

UK Blood Cancer Patient Group Wants More Price Flexibility

- 03 Nov 2022
- NEWS
- [Leela Barham](#)

Executive Summary

An alliance of blood cancer charities has called for multi-indication and combination pricing to be introduced in the UK as part of a future pricing and access deal. The group also requested a transparent and formal way of involving patients as the government and industry negotiate a successor to the Voluntary Scheme for Branded Medicines Pricing and Access, which is due to end in 2023.

The Blood Cancer Alliance has highlighted problems in patient access to new blood cancer treatments in the UK that stem from a lack of progress on both multi-indication pricing and combination pricing.

The problems are evidenced by an increasing number of companies choosing not to submit their treatments to the health technology assessment institute, NICE, according to the BCA, a coalition of 15 blood cancer charities that receives funding from the pharmaceutical industry.

“Non-submissions of new medicines for the treatment of blood cancers are rising, meaning that UK patients are increasingly being denied innovative and potentially curative new treatments,” the BCA said in a [statement](#). The alliance believes rising non-submissions to be a symptom of the lack of progress on achieving a model for multi-indication based pricing and “the continued challenges around the pricing of treatments delivered in combination.”

Multi-indication pricing involves the establishment of a different price for each indication of a product according to its value in that indication, while combination pricing relates to the pricing of different therapies when used together in a single regimen.

The alliance is calling for urgent work to introduce multi-indication-based pricing on a more routine basis than is currently the case, alongside the progress that was

promised on combination pricing in the government's 2019 Voluntary Scheme for Branded Medicines Pricing and Access (VPAS), which runs until the end of 2023.

"There are worrying barriers to access to cutting-edge medicines caused by systemic issues such as a lack of multi-indication pricing," said Zack Pemberton-Whitely, co-chair of the BCA.

The alliance's statement also mentioned outcomes-based payments. It said such approaches were "a way for patients to access effective new therapies while minimizing financial risk" to the National Health Service.

Improvements to how NICE does its work are also on the BCA's wishlist. The review of institute's work that was completed in January included criticism from the BCA of its failure to "address some of the barriers to access for new treatments for blood cancer patients." The BCA highlights failure to consider a rarity modifier as one area for future work at NICE.

Lobbying MPs And Agencies

The BCA has 15 members, all of which are registered charities with a focus on blood cancer. The group states that while it receives funding from pharmaceutical companies, it is "wholly independent of these commercial organizations, and that includes our decision making." It regularly meets with members of parliament (MPs) and of the House of Lords as part of its campaigning work.

A spokesperson for the BCA said that its statement had been sent to several MPs, alongside the Department of Health and Social Care, NHS England, NICE and other agencies with responsibilities that shape market access across the UK. It has also been sent to the pharmaceutical industry body, the ABPI, as well as companies that fund the alliance.

Multi-Indication Pricing

Treatments that can be used across many indications are now common. Yet flexibilities on pricing for multi-indication treatments are described by the BCA as being offered only in "exceptional circumstances." The alliance argues that this is no longer good enough as it presents "an obvious challenge in ensuring patients can access existing treatments that have been newly proven to be effective for their condition."

The BCA is calling for multi-indication pricing to become routinely permitted, saying that the mechanism to deliver this should be agreed during next year's negotiations on the new VPAS, which is due to take effect at the beginning of 2024.

Lack Of Progress On Combination Pricing

The BCA noted that 2019 VPAS agreement included a commitment for the government and industry to work together to address the challenge of combination pricing. One problem is that when treatments used in combination are not owned by the same company, there is currently no mechanism to change each price so that the combination can be cost effective in the indication that health technology assessment bodies are looking at.

Another challenge is that some treatments when used in combination have not been deemed cost effective, even if the add-on treatment is given at no charge. One example is Genentech's Perjeta (pertuzumab) in combination with trastuzumab and docetaxel for breast cancer. Perjeta as add-on therapy increased survival but was not considered cost effective even at zero price because all allowable incremental costs were taken up by an increased duration of backbone therapy, according to a 2021 [report](#) in Expert Review of Pharmacoeconomics & Outcomes Research.

With little progress seemingly having been made, the BCA has called for a 12-month roadmap to be published for solving the problem.

Better Engagement With Patients Needed

The 2019 VPAS was the result of negotiations conducted by the DHSC and NHS England, acting for the government, and the ABPI during 2018. The BCA has called for better engagement with patients during the negotiations this time around, describing the negotiations in 2018 as “not sufficiently inclusive of patients or their representative organizations, despite a clear interest.”

Pemberton-Whitely added: “The previous VPAS negotiation process saw government and industry share information with patient organizations. While we always welcome efforts towards transparency, this is not the same as meaningful collaboration.”

The BCA has called on the government to “publish a formal plan for engaging with patient organizations for the duration [of negotiating the next VPAS] as soon as possible.”

“Negotiations for the next scheme must include a formal way for organizations like ours to input, to ensure that it addresses the things that truly matter to patients” said Pemberton-Whitely.

Negotiations Due To Start In January 2023

Formal negotiations on the next VPAS are not due to begin until 2023, and plans for patient bodies to be involved are yet to be worked up. David Watson, the ABPI's executive director for patient access, said: "We share the view that a future scheme represents an important opportunity for government, NHS, industry and patient organizations to work in partnership to improve patient access to new and innovative treatments."

He added: "We remain committed to ensuring that VPAS works for UK patients. We work closely with patient groups on these and other key policy areas and are exploring ideas to ensure the patient voice is fully represented in future VPAS discussions."

The DHSC did not respond to a request to comment on the BCA statement.