

RS2: Cost-effectiveness of End-of-life, Life Extending Interventions: NICE's Cost Effectiveness Threshold Explored

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Background:

It is widely recognised that the National Institute for Health and Clinical Excellence (NICE) in the UK employs cost-effectiveness thresholds in health technology appraisal decision-making. This incremental cost-effectiveness ratio (ICER) threshold has been topic of much debate and is estimated to lie around £30,000 per quality-adjusted life-year (QALY) gained.

In December 2008, NICE approved supplementary advice to reconsider this threshold for life-extending, end-of-life interventions. This policy applies to treatments indicated for small patient populations with life expectancies of usually under 24 months, that typically prolong survival by at least 3 months.

The aim of this study was to explore NICE's increased ICER threshold when end-of-life conditions are taken into account.

Methods:

All NICE technology appraisals issued between December 2008 and June 2011 were reviewed. The appraisals in which end-of-life considerations applied were identified and ICERs from these appraisals were extracted.

Results:

In total, 53 single technology appraisals were published in the timeframe considered; of these, only 13 fulfilled the end-of-life criteria, all concerning treatments for cancer. The final ICERs of these 13 interventions ranged from £31,800 to £68,000, although 10 out of 13 manufacturers employed patient access schemes to lower these values. Both the highest ICER that was approved and the lowest ICER that was not approved were £49,300 per QALY gained. Interestingly, both of these appraisals concerned interventions for the treatment of advanced renal cell carcinoma, implying that other factors must have been taken into account by NICE to reach this judgement.

Conclusions:

Cost-effectiveness seems to be the most important criterion for NICE in their health technology appraisals. For end-of-life, life-extending treatments, the cost-effectiveness threshold appears to lie around £50,000 per QALY. However, review of individual appraisals shows that other factors such as uncertainty in the estimates and unmet need are also taken into account in NICE's decision-making.

Please email laura.hamerslag@costellomedical.com for a copy of the slides presented.