



Health and Social Care Committee

House of Commons London SW1A 0AA

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From Dr Sarah Wollaston MP, Chair

Rt hon Jeremy Hunt MP
Secretary of State for Health and Social Care

Letter by email to healthsofs@dh.gsi.gov.uk

5 June 2018

Dear Jeremy

I recently met the Cystic Fibrosis Trust and know that you are very familiar with their concerns about access to medicines. I have now received the attached briefing which sets out many areas of specific concern around the decision not to recommend Orkambi for use on the NHS.

They raise a number of concerns too about the processes used to make funding decisions on treatments, such as Orkambi, for rare diseases. I would be grateful for your response and for your further thoughts on how we can provide better support for those affected by CF.

Yours sincerely,

A handwritten signature in black ink that reads "Sarah Wollaston".

Dr Sarah Wollaston MP
Chair of the Committee

Cystic Fibrosis our focus

Briefing: NICE and Orkambi

1. Cystic fibrosis is lifelong, rare, severe, and progressive. In 2016 50% of people with the condition died before their 30th birthday.
2. CFTR modulators correct the faulty 'cystic fibrosis' protein, which no other treatment can do. There are two licensed CFTR modulators, Kalydeco (Ivacaftor) and Orkambi, both made by Vertex Pharmaceuticals. For a CFTR modulator to work, it must be compatible with your genes. Kalydeco only works for 1/20 people with cystic fibrosis. Orkambi works for around 8/20 people with cystic fibrosis.
3. Thirteen other CFTR modulators are in the later stages of development.¹ Symdeko was licensed by the FDA In February 2018. EMA licensing is expected imminently. Vertex alone has stated they expect to apply for and obtain regulatory approval for 18 additional new medicines or line indications over the next seven years. Therefore unless addressed, access to similar new treatments will be a challenge that we will meet time and time again.
4. Kalydeco was licensed in August 2012. Kalydeco was appraised through a bespoke appraisal process rather than through NICE. Patients waited 6 months from licensing to availability. The impact of Kalydeco has been measured using the UK CF Registry since it became available, showing remarkable consistency with trial data in the real world.
5. Orkambi was licensed in December 2015. Orkambi was appraised by NICE using a standard Single Technology Appraisal (STA). It was not recommended for use on the NHS. Patients have been waiting over 2 and a half years. In comparable countries, Orkambi is standard treatment. As we approach significant fiscal and political challenges including Brexit, people with cystic fibrosis fear their health care is falling behind.
6. Orkambi was not eligible as a Highly Specialised Technology (HST). This meant Orkambi was appraised using the same rules as a treatment with a much larger patient population. As a result, Orkambi was considered nowhere near cost-effective. To meet the requirements of an STA, Orkambi would need to be over five times cheaper.
7. It is also more challenging to establish effectiveness for rare conditions:
 - a. Treatments need high quality data to create an accurate QALY model. However, it is very difficult to achieve this level of data quality within short trials, particularly for chronic diseases in rare disease groups, where 'powering' a trial with enough patients is very difficult. This is called the "uncertainty gap"

- b. Health economic methods discount future health gain making current benefits worth more than those occurring in the future. Whereas, in cystic fibrosis, preserving your health and receiving health gain in the future is important.
 - c. People with long term conditions often score their quality of life more highly compared to people who have developed acute conditions after being well, often due to differences of perspective. If, during trials, people score their quality of life as high prior to treatment, this creates a 'ceiling effect' and subsequently QALY gains are lower.
8. An STA is insensitive to the challenges of treatments for rare conditions like cystic fibrosis. Companies ask high prices for rare condition treatments, citing high development costs and risk. The STA process is not iterative and limits negotiation. Following, the Final Appraisal Determination (FAD) a new technology can seem back at 'square one'. Following a negative appraisal decision, there is no process for patients to rely on and no-one to take forward patient concerns.
 9. We need an appraisal system equipped to find agile, patient centred solutions and someone to advocate on behalf of patients. As stated in the Accelerated Access Review, "it is important that no groups of products can 'fall between the cracks' and struggle to find a decision-making process".
 10. The Life Sciences Industrial Strategy calls for the development of patient registries. The Cystic Fibrosis Trust has proposed that data collected routinely by [UK CF Registry](#) is utilised in reimbursement decisions. Data from the registry - that includes data from 99% of the UK CF population – is already used as the evidence base for commissioning NHS care and post-marketing pharmacovigilance for the European Medicines Agency (EMA). In reimbursement decisions registry data could offer real world evidence of efficacy and be used in outcomes based pricing. Despite incredible patient delay, there does not seem to be appetite from either side of the negotiating table to find an innovative solution.
 11. The Cystic Fibrosis Trust also sponsors and manages the CF [Clinical Trials Accelerator Platform](#), aimed at overcoming the challenges people with CF in the UK face in gaining timely access to cutting-edge therapies and treatments through participation in clinical trials, and helping to build a national evidence base to better inform reimbursement negotiations.
 12. Rare disease medicines pose huge challenges. We cannot afford a situation where treatments that patients want and doctors would like to prescribe are beyond our reach because of cost. Pharmaceutical companies and the NHS must work together to deliver value and access to effective treatments with co-operation and compromise. This is a crucial moment in the history of cystic fibrosis treatment. Together, we must find a way forward.



Department
of Health &
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From the Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care

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Dr Sarah Wollaston MP
Chair
Health and Social Care Committee
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13 JUN 2018

Dear Sarah,

Thank you for your letter of 5 June about access to the cystic fibrosis drug Orkambi and for enclosing the briefing paper from the Cystic Fibrosis Trust.

Before I address the Trust's paper, let me note that I am aware of the tireless work that the Cystic Fibrosis Trust undertakes and I recognise the truly devastating impact that cystic fibrosis has on individuals and their families.

It may help if I begin by explaining the current situation surrounding Orkambi. As you know, the National Institute of Care and Health Excellence (NICE) is the independent body responsible for developing authoritative, evidence-based guidance for the NHS on whether drugs and other treatments represent a clinically and cost effective use of NHS resources. While the Government wants patients to be able to benefit from access to effective treatments, that access must come at a price that represents value to the taxpayer and does not adversely affect resources for other conditions. In this case, NICE has not been able to recommend Orkambi for use on the NHS at the price proposed by the company. It is necessary therefore, that Vertex offers a price for Orkambi which is fair and responsible. NHS England made a proposal to Vertex which would enable patient access to Orkambi – this was unfortunately rejected by the company.

I do hope that you and the Cystic Fibrosis Trust understand that these decisions have to be made independently, based on the available evidence. However, while it would be wrong for me to intervene, the Government is wholly supportive of the ongoing negotiations between Vertex and NHS England, and hope they come to a speedy resolution. You may be aware that the Parliamentary Under Secretary of State for Public Health and Primary Care, Steve Brine gave his commitment during a

Westminster Hall debate on Orkambi, to help speed up the process. This was soon followed by a joint letter from him and the Parliamentary Under Secretary of State for Health, Lord O'Shaughnessy, to Vertex, urging the company to find an urgent resolution to the ongoing negotiations.

Further to this, I note the various concerns outlined in the briefing paper about the NICE appraisal processes. I would like to take this opportunity to assure you that NICE's methods and processes for the development of its guidance are internationally respected and have been developed over almost 20 years through periodic review, including extensive engagement with stakeholders. NICE recognises that this needs to evolve with developments in the pharmaceutical industry, and continues to review its procedures to ensure that they remain fit for purpose. NICE regularly discusses and exchange views with the industry and patient groups on evaluating their products, keeping pace with emerging new technologies.

As mentioned in the briefing paper, Kalydeco was commissioned for a limited population in 2013 by NHS England with a pricing arrangement which is due for review this year. NHS England is investing significant resources into the provision of Kalydeco which works directly on the genes causing cystic fibrosis, as well as in medicines that reduce the impact of the disease. NHS England and the Cystic Fibrosis Trust jointly collect outcomes data through the Cystic Fibrosis Registry to inform better management of the disease.

More positively, Symdeko, also manufactured by Vertex, is due to be licensed in Europe later this year and NICE will begin appraising this drug later this year. There is also the 'next generation' of cystic fibrosis treatments being delivered by a number of manufacturers that are likely to be launched over the next 3 years.

I note the further concerns outlined in the briefing paper around rare diseases. The UK is a recognised leader in the research, treatment and care of people with rare diseases and conditions. The UK is also seen as a natural first choice partner for research, innovation and technology development. The UK Strategy for Rare Diseases (published in 2013) sets out the Government's commitment to improve the lives of rare disease patients and their families. The UK Strategy – coupled with the ongoing genomics revolution – has the potential to transform the diagnosis, treatment and care of rare disease patients over the coming years. NICE assesses most significant new drugs through its technology appraisal programme and has been able to recommend a number of drugs licenced for the treatment of rare diseases for routine use on the NHS. Alongside this, NICE also operates a separate highly specialised technology (HST) evaluation programme for the assessment of very high cost drugs for the treatment of very small numbers of patients.

Access to treatment is and always will be a priority for this government, and we are committed to speeding up the discovery, design and use of these new innovative 21st-century medicines and treatments in the NHS, on terms that represent value and that improve and save the lives of patients.

Yes ever

Jeremy

JEREMY HUNT