

UNITED KINGDOM

Between 2002 and 2014,

40%

of medicines to treat orphan conditions were **rejected for coverage** in the U.K.¹

U.K. patients are

2/3 less likely

to receive PD-1 inhibitors – an innovative new cancer treatment – compared to U.S. patients²

In 2018, U.K. health officials recommended just

1/3

of cancer medicines assessed for coverage without some form of access restriction.²

Access Restrictions in the U.K.

Rigid assessments of treatment value, government-driven decisions on formularies and coverage, and insufficient health care budgets have long stood in the way of U.K. patients who need access to the latest innovative medicines.

The high rate of rejections by the National Institute for Health and Care Excellence (NICE), the group that advises the National Health Service (NHS) on coverage decisions and makes decisions based on a cost-effectiveness threshold of between £20,000 and £30,000 (\$25,700 - \$38,560) per quality-adjusted life year (QALY), is one major reason why U.K. patients are often denied access to new medicines.

That's because medicines exceeding NICE's cost-per-QALY threshold are not deemed cost effective. This leaves the patients who need treatments that carry high development costs or treat small populations high and dry.³ In fact, for every 100 patients in peer countries who get access to a new medicine in its first year of launch, just 18 patients in the U.K. are given access to these treatments.⁴

“There is a single entity in the UK – that doesn't seem to have accountability to anyone – that gets to decide the monetary value for a person's health.”

Parent of a child with cystic fibrosis in the U.K.⁶



Ann Kelk, a mother of three and grandmother of two, was unable to access Avastin even though it was recommended by her physician, as it is not available where she lives, in Northampton. The drug is currently only available in Scotland and some parts of the UK if funding is provided by NHS England in that specific area. It is estimated that 2,500 women could benefit from Avastin every year, but only a third receive it because of restrictions on its availability⁶.

¹ S Mardiguian, M Stefanidou, et al. Trends and key decision drivers for rejecting an orphan drug submission across five different HTA agencies. (2014).

² IQVIA. Global Oncology Trends 2019, May 2019.

³ Drummond, M. and Sorenson, C. Nasty or Nice? A Perspective on the Use of Health Technology Assessment in the United Kingdom. *Value in Health* 2009; 12(S2).

⁴ OHE analysis of 61 medicines launched in the UK since 2007 compared to 16 countries (2014).

⁵ Esiason, Gunnar. Why does the UK put a lower value on the life of a CF patient than the rest of the world? October 17, 2018.

⁶ Atik, Nilufer. Woman denied cancer drug on NHS which could extend her life because of where she lives. January 22, 2020.