously treated chronic lymphocytic leukaemia (CLL) in January 2015.

The CDF clinical expert committee, part of NHS England's Chemotherapy Clinical Reference Group, set treatment criteria for the drug's entry into the CDF. These treatment criteria drew upon the best available evidence at the time, primarily the study which led to the licensing of ibrutinib in this indication (the 'PCYC-1112' study). Based on this evidence, ibrutinib was made available for patients for whom further chemo-immunotherapy was unsuitable.

NICE appraised ibrutinib for previously treated CLL in 2016. NHS England made a submission to NICE in August 2016 stating that the evidence base for ibrutinib in previously treated CLL was based on patients in whom further chemotherapy was unsuitable. This submission stated that the wording of the marketing authorisation for ibrutinib in previously treated CLL also included patients for whom chemo-immunotherapy was suitable and that any NICE

recommendations should reflect the population on which the evidence of benefit was based, i.e. those patients unsuitable for re-treatment with chemo-immunotherapy.

NICE issued final guidance in January 2017 recommending ibrutinib for previously treated CLL.

The previous CDF treatment criteria were retained by NHS England, as set out by the clinical expert committee, as it was concluded that these criteria remained evidence-based, clinically relevant and in line with the new NICE guidance.

Clinicians from the UK Chronic Lymphocytic Leukaemia Forum contacted NHS England in March 2017 as to the difference between the population within the wording of the marketing authorisation and that defined in the NHS England ibrutinib treatment criteria. The Chair of the Chemotherapy Clinical Reference Group replied in detail in March 2017 and also indicated that NHS England was always open to reconsideration of these criteria if there had been incorrect interpretation by NHS England of the evidence base considered by NICE.

In June 2017, the European Society of Medical Oncology updated its CLL treatment recommendations as follows:

> "*First-line treatment may be repeated if the relapse or progression occurs at least 24-36 months after chemoimmunotherapy and if TP53 deletion/mutation was excluded (III,B). If relapse occurs within 24-36 months after chemoimmunotherapy, or if the disease does not respond to any first-line therapy, the therapeutic regimen should be changed. Treatment options include (III,B): Bruton's tyrosine kinase inhibitor ibrutinib; PI3K inhibitor idelalisib in combination with rituximab; BCL2 antagonist venetoclax (if patient failed BCR inhibitor therapy).; Other chemoimmunotherapy combinations should only be administered if TP53 deletion/mutation was excluded."* http://www.esmo.org/Guidelines/Haematological-Malignancies/Chronic-Lymphocytic-Leukaemia

NICE issued a statement in June 2018 which confirms that its guidance on ibrutinib in previously treated CLL should be read as referring to those patients considered unsuitable for re-treatment and, as unsuitability for re-treatment was not defined in the guidance, it was appropriate for NHS England (as the commissioner) to take clinical advice in order to do so.

NHS England remains open to dialogue with the clinical community to consider whether the current ibrutinib treatment criteria remain clinically appropriate and evidence based. NHS England's cancer experts who considered this medical evidence are open to receiving further evidence from patients and clinicians, should they wish to make this available. The

Chemotherapy Clinical Reference Group will review any submitted evidence by the end of July 2018.