

# PMG9 addendum – final amendments to the NICE technology appraisal methods guide to support the new Cancer Drugs Fund arrangements

## Technology appraisal methods

This addendum sets out the changes to NICE's [guide to the methods of technology appraisal 2013](#) necessary to support the joint NHS England and NICE management of the Cancer Drugs Fund from April 2016. The sections below need to be read with NICE's methods guide.

Information on the process of conducting a technology appraisal is available in NICE's [guide to the processes of technology appraisal](#).

## 6 The appraisal of the evidence and structured decision-making

### ***Structured decision-making: clinical effectiveness and health-related factors***

#### **6.5 *Making recommendations for use through the Cancer Drugs Fund***

6.5.1 When the evidence for the clinical and cost effectiveness of a drug has been assessed, including, when appropriate, the factors described in 6.2.10–17, the appraisal committee will decide whether the drug can be recommended for routine use.

6.5.2 The appraisal committee will determine whether the estimates of the extension to life are sufficiently robust.

6.5.3 If the appraisal committee concludes that estimates of the extension to life are not sufficiently robust, such that the uncertainty in the clinical and cost effectiveness data is too great to recommend the drug for routine use, the committee can consider a recommendation for use within the Cancer Drugs Fund if the following criteria are met:

- The incremental cost-effectiveness ratios (ICERs) presented have the plausible potential for satisfying the criteria for routine use, taking into account the end-of-life criteria when appropriate (see sections 5.8.10 and 6.3.2–5 of the guide to the methods of technology appraisal).

- It is possible that the clinical uncertainty can be addressed through collection of outcome data from patients having treatment in the NHS.
- It is possible that the data collected (including from research already underway) will be able to inform a subsequent update of the guidance. This will normally happen within 24 months.